

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; anesthesia; c. section; Greece	31-Jul-20	Lessons learned from first case of Cesarean delivery in a COVID-19 positive parturient in Greek region	Journal of Anaesthesiology Clinical Pharmacology	Case Report	The authors describe the first case in the Greek region of a 24-year-old woman with an active SARS-CoV-2 infection who was scheduled for elective C-section at 40th week of pregnancy. Details regarding management of surgery in pregnancy in a COVID-19 referral center tertiary hospital are discussed. The patient presented with mild upper respiratory symptoms and fever 5 days before surgery, but COVID-19 was officially diagnosed the day of delivery based on the diagnostic criteria established by the Hellenic National Public Health Organization. The operating room (OR) without active aeration used exclusively for COVID-19 positive parturients was selected for the surgery and post-anesthesia care. Minimum personnel were present including 2 obstetricians, 1 anesthesiologist, 1 anesthesiology nurse, 1 scrub nurse and 1 circulating nurse/midwife, and appropriate PPE utilized (coverall Tyvec gown, FFP3 mask, glasses, double gloves head cover and shoe covers). The surgery lasted 1 hr and the patient was hemodynamically stable during the procedure. Postoperative analgesia was achieved with wound infiltration with ropivacaine 0.375% (20 ml), paracetamol 1 g, and tramadol 100 mg. The patient was transferred to a designated COVID-19 ward and the infant was kept apart from the mother for 15 days with no breastfeeding. Chlorine solution 5000 ppm/L of water and 70% alcohol solution was used to disinfect the OR and instruments.	The authors describe the first case in the Greek region of a 24-year-old woman with an active SARS-CoV-2 infection who was scheduled for elective C-section at 40th week of pregnancy. Details regarding management of surgery in pregnancy in a COVID-19 referral center tertiary hospital are discussed.	Batistaki C, Galarioti V, Vasiliadou S. Lessons learned from first case of Cesarean delivery in a COVID-19 positive parturient in Greek region. J Anaesthesiol Clin Pharmacol. 2020;36, Suppl S1:121-4. doi:10.4103/joacp.JOACP_157_20
Kawasaki Disease, MIS-C, myocarditis, echocardiography	31-Jul-20	COVID-19-Related Multisystem Inflammatory Syndrome in Children Affects Left Ventricular Function and Global Strain Compared with Kawasaki Disease	Journal of the American Society of Echocardiography	Original Research	This retrospective cohort study compares echo-cardiographic features in children with MIS-C and a historical group of Kawasaki Disease (KD) patients to determine if there are critical differences between the 2 syndromes. The authors performed a retrospective record review of MIS-C patients admitted to their hospital in Atlanta, USA, from March-June 2020 (n=12, mean age 8 years, range 5.5-11.5 years). A KD patient control group from the same hospital was randomly selected from January-June 2019 and matched 1:1 on age, sex, and race (n=12, mean age 6 years, range 4-7 years). A blinded 2-dimensional color and tissue Doppler and strain analysis was performed on de-identified echo-cardiographic images using vendor-neutral software. Median left ventricular ejection fraction (LVEF), fractional shortening, and global longitudinal strain (GLS) were significantly lower in patients with MIS-C compared to those with KD (p=0.03, 0.01, 0.02, respectively). Mitral regurgitation was more common and more severe in patients with MIS-C than those with KD (p=0.01 & 0.01). Correlations of LVEF and GLS with inflammatory biomarkers, such as C-reactive protein and troponin, indicate myocarditis in patients with MIS-C, which is unusual in KD patients. The authors urge echo-cardiographers to perform	This cohort study compares the echo-cardiographic features of MIS-C patients to those of Kawasaki Disease (KD) patients at a hospital in Atlanta, USA. The authors encourage echo-cardiographers to perform comprehensive cardiac function assessment and use cardiac inflammatory biomarkers to help distinguish between MIS-C and KD.	Gaitonde M, Ziebell D, Kelleman MS, et al. COVID-19-Related Multisystem Inflammatory Syndrome in Children Affects Left Ventricular Function and Global Strain Compared with Kawasaki Disease. J Am Soc Echocardiogr. 2020;33(10):1285-1287. doi:10.1016/j.echo.2020.07.019

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					comprehensive cardiac function assessments and use cardiac inflammatory biomarkers to distinguish between the conditions.		
Vertical transmission, systematic review, placenta	31-Jul-20	Vertical transmission of coronavirus disease 2019: a systematic review and meta-analysis	American Journal of Obstetrics and Gynecology	Systematic Review	This paper presents a systematic review of vertical transmission in COVID-19, which included 966 studies. The review included cohort studies, case series and case reports published on or before May 28, 2020, wherein the woman received a positive COVID-19 test and the infant was tested within 48 hours after birth. COVID-19 viral RNA has been detected in infants, suggesting vertical transmission of COVID-19 is possible. Evidence of vertical transmission is derived from studies that detected SARS-CoV-2 RNA in the amniotic fluid, a nasopharyngeal swab of the infant, bronchoalveolar lavage, and neonatal blood. However, the risk of vertical transmission appears to be low. Based on pooled nasopharyngeal swab data, the authors determined the rate of vertical transmission is approximately 3.2%, (95% CI 2.2-4.3) among infants tested born to those mothers infected in the third trimester. Estimates utilizing RNA positivity in cord blood samples, infant blood samples, and IgG serology confer similarly low pooled estimates of vertical transmission (7.7%, 2.9%, and 3.7%, of those infants tested, respectively). Data show that placental cell co-expression of ACE2 and TMPRSS2 proteins, which are required for SARS-CoV-2 viral cell entry, is rare. The ability of the virus to cross the placenta in utero and the effects on fetal development are still unknown. Vertical transmission of COVID-19 alone does not seem to lead to significant clinical outcomes for the infant.	In a systematic review of vertical transmission of COVID-19, the authors conclude that vertical transmission is possible, although rare, with an estimate of 3.2% of those mothers infected in the third trimester transmitting SARS-CoV-2 to their newborns based on nasopharyngeal swab data.	Kotlyar AM, Gretchukhina O, Chen A, et al. Vertical transmission of coronavirus disease 2019: a systematic review and meta-analysis [published online 2020, July 31]. AJOG. doi.org/10.1016/j.ajog.2020.07.049
Children, type 1 diabetes, lockdown, outbreak, resilience, technology, Italy	31-Jul-20	Quarantine Due to the COVID-19 Pandemic From the Perspective of Pediatric Patients With Type 1 Diabetes: A Web-Based Survey	Frontiers in Pediatrics	Research Article	The authors conducted a web-based survey from April 15 to May 1, 2020, to investigate the behavioral responses during quarantine due to the COVID-19 outbreak in pediatric patients with Type 1 diabetes (T1D). They enrolled 204 children and adolescents (aged 5–18 years) diagnosed with T1D for at least three months and followed-up at the Pediatric Diabetes Centre in Messina, Italy. The questionnaire included questions on lifestyle changes and the impact of the lockdown on the management of diabetes, and the results were evaluated between two age groups (5–12 and 13–18 years). The results showed that most of the study participants reacted reassuringly to the lockdown. Furthermore, most participants were able to comply with the landmarks of the management of diabetes (i.e., healthy and balanced diet, regular physical activity, and careful glucose monitoring). Interestingly, patients ≤12 years were significantly more influenced by the quarantine period in their approach to the disease than older patients.	Findings from this study demonstrated that although the quarantine due to COVID-19 was a stressful psychological condition, most children and adolescents with type 1 diabetes developed high resilience and excellent coping skills by using technology appropriately.	Passanisi S, Pecoraro M, Pira F, et al. Quarantine Due to the COVID-19 Pandemic From the Perspective of Pediatric Patients With Type 1 Diabetes: A Web-Based Survey. Front Pediatr. 2020;8:491. Published 2020 Jul 31. doi:10.3389/fped.2020.00491
Pregnancy, features, treatments, prevention	31-Jul-20	Global public health significances, health care	Human Antibodies	Review Article	In this review, the authors sought to describe and analyze the global public health significances as well as community and health care perceptions of features, treatments, prevention and control methods of COVID-19 in order to slow transmission.	This review compiled research articles from multiple databases in order to determine the	Gebru AA, Birhanu T, Wendimu E, et al. Global public health significances, health care perception of community, treatments, prevention and control

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		perception of community, treatments, prevention and control methods of Coronavirus Disease 2019 Outbreak [Free Access to Abstract Only]			Scientific papers published from January 1-May 6, 2020, in English were included, and 212 countries were referenced in the reviewed literature. Results indicated that COVID-19 is a serious global public health problem that disproportionately affects immune-compromised individuals who are living with chronic diseases, older individuals, and pregnant women. The researchers concluded that the disease spreads rapidly from one county to another.	effect of the COVID-19 pandemic on public health. The authors concluded that pregnant women are disproportionately affected.	methods of Coronavirus Disease 2019 Outbreak. Hum Antibodies. 2020; doi:10.3233/HAB-200422
Children, clinical characteristics, testing, Tehran, Iran	31-Jul-20	The Coronavirus Disease 2019 (COVID-19) in Children: A Study in an Iranian Children's Referral Hospital	Infection and Drug Resistance	Original research	This study explores the epidemiological characteristics, clinical patterns, and laboratory and imaging findings of 35 pediatric patients with COVID-19 at 1 children's hospital in Tehran, Iran, from March 7-30, 2020. The median age of the patients was 7.5 years (IQR=4– 11; range=4 months to 15 years). 63% were male. Cough was present in 80% of the patients, followed by fever (77%), nausea or vomiting (29%), diarrhea (26%), shortness of breath (29%), headache (20%), and myalgia (14%). Lymphopenia was present in 43% of the patients, thrombocytopenia in 9%, neutropenia in 8%, and leukopenia in 26%. 40% had severe pneumonia, and 18 (51%) had underlying diseases. 11 had positive RT-PCR results (31%), and the chest CT images of the other 24 patients (69%) suggested COVID-19 while their RT-PCR assays from throat swab samples were negative. This study demonstrates different clinical findings of pediatrics compared to the previous reports of children, with a high proportion of children experiencing gastrointestinal symptoms. Since a high rate of false negative RT-PCR test was observed, early detection of children with COVID-19 infection by CT is beneficial for management and early treatment.	This study characterizes the pediatric patients with COVID-19 at 1 hospital in Tehran, Iran. The 35 patients included had a higher proportion of gastrointestinal symptoms than has been previously reported, and a high rate of false negative RT-PCR testing was observed.	Mahmoudi S, Mehdizadeh M, Shervin Badv R, et al. The Coronavirus Disease 2019 (COVID-19) in Children: A Study in an Iranian Children's Referral Hospital [published online 2020 Jul 31]. Infect Drug Resist. 2020;13:2649-2655. doi:10.2147/IDR.S259064
Nutrition, ICU, critical care, Switzerland	31-Jul-20	Easy-to-prescribe nutrition support in the intensive care in the era of COVID-19	Clinical Nutrition ESPEN	Original Article	Nutritional therapy in critically ill COVID-19 patients is a challenge. In this article, the authors describe a simple and easy-to-prescribe nutritional protocol, which they evaluated through questionnaires sent to physicians (n=122, response rate 66%) in Switzerland who were caring for COVID-19 patients in the ICU. Thirty-two percent of medical doctors (MDs) felt that their knowledge of nutrition management was insufficient. Among physicians surveyed, 45% did not face nutrition management in their daily practice prior to the pandemic. The nutritional protocol, chart with prescription aids, and suggested nutritional proposals were considered useful to very useful by the majority of physicians surveyed (89.9%, 90.7%, and 92.1% respectively). The protocol was followed by 92% of MDs, and almost all participants (95%) were convinced that adaptations of nutritional therapy had beneficial effects on patients' outcomes. The authors conclude that the implementation of their pragmatic and simplified nutritional protocol was assessed to be useful by	With the influx of patients admitted to ICUs during the COVID-19 pandemic, the authors argue that pragmatic protocols are essential to simplify nutritional care. They present their nutritional protocol, which was found to be useful for COVID-19 patients by critical care physicians in Switzerland.	de Watteville A, Genton L, Barcelos GK et al. Easy-to-prescribe nutrition support in the intensive care in the era of COVID-19. [published online, 2020 Jul 31]. Clinical Nutrition ESPEN. doi:https://doi.org/10.1016/j.clnesp.2020.07.015

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					surveyed physicians. Future studies are required to assess its impact on the clinical outcomes of COVID-19 patients.		
Children, data collection, South America	31-Jul-20	COVID-19 in South American Children: A Call For Action	The Pediatric Infectious Disease Journal	Letter to the Editor	The authors describe the Pediatric Tuberculosis Network European Trialgroup (PTBNET) as a model for a network that comprises clinical specialists and provides educational, clinical, and research activities. In the context of COVID-19, PTBNET launched a data collection project that has involved 82 participating healthcare institutions across 25 European countries reporting clinical data on children with COVID-19. The authors introduce the Covid in sOuth aMericaN children study GrOup (Covi-DOMINGO), a data collection project on children with COVID-19 in South America They call South American clinicians and researchers to join this not-for-profit project aiming to better define the clinical and epidemiological picture of South American children with COVID-19, including the impact of MIS-C.	The authors introduce a data collection project, covi-DOMINGO, that is seeking to better define the clinical and epidemiological picture of South American children with COVID-19.	Antúnez-Montes OY, Escamilla MI, Figueroa-Uribe AF, et al. COVID-19 in South American Children: A Call For Action [published online 2020 Jul 31]. <i>Pediatr Infect Dis J.</i> 2020. doi:10.1097/INF.0000000000002851
Pregnancy outcome, vertical infectious disease transmission	31-Jul-20	Coronavirus Disease 2019 (COVID-19): A Pediatric Perspective	Journal of the Nepal Medical Association	Review Article	COVID-19 is a novel disease without a fully described clinical course, especially in children. This review article summarized the clinical characteristics of children with COVID-19 based on published case reports. A significant proportion of children with COVID-19 do not appear to develop any symptoms or have subclinical symptoms. For clinical symptoms, the most common presenting symptoms include fever followed by cough in more than half of symptomatic children. Upper respiratory tract symptoms such as rhinorrhea and sore throat are also relatively common. The white blood cell counts can vary in children with COVID-19. Lymphopenia and leukocytosis are relatively uncommon in children, with raised lymphocyte counts and diminished total white cell count present in 17-22% of children. Based on published case reports on children with COVID-19, radiological evidence of pneumonia is present in up to two-thirds of children irrespective of symptoms. Common CT chest features include ground-glass opacities and patchy shadows in the outer lung fields, mainly in the subpleural area.	This review article summarized the clinical characteristics of children with COVID-19 based on published case reports, describing clinical features, total white cell count and lymphocyte count, and chest CT scan findings.	Shrestha R, Shrestha L. Coronavirus Disease 2019 (COVID-19): A Pediatric Perspective. <i>JNMA J Nepal Med Assoc.</i> 2020;58(227):525-532. Published 2020 Jul 31. doi:10.31729/jnma.4977
Pediatric, cystic fibrosis, mental health, home treatment, Belgium	31-Jul-20	The impact of the COVID-19 pandemic on the emotional well-being and home treatment of Belgian patients with cystic fibrosis, including transplanted patients and paediatric patients	Journal of Cystic Fibrosis	Original Article	This study explored the early impact of the COVID-19 pandemic on the emotional well-being of cystic fibrosis (CF) patients and self-reported changes in their home therapy through administration of an online questionnaire. The study population included adult patients with CF, lung-transplanted (LTX) CF patients, and parents of children with CF in Belgium. The response rate was 63% (80 CF, 66 LTX and 73 parents). None of the respondents had contracted COVID-19. There was evident psychological impact, with many reporting increased stress, fear, and worry about CF and the future. Changes in treatment were reassuringly small and positive, including more physiotherapy for adults and better-quality nebulizing. From these results, the authors conclude that psychological care is needed for CF patients suffering prolonged psychological impact from the	In this study, the authors found that the COVID-19 pandemic had an impact on the emotional well-being of patients and parents of children with cystic fibrosis (CF). They emphasize the role of multidisciplinary CF teams, which can proactively connect with and support CF patients and parents.	Havermans T, Houben J, Vermeulen F, et al. The impact of the COVID-19 pandemic on the emotional well-being and home treatment of Belgian patients with cystic fibrosis, including transplanted patients and paediatric patients [published online, 2020 Jul 31]. <i>J Cyst Fibros.</i> doi:10.1016/j.jcf.2020.07.022

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					<p>pandemic. They urge CF teams need to contextualize information received from the media and support CF patients and parents to balance the perceived risk with true risk.</p>		
Pregnancy, childbirth, perinatal, mother-newborn dyad, neonate	31-Jul-20	Outcomes of Maternal-Newborn Dyads After Maternal SARS-CoV-2	Pediatrics	Original Article	<p>The objective of this study was to describe characteristics and outcomes of maternal-newborn dyads with confirmed maternal SARS-CoV-2. This was a multicenter, observational cohort study of childbirths in the context of maternal SARS-CoV-2 infection at four major New York City, NY, USA hospitals between 1 March-1 May 2020. There were a total of 149 mothers with 149 newborns included (three sets of twins; three stillbirths). Forty percent of mothers were asymptomatic. Approximately 15% of symptomatic mothers required respiratory support and 8% required intubation. Eighteen newborns (12%) were admitted to the ICU. Fifteen (10%) were born preterm, and five (3%) required mechanical ventilation. Symptomatic mothers had more pre-mature deliveries (16% vs 3%, p= 0.02) and their newborns were more likely to require intensive care (19% vs. 2%, p=0.001) than asymptomatic mothers. One newborn tested positive for SARS-CoV-2, which was considered a case of horizontal post-natal transmission. The authors conclude that peri-natal morbidities were observed among both mothers and newborns in the setting of maternal SARS-CoV-2 infection.</p>	In this study of mother-neonate dyads in the USA, the authors found no evidence of vertical transmission but significant peri-natal complications (pre-mature birth and need for critical care) among newborns to symptomatic mothers with COVID-19.	Verma S, Bradshaw C, Auyeung NSF, et al. Outcomes of Maternal-Newborn Dyads After Maternal SARS-CoV-2 [published online, 2020 Jul 31]. Pediatrics. doi:10.1542/peds.2020-005637
Pediatric gastroenterology , telemedicine, diagnostic procedures, USA	31-Jul-20	A Conceptual Framework for Rescheduling Elective Pediatric Gastroenterology Procedures Following COVID-19 Pandemic Lockdown [No Abstract and Article not Available for Free]	Gastroenterology Nursing	Letter to the Editor	<p>During the COVID-19 pandemic in the USA, the authors' department halted elective gastro-enterology procedures. The gap in service provision was exacerbated by the successful introduction of telehealth, which resulted in the generation of more procedures. In the context of limited resources, the authors adopted a conceptual framework which prioritized patients with symptoms and/or laboratory findings predictive of severe disease and significant quality-of-life impairment, and who were therefore more likely to experience the greatest benefit from the elective diagnostic procedures. The authors describe their process and triage algorithm in this paper. Several randomly selected patients were compared for acuity based on detailed review of their medical history. They were then classified based on the algorithm, and concordance was deemed excellent. Although the methodology has potential limitations, the authors state that it allows for an objective, impact-focused classification of acuity that is adaptable to other practices and cost-effective in its application.</p>	The authors describe their methodology and algorithm for the selection of elective gastro-enterology procedures at their institution in the USA during the COVID-19 pandemic.	Kaur P, Attard TM, Fishman DS, et al. A CONCEPTUAL FRAMEWORK FOR RESCHEDULING ELECTIVE PEDIATRIC GASTROENTEROLOGY PROCEDURES FOLLOWING COVID-19 PANDEMIC LOCKDOWN. [published online, Jul/Aug 20]. Gastroenterol Nurs. doi:10.1097/SGA.0000000000000540
Children, adolescent, MIS-C, Kawasaki disease, toxic shock syndrome	31-Jul-20	Update on the COVID-19-associated inflammatory syndrome in children and adolescents;	Journal of Paediatrics and Child Health	Viewpoint	<p>In this article, the authors provide an overview of the current state of knowledge on the newly described inflammatory condition in pediatric patients, which has arisen during the current COVID-19 pandemic. The condition has been named pediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS) or multisystem inflammatory syndrome in children (MIS-C). This condition has</p>	The authors describe the data available for MIS-C, which was identified during the COVID-19 pandemic. They recommend that clinicians keep this	Singh-Grewal D, Lucas R, McCarthy K, et al. Update on the COVID-19-associated inflammatory syndrome in children and adolescents; paediatric inflammatory multisystem syndrome-temporally associated with SARS-CoV-2 [published online, 2020 Jul 31]. J

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		paediatric inflammatory multisystem syndrome- temporally associated with SARS-CoV-2			shown significant similarities to Kawasaki disease (KD) and toxic shock syndrome (TSS). Rather than a manifestation of primary infection, MIS-C appears to be a severe but delayed immune response to SARS-CoV-2 infection with uncontrolled inflammation resulting in host tissue damage. The authors recommend that clinicians should be aware of this new condition and in the context of the current pandemic, they should consider MIS-C when assessing children with fever and as a differential diagnosis of KD, TSS, fever, rash, severe abdominal pain, or shock without obvious cause.	condition in their differential diagnosis when evaluating children with fever, possible Kawasaki disease, or possible toxic shock syndrome.	Paediatr Child Health. doi:10.1111/jpc.15049
Pediatric, solid tumor, oncology, chemotherapy, India	31-Jul-20	Chemotherapy adaptations in a referral tertiary care center in India for ongoing therapy of pediatric patients with solid tumors during COVID19 pandemic and lockdown [No Abstract and Article not available for free]	Pediatric Blood & Cancer	Letter to the Editor	During the COVID-19 pandemic, the authors' institution in New Delhi, India had to restrict or temporarily suspend inpatient admissions, daycare services, and outpatient chemotherapy infusion services. From the patient's perspective, the key difficulty to accessing care at their institution was complete suspension of public transport in India. The authors describe their approach for the management of common pediatric solid tumors during the COVID-19 pandemic at their center. Patients were classified into three categories on the basis of their ability to access healthcare. They also prioritized patients based on palliative and curative intent. Adaptations were made in an effort to reduce hospital visits, avoid issues that would lead to multiple hospital visits, and to avoid crowding in the hospital. In conclusion, the authors state that the COVID-19 pandemic provided invaluable lessons in the use of telemedicine and an opportunity to use regional hospitals to provide accessible patient care.	The authors argue that guidelines provided by professional societies regarding management of pediatric solid tumors were not compatible with the lockdown in India due to COVID-19. Therefore, they describe their strategy for managing such cases at their center in New Delhi.	Pushpam D, Bakhshi S, Agarwala S. Chemotherapy adaptations in a referral tertiary care center in India for ongoing therapy of pediatric patients with solid tumors during COVID19 pandemic and lockdown [published online, 2020 Jul 31]. Pediatr Blood Cancer. doi:10.1002/pbc.28428
Pregnancy, neonates, C-section, breastfeeding, Latin America	31-Jul-20	Perinatal COVID-19 in Latin America [Article available in Spanish only]	Revista Panamericana de Salud Publica	Original Article	The authors aimed to evaluate and to report the clinical characteristics and outcomes of SARS-CoV-2 infection in pregnant women and newborns in Latin America. Of 86 pregnant women with COVID-19 in seven countries, 59 patients (68%) were asymptomatic. Among symptomatic women (27/86, 32%), 24 patients (89%) had mild symptoms and three (3.5%) had severe respiratory symptoms. No deaths were reported. The C-section rate was 38%. Gestational age was < 37 weeks in 6% of cases. Six neonates (7%) were positive upon testing between 16-36 hours of age, and they all presented mild and transient respiratory distress. Breastfeeding was authorized in only 24% of mothers. In 76% of cases, the mother-child pair was separated, In 95% of cases, the mother was not accompanied at delivery or during the postpartum period. The authors found that the lack of maternal support, the low rate of breastfeeding, and the frequent separation of mother-child dyads were concerning.	The authors evaluated pregnancy outcomes of COVID-19 patients in Latin America (n=86). Due to their findings, they urge health care teams to reflect on the need to support humanized and family-centered care during the current pandemic.	Sola A, Rodríguez S, Cardetti M, Dávila C. COVID-19 perinatal en América Latina [Perinatal COVID-19 in Latin America]. [published online, 2020 Jul 31]. Rev Panam Salud Publica. doi:10.26633/RPSP.2020.47
Edinburgh Postnatal Depression Scale,	31-Jul-20	Risk for Depressive Symptoms among	Journal of Clinical Medicine	Original research	This study aims to assess the risk for depression among pregnant women hospitalized during the COVID-19 pandemic, as compared to women hospitalized before the pandemic. A cross-sectional study was performed among women hospitalized in the high-risk	This study demonstrated a comparable risk for depression among	Sade S, Sheiner E, Wainstock T, et al. Risk for Depressive Symptoms among Hospitalized Women in High-Risk Pregnancy Units during the COVID-19

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depression, pregnancy, Israel		Hospitalized Women in High-Risk Pregnancy Units during the COVID-19 Pandemic			pregnancy units of the Soroka University Medical Center (SUMC), Israel. All participating women completed the Edinburgh Postnatal Depression Scale (EPDS), and the results were compared between women hospitalized during the COVID-19 strict isolation period and women hospitalized before the pandemic. Women hospitalized during the isolation period (n = 84) had a comparable risk of having a high (>10) EPDS score as compared to women hospitalized before the pandemic (n = 279; 25.0% vs. 29.0%, p = 0.498). These results remained similar in the multivariable logistic regression model while controlling for maternal age, ethnicity, and existing mood disorders (adjusted OR 1.0, 95% CI 0.52-1.93, p = 0.985). Women hospitalized at the high-risk pregnancy unit during the COVID-19 strict isolation period were not at an increased risk for depression, as compared to women hospitalized before the pandemic.	women hospitalized in high-risk pregnancy units during the COVID-19 pandemic, compared to those hospitalized before the pandemic in Israel.	Pandemic. J Clin Med. 2020;9(8):E2449. Published 2020 Jul 31. doi:10.3390/jcm9082449
Childhood transmission, epidemiological profile, clinical characteristics	31-Jul-20	The Control and Prevention of COVID-19 Transmission in Children: A Protocol for Systematic Review and Meta-analysis	Medicine (Baltimore)	Review Article	The pandemic following the rapid spread of the new SARS-CoV-2 virus has hit all continents and causes thousands of deaths worldwide. Evidence has been published on epidemiological and clinical characteristic of population groups considered at risk; however, information for the other population groups, especially for the child population is lacking. In order for new control and prevention strategies to be idealized, understanding the dynamics of transmission and control of the virus in this population becomes relevant. The authors of this study describe a systematic protocol for a systematic review and meta-analysis and is developed in accordance with PRISMA-P. The study aims to identify the evidence on control and prevention of COVID-19 transmission among children and adolescents, as well as describe the epidemiological profile and clinical and immunological characteristics of COVID-19 in this population. The protocol has relevance in the current context because it has a great potential to help the development of new control and prevention strategies in the pediatric population	This study protocol was developed, in response to the COVID-19 pandemic, in order to analyze epidemiological evidence of the transmission of COVID-19, specifically within the child population.	Medeiros GCBS, Nunes ACF, Azevedo KPM, et al. The Control and Prevention of COVID-19 Transmission in Children: A Protocol for Systematic Review and Meta-analysis. Medicine (Baltimore). 2020;99(31):e21393. doi:10.1097/MD.00000000000021393
Children, infection, antibodies	31-Jul-20	Why do children seem to be more protected against COVID-19? A hypothesis	Medical Hypothesis	Hypothesis	The authors hypothesize that recurrent exposure to different coronaviruses (CoVs) may induce an anti-viral B and T-cell mediated adaptive immune response. Due to the high homology between the Spike protein epitopes found on taxonomically-related coronaviruses, the authors posit that the current circulating COVID-19 is neutralized through antibodies from previous CoV-induced antibody responses. Therefore, the B and T-cell immune response may be protective against COVID-19. This hypothesis has the potential to open possible research on the development of live-attenuated virus vaccines from CoVs.	Recurrent CoV exposure may confer a B and T-cell immune response that may be protective against COVID-19 infection.	Sposato B, Scalese M. Why do children seem to be more protected against COVID-19? A hypothesis [published online ahead of print, 2020 Jul 31]. Med Hypotheses. 2020;143:110151. doi:10.1016/j.mehy.2020.110151
Pediatric, childhood vaccination,	31-Jul-20	Notes from the Field: Rebound in Routine Childhood	Morbidity and Mortality Weekly	Notes from the Field	Concerns have been raised about falling childhood vaccine administration during the COVID-19 pandemic. In New York City, the effect of the COVID-19 pandemic was assessed by comparing the weekly number of routine childhood vaccine doses	In NYC, a substantial decrease in routine childhood vaccination was identified in early	Langdon-Embry M, Papadouka V, Cheng I et al. Notes from the Field: Rebound in Routine Childhood Vaccine Administration Following Decline

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preventative medicine, USA		Vaccine Administration Following Decline During the COVID-19 Pandemic – New York City, March 1–June 27, 2020	Report (MMWR)		administered to persons aged <24 months and 2–18 years in 2020 with the number administered during the same period in 2019. A decrease in the number of vaccine doses administered in NYC was detected beginning the week of March 8, 2020. The largest relative decrease was observed during the week of April 5-11 and was less pronounced in persons aged <24 months (62% decrease) than in those 2–18 years old (96% decrease). Subsequently, vaccine administration increased among persons aged <24 months starting the week of April 19–25, and returned to levels comparable with those during 2019 beginning the week of May 17. The rebound of routine early childhood vaccination in NYC demonstrated the critical role of public health departments and partnerships with numerous stakeholders in childhood vaccination.	March; however, rates returned to levels comparable to 2019 in mid-May 2020.	During the COVID-19 Pandemic – New York City, March 1–June 27, 2020. [published online, 2020 Jul 31]. MMWR Morb Mortal Wkly Rep doi: http://dx.doi.org/10.15585/mmwr.mm6930a3external icon.
Pediatric, immune-suppression, immune-suppressive therapy, asymptomatic	31-Jul-20	Prolonged asymptomatic SARS-CoV-2 infection in a child receiving immunosuppressive therapy	Pediatric Pulmonology	Letter to the Editor	The authors report a case of familial transmission of SARS-CoV-2 whereby a 5-year-old girl became infected with the virus while receiving immunosuppressive therapy. She was diagnosed at the beginning of March 2020 with dermatomyositis and placed on a course of high-dose methylprednisolone (25mg/kg) followed by slowed prednisone tapering and methotrexate on March 10. She tested positive for COVID-19 on April 1 and while she remained asymptomatic and in good clinical condition, more than 30 days passed before she eventually tested negative for the SARS-CoV-2. Authors note that the prednisone may have partially masked symptoms that would otherwise have been at least mild and conclude that rather than worsening the disease in the 5-year-old patient, the immune suppression may have been beneficial, as all other members of her family eventually became symptomatic, including her 38-day-old brother. Given the documented 43-day window between the symptom onset in the first family member and the clearance of the virus by the last, asymptomatic member, authors believe that isolation of the index case and quarantine of household contacts should be grouped, initiated, and terminated at the same time, only when all have been documented to not be infectious.	The authors describe a case report that further compounds the evidence that COVID-19 may be completely asymptomatic in children, even if receiving immunosuppressive agents, and that SARS-CoV-2 infection in immunosuppressed patients may still have a favorable outcome. While possibly prolonging virus shedding, systemic steroid administration did not worsen the clinical picture of the patient and may have contrarily contributed to attenuate symptoms, suggesting that corticosteroids may not necessarily be detrimental for pediatric COVID-19 patients and could even be beneficial in selected cases.	Canarutto D, Del Barba P, Di Frenna M, et al. Prolonged asymptomatic SARS-CoV-2 infection in a child receiving immunosuppressive therapy [published online ahead of print, 2020 Jul 31]. <i>Pediatr Pulmonol</i> .2020;10.1002/ppul.24983. doi:10.1002/ppul.24983

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Health disparities, ethnic and racial disparities, pregnancy, Boston, United States	31-Jul-20	Racial and ethnic disparities in severity of COVID-19 disease in pregnancy in the United States [Free Access to Abstract only]	International Journal of Gynecology and Obstetrics	Brief Communication	An academic hospital-based obstetrics practice in Boston, USA reviewed cases of women diagnosed with COVID-19 during pregnancy or within eight weeks postpartum from March 14th to May 1st, 2020 assessing for racial and ethnic disparities (n=44). Hispanic women represented 48% of cases and non-Hispanic Black women represented 34% of the cases, which is notable given the clinic patient population is 30% non-Hispanic Black, 30% Hispanic, 20% non-Hispanic White, and 15% Asian. Of nine women who required hospitalization for COVID-19, eight identified as non-Hispanic Black or Hispanic. Of the five patients with severe disease, two were non-Hispanic Black women and two were Hispanic women. Of the two pregnant women who required ICU admission and mechanical ventilation, one was non-Hispanic Black and the second was Hispanic. Of the non-Hispanic Black women with COVID-19, 67% had at least one of the following diagnoses: chronic lung disease, diabetes, hypertension, or obesity, which may have contributed to increased vulnerability to COVID-19. Almost one quarter of the Hispanic women with COVID-19 were experiencing housing insecurity. The authors conclude that these findings reflect health consequences of the social, environmental, and structural effects of racism in the United States.	An academic hospital-based obstetrics practice in the USA found disproportionate cases of COVID-19 among non-Hispanic Black and Hispanic women, and disproportionate adverse outcomes including hospitalization, ICU care, and mechanical ventilation for these populations.	Onwuzurike C, Diouf K, Meadows AR, Nour NM. Racial and ethnic disparities in severity of COVID-19 disease in pregnancy in the United States [published 2020 Jul 31]. Int J Gynaecol Obstet. 2020;doi:10.1002/ijgo.13333
Pregnancy, labor and delivery, newborn, screening, asymptomatic transmission, Japan	31-Jul-20	Screening maternity populations during the COVID-19 pandemic	International Journal of Gynecology and Obstetrics	Commentary	This article highlights the challenge asymptomatic transmission of SARS-CoV-2 poses to containing the virus, particularly given the intimate and prolonged nature of childbirth and the subsequent elevated risk of cross-infection between laboring women and midwives. Identification of infectious women prior to delivery could contribute to prevention of further transmission to patients and healthcare workers, and the authors argue that performing testing for SARS-CoV-2 for pregnant women is crucial to ensure adequate medical management of the women and their newborns. Furthermore, screening a maternity population during a pandemic can be one way to provide a glimpse of the distribution within the population.	The authors advocate for SARS-CoV-2 testing of pregnant women to reduce the risks of nosocomial transmission and to provide optimal medical management to mothers and their newborns.	Iida M, Tanaka M. Screening maternity populations during the COVID-19 pandemic [published online 2020 Jul 31]. BJOG. 2020. doi:10.1111/1471-0528.16439
Children, maternal health, nutrition	31-Jul-20	Learning from Exemplars in Global Health: a road map for mitigating indirect effects of COVID-19 on maternal and child health	BMJ Global Health	Commentary	It is likely that the indirect effects of the COVID-19 pandemic on maternal and child health and nutrition will be more harmful than the direct health consequences of the disease. To minimize these negative indirect effects, countries will need to consider all domains of health systems, including demand, supply, resources and social determinants. Learning from countries that have improved health outcomes amid other crises could provide helpful strategies, which include clear national leadership, data-driven targeting, community-focused health services and a strong emphasis on equity. This type of learning is the focus of the recently launched Exemplars in Global Health programme, a partnership that brings together local experts, funders and international collaborators with the mission of identifying	The authors describe possible strategies to minimize the negative indirect effects of the COVID-19 pandemic on maternal and child health and nutrition, with an emphasis on learning from countries that have improved health outcomes during other crises.	Phillips DE, Bhutta ZA, Binagwaho A, et al. Learning from Exemplars in Global Health: a road map for mitigating indirect effects of COVID-19 on maternal and child health [published online 2020 Jul 31]. BMJ Glob Health. 2020;5(7):e003430. doi:10.1136/bmjgh-2020-003430

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					positive global health outliers, understanding what makes them successful and disseminating the core learnings so they can be replicated in comparable settings.		
Pregnancy, neonate, vertical transmission	31-Jul-20	Vertical Transmission of COVID-19: A Systematic Review and Meta-analysis	American Journal of Obstetrics and Gynecology	Systematic Review	This systematic review included studies published through May 28, 2020, to determine estimates of vertical transmission of COVID-19. 30 eligible case reports describing 43 tested neonates and 38 cohort/case series studies describing 936 tested neonates were included. Of 936 neonates from COVID-19 infected mothers, 27 had SARS-CoV-2 viral RNA positive nasopharyngeal swab, indicating a pooled proportion of 3.2% (95% CI 2.2-4.3%) for vertical transmission. SARS-CoV-2 viral RNA testing in neonatal cord blood was positive in 2.9% (1/34) of samples, 7.7% (2/26) of placenta samples, 0% (0/51) of amniotic fluid and 0% (0/17) of urine samples and 9.7% (3/31) of fecal/rectal swabs. Neonatal serology (IgM) was positive in 3.7% (3/82). The authors conclude that vertical transmission of SARS-CoV-2 is possible and appears to occur in a minority of cases of maternal COVID-19 infection in third trimester. Rates of infection are similar to other pathogens that cause congenital infections.	This systematic review summarized the available literature regarding vertical transmission of COVID-19 infection and found a 3.2% proportion of vertical transmission, indicating that vertical transmission is possible but occurs in a minority of cases.	Kotlyar A, Grechukhina O, Chen A, et al. Vertical Transmission of COVID-19: A Systematic Review and Meta-analysis [published online 2020 Jul 30]. Am J Obstet Gynecol. 2020;S0002-9378(20)30823-1. doi:10.1016/j.ajog.2020.07.049
Neonates, outcomes, vertical transmission, horizontal transmission	31-Jul-20	Outcomes in COVID-19 Positive Neonates and Possibility of Viral Vertical Transmission: A Narrative Review	American Journal of Perinatology	Narrative Review	More robust information is needed about the clinical outcomes of COVID-19 positive neonates as well as the incidence of vertical transmission of the virus within this specialized pediatric population. The authors used Pubmed and Google Scholar to search for published articles in the English language from November 15, 2019 through June 19, 2020 with terms relating to "COVID-19 neonates". 39 published studies encompassing 326 COVID-positive peripartum mothers with respective neonatal outcomes were included within the review. 23 neonates were COVID-19 positive, with male neonates significantly more affected than female neonates (79% vs. 21%). 10 neonates acquired the infection through suspected vertical transmission. COVID-19 positive neonates were asymptomatic or mildly symptomatic and rarely required supportive measures. Suspected horizontal transmission lead to sicker neonates than suspected vertical transmission. Additionally, no neonatal mortality was reported. This narrative review characterizes the clinical outcomes of COVID-19 positive neonates and provides evidence for the low possibility of vertical transmission.	This narrative review demonstrates that COVID-19 positive neonates experience asymptomatic or mild disease. While vertical transmission is rare, horizontal transmission should be prevented through appropriate parental education about mitigation steps within the home environment.	Sheth S, Shah N, Bhandari V. Outcomes in COVID-19 Positive Neonates and Possibility of Viral Vertical Transmission: A Narrative Review [published online 31 Jul 2020]. Am J Perinatol. 2020;10.1055/s-0040-1714719. doi:10.1055/s-0040-1714719
Childhood disability, COVID-19	31-Jul-20	Long-term impact of COVID-19 on disabled children	Developmental Medicine and Child Neurology	Editorial	This article aimed to highlight the long-term impact of COVID-19 specifically on disabled children. Even with millions of cases, there is still a lot to learn about the coronavirus disease pandemic and its impact on childhood disability. However, society has failed disabled individuals and reversed some of the progress made in their empowerment. Due to the prohibition of the continuation of non-urgent services, many children did not receive the therapy they needed. Another failure has been the lack of international concerted action and strategy, compounded	There are various inequalities present in society, especially when it comes to disabled individuals. To understand the impact of phenomena such as the COVID-19 pandemic and effectively work	Dan B. Long-term impact of COVID-19 on disabled children. Developmental Medicine & Child Neurology. 2020;62(9):1004-1004. doi:10.1111/dmnc.14603

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					by heterogeneity and complexity of health care systems. These issues must be addressed and are crucial to equitable healthcare. The COVID-19 crisis has highlighted how vitally people's health relies on the preparedness of the public health care system and its response capacity.	toward a better future, the authors urge to consider carefully characterized societal determinants of health and the cause of these inequalities.	
Disabilities, mental health, parents, special educational needs, school closure, children, UK	31-Jul-20	How is COVID-19 Affecting the Mental Health of Children with Special Educational Needs and Disabilities and Their Families?	Journal of Autism and Developmental Disorders	Brief Communication	In this study, 241 parents of school-aged children (mean age 9 years, range 5-18 years) with special educational needs and disabilities in the UK were recruited between 22nd March and 1st April 2020 during the first fortnight after school closure. Parents were asked to describe the impact of COVID-19 on their mental health and that of their child. An inductive content analysis of the data was undertaken. Both parents and children appeared to be experiencing loss, worry and changes in mood and behavior as a result of the rapid social changes that have occurred. Some parents reported feeling overwhelmed and described the impact of child understanding and awareness. Finally, a minority of parents reported that COVID-19 has had little impact on mental health in their family or has even led to improvements. Implications for how to support these families in the immediate future are discussed.	This study asked 241 parents of children with special educational needs and disabilities in the UK to describe the impact of COVID-19 on their mental health and that of their child. Findings showed that they appeared to be experiencing poor mental health, but a minority of parents reported that COVID-19 has led to improvements.	Asbury K, Fox L, Deniz E, et al. How is COVID-19 Affecting the Mental Health of Children with Special Educational Needs and Disabilities and Their Families? [published online, 2020 Jul 31]. J Autism Dev Disord. 2020;1-9. doi:10.1007/s10803-020-04577-2
Pediatrics, children, illness severity, risk factors	30-Jul-20	Risk Factors for Severity in Children with Coronavirus Disease 2019: A Comprehensive Literature Review	Pediatric Clinics of North America	Review	This review of 23 studies aimed to assess the risk factors associated with the progression and severity of COVID-19 in children. Original research studies published in English from February 26-June 10, 2020 were identified using PubMed and Scopus. In a study of 177 children from Washington, DC, USA, adolescents and young adults were more commonly critically ill than younger children [statistical values not reported]. Another study from the United States reported that the mean age of COVID-19-positive children was significantly higher than those testing negative (9.72 vs 4.85 years, p-value not reported). In a recent study from Italy, which included 100 children, 27% had an underlying medical condition. Other studies have also reported high rates of co-morbidities in severely ill and hospitalized children with COVID-19. In terms of pediatric laboratory data, lymphopenia seems to be a risk factor for more severe COVID-19. Another possible contributor to illness severity is co-infection with other pathogens, as this has been reported in several cases. The authors conclude that it is important to further study the potential risk factors for severe disease in children and to clarify the underlying mechanisms, in order to improve the management of children with COVID-19.	In this review, the authors describe potential risk factors for severe COVID-19 in children. Data from 23 studies suggest that older age, underlying medical conditions, lymphopenia, and co-infection with other pathogens may contribute to risk of progression or severity of pediatric COVID-19.	Tsabouri S, Makis A, Kosmeri C, Siomou E. Risk Factors for Severity in Children with Coronavirus Disease 2019: A Comprehensive Literature Review. Pediatr Clin North Am. 2021 Feb;68(1):321-338. doi: 10.1016/j.pcl.2020.07.014

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Surveillance, pregnancy, HIV, epidemiology, South Africa	30-Jul-20	COVID-19 in pregnancy in South Africa: Tracking the epidemic and defining the natural history	South African Medical Journal	Editorial	This editorial describes a proposed set of surveillance and research activities to assess COVID-19 among pregnant women in South Africa, with the aim of informing the country's COVID-19 response. The authors suggest that surveillance could be layered onto existing initiatives and collaborations, such as the Maternal and Perinatal Outcomes of Novel Coronavirus in Pregnancy Study and a national pregnancy exposure registry. COVID-19 surveillance in sentinel antenatal clinics offers opportunity to establish population-based prospective cohorts of women and children, providing a means of defining key COVID-19 epidemiological parameters such as asymptomatic infection rates and case severity. Natural history and birth outcomes could be evaluated by HIV status, and between women living with HIV who initiate antiretroviral therapy in pregnancy and those on long-term treatment. Such data could determine whether COVID-19 manifests differently in women living with and without HIV infection. Given the limited testing capabilities, the authors propose that pooled testing among asymptomatic pregnant women may be an efficient alternative to individualized PCR for diagnosis of acute infection.	The authors suggest several methods for surveillance of COVID-19 among pregnant women in South Africa, which they conclude would provide opportunities to track epidemiology and outcomes, especially among women living with HIV, in an effort to help guide the country's response.	Fairlie L, Sawry S, Patel F, et al. COVID-19 in pregnancy in South Africa: Tracking the epidemic and defining the natural history. S Afr Med J. 2020;110(8):729-731. Published 2020 Jul 30. doi:10.7196/SAMJ.2020.v110i8.15012
Pediatric, radiology, imaging, CT scan, pneumonia	30-Jul-20	Imaging findings of SARS-CoV-2 infection in pediatrics: A systematic review of coronavirus disease 2019 (COVID-19) in 850 patients	Academic Radiology	Review Article	A relevant comprehensive review on the radiological manifestations of COVID-19 in pediatric patients is still lacking. In this article, the authors describe results from studies on CT findings and radiological characteristics of COVID-19 in children. A systematic literature search for published articles was conducted using three online databases (n=39 studies, 850 patients). Among the study population, 225 (26.5%) patients had normal CT findings. Ground-glass opacities and consolidations were the most common CT abnormalities (384/625, 61.5%). Other findings included halo sign, interstitial opacities, bronchial wall thickening, and crazy-paving sign. Approximately 55% of patients had unilateral pulmonary findings. Most studies found peripheral and lower-lobe distribution for imaging findings. The authors conclude that these data showed that CT findings in children were often milder and more focal than adults. They also emphasize that a balance must be struck between the risk of radiation and the need for chest CT.	Through a systematic review of published data, the authors found that in children with COVID-19, CT findings usually include ground-glass opacities and consolidations with unilateral lower-lobe predominance, which regress during recovery.	Katal S, Johnston SK, Johnston JH, Gholamrezanezhad A. Imaging findings of SARS-CoV-2 infection in pediatrics: A systematic review of coronavirus disease 2019 (COVID-19) in 850 patients [published online, 2020 Jul 30]. Acad Radiol. doi:10.1016/j.acra.2020.07.031
Pregnancy, assisted reproduction technologies, stress, miscarriage, monitor, France	30-Jul-20	First follow-up of art pregnancies in the context of the COVID-19 outbreak	European Journal of Obstetrics & Gynecology and Reproductive Biology	Original Research	This study aimed to follow up the monitoring, health and anxiety of women who became pregnant after an embryo transfer or a intra-uterine insemination during the COVID-19 epidemic in France. This is a single center, retrospective study from December 2019 to March 2020 based on a phone call interview using a specific questionnaire developed for this study. Questionnaires from 104 pregnant women were completed. Women with ongoing pregnancies (n = 88) did not change their physician visits. The COVID-19 outbreak has created no or few additional stresses for 77% of pregnant women since the	This study investigates the follow-up and stress for pregnant women after assisted reproduction technologies during COVID-19 outbreak in France, showing that pregnant women did not change their	Mayeur A, Binois O, Gallot V, et al. First follow-up of art pregnancies in the context of the COVID-19 outbreak [published online, 2020 Jul 31]. Eur J Obstet Gynecol Reprod Biol. 2020;253:71-75. doi:10.1016/j.ejogrb.2020.07.050

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					lockdown started. This article also reports a miscarriage rate of 14.4% (n = 15) and documents 10 patients (11.3%) who had symptoms related to COVID-19. No severe symptoms and no hospitalization in ICU were identified. The epidemic context did not disrupt the medical monitoring of pregnancies and the authors did not recover an increased rate of miscarriage after assisted reproduction technologies. None of the patients who had COVID-19-related symptoms presented with severe clinical manifestations. Surprisingly, pregnant women were psychologically able to experience the lockdown.	physician visits for fear of being contaminated, and it appears that the pandemic has created no or few additional stresses.	
Pediatric, Kawasaki disease, mucocutaneous lymph node syndrome, thromboinflammation	30-Jul-20	Novel coronavirus infection and Kawasaki disease [Free Access to Abstract only]	The Journal of Maternal-Fetal & Neonatal Medicine	Review Article	Mucocutaneous lymph node syndrome (Kawasaki syndrome/disease, KD) is an acute systemic disease affecting mainly small and medium-sized arteries with development of destructive-proliferative vasculitis. Recent reports have documented a new inflammatory condition, termed MIS-C, associated with SARS-CoV-2. At the moment, the link between COVID-19 infection and KD has not been definitively proven. Yet it is believed that COVID-19 infection worsens the course of KD, and in some cases, children affected by SARS-CoV-2 may develop a disease that has a clinical picture similar to KD. Understanding more about this new pediatric inflammatory condition could help a more general understanding of SARS-CoV-2 and its effects. The authors emphasize the importance of pediatricians remaining alert for Kawasaki disease during the COVID-19 pandemic and to start timely treatment.	In this article, the authors review the pathogenesis of COVID-19, Kawasaki disease, and the links between these two conditions.	Bitsadze VO, Grigoreva K, Khizroeva JK, et al. Novel coronavirus infection and Kawasaki disease [published online, 2020 Jul 30]. J Matern Fetal Neonatal Med. doi:10.1080/14767058.2020.1800633
Pediatric, neurology, status epilepticus, atypical presentation	30-Jul-20	COVID-19 Precipitating Status Epilepticus in a Pediatric Patient	American Journal of Case Reports	Case Report	The authors present the case of an 8-year-old boy admitted for status epilepticus, who later tested positive for SARS-CoV-2 despite no initial respiratory symptoms or fever. After administration of benzodiazepines, he developed respiratory distress and desaturation requiring temporary emergent intubation. Results of a CT scan of the brain were within normal limits. Results of a 24-hour electroencephalogram were indicative of diffuse cerebral dysfunction. As a result of intubation and findings of bilateral infiltrates on chest x-ray, a COVID-19 test was administered and the result was positive. The authors recommend that patients and clinicians be aware that COVID-19 may not always present in the typically with respiratory distress and fever. The case presented in this article suggests a rare neurological presentation of COVID-19.	This case report demonstrates that a predominant neurological presentation of status epilepticus can occur in pediatric patients with COVID-19.	Farley M, Zuberi J. COVID-19 Precipitating Status Epilepticus in a Pediatric Patient. [published online, 2020 Jul 30]. Am J Case Rep. doi:10.12659/AJCR.925776
Children, families, service provision	30-Jul-20	Data-informed recommendations for services providers working with vulnerable children and families during	Child Abuse and Neglect	Original research	This study used an online survey to better understand the impact of the COVID-19 pandemic and associated response measures on vulnerable children and families, and to provide data-informed recommendations for public and private service providers working with this population. It surveyed representatives from 87 non-government organizations (NGOs) providing a variety of direct services (i.e. residential care, family preservation, foster care, etc.) to 454,637 vulnerable children and families in 43	This study assessed the impact of the COVID-19 pandemic on vulnerable children and families, and provides ten recommendations for service providers.	Wilke NG, Howard AH, Pop D. Data-informed recommendations for services providers working with vulnerable children and families during the COVID-19 pandemic [published online 2020 Jul 30]. Child Abuse Negl. 2020. doi:10.1016/j.chiabu.2020.104642

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		the COVID-19 pandemic			countries. Data revealed that the pandemic and restrictive measures were associated with increased risk factors for vulnerable children and families, including not having access to vital services. The NGOs experienced government restrictions, decreased financial support, and inability to adequately provide services. Increased communication and supportive activities had a positive impact on both NGO staff and the families they serve. Based on the findings, ten recommendations were made for service providers working with vulnerable children and families during the COVID-19 pandemic.		
Gestational diabetes; pregnancy complications; screening; UK, Canada, Australia	30-Jul-20	Testing for gestational diabetes during the COVID-19 pandemic. An evaluation of proposed protocols for the United Kingdom, Canada and Australia	Diabetes Research and Clinical Practice	Secondary analysis	This study assessed how proposed recommendations from the UK, Canada and Australia would affect both the number of women diagnosed with gestational diabetes mellitus (GDM) with implementation of new protocols. It also looked at the number of pregnancy complications potentially captured / missed by each diagnostic approach. The authors used data from the Hyperglycemia and Adverse Pregnancy Outcome (HAPO) study. 5974 women with singleton pregnancies were studied who underwent 75g oral glucose tolerance test and HbA1c assays between 24 and 32 weeks' gestation and who received no treatment for GDM. Each participant was classified into the following groups for each of the UK, Canadian and Australian diagnostic criteria: 1) "Missed GDM" - GDM by local pre COVID-19 criteria but not identified as GDM using local post COVID-19 criteria; 2) GDM by local post COVID-19 criteria; and 3) not GDM by both pre and post COVID-19 local criteria. Results showed that all post COVID-19 modified pathways reduced GDM frequency - UK (81%), Canada (82%) and Australia (25%). Furthermore, Canadian women whose GDM would remain undetected post COVID-19 (missed GDMs) displayed similar rates of pregnancy complications to those with post COVID-19 GDM. Using UK modifications, the missed GDM group were at slightly lower risk whilst the women missed using the Australian modifications were at substantially lower risk.	The authors hope that their analysis will provide objective data to allow clinicians and health policy makers to consider both GDM frequency and complications detected or missed in their proposed guidelines for GDM screening during the COVID-19 pandemic.	David McIntyre H, Gibbons KS, C W Ma R, et al. Testing for gestational diabetes during the COVID-19 pandemic. An evaluation of proposed protocols for the United Kingdom, Canada and Australia [published online ahead of print, 2020 Jul 30]. Diabetes Res Clin Pract. 2020;108353. doi:10.1016/j.diabres.2020.108353
Pediatric, Kawasaki Disease, multisystem inflammatory syndrome	30-Jul-20	Is multisystem inflammatory syndrome in children on the Kawasaki syndrome spectrum?	Journal of Clinical Investigation	Commentary	The commentary outlines the clinical cascade and complications concurrent with pediatric SARS-CoV-2 as they relate to Kawasaki Disease (KD) and multisystem inflammatory syndrome (MIS-C). Although KD exhibits similar cardiovascular manifestations such as coronary dilatation and aneurysm, such presentation would typically occur on the severe end of the KD spectrum leading to the introduction of MIS-C as its separate definition in clinical case management. The authors provide this commentary in the light of findings of two published studies investigating immunological markers in pediatric cohorts with varying degrees of COVID-19 severity and MIS-C.	The authors note that the vascular system might be an important target for SARS-CoV-2. This mode of triggering inflammation resembles the immunopathology seen in KD patients.	Yeung RS, Ferguson PJ. Is multisystem inflammatory syndrome in children on the Kawasaki syndrome spectrum? J Clin Invest. 2020;141718. doi:10.1172/JCI141718

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Pediatric, CT, X-ray, Turkey	30-Jul-20	Imaging of COVID-19 pneumonia in children	British Journal of Radiology	Original article	The authors evaluate the radiological presentation of a pediatric population with COVID-19 pneumonia in Turkey. A retrospective study was conducted and included a pediatric population presenting at a hospital in Istanbul between March 11 and April 20, 2020. The chest X-rays of 59 children are described along with the CTs of 22 children, all of whom tested positive for COVID-19. The cases were ascertained as COVID-19 through RT-PCR diagnostics. On chest X-ray examination, the most common presentation of pathology was seen unilaterally in the lower zones of the lungs. Through examining the CT findings, over half of the cases (55%) showed bilateral and multifocal pathology. Single lesion and lobe involvement were seen together in 27% of the cases. 41% of patients showed pure ground-glass appearance whereas 36% of total patients showed a similar feature along with consolidation. Only four cases showed multiple rounded, multifocal ground-glass appearance that coincided with rounded consolidation.	The authors argue that in contrast with radiological findings typically seen among adults, the distribution of lesions among the pediatric population showed more peripheral and central distribution of the lesions.	Palabiyik F, Kokurcan SO, Hatipoglu N, Cebeci SO, Inci E. Imaging of COVID-19 pneumonia in children. Br J Radiol. 2020;20200647. doi:10.1259/bjr.20200647
Pregnancy, neonate, clinical characteristics, UK	30-Jul-20	COVID-19 (SARS-CoV-2) Infection in Pregnancy: A Systematic Review	Gynecologic and Obstetric Investigation	Systematic Review	This review examined literature published between December 1, 2019, and May 22, 2020, assessing SARS-CoV-2 infections in pregnancy. 22 studies containing 156 pregnant women with COVID-19 and 108 neonates were included. CT scan reports showed unilateral/bilateral pneumonia in most of the pregnant women. A marked lymphopenia was also noted in many patients. 66 C-sections and 19 vaginal deliveries were found, with 27 pre-term deliveries recorded. The most common maternal/fetal complications included intra-uterine/fetal distress (14%) and premature rupture of membranes (PROM)(8%). The neonatal clinical manifestations of COVID-19 included shortness of breath (6%), gastrointestinal symptoms (4%), and fever (3%). The authors concluded that COVID-19 infection in pregnancy leads to increased risk in pregnancy complications such as preterm birth, PROM, and may possibly lead to maternal death in rare cases. They report no evidence to support vertical transmission of SARS-CoV-2 infection to the unborn child. Due to a paucity of inconsistent data regarding the impact of COVID-19 on the newborn, caution should be undertaken to further investigate.	This review adds to the literature of COVID-19 infection in pregnancy, concluding that COVID-19 infection may increase the risk of complications such as pre-term birth and premature rupture of membranes.	Akhtar H, Patel C, Abuelgasim E. COVID-19 (SARS-CoV-2) Infection in Pregnancy: A Systematic Review [published online 2020 Jul 30]. Gynecol Obstet Invest. 2020;1-12. doi:10.1159/000509290
Pediatric, inflammatory bowel disease, gastroenterology, endoscopy, UK	30-Jul-20	Impact of COVID-19 on diagnosis and management of paediatric inflammatory bowel disease during lockdown: a UK nationwide study	Archives of disease in childhood	Original article	Anecdotally, investigations for children with inflammatory bowel disease (IBD) have been restricted due to the COVID-19 pandemic. In this study, the authors assessed the impact of the pandemic on IBD services across the UK. During April 2020, they gathered data from 20 tertiary pediatric IBD centers. Across centers, 122 patients were newly diagnosed with IBD, of which 53.3% (n=65) were presumed diagnoses and had not undergone endoscopy with histological confirmation. No patients with a presumed diagnosis were started on anti-tumor necrosis factor therapy. All centers were able to continue IBD surgery if required, with 14 procedures occurring across seven centers. The authors	In the UK, 65 new diagnoses (53.3%) of pediatric inflammatory bowel disease (IBD) did not have histological confirmation in April 2020. Known patients with IBD were followed virtually, and maintenance therapy was continued.	Ashton JJ, Kammermeier J, Spray C, et al. Impact of COVID-19 on diagnosis and management of paediatric inflammatory bowel disease during lockdown: a UK nationwide study [published online, 2020 Jul 30]. Arch Dis Child. doi:10.1136/archdischild-2020-319751

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					concluded that diagnostic IBD practice has been hugely impacted by COVID-19, with the majority of new diagnoses not undergoing endoscopy; however, to date, therapy and follow-up of known pediatric patients with IBD in the UK have continued. They argue that planning and resourcing for recovery are crucial to minimize continued secondary morbidity.		
Pediatric, MIS-C, immunology, blood smear, cytokines, USA	30-Jul-20	Multisystem inflammatory syndrome in children and COVID-19 are distinct presentations of SARS-CoV-2	The Journal of Clinical Investigation	Clinical Medicine	A severe and novel pediatric disorder, MIS-C, has emerged in association with SARS-CoV-2. The authors report the unique hematologic and immunologic parameters that distinguish COVID-19 from MIS-C and provide insight into pathophysiology. They prospectively enrolled hospitalized children (n=20) at a single center in the USA with evidence of SARS-CoV-2 infection from 3 April-15 May 2020. The cohort included nine patients with severe COVID-19, five with mild COVID-19, and six with MIS-C. They found that TNF- α and IL-10 discriminated between patients with MIS-C and severe COVID-19. Viral cycle thresholds (Cts) and burr cells on blood smears also differentiated between patients with severe COVID-19 and those with MIS-C. The authors conclude that pediatric patients with SARS-CoV-2 are at risk for critical illness with severe COVID-19 and MIS-C. Cytokine profiling and examination of peripheral blood smears may distinguish between patients with MIS-C and severe COVID-19.	The authors argue that MIS-C and COVID-19 are different manifestations of SARS-CoV-2 infection in pediatric patients. They provide evidence of distinguishing these two conditions by cytokine panels and peripheral blood smears.	Diorio C, Henrickson SE, Vella LA, et al. Multisystem inflammatory syndrome in children and COVID-19 are distinct presentations of SARS-CoV-2 [published online, 2020 Jul 30]. J Clin Invest. doi:10.1172/JCI140970
Pediatric, cystic fibrosis, chronic pulmonary disease, in-person school	30-Jul-20	Returning to school in the midst of the COVID-19 pandemic for children with cystic fibrosis	Pediatric Pulmonology	Letter to the Editor	In this letter, the authors respond to the concerns of parents and caregivers for the return of their children with cystic fibrosis (CF) to in-person school during the COVID-19 pandemic. Given multi-faceted considerations and the lack of specific guidance for this population, the authors suggest healthcare providers and caregivers of children with CF reflect upon the following issues prior to their decision. Considerations should include the family situation, the child's age-appropriate social and developmental needs, and the capacity for home-based learning. For children returning to school in-person, the authors recommend that their desk be six feet from other students, that they wear a mask, that they have their own supplies, and that there is good communication between the school, teachers, and the family. The authors conclude that education is vital to any child's development, even those with chronic health conditions, and emphasize their support of families seeking the best educational experience during the COVID-19 pandemic.	Children with chronic health conditions, like cystic fibrosis, have additional considerations for the return to in-person school during the COVID-19 pandemic. The authors provide suggestions for the decision-making process of these children and their families.	Hamilton J, Ameen K, Asfour F. Returning to school in the midst of the COVID-19 pandemic for children with cystic fibrosis [published online, 2020 Jul 30]. Pediatr Pulmonol. doi:10.1002/ppul.24973
Pregnancy, anxiety, depression, Colombo, Sri Lanka	30-Jul-20	Psychological impact of the COVID-19 pandemic among pregnant women in Sri Lanka	International Journal of Gynecology and Obstetrics	Brief Communication	The authors present a descriptive, cross-sectional study that evaluated anxiety, depression and associated factors in pregnant women receiving antenatal care at a tertiary care maternity hospital in Colombo, Sri Lanka, during the COVID-19 pandemic. Assessments were conducted from April 27-May 20, 2020, during the peak of Sri Lanka's pandemic response and lockdown, through use of the Hospital Anxiety and Depression Scale (HADS). 257 patients were studied, with a mean gestational age of 23.3	The authors present study results indicating that the prevalence of anxiety and depression among pregnant women in Colombo, Sri Lanka, has increased during the COVID-19	Patabendige M, Gamage MM, Weerasinghe M, et al. Psychological impact of the COVID-19 pandemic among pregnant women in Sri Lanka [published online 2020 Jul 30]. Int J Gynaecol Obstet. 2020. doi:10.1002/ijgo.13335

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		[Free Access to Abstract Only]			weeks. The prevalence of anxiety and depression were 17.5% and 19.5%, respectively, and 28.4% of patients were either anxious, depressed, or both. Patients aged 18-25 years were at higher risk of being both anxious and depressed. Lower monthly family income and more time spent watching television for COVID-19 related information were significantly associated with anxiety and depression. The COVID-19 pandemic has resulted in an increase in prevalence of perinatal anxiety and depression among Sri Lankan pregnant women with no proven or known COVID-19 infection. Special support is needed for pregnant mothers during infectious epidemics.	pandemic, highlighting the need for special support.	
Pediatrics, children, USA, transmission	30-Jul-20	Age-Related Differences in Nasopharyngeal Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Levels in Patients With Mild to Moderate Coronavirus Disease 2019 (COVID-19)	JAMA Pediatrics	Research Letter	While children are known drivers of other respiratory and gastrointestinal illnesses, a paucity of evidence exists for how children may transmit SARS-CoV-2 on a population level. This study was conducted at a pediatric tertiary medical center in Chicago, Illinois, USA. Patients received testing between March 23 and April 27, 2020 and tested positive for SARS-CoV-2. Patients included within the study had mild to moderate illness and were tested within 1 week of the onset of symptoms (n=145). These patients were divided into three groups based on age: young children < 5 years (n=46), older children aged 5-17 years (n=51), and adults aged 18-65 years (n=48). The nasopharyngeal swab used for testing was evaluated for the quantity of SARS-CoV-2 nucleic acid. Young children had more viral nucleic acid in their upper respiratory tract compared with older children and adults. These differences stayed the same when the groups were enriched with patients with unknown symptom duration. As public health concerns about reopening schools continue, the authors argue that these findings demonstrate that young children may be drivers of SARS-CoV-2.	Compared to adults, children < 5 years had approximately a 10-fold to 100-fold greater amount of SARS-CoV-2 in their upper respiratory tracts. Even though young children often present with milder COVID-19 symptoms than adults, they may act as drivers of SARS-CoV-2 within the general population.	Heald-Sargent T, Muller WJ, Zheng X, Rippe J, Patel AB, Kocielek LK. Age-Related Differences in Nasopharyngeal Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Levels in Patients With Mild to Moderate Coronavirus Disease 2019 (COVID-19). JAMA Pediatr [Published online 30 July 2020] doi:10.1001/jamapediatrics.2020.3651
School children, COVID-19, Dried blood spot analysis, Milan, Italy	30-Jul-20	Back to school: use of Dried Blood Spot for the detection of SARS-CoV-2-specific immunoglobulin G (IgG) among schoolchildren in Milan, Italy.	medRxiv	Preprint (not peer-reviewed)	Serological surveillance is necessary to the reestablishment of school activities in safe conditions and to avoid school-related outbreaks. This study proved DBS (Dried Blood Spots) to be a simple, rapid, and reliable sample collection tool for detecting antibodies against SARS-CoV-2 by ELISA test compared to matched serum samples from venous sampling. This approach may facilitate sample collection from schoolchildren for serological surveys useful to an adequate risk-assessment. The availability of a non-invasive sampling method that increases participant engagement is crucial in order to minimize the risk of measures that require drastic responses (such as prolonged school closures).	Dried Blood Spots represents a minimally invasive blood sampling procedure that is able to combine the convenience of sample collection in non-clinical settings with the accuracy of the ELISA in the laboratory. This method might facilitate sample collection from schoolchildren for serological survey.	Amendola A, Bianchi S, Gori M, et al. Back to school: use of Dried Blood Spot for the detection of SARS-CoV-2-specific immunoglobulin G (IgG) among schoolchildren in Milan, Italy. 2020. doi:10.1101/2020.07.29.20164186
MERS-CoV, pediatric, beta	30-Jul-20	Epidemiology of paediatric	Journal of Paediatrics	Original Article	The authors created an enhanced open-source surveillance dataset of all MERS-CoV cases between 20th Sep 2012 and 31st	This study compared the clinical features of	MacIntyre CR, Chen X, Adam DC, et al. Epidemiology of paediatric Middle East

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coronaviruses, Saudi Arabia		Middle East respiratory syndrome coronavirus and implications for the control of coronavirus virus disease 2019	and Child Health		December 2018 in Saudi Arabia including available risk factor data to compare the clinical features of MERS-CoV infection between pediatric and adult cases. Of the 1791 cases of MERS-CoV identified, 30 cases (1.7%) were aged <18 years and 1725 cases (96.3%) were aged ≥18 years. Three pediatric cases were fatal, aged 0, 2 and 15 years. The odds of asymptomatic MERS-CoV infection among cases <18 years (n = 10/23, 44%) was significantly higher (OR = 4.98; 95% CI: 2.15–11.51; p = 0.001) compared to adults (n = 199/1487, 13%). The odds of hospitalization were significantly lower (OR = 0.17; 95% CI: 0.08–0.39; p < 0.001) among cases aged <18 years (n = 12/24, 50%) compared to adults (n = 1231/1443, 85%). Children were more likely to have a known source of exposure compared to adults (OR = 2.68; 95% CI: 1.29–5.56; p=0.008). The authors concluded that clinically severe illness was less common in children, although death could occur, and the proportion of pediatric cases (1.7%) is similar to that reported for COVID-19. Age-specific differences in the clinical presentation of MERS-CoV cases could have implications for transmission for other beta coronaviruses including SARS-CoV-2. The authors also argued that children may be at risk within the household with an infected adult and more studies were required on the role of children in the transmission of beta coronaviruses.	MERS-CoV infection between pediatric and adult cases. They found that children infected with MERS-CoV were more likely to present with asymptomatic infection compared to adults and less likely to be hospitalized, but may still have fatal outcomes, similar to children infected with SARS-CoV-2 and that children may acquire infection from an adult household contact.	respiratory syndrome coronavirus and implications for the control of coronavirus virus disease 2019 [published online, 2020 Jul 30]. J Paediatr Child Health. 2020;10.1111/jpc.15014. doi:10.1111/jpc.15014
COVID-19; multisystem inflammatory syndrome in children; MIS-C; pediatric; imaging	29-Jul-20	Imaging Findings in Multisystem Inflammatory Syndrome in Children (MIS-C) Associated With Coronavirus Disease (COVID-19)	American Journal of Roentgenology (AJR)	Original Research	The purpose of this study was to evaluate the imaging findings of MIS-C associated with COVID-19. Imaging studies and medical records of patients (age range, 0-20 years) admitted to a hospital in New York (USA) with MIS-C between April 22 and May 21, 2020, were retrospectively reviewed. Studies were reviewed independently by two radiologists, and disagreements were resolved by a third senior radiologist. 16 patients (age range, 20 months-20 years) were included in this study. All 16 patients presented with fever. Other presenting signs and symptoms included the following: vomiting, abdominal pain, rash, conjunctivitis, diarrhea, headache, and sore throat. Chest radiography showed cardiomegaly (63%), congestive heart failure or cardiogenic pulmonary edema (56%), atelectasis (56%), pleural effusions (44%), acute respiratory distress syndrome (13%), and pneumonia (6%). 8 patients were evaluated for pulmonary embolism (PE) (6 by CT angiography (CTA) and 2 by ventilation-perfusion scintigraphy). In 2 patients CTA showed a segmental PE. Abdominal imaging findings (ultrasound, CT, and radiography) included small-volume ascites (38%), hepatomegaly (63%), echogenic kidneys (31%), bowel wall thickening (19%), gallbladder wall thickening (19%), mesenteric lymphadenopathy (13%), splenomegaly (6%), and bladder wall thickening (6%). There were no mortalities. MIS-C associated with COVID-19 is characterized predominantly by cardiovascular abnormalities,	The purpose of this US study was to evaluate the imaging findings of MIS-C. MIS-C is characterized predominantly by cardiovascular abnormalities, although solid visceral organ, gallbladder, and bowel abnormalities as well as ascites are also seen, reflecting a multisystemic inflammatory process.	Blumfield E, Levin TL, Kurian J, et al. Imaging Findings in Multisystem Inflammatory Syndrome in Children (MIS-C) Associated With Coronavirus Disease (COVID-19). AJR Am J Roentgenol. 2021;216(2):507-517. doi:10.2214/AJR.20.24032

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					although solid visceral organ, gallbladder, and bowel abnormalities as well as ascites are also seen, reflecting a multisystemic inflammatory process. The authors conclude that documentations of these imaging patterns can help radiologists diagnose patients earlier to prevent adverse outcomes.		
Pregnancy, pneumonia, CT, clinical imaging, China	29-Jul-20	Chest CT findings in a pregnant woman in the second trimester with COVID-19 pneumonia	Clinical Imaging	Case Report	In this case report, the authors describe COVID-19 pneumonia in a 26-year-old woman at 26 weeks gestation (2nd trimester) and highlight the findings of high-resolution thoracic CT. The patient was admitted to Union Hospital (Wuhan, Hubei Province) with a history of fever and myalgia for 10 days followed by dry cough and dyspnea. On admission, she was febrile with labs notable for elevated IL-6, AST, and ALT. She received a high-resolution chest CT on the day of admission (protocol described in the article) which showed bilateral multifocal peri-bronchovascular and subpleural areas of airspace disease, affecting the lower lobes more than upper lobes. Most were of mixed density (with ground-glass component), with one predominantly dense focus of consolidation with air bronchogram. There was no pleural effusion. The patient's throat swabs tested positive for SARS-CoV-2. The patient improved symptomatically with treatment and on day 12, she underwent repeat CT with the same protocol, which showed bilateral improvement in her airspace disease. The authors conclude that pregnant patients with COVID-19 pneumonia show similar course in imaging as non-pregnant patients, and CT corresponds well to clinical condition evolution.	The authors describe a case of a woman in the second trimester of pregnancy with COVID-19 and highlight findings of high-resolution CT. Imaging findings were similar to those reported in non-pregnant patients.	Wang J, Shu S, Zhang T, Zheng C. Chest CT findings in a pregnant woman in the second trimester with COVID-19 pneumonia. Clinical Imaging. 2020 Jul 29.
Pediatrics, orthopaedic, surgery	29-Jul-20	Universal Screening for COVID-19 in Children Undergoing Orthopaedic Surgery [Free Access to Abstract Only]	Journal of Pediatric Orthopaedics	Original Research	This cohort study examines the results of universal screening of children undergoing orthopaedic surgery (n=1198) at 3 US institutions from March-June 2020. Mean age was 9.87 years (SD \pm 5.20). Only 7 (0.58%) of the pediatric patients tested positive for SARS-CoV-2, most of whom (86%) were asymptomatic. SARS-CoV-2-infected patients were significantly more likely to be Hispanic (p=0.046) and have a greater number of medical comorbidities (p=0.013). Multivariate analysis found that having a known COVID-19 positive contact was a significant risk factor (p=0.004). The authors urge health care professionals to be aware of the challenges related to screening based solely on symptoms and travel history and suggest considering universal screenings for patients undergoing elective surgery.	This study found a low incidence of SARS-CoV-2 with a high rate of asymptomatic infection in pediatric patients undergoing orthopaedic surgery in the USA. The authors suggest health care professionals consider universal screenings for patients undergoing elective surgery rather than relying on symptoms and travel history.	Blumberg TJ, Adler AC, Lin EE, et al. Universal Screening for COVID-19 in Children Undergoing Orthopaedic Surgery. J Pediatr Orthop. 2020; doi: 10.1097/BPO.0000000000001657
Children, ground-glass opacity, ACE2, remdesivir,	29-Jul-20	COVID-19 in Children: Present and Future	Journal of Child Science	Review	The COVID-19 pandemic has affected millions of people worldwide, but the mechanism by which the pathogen affects children is not understood completely. Children so far accounted for only 1-6.4% of diagnosed cases and the mortality rate is low.	This article reviews the epidemiological characteristics, postulations of milder	Sibabratna Patnaik, Jyoti Ranjan Behera, Manas Kumar Nayak. et al. COVID-19 in Children: Present and Future Perspective, An Interim Review.

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vaccine, epidemiology		Perspective, An Interim Review			Though clinical findings are similar to adults, with fever and respiratory symptoms being prevalent, fewer numbers of children appear to develop severe pneumonia. Observed attenuated response to the virus may possibly be due to a decrease in the expression of the ACE2 receptor in the lungs, repeated viral exposure, and not having any underlying chronic diseases or immunosuppression. Suggested treatments include oxygen supplementation, mechanical ventilation in severe cases, nutritional support, and maintaining fluids and electrolyte balances. Various combinations of drugs like hydroxychloroquine, lopinavir/ritonavir, remdesivir, tocilizumab, and convalescent serum show promising results.	disease, therapeutic aspect, and recent development of vaccination against COVID-19 in children.	CC BY 4.0 · Journal of Child Science 2020; 10(01): e53-e62 DOI: 10.1055/s-0040-1714113
Transverse myelitis, children, MRI, spinal cord, quadriplegia	29-Jul-20	Transverse Myelitis in a Child With COVID-19	Pediatric Neurology	Case Report	The authors report a case of longitudinally extensive transverse myelitis (LETM) in a previously healthy three-year-old Navajo girl with SARS-CoV-2 infection, who was asymptomatic before admission. She presented with progressive extremity weakness and decreased sensation, three weeks after her household contacts developed symptoms of COVID-19. Her weakness progressed to flaccid quadriplegia and neurogenic respiratory failure requiring full ventilatory support over 12 hours. Initial MRI demonstrated swelling of the cervical spinal cord with T2-hyperintense edema involving most of the spinal cord's transverse aspect, extending from the lower medulla to the mid-thoracic level. Nasopharyngeal PCR was positive for SARS-CoV-2, but cerebrospinal fluid (CSF) was negative. Subsequently, a diagnosis of LETM was made based on clinical presentation, lesion characteristics on MRI, and mild CSF pleocytosis. She initially received five days of IV Methylprednisolone and immunoglobulin, but ultimately required therapeutic plasma exchange and Rituximab due to worsening symptoms. Follow-up imaging showed a reduction in the spinal cord lesion, but her examination continued to show flaccid quadriplegia. Of note, repeat testing for SARS-CoV-2 by nasopharyngeal PCR was negative by day 8 of admission.	This case of LETM in a previously healthy three-year-old Navajo girl with SARS-CoV-2 infection shows the potential for a rapid and devastating disease course. The authors encourage practitioners to consider aggressive first-line therapies if further cases of post-Covid-19 transverse myelitis are identified.	Kaur H, Mason JA, Bajracharya M, et al. Transverse Myelitis in a Child With COVID-19 [published online ahead of print, 2020 Jul 29]. <i>Pediatr Neurol.</i> 2020;112:5-6. doi:10.1016/j.pediatrneurol.2020.07.017
Children, immune dysregulation, MIS-C, immunomodulation, treatment	29-Jul-20	Hyperinflammation and the utility of immunomodulatory medications in children with COVID-19	Paediatric Respiratory Reviews	Review Article	Due to the rapid spread of SARS-CoV-2 on a global scale, there was an immediate need for therapeutic interventions to prevent and treat COVID-19. Accumulating evidence suggests that morbidity and mortality from COVID-19 may be exacerbated by dysregulation of the host immune response, resulting in significant hyper-inflammation and cytokine release. This review discusses the host inflammatory response to SARS-CoV-2 infection, clinical features of infection, and the development of MIS-C. They also discuss possible treatments associated with SARS-CoV-2 infection, including corticosteroids, interleukin blockades, and JAK inhibitors. The central aim of this article is to describe the basis for the immune dysregulation caused by SARS-CoV-2 infection and to examine current investigations into	This review discusses the effects of immune dysregulation during SARS-CoV-2 infection and possible immunomodulatory treatments. In particular, interleukin-related inflammatory response modification holds early promise for treatment of selected severe cases of COVID-19.	Tanner T, Wahezi DM. Hyperinflammation and the utility of immunomodulatory medications in children with COVID-19 [published online ahead of print, 2020 Jul 29]. <i>Paediatr Respir Rev.</i> 2020;S1526-0542(20)30107-X. doi:10.1016/j.prrv.2020.07.003

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					immuno-modulatory therapies aimed at targeting up-regulated host immune response.		
Pregnancy, asymptomatic, transmission risk, Turkey	29-Jul-20	The rate of SARS-CoV-2 positivity in asymptomatic pregnant women admitted to hospital for delivery: Experience of a pandemic center in Turkey	European Journal of Obstetrics and Gynecology and Reproductive Biology	Original research	The authors conducted a prospective cohort study to investigate the rate of SARS-CoV-2 among asymptomatic pregnant women in Ankara City Hospital, Turkey. 206 women were enrolled between April 15 and June 5, 2020, half of whom were high-risk pregnancies (n=103). Only three out of 206 tested positive for SARS-CoV-2 on RT-PCR. It was noted that the positivity rate of SARS-CoV-2 was significantly higher in high-risk pregnancies, compared with pregnancies without reported risk factors (2.9% vs 0%, p=0.04).	The authors of this study argue healthcare professionals should be cautious in the labor and delivery of high-risk pregnant women during the pandemic period and universal testing for COVID-19 may be considered in selected populations.	Tanacan A, Erol SA, Turgay B, et al. The rate of SARS-CoV-2 positivity in asymptomatic pregnant women admitted to hospital for delivery: Experience of a pandemic center in Turkey. European Journal of Obstetrics and Gynecology and Reproductive Biology. 2020;253:31-34. doi:10.1016/j.ejogrb.2020.07.051
Pregnancy, children, infants, ophthalmology, clinical practice	29-Jul-20	Review of maternal COVID-19 infection: considerations for the pediatric ophthalmologist	Journal of American Association for Pediatric Ophthalmology and Strabismus	Review Article	With the increasing number of COVID-19 cases in the United States, more data is being reported on transmission, symptomatology, clinical course, and treatment of the virus. Research has focused on the trends and unique characteristics in higher risk populations, including pregnant women. This report, written for the pediatric ophthalmologist, summarizes the current data on considerations in pregnancy and postpartum period for mother and neonate in order to elucidate potential transmission risks for this professional group. Additionally, the authors discuss considerations for pediatric cases of COVID-19. They provide recommendations for the clinical practice of pediatric ophthalmologists, including PPE and screening, during the COVID-19 pandemic.	The authors discuss important considerations for pediatric ophthalmologists during the COVID-19 pandemic to reduce transmission of the SARS-CoV-2 virus in their clinical practice.	DiSciullo A, Mokhtari N, Fries M. Review of maternal COVID-19 infection: considerations for the pediatric ophthalmologist [published online, 2020 Jul 29]. J AAPOS. doi:10.1016/j.jaapos.2020.07.003
COVID-19, maternal and child health disparity, minority women, social determinants of health	29-Jul-20	Role of Social Determinants of Health in Widening Maternal and Child Health Disparities in the Era of Covid-19 Pandemic [Free Access to Abstract only]	International Journal of Maternal and Child Health and AIDS	Original Article	The authors present a conceptual model that describes the social determinants of health (SDOH) pathways contributing to worse outcomes in minority maternal and child health (MCH) populations due to the COVID-19 pandemic. These SDOH pathways, coupled with pre-existing comorbidities, exert higher-than-expected burden of maternal-fetal morbidity and mortality in minority communities. The authors recognize that there is an urgent need for an increased resource to mitigate the effects of these SDOH and avert permanent truncation in quality and quantity of life among minorities following the COVID-19 pandemic.	Maternal race/ethnicity coupled with COVID-19 related social determinants of health issues faced by the MCH population along with pre-existing morbidities contribute towards worse MCH outcomes.	Dongarwar D, Ajewole VB, Oduguwa E, et al. Role of Social Determinants of Health in Widening Maternal and Child Health Disparities in the Era of Covid-19 Pandemic. Int J MCH AIDS. 2020;9(3):316-319. doi:10.21106/ijma.398
School, reopening, policy, education, USA	29-Jul-20	Reopening K-12 Schools During the COVID-19 Pandemic: A Report From the National	JAMA	Viewpoint	The authors provide a commentary on the guidance provided by the National Academies of Sciences, Engineering, and Medicine related to safely reopening elementary and secondary schools for the 2020/2021 school year in the USA. As part of their recommendations, the authors highlighted that delivering in-person instruction would be most beneficial for younger children	States in the USA should balance the public health risks and societal gains from school reopening through ensuring	Dibner KA, Schweingruber HA, Christakis DA. Reopening K-12 Schools During the COVID-19 Pandemic: A Report From the National Academies of Sciences, Engineering, and Medicine.

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		Academies of Sciences, Engineering, and Medicine			since many might find challenges with distance learning, especially in the absence of a supervising adult, in addition to the added benefit of receiving meal programs and healthcare, including mental health services. The authors foresee challenges in meeting the financial demands of implementing preventative measures such as efficient ventilation and filtration, creating facilitates for handwashing and spaces for social distancing. This set of challenges would be seen most in under-resourced school settings and would need pre-emptive funding allocations to ensure their implementation. It was suggested that schools create local taskforces to gather input from staff, families and health officials to inform decision-making related to reopening schools. Such taskforces would collect and monitor data on COVID-19 that would instruct case number thresholds to enact suitable policies. The authors highlight that further research is needed to understand the role of children in transmitting COVID-19 to other children or adults. Other research areas of interest include investigating the relationship between reopening and community transmission and the general effectiveness of mitigation strategies against COVID-19.	appropriate strategies are in place to roll-out mitigation measures. The authors state that younger grades of kindergarten and students with special needs might benefit the most out of in-person instruction. The reopening of schools would allow the attainment of their cognitive milestones and behavior.	JAMA. Published online July 29, 2020. doi:10.1001/jama.2020.14745
Pediatric, severity, Japan	29-Jul-20	What is the difference in severity of pediatric coronavirus disease 2019?	Acta Paediatrica	Letter	The authors set out to describe the severity of clinical presentation of COVID-19 among a pediatric population in Japan. Between April 1 and May 18, 2020, 74 pediatric patients who came in close contact with COVID-19 patients were tested for SARS-CoV-2 at the Nihon University Itabashi Hospital in Tokyo. Only two patients, aged 13 and 10, were tested positive and did not have an underlying condition, despite that 21 (27%) out of the 74 patients had an underlying condition upon presentation. The two were not admitted to the ICU, and their symptoms included fever and disorders of taste and smell without developing pneumonia. The authors also noted that 10 out of the 74 patients were diagnosed with Kawasaki disease but did not test positive for SARS-CoV-2. It was concluded that pediatric COVID-19 presents with various severity across different settings. Further validation studies would be needed to account for differences related to the patient (e.g. BCG vaccination, economic status, underlying diseases) or environmental levels potentially contributing to this variance in severity. The authors speculated that COVID-19 presents in a milder form among pediatric populations in Japan compared to the USA.	In examining the severity of COVID-19 among a pediatric population that came in contact with COVID-19, the authors show mild clinical presentation and no observed correlation between underlying pediatric conditions among those who testest positive.	Kasuga Y, Kanezawa K, Shimizu S, et al. What is the difference in severity of pediatric coronavirus disease 2019? Acta Paediatrica. 2020;n/a(n/a). doi:10.1111/apa.15499

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Childre, school closures, USA	29-Jul-20	Association Between Statewide School Closure and COVID-19 Incidence and Mortality in the US	JAMA	Original article	This USA population-based observational study conducted from March 9-May 7, 2020, used interrupted time series analyses seeking to determine if primary and secondary school closure and its timing were associated with decreased COVID-19 incidence and mortality. School closure was associated with a significant decline in the incidence of COVID-19 (adjusted relative change per week, -62% [95% CI, -71% to -49%]) and mortality (adjusted relative change per week, -58% [95% CI, -68% to -46%]). Both of these associations were largest in states with low cumulative incidence of COVID-19 at the time of school closure. This study estimates that closing schools when the cumulative incidence of COVID-19 was in the lowest quartile compared with the highest quartile was associated with 128.7 fewer cases per 100,000 population over 26 days and with 1.5 fewer deaths per 100,000 population over 16 days. These results demonstrate a temporal association between school closure and decreased COVID-19 incidence and mortality, although some of the reduction may have been related to other concurrent non-pharmaceutical interventions.	This study found that primary and secondary school closures in the USA were temporally associated with decreased COVID-19 incidence and mortality.	Auger KA, Shah SS, Richardson T, et al. Association Between Statewide School Closure and COVID-19 Incidence and Mortality in the US [published online 2020 Jul 29]. JAMA. 2020. 10.1001/jama.2020.14348
Children, clinical characteristics, MIS-C	29-Jul-20	Clinical characteristics of COVID-19 in children: a systematic review	Pediatric Pulmonology	Review	This review examined case reports and case series reporting pediatric COVID-19 cases through June 20, 2020. 46 eligible case reports and case series, reporting on a total of 114 pediatric cases with COVID-19, were included. The main clinical features included fever (64%), cough (35%), and rhinorrhea (16%), or no symptoms (15%). Ground-like opacities were common findings on chest x-ray and chest CT scan (54%). The main laboratory findings were lymphopenia (33%) and elevated D-dimer (52%) and C-reactive protein (40%) levels. 17 patients (15%) with MIS-C were identified. Their symptoms included gastrointestinal symptoms, left ventricular systolic dysfunction, shock, markedly elevated inflammatory biomarkers, and symptoms of Kawasaki disease (skin rash, conjunctivitis, swelling of extremities, oral mucosal changes, and cervical lymphadenopathy). 12% of the patients, including 65% of the MIS-C cases, required intensive care because of hypotension. No deaths were reported. This systematic review found that children with COVID-19 are generally less severe or asymptomatic. Early detection of children with mild symptoms or an asymptomatic state and early diagnosis of MIS-C are important for the management of COVID-19 and the prevention of transmission and a severe inflammatory state.	This review of pediatric case reports and case series adds to the existing literature that children with COVID-19 generally have mild illness or are asymptomatic.	Yasuhara J, Kuno T, Takagi H, et al. Clinical characteristics of COVID-19 in children: a systematic review [published online 2020 Jul 29]. Pediatr Pulmonol. 2020. doi:10.1002/ppul.24991

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Children, clinical characteristics, New York City, USA	29-Jul-20	COVID-19 in pediatric patients: a case series from the Bronx, NY	Pediatric Radiology	Original article	The authors reviewed the medical records of children with COVID-19 who were admitted to one hospital in New York City, USA, from February 25-May 1, 2020. The study included 19 children and adolescents (ages 2 months to 18 years; 18 COVID-19-positive, 1 COVID-19-negative with positive exposure). Presenting symptoms included fever (89%), cough (68%), respiratory distress (68%) and vomiting/diarrhea (47%). Co-morbidities were present in 12 (63%). 14 required intensive care, 8 required intubation, and 2 died. 5 patients developed acute myocarditis (median age 7 years), all with chest x-rays notable for cardiomegaly and pulmonary congestion or interstitial edema. Of these 5, 1 (age 18 years) with co-morbidities developed multifocal pneumonia and renal failure. The other 4 were previously healthy; 3 (ages 5, 7, and 8 years) were subsequently diagnosed with MIS-C. 14 patients (median 13 years), most with comorbidities, had no acute myocardial injury. Chest radiographs in 13 (93%) demonstrated parenchymal lung disease with a predominant perihilar and basilar distribution. Myocarditis without pulmonary disease occurred in children ≤ 10 years as a component of MIS-C, and pulmonary disease dominated the radiographic features of COVID-19-positive children over 10 year of age.	The authors describe the clinical characteristics of children with severe COVID-19 infection at one hospital in New York City, USA, with myocarditis occurring in some patients under 10 years old and pulmonary disease being more dominant in patients older than 10 years.	Blumfield E, Levin TL. COVID-19 in pediatric patients: a case series from the Bronx, NY [published online 2020 Jul 29]. <i>Pediatr Radiol</i> . 2020. doi:10.1007/s00247-020-04782-2
Pediatric, primary care, pediatrician, outpatient, Italy	29-Jul-20	Children with COVID-19 like symptoms in Italian Pediatric Surgeries: the dark side of the coin	medRxiv	Preprint (not peer-reviewed)	Symptoms of SARS-CoV-2 infection in children are nonspecific and shared with other common acute viral illnesses, thus making diagnosis difficult. The authors sought to evaluate the prevalence of COVID-19 like symptoms in outpatient children in Italy during lockdown. They provided primary care pediatricians (PCPs) a risk score to be used during diagnosis. A survey was submitted to 50 PCPs (assisting 47,500 children) from seven different Italian regions between the 4 March- 23 May 2020. They found that 2,300 children (4.8% of overall survey population) had COVID-19 like symptoms. The concurrent presence of fatigue, cough, and diarrhea in children represented the maximum risk level of having a suspected/confirmed case of COVID-19 at home. The authors conclude that their study identified a pattern of symptoms which could help PCPs in daily clinical practice to define priorities in addressing children with COVID-19 like symptoms to the proper diagnostic procedure.	In seven Italian regions, the percentage of children with COVID-19 like symptoms at home was 4.8%. The study showed that the concurrent presence of fatigue, cough, and diarrhea in children, in absence of sore throat/earache and abnormal skin signs, represented the maximum risk level of having a suspected/confirmed case of COVID-19 at home, which was assumed as a proxy of COVID-19 in the present study.	Trapani G, Fanos V, Bertino E et al. Children with COVID-19 like symptoms in Italian Pediatric Surgeries: the dark side of the coin. [published online, 2020 Jul 29]. medRxiv. doi:https://doi.org/10.1101/2020.07.27.20149757

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Pediatric, healthcare system, clinical practice, inpatient, Greece	29-Jul-20	How a Greek children's hospital re-organised its facilities and developed policies to handle suspected COVID-19 cases	Acta Paediatrica	Perspective	The authors describe the challenges faced by the country's largest children's hospital in Athens, Greece, and the management of suspected pediatric cases of COVID-19. They also discuss the conversion of a pediatric inpatient ward to a special unit for suspected COVID-19 cases using existing resources and capabilities. They describe their system and guidelines for suspected COVID-19 pediatric cases entering the emergency department. Overall, 120 suspected cases were assessed from 19 March-25 May 2020, and one positive case was identified. This experience led the authors to conclude that flexibility and collaboration between staff members were key components to managing the COVID-19 pandemic efficiently at their institution.	During the COVID-19 pandemic, a large children's hospital in Greece had to rapidly implement a protocol for suspected COVID-19 cases, which included converting an existing pediatric inpatient ward to a special unit for these patients.	Giamouris VJ, Botsa E, Panagiotou P et al. How a Greek children's hospital re-organised its facilities and developed policies to handle suspected COVID-19 cases [published online, 2020 Jul 29]. Acta Paediatr. doi:10.1111/apa.15503
Pediatric, oncology, solid tumor, delayed presentation, USA	29-Jul-20	Delayed presentations of pediatric solid tumors at a tertiary care hospital in the Bronx due to COVID-19	Pediatric Blood & Cancer	Letter to the Editor	At a urban pediatric tertiary care hospital in the Bronx (New York, USA), the authors conducted a retrospective chart review of new cancer diagnoses from March to June 2020 and then compared these data to the same months during each of the previous five years. During the months of March-May 2015-2019, an average of 13.6 ± 4.5 (mean \pm SD) new solid tumor diagnoses were seen. In 2020, they saw no new diagnoses in March or May. In April and June 2020, four new patients and six new patients presented with new solid tumors respectively. Since solid tumors present more indolently, the authors believe this fact explains the decrease in solid tumor diagnoses during the height of the pandemic while acute leukemia diagnoses did not change. Further investigation is necessary to explore measures to ensure that children receive timely and safe care in the event of another pandemic wave or a future similar national emergency.	Delayed presentation leading to advanced disease at presentation has been linked to worse outcomes and overall survival in pediatric solid tumors. The authors identified a decrease in new solid tumor diagnoses in 2020 compared to 2015-2019 at a children's hospital in the USA.	Offenbacher R, Knoll MA, Loeb DM. Delayed presentations of pediatric solid tumors at a tertiary care hospital in the Bronx due to COVID-19 [published online, 2020 Jul 29]. Pediatr Blood Cancer. doi:10.1002/pbc.28615
Pediatric, infant, ACE2 expression, disease prevalence	29-Jul-20	SARS-CoV-2 receptor ACE2 protein expression in serum is significantly associated with age	Allergy	Letter to the Editor	Lower maturity and function of ACE2, the receptor used by SARS-CoV-2 for host cell entry, has been hypothesized to explain less disease prevalence in children. The authors evaluated the protein expression of ACE2 in the serum of healthy children (age < 5 years old, n=19) compared to 17 healthy adults. They performed a similar analysis in children (n=29) and adult (n=55) patients with moderate-to-severe atopic dermatitis (AD). They observed significantly greater ACE2 protein expression in the serum of healthy adults versus healthy children (p=1.15e-06). Similarly, higher ACE2 expression was seen in adults with AD compared to children with AD (p=7.53e-18). No significant differences were seen in ACE2 expression between AD and healthy adults (p=0.06) nor between AD and healthy children (p=0.44). Gender analysis showed that adult males have significantly greater ACE2 protein expression in the serum versus adult females, regardless of AD (p<0.05). The authors conclude that these data support clinical observations of generally higher disease prevalence and severity of SARS-CoV-2 infections in older adult populations and higher mortality risk associated with the male sex.	To the authors' knowledge, this is the first evidence demonstrating that adults have significantly greater ACE2 protein expression in serum compared to children. These data suggest the potential systemic role of ACE2 protein levels in the differential clinical manifestations among various patient populations.	Pavel AB, Wu J, Renert-Yuval Y, et al. SARS-CoV-2 receptor ACE2 protein expression in serum is significantly associated with age [published online, 2020 Jul 29]. Allergy. doi:10.1111/all.14522

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Hypercoagulability, OCPs, estrogen therapy, pregnancy	29-Jul-20	COVID-19 and Hypercoagulability: Potential Impact on Management with Oral Contraceptives, Estrogen Therapy and Pregnancy	Endocrinology	Commentary	Recent studies have demonstrated evidence of hypercoagulability in patients with SARS-CoV-2, including increased frequency of venous thrombo-embolic events, platelet hyper-reactivity, and elevated labs markers of hypercoagulability in hospitalized COVID-19 patients. Estrogen therapy (oral contraceptives, hormonal replacement therapy) and pregnancy can also increase risk of thrombo-embolism, and the combined impact of these factors and COVID-19 infection on the coagulation pathology in women is not yet known, nor are the underlying mechanisms. The authors pose several questions regarding the pathophysiology and clinical implications of these potential interactions, and emphasize the need for quality investigations to help guide clinical management.	The authors highlight the lack of knowledge regarding the combined effect of hypercoagulable processes in women (pregnancy and estrogen therapy) and the hypercoagulability observed during SARS-CoV-2 infection. They call for further research to help guide clinical decision making and the role for anticoagulation in these clinical scenarios.	Spratt DI, Buchsbaum RJ. COVID-19 and Hypercoagulability: Potential Impact on Management with Oral Contraceptives, Estrogen Therapy and Pregnancy [published 2020 Jul 29]. Endocrinology. 2020;bqaa121. doi:10.1210/endo/bqaa121
Preterm birth, neonatal outcomes, pregnancy, maternal outcomes, ICU, urgent C-section, California, USA	29-Jul-20	Extremely Preterm Infant Born to a Mother With Severe COVID-19 Pneumonia	Journal of Investigative Medicine High Impact Case Reports	Case Report	This is a case report of a 22-year-old primigravida at 23w6d gestation with placenta previa and tuberous sclerosis admitted with cough, fever, emesis, and abdominal pain who had tested positive for SARS-CoV-2 4 days prior. She presented with lymphopenia, elevated transaminases and lipase, and chest X-ray showed multifocal pneumonia. She was admitted for acute pancreatitis in the setting of COVID-19 pneumonia and started on hydroxychloroquine and azithromycin. Her respiratory status deteriorated; she was transferred to the ICU and was intubated. She was ultimately treated with sedation, paralysis, prone positioning, inhaled nitric oxide, remdesivir, convalescent plasma, tocilizumab, and therapeutic anticoagulation. On day 14 she developed pre-eclampsia and concern for concealed abruption. Betamethasone and magnesium sulfate were initiated and an urgent C-section was performed in her ICU bed. Following delivery, maternal status was complicated by bilateral pneumothoraces, multiple bilateral pulmonary emboli, culture negative sepsis, and failed extubation requiring tracheostomy. The 810g neonate was born at 25w5d gestation with respiratory distress syndrome and coagulopathy requiring transfusions. Initial neonatal SARS-CoV-2 testing and repeat testing on day 10 of life were negative.	In this case report, SARS-COV-2 infection was associated with a preterm delivery at 25w5d due to severe maternal status requiring urgent C-section in an ICU bed.	Easterlin MC, De Beritto T, Yeh AM, Wertheimer FB, Ramanathan R. Extremely Preterm Infant Born to a Mother With Severe COVID-19 Pneumonia. J Investig Med High Impact Case Rep. 2020; doi:10.1177/2324709620946621
Children, school closures, USA	29-Jul-20	COVID-19 and School Closures	JAMA	Editorial	The authors summarize the scale of school closures globally due to the COVID-19 pandemic, and express that understanding the effect school closures had on COVID-19 outcomes in the spring of 2020 is crucial for informing actions in the fall. They describe a study that analyzed the effect in the United States, finding that school closures decreased COVID-19 infections and deaths. The authors recommend that school officials consider these findings in the context of an evolving evidence base of COVID-19 infection	The authors describe the challenge of upcoming school re-opening decisions and argue that re-opening may be possible with a precision public health approach that would	Donohue JM, Miller E. COVID-19 and school closures [published online 2020 Jul 29]. JAMA. 2020. doi:10.1001/jama.2020.13092

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					in children. School and health officials must balance virus mitigation efforts with academic, health, and economic consequences of school closures. The authors recommend equity considerations in future school closure decisions. They express that a precision public health approach could be utilized, relying on the best available evidence including local SARS-CoV-2 prevalence, policies and practices regarding mask wearing, and risk of transmission among children of different ages. This approach would require easy access to real-time data and strong cross-sector collaborations. Much can be learned from the different approaches taken by different school districts.	create a customized approach based on local factors.	
Adolescents, children, confinement, eating disorders, Madrid, Spain	29-Jul-20	Children and adolescents with eating disorders during COVID-19 confinement: Difficulties and future challenges	European Eating Disorders Review	Brief Report	This article aims to present the adaptations to treatment protocols made in a child and adolescent eating disorders (EDis) unit in Madrid, Spain, during the eight-week confinement period mandated in response to the COVID-19 pandemic. It examined clinical and treatment variables in the outpatient, day hospital, and inpatient care programs. A total of 1818 outpatient consultations were carried out, 1329 (73.10%) by telephone or video conferencing, and 489 (26.9%) face-to-face, corresponding to 365 patients who were receiving treatment at the time in the outpatient clinic or day hospital. 22 patients were newly admitted and 68 EDis-related emergencies were treated. Almost half of the children and adolescents studied experienced reactivation of EDis symptoms despite treatment, and 7 patients (25%) presented self-harm and suicide risk. The implementation of a combined teletherapy program has enabled continuity of care during confinement for children and adolescents with EDis. Delivery of treatment to adolescents in the day hospital program posed the biggest challenge due to their greater degrees of severity and higher hospitalization rates. An adapted inpatient program should be maintained throughout confinement, as the need for hospitalization of children and adolescents with EDis does not decrease with the lockdown.	During the 8 weeks of confinement in Spain, the unit for child and adolescent eating disorders transitioned from traditional, face-to-face treatment to a telehealth and combined program, making continued outpatient care possible.	Graell M, Morón-Nozaleda MG, Camarero R, et al. Children and adolescents with eating disorders during COVID-19 confinement: Difficulties and future challenges [published online, 2020 Jul 29]. Eur Eat Disord Rev. 2020; doi:10.1002/erv.2763
BCG vaccination, TB prevalence	29-Jul-20	Do low TB prevalence and lack of BCG Vaccinations Contribute to Emergence Multisystem Inflammatory Syndrome in Children?	medRxiv	Preprint (not peer-reviewed)	The aim of the study is to explore MIS-C incidence concerning TB prevalence status and COVID-19 deaths in different countries classified according to BCG vaccination status. The author selected all countries which reported MIS-C cases until 23rd June 2020 and classified them into three groups – countries that never give BCG vaccination, countries that did not give BCG at the time of this study but gave previous mass BCG vaccinations, and countries that were giving mass BCG vaccinations at the time of this study. TB prevalence, number of MIS-C cases per 10 million population and number of COVID-19 deaths are taken as markers. According to the findings, high TB prevalence was found to be related to decreased MIS-C cases and decreased COVID-19 deaths. MIS-C incidences and COVID-19 deaths were low in countries that were giving mass BCG vaccination at the time of	This study showed that MIS-C incidences and COVID-19 deaths were low in countries that were giving mass BCG vaccination at the time of this study.	Raham TF. Do low TB prevalence and lack of BCG Vaccinations Contribute to Emergence Multisystem Inflammatory Syndrome in Children?[published online 2020 Jul 29]. medRxiv. doi:10.1101/2020.07.18.20156893

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					this study. This might explain variances among countries worldwide. Further studies to confirm this relation and to confirm possible similar relations in Kawasaki disease (KD) or KD like illnesses in previous epidemics are recommended. Review of TB programs and consolidation of BCG programs might be considered urgently.		
Seroprevalence, parturient women, pregnant women, USA	29-Jul-20	SARS-CoV-2 seroprevalence among parturient women in Philadelphia	Science Immunology	Reports	In this report, the authors first validated a SARS-CoV-2 spike receptor-binding domain serological test using 834 pre-pandemic samples and 31 samples from COVID-19 recovered donors and then completed SARS-CoV-2 serological testing of 1,293 parturient women at two centers in Philadelphia, USA from April 4th to June 3rd, 2020. They found 80 out of 1,293 (6.2%) parturient women possessed IgG and/or IgM SARS-CoV-2-specific antibodies and discovered ethnicity differences in seroprevalence rates, with higher rates in Black/non-Hispanic and Hispanic/Latino women. Of the 72 seropositive women who also received nasopharyngeal PCR testing during pregnancy, 46 (64%) were positive. Continued serologic surveillance among pregnant women may inform perinatal clinical practices and can potentially be used to estimate exposure to SARS-CoV-2 within the community.	This report analyzed SARS-CoV-2 serological testing of 1,293 parturient women in Philadelphia, USA and found 6.2% of parturient women from April 4th to June 3rd, 2020 were previously exposed to SARS-CoV-2 with higher rates in Black and Hispanic women.	Flannery DD, Gouma S, Dhudasia MB, et al. SARS-CoV-2 seroprevalence among parturient women in Philadelphia. <i>Sci Immunol.</i> 2020;5(49):eabd5709. doi:10.1126/sciimmunol.abd5709
COVID-19; pediatric; encephalitis; United States	28-Jul-20	COVID-19 Infection Associated With Encephalitis in an Adolescent	Neurology Clinical Practice	Case Report	The authors described a case of SARS-CoV-2 infection associated with encephalitis in an adolescent in the United States [date not specified]. The 16-year-old male presented with fever, generalized weakness, somnolence, pharyngitis, and intermittent headaches. Rapid tests for influenza and streptococcal pharyngitis were negative. He was prescribed amoxicillin and instructed to self-isolate at home due to the COVID-19 pandemic. 2 days later, he developed emesis, severe malaise, progressive somnolence with confusion, and incoherent speech. He was not able to ambulate without assistance, and was noted to have frequent episodes of eye rolling, lip smacking, and insuppressible left facial and hand twitching, which resolved after receiving levetiracetam. A CT scan showed bilateral dependent patchy lower lung ground-glass opacities. The patient was started on vancomycin and ceftriaxone and was admitted to the pediatric ICU for neuro-critical monitoring for acute encephalitis and correction of hyponatremia. Although he tested positive for SARS-CoV-2 RT-PCR by nasopharyngeal sample, SARS-CoV-2 was not detected in CSF. After remdesivir treatment, the patient's neurologic symptoms started to improve. One week into admission, he developed an infra-popliteal deep venous thrombosis and was started on Lovenox, which prolonged his hospital stay. He was discharged on day 15 with improved mental status and condition. Patients with symptoms compatible with COVID-19 and encephalitis should be tested for SARS-CoV-2 in	The authors described a case of SARS-CoV-2 infection associated with encephalitis in an adolescent in the United States. Patients presenting with symptoms compatible with COVID-19 and encephalitis should be tested for SARS-CoV-2 in addition to the usual pathogens associated with neurologic infections.	Bhavsar SM, Agarwal S, Lewis R, et al. COVID-19 Infection Associated With Encephalitis in an Adolescent. <i>Neurol Clin Pract.</i> 2021;11(2):e189-e192. doi:10.1212/CPJ.0000000000000911.

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					addition to the usual pathogens associated with neurologic infections.		
Pediatric hematology-oncology, hematopoietic stem cell transplant, India	28-Jul-20	Guidance for Pediatric Hematology-Oncology (PHO) and Hematopoietic Stem Cell Transplant Services during COVID-19 Pandemic: A Consensus Statement by PHO Chapter of Indian Academy of Pediatrics	Pediatric Hematology Oncology Journal	Article	With the COVID-19 pandemic affecting more than 180 countries across the globe, services to children with blood disorders and cancers are likely to be affected. This article provides guidance on how to maintain continuity of care for children with blood disorders and cancers during the COVID-19 pandemic. Recommendations are provided for the following: prevention of COVID-19 and continuity of care; outpatient care and triage of patients requiring admission; policies for respiratory symptoms; working with family members; admissions for febrile neutropenia; admissions for non-neutropenic fever; policies for inpatient care; use of prophylactic antiviral therapy; guidelines for special situations (induction therapy, chemotherapy, radiotherapy, surgical excision, and treatment delays); children with benign blood disorders; children undergoing Hematopoietic Stem Cell Transplantation; pediatric patients diagnosed with COVID-19; protecting healthcare providers; and hospital visits from family. The article also references a joint publication from international organizations on treatment considerations/modifications in specific disease conditions during the COVID-19 pandemic.	This article provides guidance on how to maintain continuity of care for children with blood disorders and cancers during the COVID-19 pandemic. Included are guidelines for admission, screening policies, treatment modifications, and treatment delays.	Mehdi I, Bhat S, Manglani MV, et al. Guidance for pediatric hematology-oncology (PHO) and hematopoietic stem cell transplant services during COVID-19 pandemic: A consensus statement by PHO chapter of Indian academy of pediatrics. Pediatric Hematology Oncology Journal. 2020;5(3):59-64. doi: https://doi.org/10.1016/j.phoj.2020.07.004 .
Case report, Convalescent plasma therapy, favipiravir, pregnancy, radiologic findings	28-Jul-20	Convalescent plasma therapy in a pregnant COVID-19 patient with a dramatic clinical and imaging response: A case report	World Journal of Radiology	Case Report	This article shares the case of a 26-year-old woman with a twin pregnancy, presenting at 36.1 weeks of gestation with malaise, fever, and cough. An exam revealed tachycardia, diffuse ronchi, and low oxygen saturation of 92%. The patient had an elevated erythrocyte sedimentation rate, and a lung CT suggested COVID-19 pneumonia. Both fetuses had biophysical profiles of 6/8, with deductions for fetal movement. A cesarean delivery was performed; the infants were healthy and were isolated from the mother. The mother tested positive for SARS-CoV-2, and both infants tested negative. The mother had an inadequate response to treatment with meropenem, azithromycin, and hydroxychloroquine. On Hospital Day 6, she received convalescent plasma therapy (CPT) and Favipiravir. Her clinical course improved, and subsequent lung CT showed only faint residual ground-glass opacities. She was discharged after two weeks. The authors review that the course of COVID-19 illness in pregnant patients is unpredictable and variable. They admit that the simultaneous administration of CPT and Favipiravir may have confused the efficacy of each, in this case. Additionally, further research is needed on the appropriate dosage and usage of CPT. However, CPT may be effective in slowing disease progression, especially in early-stage COVID-19 cases, including in pregnant patients.	The authors discuss the case of a pregnant woman with COVID-19 illness. After delivery, her symptoms and imaging results improved with convalescent plasma therapy (CPT) and Favipiravir. They conclude that CPT may be effective against COVID-19, but further research is warranted.	Jafari R, Jonaidi-Jafari N, Dehghanpoor F, Saburi A. Convalescent plasma therapy in a pregnant COVID-19 patient with a dramatic clinical and imaging response: A case report. World J Radiol. 2020;12(7):137-141. doi:10.4329/wjr.v12.i7.137

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Angiotensin converting enzyme 2 (ACE2), children, infectious	28-Jul-20	Coronavirus Disease 2019 (COVID-19) in Children: Prevalence, Diagnosis, Clinical Symptoms, and Treatment	International Journal of General Medicine	Review	This literature review describes the prevalence, diagnosis, symptoms, and treatment of COVID-19 in children. (Note: methodology is not described). The incidence of COVID-19 among children (<18 years) was 2.1%, where the mortality rate was 0.2%. No death has been reported in children under 9-years old. Some articles reported children with COVID-19 having symptoms similar to Kawasaki's disease. In these cases, heart complications were observed. The authors state that the best markers for diagnosing the severity of the disease in children are the levels of bilirubin and hepatic enzymes. A large number of ACE2 receptors on cell surfaces, effective innate immune system, and high level of blood lymphocyte have been reported to be the potent reasons for a lower incidence of severe symptoms of COVID-19 among children. Children can be the carriers of this virus. Children with severe clinical symptoms must be hospitalized, while quarantine is required for those having mild symptoms. Antiviral medication, ACE inhibitors, interferon- α 2b, co-therapy with azithromycin, inhaling iNO, and oxygen therapy can be used for treatment. For the treatment of children without any clinical and infection symptoms, home isolation protocol has been recommended.	This literature review describes the prevalence, diagnosis, symptoms, and treatment of COVID-19 in children. The fatality rate due to COVID-19 is very low in children. The authors argue that children are the most important carriers due to the absence of clear clinical symptoms in them, and early isolation should be performed.	Zare-Zardini H, Soltaninejad H, Ferdosian F, Hamidieh AA, Memarpour-Yazdi M. Coronavirus Disease 2019 (COVID-19) in Children: Prevalence, Diagnosis, Clinical Symptoms, and Treatment. Int J Gen Med. 2020;13:477-482. Published 2020 Jul 28. doi:10.2147/IJGM.S262098
Children, vaccine, immune system, measles, BCG	28-Jul-20	Is the impact of childhood vaccines on coronavirus disease 2019, which is moderate in pediatric patients, possible?	Clinical and Experimental Vaccine Research	Correspondence	The authors discuss theories on the low mortality rate among pediatric COVID-19 cases. One theory presented focuses on immune system differences between children and adults; COVID-19 is caused by the body's overreaction and cytokine storms, in which children may not possess the immunologic capacity for such a response. Further, children may have different viruses in their lungs and airways causing a competitive environment for SARS-CoV-2. Another theory argues live vaccines such as measles and BCG can effectively protect children from SARS-CoV-2 infection due to evidence suggesting that the immune response acquired with these vaccines may reduce other viral and respiratory infections. The authors conclude by suggesting childhood vaccines may play a role in the observations of COVID-19 as a mild disease in children.	The authors suggest that immune system differences may be responsible for the observed mild disease in children. Live childhood vaccines may also play a role in reducing other viral and respiratory infections including SARS-CoV-2.	Bozkurt HB. Is the impact of childhood vaccines on coronavirus disease 2019, which is moderate in pediatric patients, possible?. Clin Exp Vaccine Res. 2020;9(2):183-184. doi:10.7774/cevr.2020.9.2.183
Infant, vaccine, BCG, morality	28-Jul-20	Current national policies for infant universal bacille Calmette-Guérin vaccination were associated with lower mortality from coronavirus disease 2019	Clinical and Experimental Vaccine Research	Brief Communication	Observations have shown bacilli Calmette-Guérin (BCG) vaccinated persons had reduced morbidity from SARS-COV-2 evidenced by COVID-19 high burden countries such as Italy, Spain, USA, and France who do not currently recommend universal BCG vaccination. The authors used five different data sources to assess if country-level universal BCG vaccination policies were associated with decreased mortality from COVID-19 after adjusting for multiple possible confounders (aged society, resource-rich medical systems to detect COVID-19, and low temperatures). Countries were stratified into countries where they currently recommend universal BCG vaccination (CRC, n = 146) and currently not recommended countries (CNRC, n = 25).	Countries currently not recommending routine use of infant BCG vaccination have an increased risk of population-based COVID-19 mortality compared to countries that do currently recommend routine use of infant BCG vaccination (partial	Ebina-Shibuya R, Horita N, Namkoong H, et al. Current national policies for infant universal bacille Calmette-Guérin vaccination were associated with lower mortality from coronavirus disease 2019. Clin Exp Vaccine Res. 2020;9(2):179-182. doi:10.7774/cevr.2020.9.2.179

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					Multiple regression analysis taking into account six parameters found CNRC having increased mortality compared to CRC (partial regression coefficient=1.48, 95% CI: 1.24-1.72, p<0.001), which is equivalent to a 30-fold increase of COVID-19 associated mortality per population in CNRC. The authors conclude that population-based COVID-19 mortality was lower in countries with universal infant BCG vaccination; the vaccination may play a role in preventing deaths from COVID-19.	regression coefficient=1.48, 95% CI: 1.24-1.72, p<0.001).	
Androgens, children, estrogens, immune system, puberty	28-Jul-20	The Resilient Child: Sex-Steroid Hormones and COVID-19 Incidence in Pediatric Patients	Journal of Endocrine Society	Review Article	As the COVID-19 pandemic continues to evolve, there is limited understanding of a potential association between symptomatic viral infection and age. This review discusses the literature regarding COVID-19 incidence in children, and the effect of sex-steroid hormones on SARS-CoV-2 viral infection and clinical outcomes of pediatric patients. Current evidence suggests that children are infected with SARS-CoV-2 at a significantly lower rate than older age groups. Androgens up-regulate the protease TMPRSS2 (type II transmembrane serine protease-2), which facilitates efficient virus-host cell fusion with the epithelium of the lungs, thus increasing susceptibility to SARS-CoV-2 infection and development of severe COVID-19. The authors hypothesize that because pre-pubertal children have low levels of steroid hormones, they may also express low levels of TMPRSS2, thereby limiting the viral entry into host cells. They stress that the role of pre-pubertal children as a vector for disease transmission should be further evaluated, especially with the potential for schools to resume.	This review discusses the evidence on the COVID-19 disease rate of children and link between steroid hormone levels and TMPRSS2 (type II transmembrane serine protease-2) expression levels. The authors hypothesize that decreased steroid levels in children may contribute to their lower COVID-19 incidence rate.	Mihalopoulos M, Levine AC, Marayati NF, et al. The Resilient Child: Sex-Steroid Hormones and COVID-19 Incidence in Pediatric Patients. J Endocr Soc. 2020; Published 2020 Jul 28. doi:10.1210/jendso/bvaa106
Children, lockdown, emergency room visits, respiratory viruses, Finland	28-Jul-20	Effect of Social Distancing Due to the COVID-19 Pandemic on the Incidence of Viral Respiratory Tract Infections in Children in Finland During Early 2020	The Pediatric Infectious Disease Journal	Original Article	The authors aimed was to assess the effect of COVID-19 lockdown orders on pediatric emergency room (ER) visits and respiratory tract infections in Finland. This register-based study included all patients visiting the pediatric ER in 2 Finnish hospitals covering 1/5th of the Finnish children population, 4 weeks before and 4 weeks after the start of the nationwide lockdown on March 16, 2020. Nationwide weekly numbers of influenza (A + B) and respiratory syncytial virus (RSV) in children were assessed from the national infectious disease register from 2015 to 2020. A significant decrease in the rate of daily median pediatric ER visits was detected in both hospitals in the study during the nationwide lockdown compared with the study period before the lockdown (P < 0.001). The influenza season was shorter and the weekly rate of new cases decreased faster compared with the previous 4 influenza seasons. A similar decrease was also seen in RSV cases. No pediatric cases of COVID-19 were found in participating hospitals during the study period. The authors concluded that social distancing and other lockdown strategies may be effective to slow down the spread of common respiratory viral diseases and decrease the need for hospitalization among children.	This study found a decrease in influenza and RSV cases compared to prior years during the COVID-19 lockdowns, and the authors concluded that lockdown strategies may help slow the spread of common respiratory viral diseases and decrease the need for hospitalization of children.	Kuitunen I, Artama M, Mäkelä L, et al. Effect of Social Distancing Due to the COVID-19 Pandemic on the Incidence of Viral Respiratory Tract Infections in Children in Finland During Early 2020 [published online 2020 Jul 28]. <i>Pediatr Infect Dis J.</i> 2020. doi:10.1097/INF.0000000000002845

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Pediatric, hematology, oncology, cancer, gastrointestinal symptoms	28-Jul-20	Two Cases of SARS-CoV-2 Infection in Pediatric Oncohematologic Patients in Spain [Free Access to Abstract only]	The Pediatric Infectious Disease Journal	Case Report	There is concern for the impact of COVID-19 in immunocompromised children, especially hematologic and oncologic pediatric patients. In this article, the authors present two pediatric cancer patients in Spain who presented with SARS-CoV-2 infection. One patient was on significant immunosuppressive therapy at the time of presentation. Both had mild disease and good outcomes. No respiratory symptoms were identified, but both developed diarrhea (one of which was probably secondary to lopinavir/ritonavir). Their laboratory measures as well as treatment are also discussed. The authors conclude that pediatric cancer patients may have milder disease than adults, but they emphasize the importance of larger research studies to make conclusions about this population.	The authors present two cases of pediatric cancer patients in Spain with COVID-19. Both had good outcomes and mild symptoms despite significant immunosuppression in one patient.	Pérez-Heras I, Fernandez-Escobar V, Del Pozo-Carlavilla M et al. Two Cases of SARS-CoV-2 Infection in Pediatric Oncohematologic Patients in Spain [published online ahead of print, 2020 Jul 28]. <i>Pediatr Infect Dis J</i> . doi:10.1097/INF.0000000000002841
Pediatric, PIMS-TS, MIS-C, resuscitation, critical care	28-Jul-20	Pediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS): providing resuscitative care [Free Access to Abstract only]	Nursing Children & Young People	Evidence and Practice	Children represent a small sample of the confirmed cases of COVID-19 in the UK, and most are asymptomatic or exhibit mild symptoms. However, a small number develop a significant systemic inflammatory response, referred to as pediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS) or MIS-C. PIMS-TS typically involves a persistent fever and organ dysfunction. PIMS-TS can also share clinical features with other conditions including toxic shock syndrome, septic shock, and Kawasaki disease. This article presents a case study to explore resuscitative care provided to a 10 years old child with suspected PIMS-TS. The authors aim to increase awareness of the symptoms of PIMS-TS as well as of resuscitation management in suspected PIMS-TS cases.	PIMS-TS is a potentially life-threatening inflammatory condition temporally associated with pediatric SARS-CoV-2 infection. The authors utilize a case study to describe resuscitation management in cases of suspected PIMS-TS.	Kempself-Smith M, Meenan S. Paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS): providing resuscitative care [published online, 2020 Jul 28]. <i>Nurs Child Young People</i> . doi:10.7748/ncyp.2020.e1340
Pediatric, gastroenterology, intussusception, surgery, lockdown	28-Jul-20	Fewer Pediatric Intussusception Cases during the COVID-19 pandemic	Journal of Paediatrics and Child Health	Letter to the Editor	There are still no relevant studies indicating that COVID-19 affects the causes of intussusception. Thus, the COVID-19 pandemic should not decrease the number of intussusception cases; however, the authors present results contradictory to this statement. They identified all pediatric cases of intussusception (n=470) from a large single center in China from 4 January-31 March in 2018, 2019, and 2020. They found that the number of intussusception cases significantly decreased in 2020. Yet there was no significant difference among three years regarding the numbers of cases of recurrence and needing surgery (p > 0.05). Further, ultrasound reports indicated that the length and diameter of the involved intestine were not different among 3 years (p > 0.05). There were no reported deaths in this study. The authors concluded that COVID-19 related lockdowns cause a reduction in circulation of viruses that can precipitate intussusception, as indicated by the fewer cases with abnormal lymphocyte count in 2020.	The authors identified a decrease in the number of pediatric intussusception cases in 2020 at a large hospital in China, which they believe may be the result of decreased precipitating viral circulation due to lockdown measures.	Zheng J, Ye Y, Liao Y, Wang B. FEWER PAEDIATRIC INTUSSUSCEPTION CASES DURING THE COVID-19 PANDEMIC. <i>J Paediatr Child Health</i> . 2020;56(7):1165. doi:10.1111/jpc.15010
Health disparities, minority health, public health,	28-Jul-20	Reflecting on Equity in Perinatal Care	Health Equity	Perspective Article	Growing discourse around maternity care during the pandemic amplifies long-standing disparities and inequities in health care. The authors reviewed literature regarding COVID-19 and equitable maternity care, and they argue that the policies	The authors frame three main contributors to perpetuating inequitable maternity	Niles PM, Asiodu IV, Crear-Perry J, et al. Reflecting on Equity in Perinatal Care During a Pandemic. <i>Health Equity</i> .

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reproductive health		During a Pandemic			upholding the rights of birthing people and policies decreasing the risk of COVID-19 transmission are not mutually exclusive. The explicit lack of standardization of evidence-based maternity care, whether expressed in clinical protocols or institutional policy, has disproportionately impacted marginalized communities. The authors frame three main contributors to perpetuating inequitable maternity care: (1) the lack of rigor in using case studies to suggest a change in evidence-based practice, (2) the lack of evidence-based solutions that address the root causes of inequitable access, and (3) the continued failure to apply a comprehensive human rights-based reproductive justice lens. The authors emphasize a needed commitment to operationalize care frameworks during times of crisis that addresses the most marginalized patients and families.	care and emphasize a needed commitment to operationalize care frameworks that addresses the most marginalized patients and families.	2020;4(1):330-333. Published 2020 Jul 28. doi:10.1089/heq.2020.0022
infant, infection, Singapore	28-Jul-20	A Well Infant With Coronavirus Disease 2019 With High Viral Load	Clinical Infectious Diseases	Case Report	A well 6-month-old infant, whose mother was diagnosed and treated for SARS-CoV-2 infection, had persistently positive nasopharyngeal swabs up to day 16 of hospital admission. rRT-PCR confirmed diagnosis of SARS-CoV-2 infection with a low cycle threshold, suggesting high viral load. Despite the high viral load and evidence of viremia, the patient showed no other clinical signs or symptoms. This case study highlights the urgency for correct clinical diagnosis in infants, as they may be asymptomatic due to blunted immune dysregulation. Quick and accurate diagnosis remains a pillar for public health efforts to contain the epidemic, and this strategy is dependent on accurate case definitions, especially in infants.	There is urgent need to better define the infant progression of SARS-CoV-2 infections as they are often seen to be asymptomatic and play an important role in human-to-human transmutation. Specifically in this case, the infant was confirmed for viral infection with SARS-CoV-2, but showed no clinical symptoms of disease.	Kam KQ, Yung CF, Cui L, et al. A Well Infant With Coronavirus Disease 2019 With High Viral Load. Clin Infect Dis. 2020;71(15):847-849. doi:10.1093/cid/ciaa201
Pediatric, co-morbidities, clinical outcomes, Kawasaki disease, India	28-Jul-20	A Preliminary Report of COVID-19 in Children in India	Indian Pediatrics	Letter	The authors describe the profile of COVID-19 positive children (age < 12 years old, n=41) from March-June 2020 in a multi-center observational study from tertiary care hospitals in West Bengal, India. The median (IQR) age of patients included was 1 (0.42-5.0) year old. Eleven (26.8%) patients, including six neonates, remained asymptomatic. All neonates were born to SARS-CoV-2 positive mothers. Fever was identified in nine patients (21%). Two cases had multi-system involvement in the form of an atypical Kawasaki disease like presentation. Six patients (15%) required ICU admission, and two patients (4.9%) were placed on mechanical ventilation. Co-morbidities were found in 61% of patients. One death was reported from this cohort. Overall, the study found that the clinical course of COVID-19 in children appeared to be less severe than that reported in adults, which is consistent with other reports published on COVID-19 in children.	In a cohort of pediatric cases of COVID-19 in India, there was a high portion of patients that had co-morbidities present (61%). Two cases (4.9%) presented with multi-system involvement similar to Kawasaki disease.	Banerjee S, Guha A, Das A, Nandy M, Monda R. A Preliminary Report of COVID-19 in Children in India [published online, 2020 Jul 28]. Indian Pediatr. PMID:32729849

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Children, mental health, stress, disparities	28-Jul-20	Emergency department preparedness for children seeking mental health care	Journal of Pediatric Nursing	Commentary	The full effect of the COVID-19 pandemic on the mental health of children is unknown. Within the United States, the COVID-19 pandemic coincides with a decade long growth (2007-2017) of children seeking mental health care at emergency departments. The 2019 National Pediatric Readiness Assessment identified a troubling lack of child mental health preparedness within this setting. 47.2% of hospital emergency departments and only 33% of rural emergency departments reported a children's mental health policy. The COVID-19 pandemic has brought additional stressors for children including parental unemployment, food insecurity, and school closure. While the breadth of the pandemic's impact on children's mental health is unknown, the author implores emergency departments to prepare for a possible increase in children seeking care for mental health disorders. Special attention should be directed to preparing providers in rural and low pediatric volume hospital (less than 4000 children per year) to ensure equitable access to mental health care. Additionally, mental health screenings, telemedicine, and preventive strategies may be used.	The author provides commentary about the possible increase of children seeking mental health services within emergency departments during and after the COVID-19 pandemic. Given the reported disparities in the preparedness of rural and low pediatric volume hospitals, special attention should be provided to readying these settings.	McBride DL. Emergency department preparedness for children seeking mental health care. J Pediatr Nurs. [published online 2020 Jul 28]. J Pediatr Nurs. 2020. doi: 10.1016/j.pedn.2020.07.007
Dietary intake; emotional eating; gestational weight gain; pregnant women, China	28-Jul-20	Emotional Eating in Pregnant Women during the COVID-19 Pandemic and Its Association with Dietary Intake and Gestational Weight Gain	Nutrients	Original research	This retrospective study examined whether emotional eating (EE) occurred during the pandemic was triggered by disease concerns, and explored the associations among EE, dietary changes, and gestational weight gain (GWG). The authors recruited 640 new mothers who experienced the lockdown in their 3rd trimester (from February to April 2020) from seven provinces in China. EE was evaluated using the Chinese version of the Dutch Eating Behavior Questionnaire, using EE domain. A Likert scale was used to investigate the frequencies of occurrence of EE during the COVID-19 pandemic. The total score of EE could range from 13 to 65, and a higher score meant a higher tendency of EE. The results show that the average EE score among participants was 26.5 ± 8.3 , which was similar to a previous study (before COVID-19) performed in women with higher EE tendency. Also, women living in a severely affected area, who are very worried about the pandemic and who had less physical activity had a higher tendency of EE. Of note, although there was a change in dietary pattern during the pandemic, the average GWG in the studied group was in the normal range. However, a higher EE score was associated with a higher rate of excess GWG in participants living outside Wuhan, while a moderate EE score was associated with excess GWG in participants living in Wuhan. In addition, after adjusting for living area and exercise, EE was associated with significantly increased consumption of cereals and oil, but decreased consumption of fish and seafood	This study indicated that emotional eating occurred in a proportional number of pregnant women during the COVID-19 pandemic and is associated with excess GWG mediated by increased intake of certain foods. The findings suggest the need for psychosocial and nutritional education and interventions during pregnancy checkups.	Zhang J, Zhang Y, Huo S, et al. Emotional Eating in Pregnant Women during the COVID-19 Pandemic and Its Association with Dietary Intake and Gestational Weight Gain. Nutrients. 2020;12(8):E2250. Published 2020 Jul 28. doi:10.3390/nu12082250

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Pregnancy, neonate, clinical characteristics, vertical transmission, Wuhan, China	28-Jul-20	Neonatal outcome in 29 pregnant women with COVID-19: A retrospective study in Wuhan, China	PLOS Medicine	Original article	This retrospective study reviewed 29 pregnant women with COVID-19 infection who delivered in 2 general hospitals in Wuhan, China, from January 30-March 10, 2020, and 30 neonates (1 set of twins). The presence of SARS-CoV-2 antibodies was found in the serum of 4 neonates. 14 women experienced mild symptoms including fever (8), cough (9), shortness of breath (3), diarrhea (2), vomiting (1), and 15 were symptom-free. 11 of 29 women had pregnancy complications, and 27 elected to have a C-section delivery. Of 30 neonates, 18 were admitted to Wuhan Children's Hospital for quarantine and care; the other 12 were discharged after birth without any symptoms and had normal follow-up. 5 hospitalized neonates were diagnosed with COVID-19 infection (2 confirmed and 3 suspected). 12 of the other 13 hospitalized neonates presented with radiological features for pneumonia through chest x-ray or CT scan. The authors observed COVID-19 or radiological features of pneumonia in some, but not all, neonates born to women with COVID-19 infection. These findings suggest that intra-uterine or intra-partum transmission is possible and warrants clinical caution and further investigation.	The authors add to the growing body of literature regarding the outcomes for neonates born to women with COVID-19 infection, and the presence of SARS-CoV-2 antibodies in 4 of the neonates in this study suggests that intra-uterine or intra-partum transmission of SARS-CoV-2 could be possible.	Wu YT, Liu J, Xu JJ, et al. Neonatal outcome in 29 pregnant women with COVID-19: A retrospective study in Wuhan, China [published online 2020 Jul 28]. PLoS Med. 2020;17(7):e1003195. doi:10.1371/journal.pmed.1003195
Pregnancy, childbirth, delivery, universal screening, Italy	28-Jul-20	Universal screening for SARS-CoV-2 in pregnant women admitted for delivery: how to manage antibody testing? [Free Access to Abstract only]	The Journal of Maternal-Fetal & Neonatal Medicine	Letter to the Editor	At a single center in Prato, Italy, the authors conducted universal screening for SARS-CoV-2 among asymptomatic pregnant women admitted for delivery (n=226). Additionally, 134 of these women underwent serological antibody testing. The study protocol lasted from 4 April- 16 May 2020. They identified one case of SARS-CoV-2 by nasopharyngeal (NP) swab testing. The serological testing results were as follows: IgG-/IgM- in 127 cases; IgG+/IgM- in one case; IgG-/IgM+ in four cases; and IgG+/IgM+ in one case. According to their experience, the authors found that a testing result with both IgG and IgM negative is likely to correspond to a negative NP swab test. They also state that the presence of SARS-CoV-2 IgM antibodies, with or without IgG, increases the possibility of spreading the virus, and that it is essential to apply the same precautions as for a COVID-19 affected person.	The authors add to the literature regarding the universal screening of pregnant patients admitted for delivery for SARS-CoV-2. In addition to nasopharyngeal swab testing, they performed serological antibody testing.	Cavaliere AF, Carabeanu AI, Perelli F, et al. Universal screening for SARS-CoV-2 in pregnant women admitted for delivery: how to manage antibody testing? [published online, 2020 Jul 28]. J Matern Fetal Neonatal Med. doi:10.1080/14767058.2020.1793317
Pregnancy, neonate, vertical transmission, antibodies, Wuhan, China	28-Jul-20	No evidence for vertical transmission of SARS-CoV-2 in two neonates with mothers infected in the second trimester	Infectious Diseases	Case Report	This case report presents two neonates born to mothers with symptomatic COVID-19 infection during the second trimester. Throat swabs at delivery for SARS-CoV-2 RNA were negative for both women and their newborns. The first woman had positive serum IgM and IgG antibodies to SARS-CoV-2 before delivery. Her newborn had negative IgM antibody to SARS-CoV-2 but IgG was positive on the 7th day after birth. The second woman had negative serum IgM antibody to SARS-CoV-2, but IgG was positive before delivery. Her newborn had negative serum IgM antibody to SARS-CoV-2 but IgG was positive at 48 h after birth. Neither neonate developed clinical symptoms of COVID-19. The authors concluded that SARS-CoV-2 is unlikely to be vertically transmitted in utero as evidenced by the specific antibodies in the serum of the two women and their newborns. The two women with SARS-	The authors present antibody findings in two newborns that add to the growing literature regarding vertical transmission of SARS-CoV-2, and based on these findings conclude that vertical transmission is unlikely.	Tang JY, Song WQ, Xu H, et al. No evidence for vertical transmission of SARS-CoV-2 in two neonates with mothers infected in the second trimester [published online 2020 Jul 28]. Infect Dis (Lond). 2020;1-4. doi:10.1080/23744235.2020.1798499

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					CoV-2 infection in the second trimester did not develop serious complications at delivery and outcomes of the neonates were good.		
Children, clinical characteristics, India	28-Jul-20	Epidemiological and Clinical Characteristics of COVID-19 in Indian Children in the Initial Phase of the Pandemic [Access to Abstract Only]	Indian Pediatrics	Original research	This study assessed the epidemiological and clinical characteristics of pediatric inpatients aged 1 month to 18 years with COVID-19 by RT-PCR testing. 50 children (56% male) with median (IQR) age of 6 (2-12) years were included. A majority (56%) were from families belonging to a lower socio-economic class. 45 (90%) had a positive household contact, and 33 (66%) had overcrowding at home. 29 (58%) children were asymptomatic, while 20 (40%) had mild symptoms. Fever, cough, and sore throat were the most common symptoms. High C-reactive protein levels were seen in 15 (30%) children. None of the children died. The disease burden of COVID-19 appears high in lower socio-economic groups, with a majority of cases having a positive household contact. A milder disease pattern in the pediatric age group is reinforced by these data.	This study found that a majority of pediatric inpatients with COVID-19 were from a lower socio-economic class, had a positive household contact, and were either asymptomatic or had mild symptoms.	Sarangi B, Reddy VS, Oswal JS, et al. Epidemiological and Clinical Characteristics of COVID-19 in Indian Children in the Initial Phase of the Pandemic [published online 2020 Jul 28]. Indian Pediatr. 2020;S097475591600218.
Children, school closures, secondary school, primary school, day care	28-Jul-20	On the effect of age on the transmission of SARS-CoV-2 in households, schools and the community	medRxiv	Preprint (not peer-reviewed)	This review assessed the literature on detection of SARS-CoV-2 infection in contacts of COVID-19 cases, as well as serological studies, and on infections in school settings. The authors found evidence for significantly lower susceptibility to infection for children aged <10 years compared to adults given the same exposure, for elevated susceptibility to infection in adults aged >60 years compared to younger/middle aged adults, and for the risk of SARS-CoV-2 infection associated with sleeping close to an infected individual. Published serological studies also suggest that younger adults < 35 years have high cumulative rates of SARS-CoV-2 infection. Additionally, there is some evidence of robust spread of SARS-CoV-2 in secondary/high schools, particularly where there are larger class sizes, with more limited spread in primary schools. Based on these findings, opening secondary/high schools is likely to contribute to the spread of SARS-CoV-2, and, if implemented, it should require both lower levels of community transmission and greater safeguards to reduce transmission. Compared to secondary/high schools, opening primary schools and daycare facilities may have a more limited effect on the spread of SARS-CoV-2.	The authors report that significant SARS-CoV-2 spread has been seen in secondary schools, with lesser spread in primary schools and day cares. Secondary school re-opening is likely to contribute to SARS-CoV-2 spread, and efforts to avoid crowding in the classroom and other mitigation measures should be undertaken.	Goldstein E, Lipsitch M, Cevik M. On the effect of age on the transmission of SARS-CoV-2 in households, schools and the community [published online 2020 Jul 28]. Preprint. medRxiv. 2020. doi:10.1101/2020.07.19.20157362
Pediatric, MIS-C, pancreatitis, multi-system organ dysfunction	28-Jul-20	COVID-19-Associated Multisystem Inflammatory Syndrome in Children Presenting as Acute Pancreatitis	Journal of Pediatric Gastroenterology and Nutrition	Short Communication	In April 2020, a newly recognized pediatric disorder associated with COVID-19 characterized by significant inflammation with symptoms resembling Kawasaki Disease was described in the USA, UK, and Italy. To date, pancreatitis has not yet been reported in either acute SARS-CoV-2 infection in children or the subsequent inflammatory syndrome. The authors present the course of a patient who presented with acute pancreatitis before rapidly progressing to multisystem organ dysfunction consistent with MIS-C due to COVID-19. Clinicians should be aware that in	The authors state that pediatric gastroenterologists should maintain clinical suspicion for COVID-19 in cases of acute pancreatitis or other significant gastrointestinal symptoms.	Stevens JP, Brownell JN, Freeman AJ, Bashaw H. COVID-19-Associated Multisystem Inflammatory Syndrome in Children Presenting as Acute Pancreatitis [published online, 2020 Jul 28]. J Pediatr Gastroenterol Nutr. doi:10.1097/MPG.0000000000002860

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		[Free Access to Abstract only]			the context of the COVID-19 pandemic, pancreatitis can be an early presentation of MIS-C.		
Ethnicity, pregnancy, social determinant, race, Brazil	28-Jul-20	Disproportionate impact of COVID-19 among pregnant and postpartum Black Women in Brazil through structural racism lens	Clinical Infectious Diseases	Correspondence	The authors from Brazil analyzed records of White and Black pregnant or postpartum women with COVID-19 (n=669) from the Brazilian Acute Respiratory Distress Syndrome Surveillance System until July 14, 2020. In their sample, Black women had similar mean age and morbidity profile as White women but were hospitalized in worse conditions (higher prevalence of dyspnea and low O2 saturation), had a higher rate of ICU admission, mechanical ventilation, and death. Data presented here may indicate that Black pregnant and postpartum women have been disproportionately affected by COVID-19 due to processes originated outside the hospital. The authors concluded that maternal mortality in Black women due to COVID-19 was almost two times higher than observed for White women. They argued that actions tackling social determinants of health outside hospitals (e.g. social protection policies to reduce the likelihood of getting sick) are needed.	This letter from Brazil put forward that maternal mortality in Black women due to COVID-19 was almost two times higher than observed for White women and actions tackling social determinants of health outside hospitals are needed.	Santos DS, Menezes MO, Andreucci CB, et al. Disproportionate impact of COVID-19 among pregnant and postpartum Black Women in Brazil through structural racism lens [published online, 2020 Jul 28]. Clin Infect Dis. doi:10.1093/cid/ciaa1066
Immune-mediated disease, immunomodulators, lung-gut axis, microbiota	28-Jul-20	The Thrilling Journey of SARS-CoV-2 into the Intestine: From Pathogenesis to Future Clinical Implications	Inflammatory Bowel Diseases	Review Article	In this review, authors synthesize the impact of SARS-CoV-2 on the gastrointestinal system, and found that up to 50% of fecal samples from COVID-19 patients contain detectable viral RNA despite a negative rhino-pharyngeal swab. This finding, together with an intestinal expression of ACE 2 protein, suggests a possible fecal-oral transmission for SARS-CoV-2. Furthermore, gastrointestinal (GI) symptoms are common in COVID-19 patients including watery diarrhea, vomiting—particularly in children—nausea, and abdominal pain. Authors hypothesize a potential role of the “gut-lung axis”, and the gut and lung microbiota, into predicting the interindividual differential susceptibility to COVID-19 disease. In conclusion, authors note that COVID-19’s psychological impact and related dietary changes will have an unpredictable impact on patients with gastrointestinal diseases, on health personnel involved in gastrointestinal services, and on health service organizational schemes for the “post-COVID” era.	Despite being considered mainly a respiratory disease, COVID-19 can have a direct impact on the gastrointestinal system which, in turn, might play a role in the pathogenesis of the disease. Authors found that the pandemic itself and the lockdown measures to slow it could drive major changes in social behaviors and health care assistance that might affect patients with digestive diseases.	Scaldaferri F, Ianiro G, Privitera G, et al. The Thrilling Journey of SARS-CoV-2 into the Intestine: From Pathogenesis to Future Clinical Implications. Inflamm Bowel Dis. 2020;izaa181. doi:10.1093/ibd/izaa181
CHD; Coronavirus disease 2019; mitral valve stenosis; severe acute respiratory syndrome coronavirus 2	27-Jul-20	A teenager with CHD and coronavirus disease 2019	Cardiology in the Young	Case Report	This report is a case of a 16-year-old girl with a history of treated congenital mitral valve disease and signs of respiratory infection who was admitted to a pediatric cardiology department in Germany. She reported increasing fatigue, chest pain and pre-syncope on exertion for the past few months. At her most recent cardiac evaluation 2 days before admission, transthoracic echocardiography showed severe stenosis and insufficiency of the mitral valve prosthesis. Therefore, she was given Metoprolol while waiting for mitral valve replacement. On admission, she complained of cough, sore throat, and myalgia and had a	This report is a case of a 16-year-old girl with a history of treated congenital mitral valve disease and COVID-19 in Germany. Her clinical course was mild without cardiac or pulmonary deterioration. This case	Olfe J, Grafmann M, Kozlik-Feldmann R. A teenager with CHD and coronavirus disease 2019. Cardiol Young. 2020;30(9):1358-1359. doi:10.1017/S1047951120002127

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					temperature of 38.1°C. She tested positive for the SARS-CoV-2 via nasopharyngeal RT-PCR test. Continuous heart rhythm monitoring showed no changes from baseline arrhythmia. Troponin-T was normal, and pro-brain natriuretic peptide (proBNP) was slightly elevated. By Day 4, her proBNP had decreased, and there were no signs of myocardial involvement as high-sensitive Troponin-T values remained normal, and no changes on electrocardiogram were seen. Transthoracic echocardiography showed unchanged severity of mitral valve pathology and no worsening of myocardial function. Her condition remained stable and she was subsequently discharged on day 10. At follow-up 4 weeks after discharge, the patient showed no clinical signs of MIS-C. This case illustrates that in children, severe cardiac disease is not necessarily associated with a severe course of COVID-19.	illustrates that in children, severe cardiac disease is not necessarily associated with a severe course of COVID-19.	
Pregnancy, infant, labor, transmission, standard of care, bonding, Cochrane review	27-Jul-20	Optimal delivery management for the prevention of early neonatal SARS-CoV-2 infection [Free Access to Abstract Only]	Cochrane Library	Protocol	Different countries, organizations, and hospitals have published recommendations on the management of a SARS-CoV-2-positive mother during labor and delivery aimed at reducing SARS-CoV-2 transmission to the infant. In the absence of data, guidelines have been created ad hoc and several of these recommendations for delivery of mothers with active SARS-CoV-2 were based on previous infectious diseases, with little knowledge about the incidence and clinical presentation of neonatal SARS-CoV-2 infection. Changes in the standards of care for delivery and early infant management may have unintended consequences, in particular on maternal morbidity, infant morbidity, and the psychosocial consequences of early separation for the mother-infant dyad. This article outlines a protocol for a systematic Cochrane review which aims to determine whether alterations in delivery management recommended for SARS-CoV-2-positive mothers decrease early neonatal infection when compared to routine care, and to assess the possible benefits and risks of these alterations.	The authors outline a protocol for a systematic Cochrane review aimed at determining the optimal management during labor and delivery for a SARS-CoV-2 positive mother for decreasing early neonatal infection while avoiding unintended consequences.	Chan CS, Kong JY, Babata KL, Mazzarella K, Adhikari EH, Yeo KT, Hascoët J-M, Brion LP. Optimal delivery management for the prevention of early neonatal SARS-CoV-2 infection. Cochrane Database of Systematic Reviews 2020, Issue 7. Art. No.: CD013689. DOI: 10.1002/14651858.CD013689.
Protocol, breastfeeding, infants, risk, transmission, breast milk, formula	27-Jul-20	Feeding strategies to prevent neonatal SARS-CoV-2 infection in term or late preterm babies born to mothers with confirmed COVID-19 [Free Access to Abstract Only]	Cochrane Database of Systematic Reviews	Protocol	The authors describe the protocol for a Cochrane review to assess the effects of feeding practices on the risk of SARS-CoV-2 infection in neonates ≥ 34 weeks' gestation born to mothers with confirmed SARS-CoV-2 infection. Different interventions have been recommended or implemented: withholding of any mother's milk and instead feeding with formula milk or donor breast milk; feeding with expressed breast milk; and breastfeeding with precautions, which include face mask and hand hygiene. This review will compare the risk of SARS-CoV-2 infection in neonates receiving such interventions to the risk in those who are breastfed or fed breast milk. There are 3 possible ways in which the different types of feeding can impact the transmission to the infant, including (1) the transmission of the virus present in the mother's own unpasteurized breast milk, (2)	The authors describe the protocol for a Cochrane review that will compare outcomes associated with different feeding practices for infants born of mothers with confirmed COVID-19 worldwide.	Babata KL, Yeo KT, Chan CS, et al. Feeding strategies to prevent neonatal SARS-CoV-2 infection in term or late preterm babies born to mothers with confirmed COVID-19. Cochrane Database of Systematic Reviews 2020, Issue 7. Art. No.: CD013691. DOI: 10.1002/14651858.CD013691.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					the exposure of the infant to infectious droplets from the mother as a result of the close proximity during breastfeeding, and (3) SARS-CoV-2 specific antibodies in breast milk. Criteria for considering studies, search methods for identification of studies, data collection and analysis, and assessment for bias are described in the protocol.		
Belgium, France, case-control, pregnancy, ICU, propensity score matching	27-Jul-20	Are clinical outcomes worse for pregnant women at ≥20 weeks' gestation infected with coronavirus disease 2019? A multicenter case-control study with propensity score matching	American Journal of Obstetrics and Gynecology	Research Letter	This study utilized a propensity score-matched, case-control design to determine differences in outcomes among pregnant and non-pregnant women diagnosed with COVID-19. Researchers recruited 107 non-pregnant women and 83 pregnant women in French and Belgium hospitals with COVID-19 confirmed from a nasopharyngeal swab. Researchers utilized propensity score matching for age, BMI, diabetes mellitus types I and II, hypertension, and asthma among cases and controls, and performed logistic regression on primary and secondary outcomes. They determined that pregnant women in their sample were significantly more likely to experience ICU admission than their non-pregnant counterparts (11.08% vs 2.38% admission rates, respectively; P=0.024), as well as higher rates of hospital admission (58.21% vs. 17.4%, respectively; P<0.001), higher usage of oxygen therapy (36.04% vs. 17.24%; P=0.006), and higher use of endotracheal intubation (10.16% vs. 1.67%; P=0.022). The literature of maternal outcomes among pregnant women with COVID-19 has been contradictory. This study corroborates the hypothesis that women who are pregnant experience more severe outcomes than their non-pregnant counterparts.	Women who are pregnant and infected with COVID-19 experience more severe outcomes than their non-pregnant counterparts.	Badr DA, Mattern J, Carlin A, et al. Are clinical outcomes worse for pregnant women ≥20 weeks' gestation infected with coronavirus disease 2019? A multicenter case-control study with propensity score matching [published online, 2020 July 27]. AJOJ. doi.org/10.1016/j.ajog.2020.07.045
Pregnancy, neonates, delivery management, transmission	27-Jul-20	Optimal delivery management for the prevention of early neonatal SARS-CoV-2 infection. [Free Access to Abstract Only]	Cochrane Database of Systematic Reviews	Protocol	The mode and significance of SARS-CoV-2 transmission from mother to fetus or infant remain unclear and controversial. The authors describe the protocol for a review to determine whether alterations in delivery management of SARS-CoV-2-positive mothers decrease early neonatal infection when compared to routine care and to assess the possible benefits and risks of these alterations. Different countries, organizations, and hospitals have published recommendations on the management of a SARS-CoV-2-positive mother during labor, delivery, and for her infant, as depicted in the article. All of these recommendations attempt to balance reducing the risk of SARS-CoV-2 transmission to the infant with the promotion of bonding between mother and infant. The authors intend to describe the frequency of early neonatal SARS-CoV-2 infection and its association with different delivery management combinations as suggested by recent guidelines, when compared with routine delivery practice. Criteria for considering studies, search methods for identification of studies, data collection and analysis, and assessment for bias are described in the protocol.	This review will compare alterations in delivery management recommended for SARS-CoV-2-positive mothers to routine care to assess the possible benefits and risks of these alterations.	Chan CS, Kong JY, Babata KL, et al. Optimal delivery management for the prevention of early neonatal SARS-CoV-2 infection. Cochrane Database of Systematic Reviews 2020, Issue 7. Art. No.: CD013689. DOI: 10.1002/14651858.CD013689.

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Children, sepsis, septic shock, multisystem inflammatory syndrome in children, MIS-C	27-Jul-20	Perspective of the Surviving Sepsis Campaign on the Management of Pediatric Sepsis in the Era of Coronavirus Disease 2019	Pediatric Critical Care Medicine	Review Article	COVID-19 and Multisystem Inflammatory Syndrome in Children (MIS-C) have recently gained attention due to their association with sepsis. The authors examine the application of the Surviving Sepsis Campaign to COVID-19 pediatric patients. The authors recommend six key management steps for initial resuscitation regardless of etiology: 1) obtain IV access; 2) collect blood culture; 3) start broad-spectrum antimicrobials; 4) measure lactate; 5) administer fluid boluses if a shock is present; 6) and start inotrope/vasoactive agents if shock persists. The authors provide tables of the symptom and blood panel characteristics of non-COVID-19 sepsis, COVID-19 induced sepsis, and MIS-C in addition to the campaign's treatment algorithms. Judicious fluid administration and frequent reassessment of clinical markers are crucial to managing all-cause sepsis. The authors warn of the myocardial dysfunction prevalent among MIS-C patients and recommend early echocardiography and cardiac-specific biomarkers to provide timely inotropic support. They also caution that the potential benefits of some adjunctive therapies for COVID-19 and MIS-C such as corticosteroids might differ from non-COVID-19 sepsis, and emphasize the importance of tailoring guidelines based on experience and knowledge.	The Surviving Sepsis Campaign provides an appropriate framework for the initial management of children with all-cause sepsis including SARS-CoV-2. While the six key management steps apply to patients with COVID-19 induced sepsis and/or MIS-C, the authors warn that potential benefits of select adjunctive therapies may differ between COVID-19 and non-COVID-19 sepsis. They provide tables of the characteristics of non-COVID-19 sepsis, COVID-19 induced sepsis, and MIS-C in addition to the campaign's treatment algorithms.	Weiss SL, Peters MJ, Agus MSD, et al. Perspective of the Surviving Sepsis Campaign on the Management of Pediatric Sepsis in the Era of Coronavirus Disease 2019 [published online, 2020 Jul 27]. <i>Pediatr Crit Care Med</i> . 2020;doi:10.1097/PCC.0000000000002553
Pediatric surgery, off-hour surgery	27-Jul-20	Managing the post-COVID-19 pediatric surgical surge - Opportunities and challenges	Journal of Clinical Anesthesia	Letter to the Editor	In this letter, the authors are responding to an article that discussed strategies for responding to the stresses that COVID-19 has placed on operating room (OR) management. With an increase in patients and operations due to COVID-19, effective OR management is needed in order to ensure a high quality of care for all patients. With the increase in pediatric surgeries, the authors are specifically concerned about the recommendation to consider expanding surgical hours into the "off-hours" of the nights and weekends. They note that off-hours anesthesia in pediatrics is associated with an increased risk of peri-operative complications including cardiac arrest and death; mortality more than doubled for pediatric anesthesia after 7pm and/or on weekends. Careful optimization can allow for the safest possible use of off-hours or selecting cases for later in the day that may run into the off-hours. It will enable prioritization of higher risk patients and procedures for regular hours when resources are maximal. Mitigating risk and minimizing delay are a careful balancing act and will require systems level planning with careful allocation of resources.	The authors discuss the complications that often result from performing procedures in the "off-hours" and explain the need for proper risk assessments during the COVID-19 pandemic in order to effectively handle the increase in pediatric surgeries.	Christensen R, Haydar B, Malviya S. Managing the post-COVID-19 pediatric surgical surge - Opportunities and challenges [published online ahead of print, 2020 Jul 27]. <i>J Clin Anesth</i> . 2020;67:110016. doi:10.1016/j.jclinane.2020.110016

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Pediatric, allergy, asthma, Spain	27-Jul-20	Impact of the Covid-19 Pandemic in Children with Allergic Asthma	The Journal of Allergy and Clinical Immunology: In Practice	Clinical Communications	The risk of asthma among children infected with SARS-CoV-2 is unclear. This study aimed to determine the impact of SARS-CoV-2 infection among children (age < 14 years old) with allergic asthma in the authors' allergy department in Madrid, Spain (n=212). Sixty-six children (31%) had been living with an adult with COVID-19 symptoms, and nine of these adults were severe cases confirmed by PCR. Nearly half of these children (29/66, 44%) developed symptoms suggestive of SARS-CoV-2 infection (r=0.569, p<0.001). All probable cases developed mild symptoms related to COVID-19. An analysis of probable COVID-19 versus non-COVID-19 allergic asthmatic children revealed a significant increase in the prevalence of food allergy in the former (p=0.007). No differences in asthma control or severity was found. However, the authors identified significant differences in asthma treatment: children with probable COVID-19 needed more β 2-agonist inhaler treatment (34% vs 8%; p<0.001) and increased controller treatment (14% vs 3%; p<0.01). The authors conclude that unexpectedly, asthmatic children did not develop an aggressive form of COVID-19 infection independently of asthma severity and control, but the probable cases required significantly more rescue and asthma-control treatment than patients without COVID-19.	Probable cases of COVID-19 in allergic asthmatic children in Spain all led to mild symptoms, although SARS-CoV-2 infection did elicit asthma exacerbation. The authors concluded that allergic asthmatic children are not more vulnerable to suffer from COVID-19.	Ruano FJ, Somoza Álvarez ML, Haroun-Díaz E, et al. Impact of the Covid-19 Pandemic in Children with Allergic Asthma [published online, 2020 Jul 27]. J Allergy Clin Immunol Pract. doi:10.1016/j.jaip.2020.07.019
Pediatric, congenital heart disease, heart failure, arrhythmia, cardiology, USA	27-Jul-20	COVID-19 Infection in Children with Pre-existing Heart Disease	The Journal of Pediatrics	Brief Report	The authors present seven children in the USA who were admitted between 27 March- 27 April 2020 with COVID-19 in the setting of congenital heart disease. Consistent with prior reports of severe acute COVID-19 in children, the majority of our cases were <1 year of age. All seven patients developed acute decompensation, with one death in an 18-year-old with hypertrophic cardiomyopathy and other co-morbidities. The authors summarize the clinical course of each case, which includes three patients with an atrioventricular canal defect and trisomy 21. Overall, in this series of hospitalized patients with pre-existing cardiac conditions, the authors commonly observed new or worsening heart failure. Four patients presented with acute congestive heart failure, three of whom developed cardiogenic shock. Additionally, new cardiac arrhythmias and evidence of myocardial inflammation were noted.	In a series of seven congenital heart disease patients with COVID-19 in the USA, the authors observed acute decompensation in all patients including heart failure, cardiogenic shock, arrhythmias, and myocardial inflammation.	Simpson M, Collins C, Nash DB, Panesar LE, Oster ME. COVID-19 Infection in Children with Pre-existing Heart Disease [published online, 2020 Jul 27]. J Pediatr. doi:10.1016/j.jpeds.2020.07.069
Neonates, premature infants, scarce resource allocation, health disparities, USA	27-Jul-20	Racial Disparities in Preemies and Pandemics	The American Journal of Bioethics	Commentary	The authors discuss the disproportionate impact COVID-19 has had on racial minorities in the USA as well as the impact race and social determinants of health have had on the pre-term infant population prior to COVID-19. They reflect on the likely disproportionate impact COVID-19 is thus having on infants born to racial minority women. They then assess resource allocation algorithms, particularly regarding ventilator use, from the context of these racial disparities. They express concern that such algorithms could unintentionally de-prioritize infants from certain racial groups, as these infants are already at higher risk for clinical	The authors argue that racial disparities in COVID-19 affect premature infants and need to be considered in scarce resource allocation algorithms.	Arnolds M, Gandhi R, Famuyide M, et al. Racial Disparities in Preemies and Pandemics [published online 2020 Jul 27]. Am J Bioeth. 2020;20(7):182-184. doi:10.1080/15265161.2020.1779399

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					needs that could cause algorithms to allocate scarce resources to healthier infants. They also emphasize that alternative creative solutions for accessing scarce resources should be exhausted prior to consideration of resource allocation.		
Newborn, triage, protocol	27-Jul-20	The Moral Status of Newborns: Before, During, and After the Pandemic	The American Journal of Bioethics	Open Peer Commentary	At the onset of the COVID-19 pandemic, many hospitals scrambled to adopt or create patient triage policies, often based upon previously published protocols. Commonly lacking, however, was triage guidance regarding newborns. In this commentary, the author discusses the moral status of newborns and the prioritization of their interests or needs in this time of crisis, exploring opposing viewpoints and inherent biases when it comes to the allocation of limited health resources. Citing an article by Haward et al. (2020), previously published in The American Journal of Bioethics, the author stresses the need for equal consideration in triage protocols, presenting adult intensivists and neonatologists both a challenge and opportunity to work collectively towards the development of a fair approach, and triage protocols.	Revisiting and potentially revising earlier thinking can lead to more equitable and fair healthcare approaches -- not just in triage protocols, but for the care of critically ill newborns, children, and adults, during the COVID-19 pandemic and thereafter.	Mark R. Mercurio (2020) The Moral Status of Newborns: Before, During, and After the Pandemic, The American Journal of Bioethics, 20:7, 122-124, DOI: 10.1080/15265161.2020.1779869
Pregnancy, ICU admission, mortality, France, Belgium, maternal outcomes	27-Jul-20	Are clinical outcomes worse for pregnant women ≥ 20 weeks' gestation infected with COVID-19? A multicenter case-control study with propensity score matching	American Journal of Obstetrics and Gynecology	Original article	This was a multi-center retrospective study conducted in 4 large university hospitals in France and Belgium between January 1st and May 13th 2020, which compared clinical outcomes and laboratory findings in COVID-19 infected pregnant women ≥ 20 weeks (n=81) with a matched cohort of non-pregnant COVID-19 positive women (n=107) using propensity scores. The incidences of fever and cough did not differ significantly between the groups, but dyspnea, anosmia, fatigue/myalgia, upper respiratory tract symptoms, gastrointestinal symptoms, and other symptoms, such as headache, chest discomfort, and cutaneous rash were all significantly lower in pregnant women. There was a significant difference in hemoglobin level, AST, ALT, CRP, creatinine and D-Dimers between the 2 groups. Pregnant women were at higher risk for ICU admission than non-pregnant women (11.08% versus 2.38%; p= 0.024) and they were at higher risk for hospital admission for respiratory decompensation (58.21% versus 17.4%; p<0.001), oxygen therapy (36.04% versus 17.24%; p=0.006), and endotracheal intubation (10.16% versus 1.67%; p=0.022). There were no cases of mortality in either of the 2 groups.	This article adds to the growing evidence that risk of respiratory decompensation including the need for ICU admission, oxygen therapy, and endotracheal intubation may be higher for pregnant than non-pregnant women, while the mortality risk remains similar.	Badr DA, Mattern J, Carlin A, et al. Are clinical outcomes worse for pregnant women ≥ 20 weeks' gestation infected with COVID-19? A multicenter case-control study with propensity score matching [published 2020 Jul 27]. Am J Obstet Gynecol. 2020; doi:10.1016/j.ajog.2020.07.045
Pregnancy, CT, newborn	27-Jul-20	Management of Severe COVID-19 in Pregnancy	Case Reports in Obstetrics and Gynecology	Case Report	A 30-year-old woman with a history of premature rupture of membranes was admitted at 31 weeks gestation for shortness of breath, fever, and dry cough. Physical examination revealed tachypnea, 92% oxygen saturation (SpO2), tachycardia (109), and ruptured membranes. Ultrasound showed active fetal movements and normal amniotic fluid quantity. A chest CT detected bilateral opacities and a nasopharyngeal swab was positive for SARS-CoV-2. The patient was isolated and received IV fluids, acetaminophen, ceftriaxone, and betamethasone.	The authors describe a case of a healthy parturient infected with SARS-CoV-2 in her third trimester, whose condition deteriorated leading to premature rupture of membranes, a premature birth via a	Abourida Y, Rebahi H, Oussayeh I, et al. Management of Severe COVID-19 in Pregnancy. Case Rep Obstet Gynecol. 2020;2020:8852816. Published 2020 Jul 27. doi:10.1155/2020/8852816

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					Laboratory results demonstrated hyperferritinemia and an elevated CRP. After 24 hours, the patient experienced worsening hypoxemia, tachypnea, and a fever of 39.0°C. She was admitted to the ICU and administered high-flow oxygen. She received azithromycin, hydroxychloroquine, tinzaparin sodium, and methylprednisolone. The patient went into labor with acute fetal distress so an urgent C-section was performed. Maternal respiratory function improved but postpartum course was complicated by endometritis treated with antibiotics. After 7 days, the patient had a full clinical recovery. The premature newborn experienced severe asphyxia, septic shock and respiratory failure and died after 5 days of birth. A SARS-CoV-2 test using RT-PCR at 1 hour of life was negative.	caesarian delivery, and neonatal death.	
Anxiety, children, parents, social media, technology use, USA	27-Jul-20	How Parents and Their Children Used Social Media and Technology at the Beginning of the COVID-19 Pandemic and Associations with Anxiety	Cyberpsychology, Behavior, and Social Networking	Original Article	This study examined parents' (n = 260) perceptions of their own and their children's (n=263) use of social media and other types of communication technologies in the beginning stages of COVID-19 related sanctions (e.g., social distancing) in the U.S. Associations between social media and technology use and anxiety were also examined. On average, parents reported that both they and their children (especially teenagers aged 13-18 years) had increased technology and social media use since the beginning of social distancing. Moreover, models showed that parents and children with higher levels of anxiety were more likely to increase their technology use and used social media and phones to connect. Among parents, higher anxiety was related to using social media for both social support and information seeking. Based on the results, the authors advocate for the utilization of social media by public health officials for collecting, collating, and dispersing accurate crisis-related information. They also suggest that social media campaigns should be thoughtfully designed to account for individual differences in developmental stages and psychological vulnerabilities.	In response to the pandemic, most parents in the U.S. reported that both they and their children increased the use of communication technology. Almost every aspect of social media and technology, aside from connecting via video, was greatest among those rated as having higher anxiety.	Drouin M, McDaniel BT, Pater J, Toscos T. How Parents and Their Children Used Social Media and Technology at the Beginning of the COVID-19 Pandemic and Associations with Anxiety [published online, 2020 Jul 27]. <i>Cyberpsychol Behav Soc Netw</i> . 2020;doi:10.1089/cyber.2020.0284
Children, isolation, Korea, health facilities	27-Jul-20	Do We Really Need to Isolate All Children with COVID-19 in Healthcare Facilities?	Journal of Korean Medical Science	Opinion	COVID-19 related policies in Korea do not allow infected people who are asymptomatic or those with mild symptoms to choose where he or she will be placed under isolation, raising human rights issues. Moreover, unnecessarily prolonging the length of a hospital stay until they satisfy the criteria for discharge could cause a relative decrease in the healthcare capacity for severe and critical patients. Isolation is considered an unavoidable measure, but signs of post-traumatic stress symptoms after isolation/quarantine were found in numerous studies. Children experience a growth stage when their personality is formed through relationships with others, and they have a high dependency on their parents. In particular, when a child below primary school age is placed in an isolation unit at a healthcare institution, it creates a situation of requiring an uninfected stressful adult guardian to be isolated together to take care of	This article presents concerns about isolating children in the health facilities and suggests that hospitalization should not initially be required in people who are asymptomatic or those with mild clinical presentations.	Lee J, Kim KH, Kang HM, Kim JH. Do We Really Need to Isolate All Children with COVID-19 in Healthcare Facilities?. <i>J Korean Med Sci</i> . 2020;35(29):e277. Published 2020 Jul 27. doi:10.3346/jkms.2020.35.e277

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					the child. The authors propose a change in the current policy that prioritizes isolation in healthcare institutions and residential treatment.		
Children, symptoms, diagnosis, outbreak, New York, USA	27-Jul-20	Infectious Diseases Diagnoses of Children Admitted With Symptoms of Coronavirus Disease 2019 During an Outbreak in New York City [Free Access to part of the full text]	Clinical Pediatrics	Brief Report	How frequently children admitted with COVID-19-like symptoms have SARS-CoV-2 infection is unknown, so a retrospective evaluation was performed. All children between 0 and 18 years with COVID-19-like symptoms who were admitted to Komansky Children's Hospital at NewYork-Presbyterian/Weill Cornell Medicine from March 12 - 26, 2020, were tested for SARS-CoV-2 by nasopharyngeal swab. COVID-19-like symptoms were defined as fever, cough, rhinorrhea/congestion, increased work of breathing, diarrhea, and/or respiratory failure. 42 children were identified, and 19 (45%) of them were male. The racial breakdown included 14 (33%) White, 11 (26%) Asian, 7 (17%) Black, and 7 (17%) Hispanic children. The median age was 2 years (range 5 days - 17 years). All 42 children had at least 1 symptom concerning COVID-19. An infectious agent was identified in 30 (71%) of 42 patients. SARS-CoV-2 infection was detected in 5 (12%) of 42 patients. 3 patients with SARS-CoV-2 infection were found to have co-infections. The results suggest that most children admitted with COVID-19-like symptoms do not have SARS-CoV-2 infection even during an outbreak.	This study demonstrates that SARS-CoV-2 infection was responsible for a minority of admissions (12%) in children presenting with COVID-19-like symptoms even during an outbreak in New York City, USA.	Acker KP, Schertz K, Abramson EL, DeLaMora P, Salvatore CM, Han JY. Infectious Diseases Diagnoses of Children Admitted With Symptoms of Coronavirus Disease 2019 During an Outbreak in New York City [published online, 2020 Jul 27]. Clin Pediatr (Phila). 2020;9922820944399. doi:10.1177/0009922820944399
Pregnancy, gynecology, obstetrics, management, diagnosis, China	27-Jul-20	Facing the SARS-CoV-2 outbreak: What should Obstetricians and Gynecologists need to do?	Disaster Medicine and Public Health Preparedness	Commentary	The authors describe their experience during the COVID-19 pandemic as the largest Obstetrics and Gynecology (OB/GYN) hospital in North China. They discuss the clinical features of COVID-19 in pregnant patients. They summarize the diagnosis and treatment of OB/GYN patients in their hospital including gynecological cancer patients. In particular, they provide their management guidelines for the perinatal period including universal testing for SARS-CoV-2, comprehensive laboratory testing, imaging, isolation measures, and treatment. They conclude with a call for further research to provide evidence for the medical management of OB/GYN patients with COVID-19.	To inform the care of other obstetrics and gynecologic patients, the authors describe their framework for managing these patients in a specialty hospital in North China during the COVID-19 pandemic.	Zhang H, Hu Y, Zhu Y, Chen X. Facing the SARS-CoV-2 outbreak: What should Obstetricians and Gynecologists need to do? [published online, 2020 Jul 27]. Disaster Med Public Health Prep. doi:10.1017/dmp.2020.263
Children, lockdown, health inequity, Spain	27-Jul-20	Covid-19 and child health: confinement and its impact according to child professionals [Access to Abstract in English Only; Article in Spanish]	Revista Española de Salud Pública	Original Research	This cross-sectional study sought to analyze the assessment of professionals working with children on the impact of quarantine in Spain on the health and health inequalities of the child population, as well as the importance given to the intermediate factors that can modulate the impact of the experience of lockdown on children's health. Professionals in health and socio-educational fields working with children (n=214) completed an online questionnaire. 86% of the experts pointed out the potential negative impact of quarantine on the health of children, especially that of the most vulnerable, highlighting the adverse effects of conflict at home and exposure to tobacco smoke in this experience, which were scored in importance with more than 9 and 8.5 respectively. The results show how, according to child	This study emphasizes the impact that child professionals anticipate lockdown in Spain due to the COVID-19 pandemic having on the health of children.	Valero Alzaga E, Martín Roncero U, Domínguez-Rodríguez A. Covid-19 y salud infantil: el confinamiento y su impacto según profesionales de la infancia [Covid-19 and child health: confinement and its impact according to child professionals.] [published online 2020 Jul 27]. Rev Esp Salud Publica. 2020;94:e202007064.

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					professionals, lockdown can have an impact on the health of the child population that goes beyond the direct effect of COVID-19.		
Cesarean delivery, mechanical ventilation, critical care, maternal outcomes	27-Jul-20	Successful Maternal and Fetal Outcomes in COVID-19 Pregnant Women: An Institutional Approach [Free Access to Abstract only]	American Journal of Case Reports	Case Reports	The authors present 3 cases of women in New Jersey, USA in their third trimester with COVID-19 who required C-sections and intensive care management. Patient 1 was a 26-year-old woman, G2P0010 at 28 weeks gestation, patient 2 was a 27-year old woman G3P2A0 (2 C-sections) at 30 weeks gestation, and patient 3 was a 19-year-old woman G1P0 at week 31 gestation. The authors describe the presenting symptoms, labs, clinical course, and interventions for each of the cases. In all three cases, maternal respiratory status declined requiring mechanical intubation, and the neonates were delivered by C- section due to worsening maternal condition. None of the neonates tested positive for SARS-CoV-2 and all three women were discharged home in stable condition.	The authors conclude that early cesarean section and aggressive management with mechanical ventilation may be beneficial for mothers diagnosed with COVID-19 and their infants.	Douedi S, Albayati A, Alfraji N, Mazahir U, Costanzo E. Successful Maternal and Fetal Outcomes in COVID-19 Pregnant Women: An Institutional Approach. Am J Case Rep. 2020;21:e925513. Published 2020 Jul 27. doi:10.12659/AJCR.925513
Nutrition, nutrition-related mortality, malnutrition, children	27-Jul-20	Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality	The Lancet	Comment	The COVID-19 pandemic poses grave risks to the nutritional status and survival of young children in low-income and middle-income countries (LMICs). Of particular concern is an expected increase in child malnutrition due to disruptions in economic, food, and health systems. The authors describe the findings of the Standing Together for Nutrition consortium, which is working to estimate the scale and reach of nutrition challenges related to COVID-19. Three different approaches were used to model the effects of the COVID-19 pandemic on economic and health systems. Decreases in gross national income per capita are associated with large increases in child wasting, which the authors predict will occur in LMICs. In addition, the disruption of other health services during lockdowns will further compromise maternal and child health and mortality. The authors conclude that their projections emphasize the crucial need for the actions to protect child nutrition during the COVID-19 pandemic.	The authors argue that without adequate action, the profound impact of the COVID-19 pandemic on early life nutrition could have intergenerational consequences for child growth and development and life-long impacts on education, chronic disease risks, and overall human capital formation.	Headey D, Heidkamp R, Osendarp S et al. Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality. [published online, 2020 Jul 27]. The Lancet. doi:https://doi.org/10.1016/S0140-6736(20)31647-0
Pediatric, ventilation, resource allocation, ethics, ICU, USA	27-Jul-20	Ventilator Allocation for Pediatrics during COVID-19 - How We Avoided Drawing Lots for Tots	The American Journal of Bioethics	Commentary	As demonstrated by the COVID-19 pandemic, ventilator allocation strategies lead to public and professional outrage; yet, resource allocation decisions must be made during crises. In the authors' experience at a pediatric academic center in the USA, they faced ventilator rationing after reaching maximal ventilator capacity. Their institution had previously developed a formal ventilator allocation policy; however, the allocation documents provided were too complex to be practical. The authors discussed the steps taken by their pediatric center in the reallocation of resources and staff. By working cooperatively with other hospitals in the area, they reached a pragmatic solution. The authors argue that this situation is an example of the physician's responsibility to the well-being of the community at large. Further, they state that large- scale coordination amongst health care institutions should be included in future disaster planning to reduce the need for ventilator rationing.	The authors describe the decisions made by their pediatric academic institution in the USA to create a ventilator allocation strategy that was transparent, fair, and based on evidence of need and available resources.	Fernandes ND, Gardner K, Paris JJ, Cummings BM. Ventilator Allocation for Pediatrics during COVID-19 - How We Avoided Drawing Lots for Tots. [published online, 2020 Jul 27]. Am J Bioeth. doi:10.1080/15265161.2020.1779856

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Pregnancy, mother-infant separation, breastfeeding	27-Jul-20	Review of guidelines and recommendations from 17 countries highlights the challenges that clinicians face caring for neonates born to mothers with COVID-19 [Free Access to Abstract Only]	Acta Paediatrica	Review article	This systematic review examined how applicable national and regional clinical practice guidelines and recommendations for managing neonates born to mothers with COVID-19 were to the evolving pandemic. This review identified 20 guidelines and recommendations from 17 countries that had been published by 25 May 2020. The documents were based on expert consensus with limited evidence and were of variable, low methodological rigor. Most did not provide recommendations for delivery methods or managing symptomatic infants. None provided recommendations for post-discharge assimilation of potentially-infected infants into the community. The majority encouraged keeping mothers and infants together, subject to infection control measures, but one-third recommended separation. Although breastfeeding or using breastmilk were widely encouraged, two countries specifically prohibited this. Practice guidelines should emphasize the extent of uncertainty and clearly define gaps in the evidence.	This review of national and regional clinical practice guidelines and recommendations for managing neonates born to mothers with COVID-19 found that the available guidelines were of low, variable quality and may be unsustainable.	Yeo KT, Oei JL, De Luca D, et al. Review of guidelines and recommendations from 17 countries highlights the challenges that clinicians face caring for neonates born to mothers with COVID-19 [published online 2020 Jul 27]. Acta Paediatr. 2020. doi:10.1111/apa.15495
MIS-C, children, diagnosis, gastrointestinal tract, clinical features	27-Jul-20	Diagnosing SARS-CoV-2 Related Multisystem Inflammatory Syndrome in Children (MIS-C): Focus on the Gastrointestinal Tract and the Myocardium	Clinical Infectious Diseases	Editorial Commentary	In this paper investigators from Spain describe their experience with Multisystem Inflammatory Syndrome in Children (MIS-C) during a 3-month period of high prevalence of SARS-CoV-2 infection in their country. The majority of children with MIS-C in the pandemic of COVID-19 were relatively older (median 7.6 years with IQR 4.5–11.5 years) and showed detectable IgG antibody to the virus. The classic features were fever with marked abdominal pain, with or without hypotension and myocardial dysfunction, raising the question as to whether the gastrointestinal tract is the primary site of viral infection in these children. Whether MIS-C represents cytokine storm resulting from persistent infection of the gastrointestinal tract with SARS-CoV-2 remains unknown. Children with MIS-C are observed in many other infectious and inflammatory illnesses. Since these findings are non-specific, they hamper to establish the diagnosis. As noted by some researchers, it is now clear that MIS-C is related to SARS-CoV-2 infection. The unique clinical features of MIS-C appear to be those related to the gastrointestinal tract and the myocardium. It is presently unknown whether myocardial dysfunction in MIS-C results from myocardial inflammation or myocardial edema related to cytokine storm, but the latter seems more likely, given the relatively rapid improvement in most children.	The authors argue that research studies of MIS-C should focus initially on older children and adolescents with the classic presentation of fever with severe abdominal pain, hypotension, and myocardial dysfunction, to avoid inclusion of children with Kawasaki/KD shock, acute COVID-19, other viral infections, and other conditions that fulfill the current MIS-C case definition.	Rowley AH. Diagnosing SARS-CoV-2 Related Multisystem Inflammatory Syndrome in Children (MIS-C): Focus on the Gastrointestinal Tract and the Myocardium [published online, 2020 Jul 27]. Clin Infect Dis. 2020;ciaa1080. doi:10.1093/cid/ciaa1080

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LMICs, children, malnutrition	27-Jul-20	Child malnutrition and COVID-19: the time to act is now	The Lancet	Comment	The COVID-19 pandemic is undermining nutrition across the world, particularly in low- and middle-income countries (LMICs). The worst consequences are borne by young children. Some of the strategies to respond to COVID-19 are impacting food systems by disrupting the production, transportation, and sale of foods, forcing millions of families to rely on nutrient-poor alternatives. Malnutrition could exacerbate the effects of COVID-19 on mothers and children. At the same time, more children are becoming malnourished due to the deteriorating quality of their diets, interruptions in nutrition and other essential services, and the socio-economic shocks created by the pandemic. The authors are issuing a call for action to protect children’s right to nutrition: safeguard and promote access to nutritious, safe, and affordable diets; invest in improving maternal and child nutrition through pregnancy, infancy, and early childhood; re-activate and scale up services for the early detection and treatment of child wasting; maintain the provision of nutritious and safe school meals for vulnerable children; expand social protection to safeguard access to nutritious diets and essential services.	This comment presents the adverse impacts of COVID-19 on malnutrition in children, calling for immediate actions including ensuring access to food, improving maternal and child nutrition, and detecting child wasting.	Henrietta H Fore, Qu Dongyu, David M Beasley, et al. Child malnutrition and COVID-19: the time to act is now. Lancet, July 27, 2020. DOI: https://doi.org/10.1016/S0140-6736(20)31648-2
Pregnancy, toxoplasmosis, parasite, epidemiology	27-Jul-20	A negative covariation between toxoplasmosis and CoVID-19 with alternative interpretations	Scientific Reports	Original Research	Susceptibility to COVID-19 appears to differ markedly across different societies but the factors underlying this variability are not known. The prevalence of toxoplasmosis in human societies can serve as a proxy for hygiene, and it also exerts both direct and immune-mediated antiviral effects. Therefore, the authors sought to investigate the relationship between toxoplasmosis and COVID-19 across countries. They obtained aged-adjusted toxoplasmosis prevalence of pregnant women from the literature. They applied the date of first documented COVID-19 in each country as a proxy of susceptibility, with a statistical control for population size effects. Using these two indices, they showed a highly significant negative co-variation between toxoplasmosis and the COVID-19 pandemic across 86 countries. Further, the date of first COVID-19 case co-varied positively with GDP per capita. Results of a Spatial Structure analysis did not confirm a direct causal relationship between toxoplasmosis and susceptibility to COVID-19. The authors state that it appears the interaction between COVID-19 and toxoplasmosis is mediated by GDP per capita and spatial position of the country.	The authors found that the start of the COVID-19 pandemics in 86 countries were greatly influenced by GDP per capita and spatial position of each country, while the effect of toxoplasmosis was weaker.	Jankowiak Ł, Rozsa L, Tryjanowski P, Møller AP. A negative covariation between toxoplasmosis and CoVID-19 with alternative interpretations. [published online, 2020 Jul 27]. Sci Rep. doi:10.1038/s41598-020-69351-x
Children, sleep, lockdown, China	27-Jul-20	Sleep of preschoolers during the coronavirus disease 2019 (COVID-19) outbreak	Journal of Sleep Research	Original research	The authors present a study that evaluated sleep patterns, sleep disturbances, and associated factors in Chinese preschoolers confined at home during the COVID-19 outbreak. Caregivers of 1,619 preschoolers (aged 4–6 years) at 11 preschools in Zunyi, Guizhou province, China, completed the Children’s Sleep Habit Questionnaire (CSHQ) from February 17–19, 2020. Data were compared to a socio-demographically similar sample of preschoolers (included in the 11 preschools) in 2018. Compared to the 2018 sample, the confined preschoolers demonstrated	This study assesses the impact of COVID-19 home confinement on characteristics of sleep among Chinese preschoolers, summarizing differences compared	Liu Z, Tang H, Jin Q, et al. Sleep of preschoolers during the coronavirus disease 2019 (COVID-19) outbreak [published online 2020 Jul 27]. J Sleep Res. 2020;e13142. doi:10.1111/jsr.13142

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					changes in sleep patterns characterized by later bedtimes and wake times, longer nocturnal and shorter nap sleep durations, comparable 24-hr sleep duration, and fewer caregiver-reported sleep disturbances. Behavioural practices and parenting practices were associated with fewer sleep disturbances in the confined sample. This study provides the first description of the impact of prolonged home confinement during the COVID-19 outbreak on sleep patterns and sleep disturbances in preschoolers and highlights the importance of the link between sleep health and family factors.	to a control group in 2018.	
Pregnancy, emergency care, Ontario, Canada	27-Jul-20	COVID-19 fears may widen gaps in early pregnancy care	Canadian Medical Association Journal	News	This article summarizes concerns that pregnant patients are risking life-threatening complications by avoiding the emergency department (ED) in the Canadian context due to COVID-19 fears. With COVID-19 making access to obstetric care more complicated, one might expect to see a spike in ED visits. But some Toronto doctors report seeing fewer pregnant patients in the ED during the pandemic, leading them to suspect that some women may be delaying or avoiding care. There is particular concern for women in the early stages of pregnancy, where prior to the pandemic there already was not much infrastructure for complications and miscarriages. While many women can miscarry at home without complications, treatment for ectopic pregnancies and later stage miscarriages is a concern.	This article expresses concern that, with a decrease in emergency department visits seen by pregnant women during the COVID-19 pandemic, women may experience life-threatening complications from miscarriages and ectopic pregnancies.	Comeau N. COVID-19 fears may widen gaps in early pregnancy care [published online 2020 Jul 27]. CMAJ. 2020;192(30):E870. doi:10.1503/cmaj.1095885
Anesthesiologist, transmission, pediatric, children, elective surgery, Canada	27-Jul-20	Estimating the risk of SARS-CoV-2 transmission to pediatric anesthesiologists : a microsimulation model	Canadian Journal of Anesthesia	Correspondence	Anesthesiologists are at high risk of aerosol-transmitted infection by SARS-CoV-2 during their airway management of COVID-19 patients. The authors created an open-source, online microsimulation model to estimate the effect of cancelling elective surgeries on the risk of SARS-CoV-2 transmission from a pediatric patient to anesthesiologists during the COVID-19 pandemic. They draw upon the daily COVID-19 cases in the Greater Toronto Area, Canada, derived from the Government of Ontario and the number of surgeries from their quaternary-care children's hospital. They estimated that cancelling elective surgeries during the first three weeks after the pandemic was declared (began on March 16th, 2020) reduced the cumulative incidence of SARS-CoV-2 transmission to an anesthesiologist by more than six times (2.1% with cancellation compared with 13.5% without cancellation). Of note, this microsimulation model applies only to the pediatric population.	The authors from Canada created a microsimulation model and estimated that cancelling elective surgeries during the first three weeks after the pandemic was declared (began on March 16th, 2020) reduced the cumulative incidence of SARS-CoV-2 transmission to an anesthesiologist by more than six times. Of note, this model only applies to the pediatric population.	Aoyama K, Heath A, Yang A, et al. Estimating the risk of SARS-CoV-2 transmission to pediatric anesthesiologists: a microsimulation model [published online, 2020 Jul 27]. Can J Anaesth. doi:10.1007/s12630-020-01771-9
Pregnancy, stillbirth, preterm delivery, ECMO, UK	27-Jul-20	High rates of stillbirth and preterm delivery in women with covid-19 and the	BMJ	Letter	The author is writing in response to initial data reported by the UK Obstetric Surveillance System study regarding effects of COVID-19 in pregnancy. The author comments on the elevated rates of pregnancy loss, stillbirth, and preterm delivery and that since many patients in the study remain pregnant, the current results are negatively skewed toward those who have completed	The author comments on initial data from the UK Obstetric Surveillance System study and expresses hope that this study can	Kingston EV. High rates of stillbirth and preterm delivery in women with covid-19 and the efficacy of ECMO in pregnancy [published online 2020 Jul 27]. BMJ. 2020;370:m2921. doi:10.1136/bmj.m2921

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		efficacy of ECMO in pregnancy			their pregnancy early. The author also expresses interest in patients who received respiratory support and inquires about those who were intubated or received extracorporeal membrane oxygenation (ECMO). Initial reports of the use of ECMO for treatment of COVID-19 have been conservative about the potential benefit, and relatively few papers describe its use in pregnancy. Additional information about the efficacy of ECMO for COVID-19 in pregnancy and the peripartum period would be beneficial.	provide additional information about the efficacy of ECMO for management of COVID-19 in pregnancy and the peripartum period.	
Pediatric, MIS-C, Kawasaki disease, gastrointestinal tract, cardiac injury	27-Jul-20	Diagnosing SARS-CoV-2 Related Multisystem Inflammatory Syndrome in Children (MIS-C): Focus on the Gastrointestinal Tract and the Myocardium	Clinical Infectious Diseases	Review Article	The classic features of MIS-C associated with SARS-CoV-2 infection are fever with marked abdominal pain, myocardial dysfunction, and can include hypotension. Children with MIS-C can also have non-specific symptoms seen in other infectious and inflammatory illnesses of childhood. The features of MIS-C also overlap with Kawasaki disease (KD); however, the author argues that they should be considered separate clinical entities. Further, the author states that the unique clinical features of MIS-C appear to be those related to the gastrointestinal tract and the myocardium. The mechanisms of myocardial dysfunction and gastrointestinal involvement remain unclear. The author recommends that research studies of MIS-C should focus on older children and adolescents that have a classic presentation of the disease rather than utilizing a broad case definition. This would allow MIS-C to be investigated without including children with KD or other related conditions in future studies.	The author discusses the evidence demonstrating that MIS-C and Kawasaki disease are distinct conditions. She also puts forth a call to action to limit the inclusion of children in MIS-C studies to those with the classic presentation.	Rowley A. Diagnosing SARS-CoV-2 Related Multisystem Inflammatory Syndrome in Children (MIS-C): Focus on the Gastrointestinal Tract and the Myocardium. [published online, 2020 Jul 27]. Clin. Infect. Dis. doi:https://doi.org/10.1093/cid/ciaa1080
Pediatric, neonate, perinatal care, surgical management	26-Jul-20	Recommendations for perinatal and neonatal surgical management during the COVID-19 pandemic	World Journal of Clinical Cases	Expert Recommendation	Patients requiring care from neonatal surgery departments usually have rapidly progressing diseases and immature immune systems, which makes them vulnerable to pulmonary infection. These issues also lead to a relatively higher mortality in this group. These neonatal patients require multi-disciplinary care including early diagnosis, timely transport, emergency surgery, and intensive critical care. The COVID-19 pandemic poses a threat to carrying out the management of this population. In this article, the authors discuss their recommendations for neonatal surgery patients, including patient transport, surgery selection, and protective measures, with the aim of improving treatment strategies for patients and preventing infection in medical staff during the COVID-19 pandemic.	In this article for neonatal surgery departments, the authors describe their recommendations for admission, patient transport, surgery selection, infection control strategies, and post-operative management during the COVID-19 pandemic.	Ma LS, Zhao YL, Wei YD, Liu C. Recommendations for perinatal and neonatal surgical management during the COVID-19 pandemic. [published online, 2020 Jul 26]. World J Clin Cases. 2020;8(14):2893-2901. doi:10.12998/wjcc.v8.i14.2893
Children, family, mental health, delayed care, poverty	26-Jul-20	Shoring up the safety net for children in the COVID-19 pandemic	Pediatric Research	Comment	The author of this comment summarizes 4 main impacts of COVID-19 on children: (1) Acute COVID-19 morbidity and mortality: Although COVID-19 itself has been milder in most children, children suffer as their families suffer. The impact of COVID-19 on parents, grandparents, and caregivers disrupts family security. Adults likely to have young children—those aged 20–45 years—are not likely to die from COVID-19, but suffer from joblessness and household economic insecurity, and grandparents are in the age range at greater risk of mortality	This article summarizes the impacts of COVID-19 on children from family insecurity, community stress, mental health and other consequences of sheltering, calling for developing and	Cheng TL, Moon M, Artman M; Pediatric Policy Council. Shoring up the safety net for children in the COVID-19 pandemic [published online, 2020 Jul 26]. Pediatr Res. 2020;10.1038/s41390-020-1071-7. doi:10.1038/s41390-020-1071-7

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					from COVID-19. (2) Community stress: The pandemic has caused unemployment and a collapse in household incomes, deepening existing poverty and plunging many more into new poverty. As a result, high poverty with associated racial-ethnic disparities disproportionately affected the young. (3) Downstream child, adolescent, and family trauma: The pandemic has also taken a toll on mental health. Normal child development relies on social interactions, but pandemic isolation has disrupted their necessary connections with others. (4) Other consequences of sheltering: The volume of patients seeking healthcare for non-urgent and urgent issues has decreased dramatically, raising concerns about delayed care and presentation of more advanced illness. Policy interventions must address the generational impact of the pandemic, shore up the safety net, and ameliorate the far-reaching consequences for children, adolescents, and families.	implementing new connections, supports, and safety nets for children and families.	
Pregnancy, management, convalescent plasma, corticosteroids, Iran	26-Jul-20	ARDS due to COVID-19 in midterm pregnancy: successful management with plasma transfusion and corticosteroids [Free Access to Abstract Only]	The Journal of Maternal-Fetal & Neonatal Medicine	Short report	The authors summarize the case of a 30-year-old woman presenting at 21 2/7 weeks gestation with ARDS caused by SARS-CoV-2 infection. She received lopinavir/ritonavir and azithromycin as well as early methyl prednisolone therapy. Given persistent hypoxemia despite oxygen therapy via non rebreather face mask (FIO2 of 80%), convalescent plasma transfusion was administered that led to a mild clinical improvement as well as a decrease in inflammatory markers. Fetal growth assessed by obstetric sonography was normal during her hospital stay. The authors summarize that judicious corticosteroid therapy along with convalescent plasma transfusion to suppress viremia and cytokine storm can lead to a favorable outcome in pregnant women with ARDS caused by SARS-CoV2 infection without super-imposed bacterial infection.	The authors present a case of a pregnant woman whose SARS-CoV-2 induced ARDS was successfully managed with corticosteroid therapy and convalescent plasma transfusion.	Soleimani Z, Soleimani A. ARDS due to COVID-19 in midterm pregnancy: successful management with plasma transfusion and corticosteroids [published online 2020 Jul 26]. J Matern Fetal Neonatal Med. 2020;1-4. doi:10.1080/14767058.2020.1797669
Children, non-steroidal anti-inflammatory drugs, Canada	26-Jul-20	Non-Steroidal Anti-Inflammatory Drugs and the Risk of Pneumonia Complications: A Systematic Review	Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy	Review Article	This systematic review evaluated the role of non-steroidal anti-inflammatory drugs (NSAIDs) in patients with respiratory infections and pneumonia complications. Ten studies met inclusion criteria. 1,217 children were included from five studies (range 148-540). All studies reported a positive association between use of NSAIDs and the risk of pneumonia-associated complications with an Odds Ratio/Risk Ratio range of 1.9-6.8 for the studies of pediatric populations. The authors concluded that the elevated risk observed in the studies is mainly due to biases identified in the studies' methodologies. Future studies that avoid the sources of bias found by this review are needed.	This systematic review found that studies report a positive association between use of NSAIDs and the risk of pneumonia-associated complications among pediatric patients. However, the results were largely due to bias and should not be extrapolated as evidence of harm from NSAID use.	Sodhi M, Khosrow-Khavar F, FitzGerald JM, et al. Non-Steroidal Anti-Inflammatory Drugs and the Risk of Pneumonia Complications: A Systematic Review [published online 2020 Jul 26]. Pharmacotherapy. 2020. doi:10.1002/phar.2451

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Contact, children, mild course, adult, Germany	26-Jul-20	Association of contact to small children with mild course of COVID-19	medRxiv	Preprint (not peer-reviewed)	To test the hypothesis that adults with intensive and regular contact with small children may have a mild course of COVID-19 more frequently, the authors conducted an online survey in Germany among recovered COVID-19 patients. Because only a few cases with a severe course of the disease are contained in this cohort, an additional group of 19 COVID-19 patients requiring intensive care therapy at the University Hospital in Münster was included in this survey. A total of 1186 participants were analyzed (median age of participants was 46 years, range: 17-77 years). 6.9% of these patients reported frequent and regular job-related contact to children <10 years and 23.2% had their own children <10 years, which is higher than expected. In the relatively small subgroup with intensive care treatment, patients without contact with small children were overrepresented. The authors concluded that there seems to be an association of contact with small children with a mild course of COVID-19 in adults, however, this finding needs to be validated in other settings.	The authors conducted an online survey among recovered COVID-19 patients in Germany and stated that there seems to be an association of contact with small children with a mild course of COVID-19 in adults, however, this finding needs to be validated in other settings.	Dugas M, Schrepf IM, Ochs K, et al. Association of contact to small children with mild course of COVID-19 [published online 2020 Jul 26]. medRxiv. doi:10.1101/2020.07.20.20157149
Vaginal delivery, C-section, vertical transmission, perinatal infection, neonatal infection	26-Jul-20	Perinatal transmission with SARS-CoV-2 and route of pregnancy termination: a narrative review [Free Access to Abstract only]	The Journal of Maternal-Fetal & Neonatal Medicine	Review Article	The aim of this systematic review is to analyze newborns infected with SARS-CoV-2 at birth or during the first 5 days after birth and to look for an association with the delivery route. The authors searched PubMed, LILACS, and Google scholar from December 2019 to May 15, 2020, for published articles with pregnancy, vertical transmission, intra-uterine transmission, neonates, delivery. There were 10 articles with a total of 15 newborns infected with SARS-CoV-2 at birth or in the first 4 days of birth. 11 newborns were born by C-section and 4 vaginally. Of the eleven cases with C-section, two presented premature rupture of the membranes. Seven newborns developed pneumonia, of which two had ruptured membranes and one was born by vaginal delivery. The PCR analysis for SARS-CoV-2 was performed in three placentae (1 natural delivery, 2 C-section) and one was reported as positive. This review showed that there is perinatal or neonatal infection with SARS-CoV-2 by finding a positive PCR in the placenta. In addition, there is more possibility of neonatal infection if the birth is vaginal or if there is premature rupture of the membranes before C-section. Vaginal delivery and premature rupture of membranes should be considered as risk factors for perinatal infection.	The authors summarized that there is more possibility of neonatal infection if the birth is vaginal or if there is premature rupture of the membranes before C-section. The authors argue that vaginal delivery and premature rupture of membranes should be considered as risk factors for perinatal infection.	Vigil-De Gracia P, Luo C, Epifanio Malpassi R. Perinatal transmission with SARS-CoV-2 and route of pregnancy termination: a narrative review [published online, 2020 Jul 26]. J Matern Fetal Neonatal Med. 2020;1-5. doi:10.1080/14767058.2020.1788533
COVID-19, hospitalization, ICU, New York, Sweden	25-Jul-20	Intensive care unit admissions for pregnant and nonpregnant women with coronavirus disease 2019	American Journal of Obstetrics and Gynecology	Comment	The authors report on the differences in ICU admissions of pregnant women highlighted in two studies- one in New York and the other in Sweden. They cite the importance of having international agreed-upon standards to assure generalizability. The researchers in New York (Blitz et al 2020) did not find an increase in the risk of ICU admissions for pregnant patients with COVID-19, in contrast to the findings of the Public Health Agency of Sweden. The potential differences could be attributed to geographical differences, the prevalence of risk factors, and the	The authors commented on a previously published article, which concluded that pregnant women with COVID-19 at a hospital in New York did not experience a higher risk of ICU admission	Westgren M, Acharya G. Intensive care unit admissions for pregnant and nonpregnant women with coronavirus disease 2019. Am J Obstet Gynecol. 2020 Nov;223(5):779-780. doi: 10.1016/j.ajog.2020.07.046. Epub 2020 Jul 25.

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					thresholds for ICU admissions. However, the authors identified the difference in denominators being key- the New York study used hospital cohorts whereas the Sweden study utilized a denominator consisting of all pregnant and non-pregnant women aged 20-45 years during the period of interest. As such, the authors presented how two studies investigating the same question can have contrasting, and possibly misleading outcomes. Serious outcomes like maternal mortality have been reported from both high- and low-income settings, prompting the authors to implore greater transparency in reporting of COVID-19 and for the risk to pregnant women being taken seriously.	compared to non-pregnant individuals. This contrasted with the conclusions made by researchers from the Public Health Agency in Sweden. The authors highlight the importance of using appropriate denominators across different studies to mitigate contrasting and possibly misleading conclusions.	
Pregnancy, peripartum cardiomyopathy, India	25-Jul-20	Peripartum cardiomyopathy mimicking COVID-19 infection	Journal of Clinical Anesthesia	Case Study	A 33-year old pregnant woman in India presented with fever and oxygen desaturation, without breathlessness. She developed breathlessness and headache after hospitalization. Respiratory examination revealed bilateral basal crepitations, and chest X-ray showed prominent vascular markings. She was suspected to have COVID-19, but SARS-CoV-2 RT-PCR was negative. She complained of reduced fetal movement and reduced fetal heart rate. She underwent a C-section, and two live female neonates were delivered. Postoperatively, she developed respiratory distress and needed mechanical ventilation support. The clinical features suggested COVID-19 infection, and antiviral treatments were empirically initiated. Echocardiography, high resolution CT scans, and biochemical investigations supported a diagnosis of peripartum cardiomyopathy. A repeat SARS-CoV-2 RT-PCR was negative. She was successfully managed with decongestive therapy for postpartum cardiomyopathy and was discharged.	In this case study, a pregnant woman in India with peripartum cardiomyopathy presented with clinical features of COVID-19. The clinical presentation misguided the initial management of the patient, but after diagnosis, antiviral therapy was withdrawn and decongestive therapy was initiated.	Garg S, Singh A, Kalita M, Siddiqui AZ, Kapoor MC. Peripartum cardiomyopathy mimicking COVID-19 infection. J Anaesthesiol Clin Pharmacol. 2020;36(Suppl 1):S44-S47. doi:10.4103/joacp.JOACP_267_20
Pregnancy, telemedicine, management, Boston, USA	25-Jul-20	A multidisciplinary telemedicine model for management of COVID-19 in obstetric patients	American Journal of Obstetrics and Gynecology MFM	Original research	This article describes a multi-disciplinary telemedicine surveillance model to triage and manage obstetric patients with known exposures and/or symptoms concerning for COVID-19. 135 patients were enrolled from March 17-April 19, 2020. 130 were pregnant and 5 recently postpartum. The majority (N=116, 86%) did not require in-person evaluation; 9 were admitted after ambulatory or urgent evaluation and 10 patients were followed after hospital discharge. Only 50% of the patients were tested due to limitations in ambulatory testing. 1 in 3 of those tested were PCR-positive for SARS-CoV-2 (N=22, 16% of entire cohort). Patients were enrolled in the telemedicine model for a median of 7 days (IQR 4-8) and averaged one phone call daily, resulting in 891 nursing calls and 20 physician calls over 1 month. This model resulted in rates of ambulatory management similar to those seen in non-pregnant patients. It may preserve inpatient	The authors present a multi-disciplinary telemedicine surveillance model to triage and manage obstetric patients with known exposures and/or COVID-19 symptoms, which showed rates of ambulatory management similar to those seen in non-pregnant patients. This model could preserve inpatient resources and	Reforma LG, Duffy C, Collier AY, et al. A multidisciplinary telemedicine model for management of COVID-19 in obstetric patients [published online 2020 Jul 25]. Am J Obstet Gynecol MFM. 2020;100180. doi:10.1016/j.ajogmf.2020.100180

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					resources and prevent avoidable staff and patient exposures, particularly in centers with multiple ambulatory practice settings.	prevent avoidable exposures during the COVID-19 pandemic.	
Placental barrier, pregnancy	25-Jul-20	Placental barrier against COVID-19	Placenta	Review	Vertical transmission of SARS-CoV-2 and possible induction of pregnancy complications are serious concerns for pregnant individuals with COVID-19. According to clinical information, the incidence of vertical transmission of SARS-CoV-2 is limited to date. However, even if a neonate tests negative for SARS-CoV-2, frequent abnormal findings, including fetal and maternal vascular malperfusion, have been reported. The primary receptor of SARS-CoV-2 is identified ACE2 which is highly expressed in maternal-fetal interface cells. However, other routes of transplacental infection cannot be ruled out. Pathological examinations have demonstrated that syncytiotrophoblasts are often infected with SARS-CoV-2, but fetuses are not always infected. These findings suggest the presence of a placental barrier, even if not completely effective. As the frequency and molecular mechanisms of intra-uterine vertical transmission of SARS-CoV-2 have not been determined to date, intensive clinical examinations by repeated ultrasound and fetal heart rate monitoring are strongly recommended for pregnant women infected with COVID-19. In addition, careful investigation of placental samples after delivery by both morphological and molecular methods is also strongly recommended.	The clinical importance of vertical transmission of SARS-CoV-2 through the placenta remains controversial, but the low incidence of COVID-19 vertical transmission may suggest the placenta as a barrier.	Komine-Aizawa S, Takada K, Hayakawa S. Placental barrier against COVID-19 [published online, 2020 Jul 25]. Placenta. 2020;99:45-49. doi:10.1016/j.placenta.2020.07.022
Vertical transmission, alloimmunization , intrauterine transfusion, Serbia	25-Jul-20	Intrauterine Transfusion in COVID-19 positive mother Vertical Transmission Risk Assessment	European Journal of Obstetrics, Gynecology, and Reproductive Biology	Correspondence	The authors describe a case of a 33 year old secundigravida admitted at 30 weeks gestation due to confirmed COVID-19 infection. She had previously received three intra-uterine transfusions for red cell allo-immunization due to the RhD antigen, fetal hydrops and pregnancy- related hypertension. She subsequently underwent repeat intra-uterine transfusion two days after admission due to fetal fluid accumulation confirmed on ultrasound. Testing revealed no laboratory signs of COVID-19 transmission from mother to fetus two hours after the procedure. However, at 32 weeks gestation, she underwent a C-section due to progressive shortness of breath and was still positive for COVID-19 on repeat testing postoperatively. Yet RT-PCR analysis of umbilical vein, amniotic fluid samples, throat and nasopharynx swabs of the infant were negative for COVID-19. Repeat COVID-19 testing in the infant was negative 7 days after birth. The mother received treatment for COVID-19 for 10 days and tested negative on the day 11 postpartum. Of note, serology analysis of the mother detected the presence of SARS-CoV-2 IgG class antibodies. She was discharged on the day 12 postpartum after her clinical condition improved, whereas the infant remained hospitalized for further observation and medical treatment.	This case report showed no evidence of vertical transmission after intra-uterine transfusion in a COVID-19 positive mother. However, due to limited data the possibility of vertical transmission cannot be ruled out.	Filimonovic D, Lackovic M, Filipovic I, et al. Intrauterine transfusion in COVID-19 positive mother vertical transmission risk assessment [published online ahead of print, 2020 Jul 25]. Eur J Obstet Gynecol Reprod Biol. 2020;S0301-2115(20)30481-4. doi:10.1016/j.ejogrb.2020.07.039

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Pregnancy, intensive care, USA, Sweden	25-Jul-20	Letter to Editor: Intensive Care Unit Admissions for Pregnant and Non-Pregnant Women with COVID-19	American Journal of Obstetrics and Gynecology	Letter to the Editor	The authors provide a commentary on published findings in the USA on maternal ICU admissions and compare them with a similar study conducted in Sweden. The study conducted in the USA did not find an increased risk of ICU admission between pregnant and non-pregnant women with COVID-19. In contrast, the Sweden-based study found a significantly higher risk of ICU admission for pregnant and postpartum women, compared to non-pregnant women (risk ratio: 5.39, 95% CI 2.89-10.08). Similarly, pregnant women were at higher risk of requiring invasive mechanical ventilation compared to non-pregnant women (risk ratio: 3.48 95CI, 1.86-6.52). The differences were thought to occur as a result of variance between population characteristics, risk factors, and accepted thresholds for ICU admission in the two countries. The authors conclude that COVID-19 has led to notable outcomes, including maternal mortalities, that have been seen across both low and high income settings.	The authors outline differences in ICU admission outcomes for COVID-19 positive women pregnant, postpartum, and non-pregnant women between the USA and Sweden. There was a significant increase noted in admissions of pregnant and postpartum compared to non-pregnant women in Sweden, a finding that was not observed in the USA setting. The different demographic and health system mechanics were thought to cause these differences, but it was generally noted that the lack of consistency in using a common denominator in COVID-19 related studies has led to misleading interpretations and conclusions across recently published studies.	Westgren M, Acharya G. Letter to Editor: Intensive Care Unit Admissions for Pregnant and Non-Pregnant Women with COVID-19. Am J Obstet Gynecol. 2020;S0002-9378(20)30777-8. doi:10.1016/j.ajog.2020.07.046
Placenta, vertical transmission, transplacental transmission, immunomodulation, molecular mechanisms, pregnancy	25-Jul-20	A Message from the Human Placenta: Structural and Immunomodulatory Defense against SARS-CoV-2	Cells	Review	In this review, the authors summarize the potential evidence for transplacental transmission of SARS-CoV-2, characterize the expression of its receptors and proteases, describe the placental pathology, and analyze virus-host interactions at the maternal-fetal interface. They describe in detail the syncytium and its physical and structural defense against viral infections and further discuss the potential molecular mechanisms through which the placenta serves as a defense against pathogens (regulation of the interferon type III signaling, microRNA-triggered autophagy and the nuclear factor-κB pathway). The authors conclude that vertical transmission of SARS-CoV-2 may occur but is rare as a result of the physical barrier and the placental immune defense and modulation strategies. Particularly, immunomodulatory mechanisms employed by the	The authors conclude that transplacental transmission of SARS-CoV-2 is possible but rare given that entry may be physically blocked with barrier defense mechanisms, SARS-CoV-2 may be actively combated by molecular pathways, and if infected, immunomodulation could be employed,	Kreis NN, Ritter A, Louwen F, Yuan J. A Message from the Human Placenta: Structural and Immunomodulatory Defense against SARS-CoV-2. Cells. 2020;9(8):E1777. Published 2020 Jul 25. doi:10.3390/cells9081777

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					placenta may mitigate the intense immune response, blunting the cytokine storm tightly associated with severely ill COVID-19 patients, and may minimize cell and tissue damages, potentially reducing SARS-CoV-2 transmission.	which may mitigate immune response and reduce SARS-CoV-2 transmission to the neonate.	
Breastfeeding, transmission, breast milk, infant health, policy	25-Jul-20	Mistakes from the HIV pandemic should inform the COVID-19 response for maternal and newborn care	International Breastfeeding Journal	Commentary	The authors share concerns that in many countries, policymakers and practitioners are giving more weight to the risk of SARS-CoV-2 transmission than to the consequences of maternal separation and reducing breastfeeding. During the HIV pandemic, policies moved away from breastfeeding over concerns of HIV transmission but had a devastating impact on infant mortality in many middle- and low-income countries. More infants lost their lives through diarrhea and pneumonia related to infant formula feeding than those who lost their lives through HIV infection. Additionally, the transmission of SARS-CoV-2 is through respiratory droplets, and although a small number of cases detected viral SARS-CoV-2 RNA particles in expressed breastmilk, no live virus has been found and breastmilk is not thought to be a transmission route. Even when transmission occurs, it rarely causes complications or death for the neonate. The current WHO guidelines support breastfeeding or use of expressed breast milk during maternal COVID-19 infection, with proper hygiene precautions. The authors conclude that the substantial evidence of the importance of maternal proximity and breastfeeding for child survival, development, and health should not be ignored to avoid repeating the mistakes of the HIV pandemic.	Policies against breastfeeding during the HIV pandemic had devastating effects on infant mortality. The authors caution against similar policies during the SARS-CoV-2 pandemic, especially since breastfeeding is not thought to carry major risk.	Gribble, K., Mathisen, R., Ververs, M. et al. Mistakes from the HIV pandemic should inform the COVID-19 response for maternal and newborn care. Int Breastfeed J 15, 67 (2020). https://doi.org/10.1186/s13006-020-00306-8
Pediatric, MIS-C, Kawasaki disease, Spain	25-Jul-20	Multi-Inflammatory Syndrome in Children related to SARS-CoV-2 in Spain	Clinical Infectious Diseases	Brief Report	The authors sought to investigate the epidemiological and clinical features of children with MIS-C in Spain. They enrolled COVID-19 positive children (age < 18 years old) admitted to 49 hospitals in Spain (n=252). Among this cohort, 181 (72%) children were admitted for an issue directly or likely related to SARS-CoV-2. A total of 31 (12%) children were diagnosed with MIS-C and/or Kawasaki disease (KD). All MIS-C patients had serological or microbiological evidence of SARS-CoV-2 except one patient who had a strong epidemiological link. A majority of MIS-C patients (n=20, 65%) required admission to the pediatric ICU, and six (19%) children required mechanical ventilation. The authors discuss the cardiac and renal complications in the MIS-C cohort. One death was recorded in a patient with acute leukemia. The authors found that the peak of MIS-C cases occurred one month after the peak of admissions for other COVID-19-related reasons and decreased afterward. The authors conclude that their data supports a microbiological relationship between SARS-CoV-2 and MIS-C.	Among MIS-C pediatric cases in Spain, the authors found a temporal and microbiological association of the condition with SARS-CoV-2.	Moraleda C, Serna-Pascual M, Soriano-Arandes A, et al. Multi-Inflammatory Syndrome in Children related to SARS-CoV-2 in Spain [published online , 2020 Jul 25]. Clin Infect Dis. doi:10.1093/cid/ciaa1042
Pediatric, universal screening,	25-Jul-20	Systematic SARS-CoV-2 screening at hospital	Clinical Infectious Diseases	Brief Report	To assess the utility of systematic SARS-CoV-2 screening for pediatric admissions, the authors conducted a prospective multi-center study comprised of 438 consecutively hospitalized children	Through systematic screening of pediatric admissions in France,	Poline J, Gaschignard J, Leblanc C, et al. Systematic SARS-CoV-2 screening at hospital admission in children: a French

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diagnosis, Kawasaki disease, France		admission in children: a French prospective multicenter study			at four pediatric tertiary hospitals in Paris, France. They identified a positive SARS-CoV-2 result in 22 (5%) admitted children using a universal screening strategy. Respiratory and digestive symptoms were highly associated with an increased likelihood of a positive PCR result. Further, Kawasaki-like disease and myocarditis were highly associated with SARS-CoV-2 infection. Among positive cases, 10 patients (45%, 95% CI: 24-68) did not exhibit any symptoms or signs of COVID-19. The authors conclude that a symptom-based SARS-CoV-2 testing strategy would have failed to identify these cases despite an extensive case definition of symptoms associated COVID-19. To limit intra-hospital transmission, they state that systematic screening of pediatric admissions should be considered.	the authors identified 10 patients who were positive for SARS-CoV-2 despite being asymptomatic. They conclude that this method is useful for decreasing intra-hospital transmission of the virus.	prospective multicenter study [published online, 2020 Jul 25]. Clin Infect Dis. doi:10.1093/cid/cia1044
Neonatal intensive care unit (NICU) design, parental presence, policy change	25-Jul-20	Impact of Restrictions on Parental Presence in Neonatal Intensive Care Units Related to COVID-19	medRxiv	Preprint (not peer-reviewed)	This paper describes a study aiming to determine the relationship between the emergence of COVID-19 and neonatal intensive care unit (NICU) family presence and how NICU design affects these changes. The authors conducted a cross-sectional survey of global NICUs from April 21 to 30, 2020. They analyzed 277 facilities and queried sites regarding NICU demographics, NICU restrictions on parental presence, and changes in ancillary staff availability. The percentage of NICU allowing 24/7 parental presence decreased (83% to 53%, p<0.001) and of NICU allowing full parental participation in family-centered rounds fell (71% to 32%, p<0.001). Single-family room design NICUs best preserved 24/7 parental presence after the emergence of COVID-19 (single-family room 65%, hybrid-design 57%, open bay design 45%, p=0.018). In total, 120 (43%) NICUs reported reduction in therapy services, lactation medicine, and/or social work support. To conclude, the authors stated 1) hospital restrictions have a significantly limited parental presence for NICU admitted infants, although single-family room design may attenuate some restrictions; 2) there was a reduction in support staff and delays in elective procedures; 3) further investigation regarding the impact of this policy change on parental well-being and neonatal health outcomes is warranted.	This global cross-sectional survey described that parental presence in neonatal intensive care units was significantly limited, although single-family room design may attenuate some effects.	Mahoney AD, White RD, Velasquez A, et al. Impact of Restrictions on Parental Presence in Neonatal Intensive Care Units Related to COVID-19 [published online 2020 Jul 25]. medRxiv. doi:10.1101/2020.07.22.20158949
Pediatric, immunology, age-specific characteristics, inflammatory	25-Jul-20	Children and COVID-19: microbiological and immunological insights	Pediatric Pulmonology	Review Article	SARS-CoV-2 has had a lower impact on the pediatric population such that only ~1-2% of infected people are children and few deaths under the age of 14 years old have been reported. In this article, the authors describe the microbiological and immunological characteristics of SARS-CoV-2 infection in children as well as highlight the main differences from adult SARS-CoV-2 infection. They describe the issue of children as asymptomatic carriers of SARS-CoV-2. They discuss differences in children compared to adults related to viral-host interactions and the intestinal microbiome. In addition, they describe differences in the immune system of children compared to adults. They conclude that currently available data suggest that ACE2	While differences in the presentation of COVID-19 in children compared to adults have been reported, the specific reasons for these remain unclear. In this article, the authors describe the available data on this topic.	Buonsenso D, Sali M, Pata D, et al. Children and COVID-19: microbiological and immunological insights [published online, 2020 Jul 25]. Pediatr Pulmonol. doi:10.1002/ppul.24978

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					expression and basal/active cytokine production may play a role in the different presentation of COVID-19 in children; however, the impacts of microbiota and airway clearance mechanisms need to be clarified. Further studies aimed at studying all these aspects are needed.		
Age-related immune response, immunology, children, vaccines, MIS-C	25-Jul-20	Insight into the Pediatric and Adult Dichotomy of COVID-19: Age-Related Differences in the Immune Response to SARS-CoV-2 infection	Pediatric Pulmonology	Review Article	The difference in morbidity and mortality between adult and pediatric COVID-19 infections is striking. The authors argue that understanding pediatric-specific acute and delayed immune responses to SARS-CoV-2 is critical for the development of vaccination strategies and immune-targeted therapies, as well as for the treatment and prevention of MIS-C. In this review, the authors aim to highlight developments in the understanding of immune responses to SARS-CoV-2 infections with a specific focus on age-related immune responses. The authors conclude that children are not as spared from this pandemic as originally thought. Children are often asymptomatic carriers that play an unfortunate role in the spread of this disease, and they are also more likely to become ill from SARS-CoV-2 infection than previously thought.	After reviewing the current literature on SARS-CoV-2 infection in children, the authors state that children may offer critical insight in immune modulation and containment of the acute phase of COVID-19.	Fialkowski A, Gernez Y, Arya P et al. Insight into the Pediatric and Adult Dichotomy of COVID-19: Age-Related Differences in the Immune Response to SARS-CoV-2 infection [published online, 2020 Jul 25]. <i>Pediatr Pulmonol</i> . doi:10.1002/ppul.24981
COVID-19; children; chronic kidney disease; United Kingdom	24-Jul-20	COVID-19 in children with chronic kidney disease: findings from the UK renal registry	Archives of Disease in Childhood	Letter	The authors reported on SARS-CoV-2 infection in children with chronic kidney disease (CKD) in the United Kingdom using the UK Renal Registry (UKRR). The UKRR, in collaboration with the British Association for Paediatric Nephrology (BAPN), established an ongoing weekly COVID-19 surveillance system specifically for children with CKD. Between 26 March-15 July 2020, 5 children with CKD who tested positive for SARS-CoV-2 infection were reported (median age=11 yrs, IQR 8-12 yrs; n=4 male). There were no deaths reported. Cases were identified across the UK and included children with stage IV CKD and stage V, requiring kidney replacement therapy. These data support the observation that infection in children with chronic co-existing disease is uncommon, although the data may also suggest that such children are not well enough to attend hospital for testing. This work, along with emerging evidence from other specialties, has enabled the Royal College of Paediatrics and Child Health to revise recommendations, which have since been adopted by the UK government.	The authors reported SARS-CoV-2 infection in children with chronic kidney disease (CKD) in the United Kingdom using the UK Renal Registry (UKRR). These data support the observation that infection in children with chronic co-existing disease is uncommon, although the data may also suggest that such children are not well enough to attend hospital for testing.	Plumb L, Benoy-Deeney F, Casula A, et al. COVID-19 in children with chronic kidney disease: findings from the UK renal registry. <i>Arch Dis Child</i> . 2021;106(3):e16. doi:10.1136/archdischild-2020-319903.
COVID-19; SARS; coronavirus; liver transplant; biliary atresia	24-Jul-20	Successful non-directed living liver donor transplant for an infant with biliary atresia during the COVID-19 pandemic	Pediatric Transplantation	Case Report	The authors report on a 7-month-old female with biliary atresia and recurrent cholangitis and sepsis in the USA. She was scheduled to receive a liver transplant in April 2020. Multi-disciplinary hospital team meetings addressed the community spread of COVID-19. Despite the unknown risks, the recipient's family and the donor agreed to proceed, and they self-isolated at home for 14 days before the transplant. All procedure precautions and infection control measures were implemented, including PPE usage and limited contact with the patient. The donor operation was done with a final graft of 162 g. Staff entry	The authors describe a live donor liver transplantation for a 7-month-old infant with biliary atresia during a period of COVID-19 community transmission. Consideration of live donation is	Feldman AG, Adams MA, Wachs ME, et al. Successful non-directed living liver donor transplant for an infant with biliary atresia during the COVID-19 pandemic. <i>Pediatr Transplant</i> . 2020;24(8):e13816. doi:10.1111/petr.13816

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					into the recipient's room was limited, and other support staff joined virtually. Post-transplant education to the recipient's family was also delivered virtually. Outpatient care was done virtually with multi-disciplinary daily visits. A 3-month follow-up showed no complication and no evidence of COVID-19. This case demonstrates that a live donor liver transplant may improve survival rates and should be done regardless of the pandemic situation. Previous data show liver transplant recipients might not be at a higher risk of pulmonary disease from COVID-19 than the general population. Successful procedures require careful evaluation, disease prevalence analysis, risk mitigation strategies, and pre-operative planning and infection control.	recommended when appropriate resources for pre-, peri-, and post-operative management provide a favorable risk-benefit balance.	
Pregnancy, COVID-19, antenatal care, thromboprophylaxis, guidelines	24-Jul-20	Review of Care and Management of Pregnant Women During COVID-19 Pandemic	Taiwanese Journal of Obstetrics and Gynecology	Review Article	This review article, accepted for publication in July 2020, summarizes data and best care guidelines for management of pregnant and maternity patients during the COVID-19 pandemic. Most pregnant women with SARS-CoV-2 have mild or moderate flu-like symptoms, while one-fourth of cases are asymptomatic and 5-7% require ICU admission. A UK study showed a case fatality rate of pregnant hospitalized women of 1.2% (95% CI 0.4-2.7%) and SARS-CoV-2-associated maternal mortality of 5.6% (95% CI 1.8-13.1). The authors recommend considering thromboprophylaxis during pregnancy and after birth on a case-by-case basis, using low molecular weight heparin. At the time of the article, the authors report that COVID-19 is not associated with increased rates of miscarriage, second trimester losses, preterm labor, or stillbirth. The authors recommend that routine antenatal visits and testing continue for non-infected pregnant women, with a delay of 14 days if the patient is self-quarantining for possible exposure. Full PPE precautions should be taken by staff if the patient has concerns for COVID-19 infection. Mildly symptomatic patients with COVID-19 should attend antenatal visits via telemedicine. SARS-CoV-2 tests should be done on pregnant women being admitted to the hospital with pneumonia, acute respiratory distress syndrome, or fever plus one additional COVID-19 symptom. Chest X-ray and chest CT should not be withheld. Mode of delivery decision making should not be based on COVID-19 status alone, and cord clamping should still be delayed.	In this article, accepted for publication in July 2020, the authors review information regarding pregnant and maternity patients while sharing best care guidelines for clinical management of these patients during the COVID-19 pandemic.	Goyal, M., Singh, P., Melana, N. Review of Care and Management of Pregnant Women During COVID-19 Pandemic. Taiwanese Journal of Obstetrics and Gynecology. 2020.July 24; 59:791-794. https://doi.org/10.1016/j.tjog.2020.09.001
COVID-19, fertility	24-Jul-20	The COVID-19 pandemic and human fertility	Science	Perspective	The authors discuss the impending changes in fertility globally due to the COVID-19 pandemic. Historically, spikes in mortality have resulted in fewer births in the short term, with subsequent recovery in later years. During the 1918 flu pandemic, the following year showed a 13% drop in birth rates, largely due to increased mortality of adults of reproductive age, higher frequency of stillbirths, and decreased conceptions as a consequence of decreased socializing. It is disputed whether the subsequent "baby boom" in 1920 arose from the pandemic, the	The authors offer their perspective on future global trends in fertility as a consequence of the COVID-19 pandemic. They argue that fertility decline seems likely, at least in high-income countries and in the	Aassve A, Cavalli N, Mencarini L, Plach S, Bacci ML. The COVID-19 pandemic and human fertility. Science. 2020;369(6502):370-371. doi:10.1126/science.abc9520.

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					end of World War I, or both. However, the COVID-19 pandemic is different in important ways: mortality is not as high among adults of reproductive age, and child mortality has been negligible. The authors suggest that in high-income countries, without the aid of external child care or assisted reproductive technology due to the pandemic, couples are less likely to procreate. Further, economic losses dis-incentivize people from having children. In low- to middle-income nations, fertility may reverse its recent trend and begin to rise in the short term, due to lack of access to family-planning centers and contraception. The authors conclude by acknowledging that policy responses will play a central role in shaping fertility trends over the next 1-5 years.	short term. In low- and middle-income countries, the fertility decline observed in recent decades is unlikely to be fundamentally reversed by the pandemic, but may rise in the short-term.	
Children, COVID-19, protocols, India	24-Jul-20	What a pediatric anesthesiologist should know about COVID-19	Journal Anaesthesiology Clinical Pharmacology	Original Article	The authors provide a review of the unique epidemiology and clinical characteristics of COVID-19 inflicted children in India and describe the protocols adopted for pediatric anesthesia management to minimize the risk of infection. They emphasize the preparation of specialized protocols, designated areas, and training of personnel involved in the care of patients. The operating room should be well equipped with weight and age-appropriate equipment and drugs. The personnel working in the designated COVID-19 operating rooms must don complete hazmat suits along with eye protection visors, N-95 masks, shoe covers, and double gloves. There should be special attention to minimize aerosol generation via premedication and physical barriers. Induction and airway handling should be performed rapidly and securely with minimum personnel present and disconnections should be avoided during maintenance. The transfer and extubation of children should be done carefully to avoid complications.	The authors provide a review of unique epidemiological and clinical characteristics of COVID-19 inflicted children in India and describe the protocols for pediatric anesthesia management to minimize the risk of infection.	Jain A, Bhardwaj N, Yaddanapudi S. What a pediatric anesthesiologist should know about COVID-19. J Anaesthesiol Clin Pharmacol. 2020;36(Suppl 1):S85-S91. doi:10.4103/joacp.JOACP_237_20
Pediatric, acute lymphoblastic leukemia (ALL), hydroxychloroquine, chemotherapy	24-Jul-20	Acute lymphoblastic leukemia onset in a 3-year-old child with COVID-19	Pediatric Blood & Cancer	Letter to the Editor	These authors share the case of a 3-year-old male who presented with fever, epistaxis, weight loss, bruises, hepato-splenomegaly, and lymph-adenopathy. His mother had previously tested positive for SARS-CoV-2. The child's lab tests showed leukocytosis, anemia, and low platelets. His nasopharyngeal swab was positive for SARS-CoV-2, so the patient was isolated and treated with antibiotics, IV hydration, lopinavir/ritonavir, and hydroxychloroquine (HCQ). A bone marrow smear led to diagnosis of acute lympho-blastic leukemia (ALL). SARS-CoV-2 nasopharyngeal swab testing was negative on days 4 and 6 of COVID-19 treatment. The steroid prephase of ALL protocol was started. The patient had a good response to prednisone on day 8 of the prephase, and he received his first dose of vincristine-daunorubicin. An effective response to leukemia treatment was confirmed on day 15. In this case, the authors delayed chemotherapy and prioritized COVID-19 treatment, to prevent rapid worsening of the viral infection. Interestingly, the patient's white blood cell count significantly decreased after 48 hours of	This letter presents the case of a 3-year-old male with pediatric acute lymphoblastic leukemia and a concomitant SARS-CoV-2 infection. In this patient, a prompt initiation of anti-COVID-19 drugs and a rapid viral clearance allowed initiation of leukemia treatment with only a slight delay, and did not prevent a satisfactory tumor response.	Marcia M, Vania B, Pruccoli G, Vallero SG, Barisone E, Scolfaro C, Fagioli F. Acute lymphoblastic leukemia onset in a 3-year-old child with COVID-19. Pediatr Blood Cancer. 2020 Jul 24:e28423. doi: 10.1002/pbc.28423. Epub ahead of print. PMID: 32706512; PMCID: PMC7404518.

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					receiving HCQ, and before starting steroids. The authors conclude that treatment of childhood ALL with a concomitant SARS-CoV-2 infection may be successful. The timing of chemo-therapy and anti-viral treatment must be decided on a case-by-case basis. In this patient, a prompt initiation of anti-COVID-19 drugs and a rapid viral clearance allowed initiation of leukemia treatment with only a slight delay, and did not prevent a satisfactory tumor response.		
Pregnancy, postpartum, critical care, intensive care unit, United States	24-Jul-20	Building an obstetric intensive care unit during the COVID-19 pandemic at a tertiary hospital and selected maternal-fetal and delivery considerations	Seminars in Perinatology	Original Article	These authors describe how a hospital in New York City, USA, created an obstetric ICU (OBICU) within their labor and delivery (L&D) unit during the COVID-19 pandemic, to accommodate critically ill obstetric patients with COVID-19 or other conditions. The L&D unit's existing high-risk rooms were converted to negative pressure rooms and outfitted with ventilators. COVID-19 positive patients were cohorted in the same room. A centrally-located medication cart was stocked with ICU-appropriate drugs. Nurses were staffed with a 1:1 or 1:2 nurse-patient ratio. Nurses were overseen by a first call physician, who then reported to an obstetric anesthesia attending or critical care maternal-fetal medicine attending physician. Interdisciplinary OBICU rounds occurred during each 12-hour shift, to discuss obstetric issues and stocking of PPE and supplies. Education was essential for the transition to OBICU, as staff needed to learn new critical care skills. Staff exposure to COVID-19 was minimized by consolidating patient rounds and using telemedicine when possible. Oxygen saturation and blood pressure were continuously monitored in patients with COVID-19, and decisions on fetal monitoring were individualized. In critically ill pregnant patients, the authors recommend individualizing decisions about the risks and benefits of continuing the pregnancy. Additionally, they highlight that cesarean birth is not necessarily the best route of delivery for patients with COVID-19.	These authors describe in detail how a hospital in New York City, USA, created an obstetric ICU within their labor and delivery unit during the COVID-19 pandemic.	Aziz A, Ona S, Martinez RH, et al. Building an obstetric intensive care unit during the COVID-19 pandemic at a tertiary hospital and selected maternal-fetal and delivery considerations [published online ahead of print, 2020 Jul 24]. <i>Semin Perinatol</i> . 2020;151298. doi:10.1016/j.semperi.2020.151298
Stillbirth, Maternal outcomes, Miscarriage, Neonatal outcomes, Preterm birth	24-Jul-20	Clinical Characteristics, Prognostic Factors, and Maternal and Neonatal Outcomes of SARS-CoV-2 Infection among Hospitalized Pregnant Women: A Systematic Review	International Journal of Gynecology & Obstetrics	Review Article	This systematic review summarizes the maternal, fetal, and neonatal outcomes among pregnant women admitted to the hospital with laboratory-confirmed SARS-CoV-2 infection. The authors searched PubMed, Ovid, Medline, Web of Science, and China Academic Literature databases for studies on pregnant women with COVID-19 infection from database inception until May 29, 2020. They included case series and case reports of pregnant women with SARS-CoV-2 infection confirmed by either quantitative RT-PCR or dual fluorescence PCR assessment. Overall, 63 observational studies of 637 women (84.6% in the third trimester) with laboratory-confirmed SARS-CoV-2 infection were included in the review. Most (76.5%) women experienced mild disease, and the overall maternal fatality, stillbirth, and neonatal fatality rates were 1.6%, 1.4%, and 1.0%, respectively. Furthermore, diabetes mellitus, obesity, advanced maternal age,	This systematic review supports previously documented findings of reassuring maternal outcomes for women with mild COVID-19 infection, and poor maternal and fetal outcomes among those with severe or critical disease and pre-existing co-morbidities. The authors believe that this review should inform the counseling of	Turan O, Hakim A, Dashraath P, Jeslyn WJL, Wright A, Abdul Kadir R. Clinical characteristics, prognostic factors, and maternal and neonatal outcomes of SARS-CoV-2 infection among hospitalized pregnant women: a systematic review [published online, 2020 Jul 24]. <i>Int J Gynaecol Obstet</i> . 2020;10.1002/ijgo.13329. doi:10.1002/ijgo.13329

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					elevated serum D-dimer and interleukin-6 (IL-6) were predictive of poor outcomes. There were 54 (11.3%) newborns admitted to the NICU, of which three were delivered by mothers with mild COVID-19, and 51 were delivered by mothers with severe or critical infection. Also, eight (2.0%) neonates had positive nasopharyngeal swabs after delivery and developed chest infection within 48 hours.	women diagnosed with COVID-19 in pregnancy.	
Pregnancy, pneumonia, China	24-Jul-20	A Case Report of a Pregnant Woman Infected with Coronavirus Disease 2019 Pneumonia	Medicine	Case Report	The authors describe the clinical course and neonatal outcome of a pregnant woman infected with COVID-19 pneumonia in Wuhan, China, between January 26 and April 7, 2020. The patient was a 33-year-old pregnant woman at 28+5 weeks gestation with a history of exposure to a confirmed COVID-19 case, who developed a fever and respiratory symptoms on January 26, 2020. She was diagnosed with common pneumonia and treated with an oral cephalosporin at a community hospital for three days. However, her CT scan showed scattered consolidation and ground-glass shadow of both lungs, and she tested negative for influenza A and B virus antigens, Mycoplasma pneumoniae, and Chlamydia pneumoniae. Therefore, she was diagnosed as a clinically confirmed COVID-19 case, received nebulized inhalation and oral cephalosporin treatment, and was isolated at home. However, she was admitted for vaginal bleeding at 38+5 weeks gestation and delivered a healthy infant via an uncomplicated C-section due to her previous C-section in 2015. Of note, both she and the neonate tested positive for IgG and negative for IgM during hospitalization, and their SARS-CoV-2 pharyngeal swabs were negative. The patient developed no fever or respiratory symptoms during her hospitalization and was subsequently discharged five days after delivery.	This case report described a pregnant woman and her infant who tested positive for IgG and negative for IgM, with a duration of 70 days from symptom onset to laboratory confirmation (IgG). This report contributes to better understanding the possible clinical features of COVID-19 infection in pregnant women, the duration of the antibody, and the passive immunity of the fetus.	Peng J, Li R, Yin H, et al. A case report of a pregnant woman infected with coronavirus disease 2019 pneumonia. <i>Medicine (Baltimore)</i> . 2020;99(30):e21335. doi:10.1097/MD.00000000000021335
Children, traditional Chinese medicine, study protocol	24-Jul-20	The effectiveness and safety of traditional Chinese medicine for the treatment of children with COVID-19	Medicine	Study protocol	There is a lack of high-quality systematic reviews on the safety and efficacy of using Chinese medicine to treat children with COVID-19 pneumonia. The authors present a systematic review protocol, designed to provide evidence regarding the effectiveness and safety of traditional Chinese medicine for the treatment of children with COVID-19. They summarize the use of traditional Chinese medicine in prior infectious disease outbreaks and in treatment for adults with COVID-19.	The authors summarize a study protocol by which they plan to review data available regarding the use of traditional Chinese medicine for treating children with COVID-19.	Li Y, Bi L, Li Y, et al. The effectiveness and safety of traditional Chinese medicine for the treatment of children with COVID-19 [published online 2020 Jul 24]. <i>Medicine (Baltimore)</i> . 2020;99(30):e21247. doi:10.1097/MD.00000000000021247
Pregnancy, anxiety, depression, COVID-19, protocol	24-Jul-20	Risk factors for anxiety and depression among pregnant women during the COVID-19 pandemic: A web-based cross-sectional survey	Medicine	Research Article: Study Protocol Clinical Trial	The article presents a protocol of a cross-sectional study of mental health of pregnant women in relation to the COVID-19 pandemic. The web-based survey designed for pregnant women living in countries affected by the COVID-19 pandemic addresses differences in anxiety and depression scores and assesses demographic, economic, and social aspects affecting maternal anxiety and depression scores. The protocol will be able to compare differences in perception of different aspects of the pandemic (social distancing, restrictions related to delivery) between countries and according to the epidemic status (number	The authors present a protocol of a cross-sectional study of mental health of pregnant women in relation to the COVID-19 pandemic that evaluates anxiety and depression across multiple countries	Kajdy A, Feduniw S, Ajdacka U, et al. Risk factors for anxiety and depression among pregnant women during the COVID-19 pandemic: A web-based cross-sectional survey. <i>Medicine (Baltimore)</i> . 2020;99(30):e21279. doi:10.1097/MD.00000000000021279

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					of infected patients, number of reported deaths). The authors are optimistic that the study, with its international reach, will play a role in global social transformation of perceptions of and interventions in mental health.	differentially impacted by the pandemic.	
Pregnancy, vaccine trials, therapeutic trials	24-Jul-20	Protection by Exclusion: Another Missed Opportunity to Include Pregnant Women in Research During the Coronavirus Disease 2019 (COVID-19) Pandemic [Free Access to Abstract Only]	Obstetrics and Gynecology	Letter to the Editor	The authors issue a correction to a prior commentary (Costantine, Landon and Saade, April 2020 issue) stating that pregnant women were excluded from all Ebola virus disease vaccine and therapeutic development trials. The authors state that there are two Ebola vaccine trials as well as an experimental therapy trial that pregnant women have been allowed to enroll in, and note that these trials provide an important precedent for the inclusion of pregnant women in trials.	The authors note two vaccine trials and one therapeutic trial for Ebola virus that pregnant women have been allowed to enroll in, setting an important precedent for including pregnant women in such trials.	McKay G, Lees S. Protection by Exclusion: Another Missed Opportunity to Include Pregnant Women in Research During the Coronavirus Disease 2019 (COVID-19) Pandemic. <i>Obstet Gynecol.</i> 2020;136(2):430. doi:10.1097/AOG.0000000000004036
Immunology; Inflammation; Pregnancy; Sars-CoV-2	24-Jul-20	Sars-CoV-2 in pregnancy: Why is it better than expected?	European Journal of Obstetrics, Gynecology, and Reproductive Biology	Review article	Based on data from previous reports, it has been noticed that contrary to prior pandemics such as SARS, MERS and H1N1 and although pregnancy is usually considered as a condition of high susceptibility to viral infections, SARS-CoV2 infection seems to have a more benign clinical course when affecting pregnant women. Few studies including small series of pregnant patients have demonstrated that women presented a mild disease course in 80 %, severe in 15 % and critical in 5% of cases. Furthermore, a similar distribution was reported from a large study including 72,314 cases from the Chinese Center for Disease Control and Prevention. In this review article, the authors note that in nonpregnant patients with severe SARS-CoV-2 interstitial pneumonia the elevated serum level of pro-inflammatory cytokines including IL-2, IL-6, IL-1 and TNF, seems to be the primary trigger of the Acute Respiratory Distress Syndrome (ARDS). On the contrary, in pregnant women with SARS-CoV-2 pneumonia the progression of the inflammatory lung process towards the extensive tissue damage and the ARDS has been more rarely observed. Therefore, the authors speculate that in pregnant women with COVID 19 the physiological “silencing” of the Th1 pro-inflammatory response together with the relative dominance of Th2 over Th1 immunity, may account for a more restrained inflammatory cascade compared with non-pregnant subjects.	SARS-CoV2 infection seems to have a more benign clinical course in pregnant women because of the predominance of the Th2 response which may hamper the severity of the disease and may account for the lower incidence of maternal deaths in comparison with other respiratory viral infections.	Ghi T, di Pasquo E, Mekinian A, Calza L, Frusca T. Sars-CoV-2 in pregnancy: Why is it better than expected? [published online ahead of print, 2020 Jul 24]. <i>Eur J Obstet Gynecol Reprod Biol.</i> 2020;252:476-478. doi:10.1016/j.ejogrb.2020.07.025
Kawasaki disease, pediatric, asia, Singapore	24-Jul-20	Epidemiological trends in Kawasaki disease during COVID-19 in Singapore	The Journal of Pediatrics	Letter to the Editor	The authors compared the epidemiologic trends in Kawasaki disease (KD) at the only public specialist children’s hospital in Singapore pre-COVID-19 (January 1st, 2017-December 31st, 2019) and during COVID-19 (January 1st, 2020-April 30th, 2020). The findings showed that the number of KD cases was lower during COVID-19 (n=41) compared with the average for the same	The authors compared Kawasaki disease at a public specialist children’s hospital in Singapore pre-COVID-19 and during COVID-19	Yung CF, Nadua KD, Oh BK, et al. Epidemiological trends in Kawasaki disease during COVID-19 in Singapore [published online, 2020 Jul 24]. <i>J Pediatr.</i> 2020;S0022-3476(20)30962-8. doi:10.1016/j.jpeds.2020.07.063

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					period pre-COVID-19 (n=56.3) and cases in children aged 5-9 years appeared to be higher during COVID-19. Comparing 2017-2019 with 2020, they found that the mean age of patients with KD increased from 2.53 years to 2.8 years and the proportion of female cases increased from 43.9% to 51.2%. The authors concluded that they have not detected a surge in Kawasaki disease cases during COVID-19 in Singapore but noted a possible increase in age and shift in sex distribution. The authors argued that close monitoring and analysis of children with systemic inflammation, especially children's exposure to SARS-CoV-2 through serological testing is warranted in order to evaluate whether children in Asia are at similar risk to the phenomenon reported in Europe and United States.	and detected a possible increase in age and shift in sex distribution from male cases to female cases.	
Children, special need, disability, pediatric care	24-Jul-20	Managing Children with Special Needs in Covid-19 Times	Indian Pediatrics	Correspondence	Children with special needs are facing the additional predicament of understanding and dealing with the challenges brought about by the ongoing pandemic due to their unique health conditions. In this correspondence, the authors underscored some of the important issues including challenges they are facing and suggestions for care. The authors talked about challenges such as interruption of essential therapies, cessation of regular physiotherapy, and lack of a daily schedule; moreover, parents of these children are also facing tough times and argued that mental health counseling for parents is needed. The authors suggested that parents can create a circle of protection for their children by stringently following safety measures; parents should try to maintain some schedule for their children by following online school sessions and engaging them in fun-based household chores; the clinical focus of specialized treatment should shift to telehealth services and 'virtual first' approach must remain standard practice. To conclude, appropriate guidance and support for children with disabilities and their parents are warranted during the COVID-19 pandemic.	This correspondence underlined the challenges children with special needs are facing and provided suggestions for care.	Juneja M, Gupta A. Managing Children with Special Needs in Covid-19 Times [published online, 2020 Jul 24]. Indian Pediatr. 2020;S097475591600213.
Pregnancy, vertical transmission, placenta, pathology, intrauterine transmission, diagnosis	24-Jul-20	Confirming Vertical Fetal Infection with COVID-19: Neonatal and Pathology Criteria for Early Onset and Transplacental Transmission of SARS-CoV-2 from Infected Pregnant Mothers	Archives of Pathology & Laboratory Medicine	Commentary	Based on a number of clinical and laboratory findings, transplacental transmission of SARS-CoV-2 has been suggested; however, a method to confirm this occurrence is necessary. The authors evaluate potential indicators of vertical and intra-uterine transmission. None of these methods provide confirmatory evidence that infection developed prior to delivery or that transplacental transmission occurred. Therefore, the authors propose that the diagnosis of early-onset neonatal COVID-19 should be limited to neonates with a positive SARS-CoV-2 RT-PCR result within the first 72-hours of life. They also recommend that immunohistochemistry or in situ hybridization should be used to detect the presence of SARS-CoV-2 in chorionic villous cells when evaluating for intra-uterine transplacental SARS-CoV-2. Evaluating placentas from neonates with COVID-19 using these methods will	The authors argue that confirmation of intra-uterine transplacental transmission of SARS-CoV-2 should be reserved for neonates who have demonstrable viral antigen or RNA following microscopic pathology testing of placental tissue.	Schwartz D, Morotti D, Beigi B et al. Confirming Vertical Fetal Infection with COVID-19: Neonatal and Pathology Criteria for Early Onset and Transplacental Transmission of SARS-CoV-2 from Infected Pregnant Mothers. [published online, 2020 Jul 24].

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					be instrumental in determining the potential role and prevalence of transplacental transmission of SARS-CoV-2.		
Pregnancy, gender, bias, universal testing, Barcelona, Spain	24-Jul-20	COVID-19 and pregnancy: an opportunity to correct an historic gender bias	Journal of Medical Virology	Position Statement	The authors propose that despite evidence of similar risk of adverse outcomes for pregnant women with COVID-19 compared with the general population, pregnant women should be considered a differentiated and vulnerable group. This is because of the potential and not well-evaluated implications for the neonate, as well as the complex immune status and hypercoagulability of the mother during pregnancy which may affect susceptibility and risk. The authors describe two recommendations for preventing gender bias and addressing pregnant women as a special population. The first is to routinely test for SARS-CoV-2 infection in all pregnant women with clinical or epidemiological suspicion, regardless of gestational age or clinical severity, since maternal infection and inflammation could affect the developing fetus and postnatal life. The second recommendation is to routinely test for SARS-CoV-2 infection in all pregnant women at admission for delivery, since this can affect respiratory isolation during labor, protection measures taken by healthcare professionals, and neonatal care.	The authors conclude that pregnant women should be treated as a unique population during the COVID-19 pandemic with special consideration given to the maternal and neonatal risks of infection.	Comas C, Carreras E. COVID-19 and pregnancy: an opportunity to correct an historic gender bias [published 2020 Jul 24]. J Med Virol. 2020; doi:10.1002/jmv.26350
Maternal mortality, worldwide deaths, middle-income countries, critical care	24-Jul-20	Worldwide maternal deaths due to COVID-19: A brief review [Free Access to Abstract only]	International Journal of Gynecology and Obstetrics	Brief Communication	Recent investigations have indicated that pregnant and postpartum women are at increased risk of severe complications associated with COVID-19. The authors searched PubMed/MEDLINE, EMBASE, SciELO and LILACS for documented COVID-19-related maternal deaths from December 2019 until July 1, 2020. Six countries had reported maternal deaths due to COVID-19 by July 1, 2020: three high-income countries (France, UK, and USA) and three middle-income countries (Brazil, Iran, and Mexico). The total number of reported maternal deaths was 160. Twenty-two maternal deaths were documented in high-income countries, and 138 in middle-income countries. Maternal mortality ratios were difficult to compare given methodological differences, however appeared higher for middle-income countries based on population differences. This may be partly attributable to weaknesses in maternal services, such as decreased access to critical care. There were no published cases from low-income countries, likely reflecting under-reporting.	There were 160 reported maternal deaths to COVID-19 as of July 1, 2020, although this only reflects reports from 6 countries. Maternal mortality rates may be higher in middle-income than high-income countries.	Nakamura-Pereira M, Andreucci CB, de Oliveira Menezes M, Knobel R, Takemoto MLS. Worldwide maternal deaths due to COVID-19: A brief review [published 2020 Jul 24]. Int J Gynaecol Obstet. 2020;doi:10.1002/ijgo.13328
Neonate, NICU, parents, mental health, psychology, stress	24-Jul-20	The downstream effects of COVID-19: a call for supporting family wellbeing in the NICU	Journal of Perinatology	Comment	Parents of NICU infants are a vulnerable population from a psychological perspective, and they often experience high levels of acute stress, depression, anxiety, and post-traumatic stress. The added burden of the COVID-19 pandemic is likely to exacerbate these issues, with potential implications for the wellbeing of infants and families in the short and long-term. In this paper, the authors propose utilizing the stress contagion framework and consider how psychosocial stress can “spill over” into the parent-infant relationship domain. This can affect child	The authors argue that it is important to consider the psychological effects of the COVID-19 pandemic on NICU families. They provide key guidelines focused on shared decision-making as well	Erdei, C., Liu, C.H. The downstream effects of COVID-19: a call for supporting family wellbeing in the NICU. [published online, 2020 Jul 24]. J Perinatol. doi:https://doi.org/10.1038/s41372-020-0745-7

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					development and family wellbeing in the longer term. As the effects of the COVID-19 pandemic will likely persist for a while, they offer advocacy points and general guidelines for healthcare professionals to consider when mitigating stress and building resilience in NICU families.	as mitigating stress in families and providers.	
Children, school closures, Ontario, Canada	24-Jul-20	Simulating the effect of school closure during COVID-19 outbreaks in Ontario, Canada	BMC Medicine	Research article	The authors developed a simulation model seeking to evaluate the effect of school closures in Ontario, Canada on reducing the attack rate and the need for critical care during COVID-19 outbreaks. School closure reduced attack rates in the range of 7.2–12.7% when the duration of school closure increased from 3 to 16 weeks, when contacts among school children were restricted by 60–80%, and in the absence of self-isolation by mildly symptomatic persons. The overall reduction in ICU admissions attributed to school closures throughout the outbreak ranged from 3.3-6.7%. When self-isolation of mildly symptomatic persons was included and practiced by 20%, the reduction of attack rate and ICU admissions exceeded 6.3% and 9.1% (on average), respectively, in the corresponding scenarios. The results indicate that school closures may have limited impact on reducing the burden of COVID-19 without measures to interrupt the chain of transmission during both pre-symptomatic and symptomatic stages. The findings indicate the need for better understanding of the epidemiologic characteristics of emerging diseases on the effectiveness of social distancing measures.	This simulation model assessing the impact of school closures on reducing the attack rate and need for ICU care during COVID-19 outbreaks found that school closures may have a limited impact without additional preventive measures.	Abdollahi E, Haworth-Brockman M, Keynan Y, et al. Simulating the effect of school closure during COVID-19 outbreaks in Ontario, Canada [published online 2020 Jul 24]. BMC Med. 2020;18(1):230. doi:10.1186/s12916-020-01705-8
Children, MIS-C, clinical features, Pakistan	24-Jul-20	SARS-CoV-2 Causes Kawasaki like Disease in children; Cases reported in Pakistan	Journal of Medical Virology	Commentary	The authors present rare and unique manifestation of COVID-19 related Kawasaki symptoms in Pakistani children. 8 cases of Kawasaki-like MIS-C associated with COVID-19 have been reported in children aged from 5 to 15 years at the Children Hospital, Lahore, Pakistan. All the children have been tested positive for coronavirus antibodies. Children presented with this condition are very ill and show signs and symptoms of inflammation in many internal organs. These cases are also proposed that fever (for > 3 days), stomach ache, vomiting, diarrhea, red eyes, and rashes on the trunk are the most common presenting complaints. A few of the children are presented with low blood pressure, cold hands, and feet suggestive of shock. Among them, one or two develop inflamed red spots on mouth and tongue while only a few have swollen glands in the neck. The best way to prevent MIS-C is to control the interaction of children with infected or suspected COVID-19 patients.	The authors present clinical features of 8 cases of Kawasaki-like MIS-C in Pakistan and argue that controlling the interaction of children with infected or suspected COVID-19 patients and following the precautionary measures are the best ways to prevent MIS-C.	Khan KS, Ullah I. SARS-CoV-2 Causes Kawasaki like Disease in children; Cases reported in Pakistan [published online, 2020 Jul 24]. J Med Virol. 2020;10.1002/jmv.26340. doi:10.1002/jmv.26340
Young patients, prognosis, severe disease course, Wuhan, China	24-Jul-20	Complement C3 identified as a unique Risk Factor for Disease Severity among Young COVID-19	medRxiv	Preprint (not peer-reviewed)	Risk factors for a severe disease course for young COVID-19 patients remain unknown. Data of COVID-19 patients with clinical outcomes in a hospital in Wuhan, China, collected retrospectively from Jan 24th to Mar 27th 2020, were analyzed. A total of 762 young(er) patients (median age 47 years; IQR: 38-55; range: 16-60; 55.9% female) were included, as well as 714 elderly patients as a comparison group. Among the young(er) patients, 362	This study investigates risk factors for a severe disease course for young(er) COVID-19 patients in Wuhan, China, suggesting that elevated levels of	Weiting Cheng Sr., Roman Hornung, Kai Xu. et al. Complement C3 identified as a unique Risk Factor for Disease Severity among Young COVID-19 Patients in Wuhan. medRxiv 2020.07.24.20161414; doi:10.1101/2020.07.24.20161414

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		Patients in Wuhan			(47.5%) had a severe/critical disease course and the mean age was significantly higher in the severe subgroup than in the mild subgroup (59.3 vs 56.0, p<0.001). Several covariates such as elevated levels of ASS, CRP and LDH, and decreased lymphocyte counts are influential on disease severity independent of age. Elevated levels of complement C3 (OR=15.6, 95%CI: 2.41-122.3; p=0.039) are particularly associated with the risk for the development of severity specifically in young(er) patients, where no such influence seems to exist for elderly patients. The influence of complement C3 in young(er) patients is independent of age, gender, and comorbidities. To conclude, the levels of complement C3 correlated with disease severity and tended to be a good predictor of adverse outcomes in young(er) patients with COVID-19.	complement C3 could be a particularly strong risk factor in the young(er) cohort, while its influence was not significant in elderly patients.	
MIS-C; pediatrics	23-Jul-20	American College of Rheumatology Clinical Guidance for Multisystem Inflammatory Syndrome in Children Associated With SARS-CoV-2 and Hyperinflammation in Pediatric COVID-19: Version 1	Arthritis and Rheumatology	Practice Guideline	To provide guidance on the management of MIS-C and provide recommendations for children with hyperinflammation in COVID-19, a multidisciplinary task force was convened by the American College of Rheumatology. Preliminary statements addressing clinical questions related to MIS-C and hyperinflammation in COVID-19 were developed based on evidence reports. A 9-point scale was used to determine the appropriateness of each statement (median scores of 1-3 for inappropriate, 4-6 for uncertain, and 7-9 for appropriate), and consensus was rated as low, moderate, or high based on dispersion of the votes. Approved guidance statements were those with moderate or high levels of consensus. The task force approved a total of 128 guidance statements which were refined into 40 final clinical guidance statements, accompanied by a flow diagram depicting the diagnostic pathway for MIS-C. They also present tables comparing and contrasting features of MIS-C and Kawasaki Disease and providing guidance on cardiac management, immunomodulatory treatment, and antiplatelet and anticoagulation therapy in MIS-C, and managing hyperinflammation in pediatric COVID-19. The guidance provided in this "living document" reflects currently available evidence, coupled with expert opinion, and will be revised as further evidence becomes available.	A task force convened by the American College of Rheumatology presents guidance on the management of MIS-C and hyperinflammation in pediatric COVID-19. The article presents a flow diagram depicting the diagnostic pathway for MIS-C, a table comparing features of MIS-C and Kawasaki Disease, and guidance statements on the cardiac management, immunomodulatory treatment, and antiplatelet and anticoagulation therapy in MIS-C, as well as the management of hyperinflammation in pediatric COVID-19.	Henderson LA, Canna SW, Friedman KG, et al. American College of Rheumatology Clinical Guidance for Multisystem Inflammatory Syndrome in Children Associated With SARS-CoV-2 and Hyperinflammation in Pediatric COVID-19: Version 1. Arthritis Rheumatol. 2020;72(11):1791-1805. doi:10.1002/art.41454
Adolescent, cholestatic jaundice, cholestasis, hepatitis	23-Jul-20	Presentation of Severe Acute Respiratory Syndrome-Coronavirus 2 Infection as Cholestatic Jaundice in Two	The Journal of Pediatrics	Brief Report	The authors report cases of 2 adolescents with cholestasis and hepatitis with mild presentation of SARS-CoV-2 lacking typical symptoms. Given significant variability of COVID-19 symptoms in children, health care providers tested these patients with an unusual presentation. A 16-year-old boy presented with 1 day of scleral icterus, epigastric abdominal pain, nausea, 2 episodes of nonbloody, nonbilious emesis, decreased oral intake, and dark urine. He was found to have significantly elevated serum AST and	The authors report cases of 2 adolescents with cholestasis and hepatitis with mild presentation of SARS-CoV-2 lacking typical symptoms. The authors recommend that	Perez A, Kogan-Liberman D, Sheflin-Findling S, et al. Presentation of Severe Acute Respiratory Syndrome-Coronavirus 2 Infection as Cholestatic Jaundice in Two Healthy Adolescents. The Journal of Pediatrics. 2020. doi:10.1016/j.jpeds.2020.07.054

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		Healthy Adolescents			ALT at 655 U/L and 767 U/L, respectively. Conjugated hyperbilirubinemia was also detected with total bilirubin/direct bilirubin at 3.6/2.2 mg/dL. Although he had no fever or respiratory symptoms, COVID-19 hepatitis was considered in the differential diagnosis, and his SARS-CoV-2 PCR test was positive. The patient never developed respiratory or other systemic inflammatory symptoms. A 17-year-old previously healthy young woman presented with 4 days of fever, acute onset of jaundice, and dark urine. She had developed urinary urgency without fever or dysuria 6 days before presentation. Four days before presentation, her urine turned dark orange/brown and she developed fever with maximum temperature of 103°F. She also complained of chills and night sweats, and had an episode of nonbloody diarrhea. Laboratory test results revealed elevation of serum AST and ALT to 154 and 294 U/L, respectively. Total and direct bilirubin levels were 3.4/1 mg/dL. SARS-CoV-2 PCR test on nasal specimen was positive. The authors recommend that extensive evaluation for cholestasis may not be necessary in otherwise healthy pediatric patients with SARS-CoV-2 infection.	extensive evaluation for cholestasis may not be necessary in otherwise healthy pediatric patients with SARS-CoV-2 infection.	
Newborn, vertical transmission, postnatal care, breastfeeding, neonatal risk	23-Jul-20	A review of newborn outcomes during the COVID-19 pandemic	Seminars in Perinatology	Review Article	The authors reviewed the available literature on newborns born to infected mothers. In the over 800 newborns reported on, the incidence of vertical transmission has proven to be low. Adverse newborn outcomes seem to be a function of maternal disease status rather than illness due to SARS-CoV-2 infection. Furthermore, postnatal transmission through any route other than respiratory particles shared between mother and newborn appears to be unlikely. The benefits conferred by early exposure to the mother, direct breastfeeding, and delayed bathing have a far more substantial body of supporting evidence, and therefore, the established benefits of these practices appear to outweigh the risk of viral transmission to the newborn. The available data on newborn outcomes, and the postnatal care practices used in the context of these outcomes, suggest that a re-framing of the perceived neonatal risk imposed by SARS-CoV-2 is necessary.	This review shows that newborns of mothers with positive/suspected SARS-CoV-2 infection rarely acquire the disease or show adverse clinical outcomes. The authors suggest that strict postnatal care policies may be more likely to adversely impact newborns.	Kyle MH, Glassman ME, Khan A, et al. A review of newborn outcomes during the COVID-19 pandemic [published online ahead of print, 2020 Jul 23]. <i>Semin Perinatol.</i> 2020. doi:10.1016/j.semperi.2020.151286
Kawasaki's disease, MIS-C, children, inflammatory	23-Jul-20	Childhood Multisystem Inflammatory Syndrome — A New Challenge in the Pandemic	New England Journal of Medicine	Editorial	Multisystem inflammatory syndrome in children (MIS-C) has emerged as a severe complication of SARS-CoV-2 infection in children. This editorial describes how a better understanding of MIS-C may provide an entryway to elucidating the pathogenesis of SARS-CoV-2 and other inflammatory disorders. MIS-C is a rare (2 in 100,000 people < 21) inflammatory disorder that occurs 2-4 weeks after SARS-CoV-2 infection. The condition can progress to critical illness with significant cardiac involvement. While MIS-C appears similar to Kawasaki's disease, MIS-C patients are older, display greater inflammation, and more severe myocardial injury. Immunomodulatory agents have shown success in its treatment. While the current CDC and WHO diagnostic criteria for MIS-C require evidence of SARS-CoV-2 infection or exposure, the author	This editorial contextualizes the medical and scientific communities' current knowledge of MIS-C. The author argues that further exploring MIS-C may lead to a better understanding of the immunological responses involved in SARS-CoV-2 infection as	Levin, M. Childhood Multisystem Inflammatory Syndrome - A New Challenge in the Pandemic. [published online 2020 Jul 23] <i>N Engl J Med.</i> 2020; 383-395. Doi: 10.1056/NEJMe2023158.

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					argues that this rigidity may prevent the inclusion of patients with asymptomatic infections. This could hamper fully characterizing the syndrome. The similarity between MIS-C and Kawasaki's disease may provide insight into the latter's development. Studies point to genetic risk factors for Kawasaki's disease within genes regulating T- and B- cell responses, this may also help characterize the genetic architecture and immunology underlying SARS-CoV-2. Additionally, since MIS-C arises after the production of SARS-CoV-2 antibody, the origin of MIS-C could provide important direction to guide safe vaccine development.	well as the basis of Kawasaki's disease.	
Pregnancy, Cystic Fibrosis, Australia	23-Jul-20	COVID-19 in a Complex Obstetric Patient with Cystic Fibrosis	Infection, Disease, and Health	Case Report	The authors describe the case of a 42-year-old transgender patient G2P1 (genetically female, identifying as male) at 39 + 3 weeks gestation with underlying cystic fibrosis, admitted to a Tertiary hospital in Queensland Australia for respiratory symptoms. Of note, his female partner was admitted the day prior with symptoms following international travel and tested positive for SARS-CoV-2. Consequently, the patient's test results returned as positive for SARS-CoV-2 by RT-PCR on day 3 of admission. His clinical course was managed by a multidisciplinary team and included daily chest physiotherapy for sputum clearance and close monitoring of his respiratory function. The patient subsequently underwent induction of labor at 40 + 1 weeks gestation and delivered a healthy baby by spontaneous vaginal delivery. In consideration of the family's wishes, the patient's partner was supported to attend the birth with the use of PPE. Post-delivery, the patient remained stable with reduction in sputum, with no antibiotics or corticosteroids required. Of note, SARS-CoV-2 remained detectable on day 8 of admission. However, no transmission to the neonate was detected despite immediate and ongoing contact post-delivery with SARS-CoV-2 antibodies detectable in the patient's serum and breast milk. The patient was discharged for self-isolation on post-partum day 3 and his SARS-CoV-2 RNA levels were undetectable at the time of discharge.	This case demonstrates that patients with cystic fibrosis and pregnancy can have favorable outcomes in the setting of COVID-19. These patients should be managed by a multidisciplinary team to ensure optimal care, including infection control to prevent transmission, and consideration of parental wishes with regards to delivery and care of the neonate following birth.	Walczak A et al. COVID-19 in a Complex Obstetric Patient with Cystic Fibrosis. Infectious Disease & Health. 2020; DOI:https://doi.org/10.1016/j.idh.2020.07.002
Airway; CoVID-19; Dead space; Pediatric; Ventilation	23-Jul-20	Dead in the air? Case report highlighting need to adapt to CoVID adaptations	American Journal of Emergency Medicine	Review Article	During the COVID-19 pandemic, emergency departments have been implementing new practices to decrease aerosolization and risk of viral spread, including high efficiency particulate air (HEPA) viral filters and adaptors which decrease risk of aerosolization during intubation. When placed proximal to the ventilator circuit, these viral filters and adaptors can create a significant amount of "dead space", defined as ventilated area which does not participate in gas exchange. This article highlights how a well-intended intervention can lead to unexpected consequences, as authors report a case of a 21 month old pediatric patient that developed hypercapnia and acute respiratory acidosis due to lack of provider team appreciation or ventilator sensing of additional dead space due to HEPA viral filter and adaptor. With the	HEPA viral filters attached to the expiratory limb of a ventilator setup can result in significant mechanical dead space, which has a proportionally larger impact on ventilation in infants and smaller children.	Kuehnel NA, Yngsdal-Krenz RTR, Glazer JM. Dead in the air? Case report highlighting need to adapt to CoVID adaptations [published online ahead of print, 2020 Jul 23]. Am J Emerg Med. 2020;S0735-6757(20)30642-2. doi:10.1016/j.ajem.2020.07.047

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					requirement to adapt practices to airway management during the 2019 novel Coronavirus pandemic, it is critical that healthcare providers be aware of potential iatrogenic complications secondary to equipment error.		
Pediatric, emergency medicine, resource reallocation, USA	23-Jul-20	A Blueprint for Pediatric Emergency Resource Reallocation During the COVID-19 Pandemic: An NYC Hospital Experience [Free Access to Abstract only]	Pediatric Emergency Care	Special Feature	The authors present a blueprint for the reallocation of pediatric emergency resources in response to the COVID-19 pandemic based on their experience at a quaternary academic medical center in New York City (New York, USA). They note that pediatric emergency services experienced a significant decline in volume and acuity during the COVID-19 pandemic. Their efforts aimed to maintain outstanding clinical care for pediatric patients while maximizing capacity for adult COVID-19 patients in the emergency department. Therefore, they provide guidelines on modifying physical space, clinical services, and staffing models, as well as emphasize the importance of steady leadership. For example, they transitioned staffing models by reallocation of pediatric emergency medicine providers to telemedicine and by expansion of their clinical care to adult patients. Concentrated communication and receptiveness by hospital and department leadership were fundamental to address the dynamic state of the pandemic and to ensure provider wellness.	The authors provide several recommendations for the management of pediatric emergency services during the COVID-19 pandemic. These include modifications to physical space, clinical service, and staffing models in the pediatric emergency department.	Fraymovich S, Levine DA, Platt SL. A Blueprint for Pediatric Emergency Resource Reallocation During the COVID-19 Pandemic: An NYC Hospital Experience [published online, 2020 Jul 23]. <i>Pediatr Emerg Care</i> . doi:10.1097/PEC.0000000000002203
Pregnancy, transmission, perinatal management, breastfeeding, Portugal, Spain	23-Jul-20	Perinatal management of SARS-CoV-2 infection in a level III University Hospital [Free Access to Abstract only]	Journal of Maternal-Fetal and Neonatal Medicine	Case Series	The authors describe the perinatal management of the first ten consecutive mother-infant dyads with pregnancy complicated by SARS-CoV-2 infection at the time of delivery in a Level 3 hospital in Portugal. After delivery, one mother was admitted to the ICU for 48 hours and placed under high flow oxygen therapy with a favorable outcome. All newborns were transferred in a closed incubator to the NICU. Using a shared-decision making model, nine mothers chose to stimulate lactation with pump extraction under strict infection control measures and all of these women chose to discard extracted milk until RT PCR SARS-CoV-2 negativity. One mother chose not to stimulate lactation. All newborns remained symptom free and tested negative for SARS CoV2 at birth and at 48 hours of life. In this case series there was no evidence of vertical transmission of SARS-CoV-2 infection. Since all the mother-infant dyads were separated, no case of horizontal transmission occurred. No expressed milk was given to newborns until negative testing for maternal SARS-CoV-2 was confirmed.	In this case series of ten pregnancies complicated by maternal SARS-CoV-2 infection at the time of delivery in Portugal, there was no evidence of vertical or horizontal transmission. Infants were separated and not fed breastmilk until maternal testing was negative.	Pissarra S, Rosário M, Moucho M, Soares H. Perinatal management of SARS-CoV-2 infection in a level III University Hospital [published 2020 Jul 23]. <i>J Matern Fetal Neonatal Med</i> . 2020;1-4. doi:10.1080/14767058.2020.1786526
Pediatric, serology, antibody testing, diagnosis, France	23-Jul-20	Assessment of spread of SARS-CoV-2 by RT-PCR and concomitant serology in children in a region heavily affected by	medRxiv	Preprint (not peer-reviewed)	Children appear to be less frequently infected with SARS-CoV-2 and potentially less contagious. The authors performed RT-PCR and serology testing on children in the most affected region in France during the COVID-19 epidemic. They conducted a cross-sectional prospective multicenter study from 14 April- 12 May 2020 with healthy controls and pauci-symptomatic children (age < 15 years old, n=605). They found that 322 (53.2%) children were asymptomatic and 283 (46.8%) symptomatic. RT-PCR	In multi-center study in France, children were found to have a low rate of SARS-CoV-2 infection (1.8%) but a high rate of antibody response (10.7%). The authors found a high	Cohen R, Jung C, Ouldali N et al. Assessment of spread of SARS-CoV-2 by RT-PCR and concomitant serology in children in a region heavily affected by COVID-19 pandemic. [preprint published online, 2020 Jul 23]. medRxiv.

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		COVID-19 pandemic			testing and serology were positive for 11 (1.8%) and 65 (10.7%) children, respectively. The frequency of positive SARS-CoV-2 RT-PCR was significantly higher in children with positive serology compared to with negative serology (12.3% vs. 0.6%, p<0.001). Contact with a person with proven COVID-19 increased the odds of positivity on RT-PCR (OR 7.8, 95% CI: 1.5-40.7) and serology (OR 15.1 95% CI: 6.6-34.6). In conclusion, the authors found the rate of children with positive SARS-CoV-2 RT-PCR was very low (1.8%) but the rate of positive serology was higher (10.7%).	rate of asymptomatic infections with no history of symptoms in 68% of children with positive serology.	doi: https://doi.org/10.1101/2020.06.12.20129221
Pediatric, MIS-C, Kawasaki disease, immunology, USA	23-Jul-20	Distinct clinical and immunological features of SARS-CoV-2-induced multisystem inflammatory syndrome in children	The Journal of Clinical Investigation	Original Research	The clinical and immunologic spectrum of MIS-C and its relationship to other inflammatory conditions of childhood have not been studied in detail. The authors retrospectively studied confirmed pediatric cases (age < 18 years old) of MIS-C at a single institution in the USA from March to June 2020 (n=28 patients). Data were compared with historic cohorts of Kawasaki disease (KD) and macrophage activation syndrome (MAS). In the MIS-C cohort, 50% of patients had pre-existing conditions, and all patients had laboratory confirmation of SARS-CoV-2 infection. Seventeen patients (61%) required intensive care, including seven patients (25%) requiring inotrope support. Coronary abnormalities were found in six cases. Cytopenias distinguished MIS-C from KD and the degree of hyperferritinemia and pattern of cytokine production differed between MIS-C and MAS. No mortality was recorded in this cohort. The authors conclude that MIS-C encompasses a broad phenotypic spectrum with clinical and laboratory features distinct from KD and MAS.	In a case series from the USA, the authors found that MIS-C spans a spectrum of clinical features with notable variability in age and severity. They noted a striking overrepresentation of this condition among Black and Hispanic racial and ethnic groups.	Lee PY, Day-Lewis M, Henderson LA, et al. Distinct clinical and immunological features of SARS-COV-2-induced multisystem inflammatory syndrome in children [published online, 2020 Jul 23]. J Clin Invest. doi:10.1172/JCI141113
Pediatrics, emergency department visits, lockdown, mental health, community-based services, Australia	23-Jul-20	Emergency Department utilisation by vulnerable paediatric populations during COVID-19 pandemic	Emergency Medicine Australia	Original Research	This study aimed to determine if changes to community-based pediatric services during the COVID-19 lockdown in Australia affected Emergency Department (ED) pediatric attendances. They assessed the presentations of patients <18 years of age to two tertiary hospitals and two urban district hospitals in Australia for two months following the closure of Australian borders and compared these to the same two-month period in 2019. During the lockdown there was a 47.2% decrease in total ED pediatric presentations (26871 vs 14170), with a significant difference in daily means (440.5 vs 232.3, difference -208.2, 95%CI -221.7 to -194.7, p<0.001). Conversely, there was a 35% (485 vs 656) increase in mental health patients (daily means 8.0 vs 10.8, difference 2.8, 95%CI 1.7-3.9, p<0.001), while neonatal presentations did not change significantly (2% increase, 498 vs 507; daily means 8.2 vs 8.3, difference 0.1, 95%CI -0.8 to 1.1, p=0.754). The authors conclude that community care should be considered an essential service to avoid families seeking acute care in the ED.	The COVID-19 lockdown in Australia, which included changes to community-based pediatric services, resulted in a decrease in overall pediatric emergency department visits but an increase in pediatric mental health presentations.	Cheek JA, Craig SS, West A, Lewena S, Hiscock H. Emergency Department utilisation by vulnerable paediatric populations during COVID-19 pandemic [published 2020 Jul 23]. Emerg Med Australas. 2020 doi:10.1111/1742-6723.13598
Surveillance, pediatric, national, India	23-Jul-20	COVID-19 in Different Age Groups of	Indian Journal of Pediatrics	Commentary	This commentary provided a brief analysis of COVID-19 in different age groups of children in India based on national disease surveillance data. The data revealed that the	The commentary briefly analyzed the data from national COVID-19	Kulkarni SV, Chauhan H. COVID-19 in Different Age Groups of Children: Initial Impression from Integrated Disease

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		Children: Initial Impression from Integrated Disease Surveillance Programme (IDSP) under National Centre for Disease Control (NCDC)			economically productive age group (21-50 years old) accounted for most (60%) of the total cases in the country, followed by those below 20 years of age (13%). The majority of the reported cases among children were older than 5 years. The authors stated that information on clinical presentation and disease severity among neonates was very limited. The reported signs among the limited number of neonates with confirmed SARS-CoV-2 infection included fever, cough, tachypnea, strenuous breathing, vomiting, diarrhea, lethargy, rhinorrhea, and feeding difficulties. The authors concluded that further studies are needed about the virus and its manifestations, especially among the pediatric age group.	surveillance data in India and stated a need for further studies, especially studies on the pediatric age group.	Surveillance Programme (IDSP) under National Centre for Disease Control (NCDC) [published online, 2020 Jul 23]. Indian J Pediatr. doi:10.1007/s12098-020-03457-y
Pregnancy, delivery, childbirth, neonate, USA	23-Jul-20	Management of mother-newborn dyads in the COVID-19 era	The Lancet	Comment	Guidance regarding the care of neonates whose mothers have confirmed or suspected COVID-19 is conflicting. In this article, the author provides commentary on the article by Salvatore et al. 2020 on the results of their observational cohort study in New York, USA of 120 neonates born to 116 mothers who were positive for SARS-CoV-2. The author describes the key findings of the article by Salvatore et al. 2020 for the management of and infection control in mother-neonate dyads during the COVID-19 pandemic. Subsequently the author summarizes key messages from the study, such as that rooming-in of newborns and breastfeeding were found safe when accompanied by mask-wearing and frequent hand and breast hygiene practices. Another key finding was that no neonates tested positive for SARS-CoV-2, and all remained asymptomatic. The author of this comment concludes that there remain several important questions regarding pregnancy and neonate outcomes as well as transmission rates of SARS-CoV-2 in these populations during the COVID-19 pandemic.	The author describes the main findings of the mother-neonate dyad observational study by Salvatore et al. 2020. The study showed that perinatal SARS-CoV-2 transmission was unlikely.	Medvedev MM. Management of mother-newborn dyads in the COVID-19 era [published online, 2020 Jul 23]. Lancet Child Adolesc Health. doi:10.1016/S2352-4642(20)30241-8
Paediatric Inflammatory Multisystem Syndrome (PIMS), MIS-C, case management, diagnosis, pediatric, UK	23-Jul-20	A national consensus management pathway for Paediatric Inflammatory Multisystem Syndrome - Temporally associated with SARS-CoV-2 (PIMS-TS): The results of a national Delphi process	medRxiv	Preprint (not peer-reviewed)	A three-phase online Delphi process and a virtual consensus meeting seeking consensus over the investigation, management, and research priorities from 98 multidisciplinary participants caring for children with Paediatric Inflammatory Multisystem Syndrome - Temporally associated with SARS-CoV-2 (PIMS-TS) was conducted in the UK. 46 participants (47%) completed all three phases. 255 statements were assessed, with 'consensus agreement' achieved for 111 (44%), 'consensus disagreement' for 29 (11%), and no consensus for 115 (45%). The 140 consensus statements where consensus agreement was achieved, were used to derive the consensus management pathway. A national consensus pathway has been developed for children suspected of having the novel syndrome PIMS-TS in a timely, cost-efficient manner, amid a global pandemic. Future evidence will inform updates to this guidance, which in the interim provides a solid framework to support clinicians caring for children with PIMS-TS.	This is the first published consensus management pathway relating to the treatment of children with PIMS-TS. It is based on consensus expert opinion and is intended to act	Harwood R, Allin B, Jones CE, et al. A national consensus management pathway for Paediatric Inflammatory Multisystem Syndrome - Temporally associated with SARS-CoV-2 (PIMS-TS): The results of a national Delphi process [published online 2020 Jul 23]. medRxiv. doi:10.1101/2020.07.17.20156075

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Neonatal, vertical transmission, pregnancy, USA	23-Jul-20	Neonatal management and outcomes during the COVID-19 pandemic: an observation cohort study	The Lancet. Child & Adolescent Health	Articles	This observational cohort study aimed to elucidate best practices regarding infection control in mother–newborn dyads and identify potential risk factors associated with transmission. Of 1481 deliveries between March 22nd and May 17th 2020 at three New York Presbyterian Hospitals in New York City, USA 116 (8%) mothers tested positive for SARS-CoV-2; 120 neonates were identified. Mothers could practice skin-to-skin care and breastfeed in the delivery room, but had to wear a surgical mask when near their neonate and practice proper hand hygiene before skin-to-skin contact, breastfeeding, and routine care. All neonates were tested at 24 h of life and none were positive for SARS-CoV-2. 82 (68%) neonates completed follow-up at day 5–7 of life. Of the 82 neonates, 68 (83%) roomed in with the mothers. All mothers were allowed to breastfeed: at 5–7 days of life, 64 (78%) were still breastfeeding. 79 (96%) of 82 neonates had a repeat PCR at 5–7 days of life, which was negative in all; 72 (88%) neonates were also tested at 14 days of life and none were positive. None of the neonates had symptoms of COVID-19. Findings suggested that perinatal transmission of COVID-19 is unlikely to occur if correct hygiene precautions are undertaken, and that allowing neonates to room in with their mothers and direct breastfeeding are safe procedures when paired with effective parental education of infant protective strategies.	To authors’ knowledge, this was the largest cohort of neonates born to mothers positive for SARS-CoV-2 at the time of delivery, with prospective follow-up up to 1 month of life and prospective real-time PCR testing for SARS-CoV-2 was negative in all 63 neonates tested at 1 week and 2 weeks of life. None of the neonates had symptoms of COVID-19 as of 1 month of age.	Salvatore CM, Han JY, Acker KP, et al. Neonatal management and outcomes during the COVID-19 pandemic: an observation cohort study [published online, 2020 Jul 23]. Lancet Child Adolesc Health. doi:10.1016/S2352-4642(20)30235-2
Pediatric, diagnosis, cytokin storm, cerebral infarct, USA	23-Jul-20	Fatal cerebral infarct in a child with COVID-19	Pediatric Radiology	Letter to the Editor	This report described an unusual case of a 5-year-old boy with SARS-CoV-2 infection complicated by cardiogenic shock and hypercoagulable state in New York City, USA. The boy with no significant medical history presented with 3 days of fever, cough and abdominal pain and elevated D-dimer. He was diagnosed with prior COVID-19 infection through plasma antibody assay. He was transferred to the hospital in New York City and then moved to the pediatric ICU with hypotension. Chest radiograph demonstrated coarse bronchovascular prominence and mild cardiomegaly. An echocardiogram demonstrated an ejection fraction of 30% and no structural cardiac anomalies. Cardiogenic shock secondary to inflammatory cytokine storm was suspected because of recent COVID-19. He underwent veno-arterial ECMO cannulation. Hours prior to decannulation, his right pupil became dilated and non-reactive to light. Emergent decannulation was performed and a head CT revealed a large acute right anterior and middle cerebral artery territory infarction and subarachnoid hemorrhage in the left hemisphere. Immediately following the CT scan his left pupil became fixed and dilated. He was declared brain dead 3 days later. The combination of cardiogenic shock and hypercoagulable state presumably contributed to the massive cerebral infarction, with the contributing role of ECMO cannulation being uncertain.	This case report adds to the awareness that a post-infectious syndrome associated with SARS-CoV-2 can be fatal in children. A healthy 5-year-old boy with prior COVID-19 complicated by cardiogenic shock and hypercoagulable state died in the USA.	Kihira S, Morgenstern PF, Raynes H, et al. Fatal cerebral infarct in a child with COVID-19 [published online, 2020 Jul 23]. Pediatr Radiol. 2020;1-2. doi:10.1007/s00247-020-04779-x

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Coronavirus, corpus callosum, child, encephalitis, reversible splenial lesion syndrome, mild encephalitis/encephalopathy with reversible splenial lesion, multisystem inflammatory syndrome in children	22-Jul-20	Reversible splenial lesion syndrome associated with SARS-CoV-2 infection in two children	Brain and Development	Case Report	The authors report two pediatric patients with mild encephalitis/encephalopathy with reversible splenial lesion syndrome (MERS) admitted to a hospital in Istanbul, Turkey during the COVID-19 pandemic of 2020. Both patients were young adolescents who presented with altered mental status, diarrhea, rash and were found to have cardiac dysfunction. PCR tests for SARS-CoV-2 were negative; however, anti-SARS-IgG and IgM were positive within 2 weeks of presentation. One of the patients required pressor support. Upon presentation, brain imaging of both revealed hyperintensity of the splenium of the corpus callosum with restricted diffusion. They were diagnosed with MIS-C and treated with IV immunoglobulin and steroids. Neurologic symptoms completed cleared by hospital day 4, repeat brain MRI studies were normal by hospital day 7, and both children recovered completely. The authors discuss the condition of reversible splenial lesion syndrome (RESLES) in the corpus callosum often accompanied by encephalopathy/encephalitis in children.	The authors present two very similar cases of young adolescents presenting with altered mental status, diarrhea and rash who were found to have MIS-c and MERS following asymptomatic COVID-19 infections. Treatment resulted in complete resolution of the disease including the brain abnormalities. Often caused by viruses, we now add SARS-Co-2 to the list of viruses that can cause the distinct entity of RESLES.	Bektas G et al. Reversible splenial lesion syndrome associated with SARS-CoV-2 infection in two children. Brain Dev (2020), https://doi.org/10.1016/j.braindev.2020.10.002
Micronutrients, immunomodulation, vitamin deficiency	22-Jul-20	Micronutrients as immunomodulatory tools for COVID-19 management	Clinical Immunology	Review Article	While there is no known cure available for COVID-19, the authors argue that support of immune effectors and modulation of immunosuppressive mechanisms is the rational immunomodulation approach in COVID-19 management. Diet and nutrition are essential for healthy immunity, and micronutrients such as vitamins A, C, D, and E, as well as zinc, selenium, and magnesium play a role in immuno-modulation. Deficiency of these nutrients can increase susceptibility to viral infections and can increase severity of clinical presentation. The authors highlight the mechanisms and effects of deficiency of each vitamin and hypothesize about the effect of each on SARS-CoV-2 infection. Patients at increased risk for vitamin deficiency could benefit from supplementation to reduce COVID-19 risk. The authors state that individual dietary and nutritional status assessments are critical for a comprehensive response to COVID-19.	The authors suggest that a specific group of vitamins are prominent in immuno-modulation. They highlight the mechanisms of each vitamin in this group, and suggest how each may affect SARS-CoV-2 infection.	Gasmi A, Tippairote T, Mujawdiya PK, et al. Micronutrients as immunomodulatory tools for COVID-19 management. Clinical Immunology. 2020;220:108545.
Infection prevention, Obstetrical care, Personal protective equipment, United States	22-Jul-20	Consolidation of obstetric services in a public health emergency	Seminars in Perinatology	Original Article	The COVID-19 pandemic has necessitated the consolidation and reorganization of obstetric care within health systems. Adaptations should be based on individual health system assessments, regional- and state-specific recommendations, and guidance from WHO, CDC, the American College of Obstetricians and Gynecologists, and the Society for Maternal Fetal Medicine. Successful reorganization requires cooperation among administrative, clinical, and educational groups. Communication about anticipated changes is essential for hospital staff and patients. The authors give detailed examples of the consolidation of obstetric services in 2 US-based medical centers, during the COVID-19 pandemic in the spring of 2020, with the goal of	The authors give two examples of American health systems that consolidated obstetric services during the COVID-19 pandemic. They provide practical strategies for other organizations needing to reorganize during a public health emergency.	Campbell KH, Pettker CM, Goffman D. Consolidation of obstetric services in a public health emergency [published online ahead of print, 2020 Jul 22]. Seminars Perinatol. 2020;151281. doi:10.1016/j.sempri.2020.151281

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					providing practical strategies for other systems experiencing similar challenges. One of the medical centers increased available staff by initiating emergency obstetric privileges to qualified providers. Another hospital system centralized the location of inpatient obstetric care, to provide additional rooms for surges of COVID-19 positive, non-obstetric patients. The authors also suggest short and frequent teleconference meetings, especially at the beginning of a transition period, to facilitate communication across a health care team.		
Nutrition, risk factors, immune system, nutrition research	22-Jul-20	COVID-19: repositioning nutrition research for the next pandemic	Nutrition Research	Perspective	Nutrients and herbals complement the immune system and control inflammation to promote antibody production and cell-mediated immunity. Additionally, recent research has described the role of nutrition in the setting of viral infections. In the case of COVID-19, the goal of nutrition is to reduce infection and disease progression while improving recovery during the course of the disease. Further, this crisis has highlighted the link between nutrient overconsumption and communicable disease. The authors also argue that the COVID-19 pandemic provides nutrition researchers and doctors new opportunities to inform the public about the potential life-saving benefits of good nutrition. They discuss advances in nutrition research that could be applied to both the general population and patients requiring more intensive care. In conclusion, the authors state that new breakthroughs in nutrition science should be better utilized at the frontlines of infectious pandemics.	There is evidence of the contribution of nutrition to the proper functioning of the immune system. The authors argue that nutrition science should have a role in the response to the COVID-19 pandemic and future infectious outbreaks.	Jagers GK, Watkins BA, Rodriguez RL. COVID-19: repositioning nutrition research for the next pandemic [published online, 2020 Jul 22]. Nutr Res. doi:10.1016/j.nutres.2020.07.005
Pregnancy, childbirth, delivery, universal screening, UK	22-Jul-20	Universal screening for SARS-CoV-2 in pregnant women at term admitted to an East London maternity unit	European Journal of Obstetrics & Gynecology and Reproductive Biology	Original article	The authors aimed to determine the prevalence of asymptomatic SARS-CoV-2 in the maternity population by conducting universal screening of all maternity admissions to a single center in London, UK from 22 April- 5 May 2020. A total of 180 women with a mean age of 29.9 (SD ±7.4) years and at a median gestation of 39 (IQR: (37 + 1)–(40 + 3)) weeks were identified. Black, Asian, or minority ethnic (BAME) identity or parity was not associated with the likelihood of a positive result. Seven women (3.9%) tested positive for SARS-CoV-2, of whom six (85.7%) were asymptomatic. The sensitivity of symptom-driven testing was 14.3% and specificity was 91.9% with a positive predictive value of 6.7% and a negative predictive value of 96.3%. The authors conclude that their findings support the need for universal testing to enable targeted isolation and robust infectious control measures to mitigate outbreaks of SARS-CoV-2 in maternity units.	At a hospital in London, the rate of positive SARS-CoV-2 result after universal screening was 3.9% among the admitted maternity population with a high proportion of asymptomatic cases (85.7%). Symptom-based screening would have only identified one of these cases.	Abeyuriya S, Wasif S, Counihan C, et al. Universal screening for SARS-CoV-2 in pregnant women at term admitted to an East London maternity unit [published online, 2020 Jul 22]. Eur J Obstet Gynecol Reprod Biol. doi:10.1016/j.ejogrb.2020.07.035
Pregnancy, acute respiratory distress syndrome, clinical characteristics,	22-Jul-20	Acute Respiratory Distress Syndrome in a pregnant patient with COVID-19 improved after	Respiratory Medicine Case Reports	Case report	The authors report the case of a 32-week pregnant 41-year-old patient who developed severe acute respiratory distress syndrome (ARDS) from COVID-19. The authors describe her clinical course, including ICU admission, development of unstable respiratory status and subsequent intubation, and emergency C-section. The patient's oxygenation improved over the 24 hours following delivery, and she was extubated 4 days following	The authors present a case of a pregnant patient critically ill from COVID-19 whose oxygenation rapidly improved following a C-section, and they	Chong J, Ahmed S, Hill K. Acute Respiratory Distress Syndrome in a pregnant patient with COVID-19 improved after delivery: A case report and brief review [published online 2020 Jul 22]. Respir Med Case Rep.

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management, USA		delivery: A case report and brief review			delivery with continued improvement to a transition to room air. The infant tested negative for COVID-19 by PCR at 24 and 48 hours post-delivery. In this patient, uterine decompression and improved lung compliance are thought to have contributed to rapid oxygenation improvement post-delivery.	suggest that delivery should be strongly considered as part of the management of critically ill COVID-19 patients who develop rapidly worsening ARDS.	2020;31:101171. doi:10.1016/j.rmcr.2020.101171
Pediatric, orthopedic, developmental dysplasia of the hip	22-Jul-20	Letter to the Editor: Recommendations for the Care of Pediatric Orthopaedic Patients During the COVID-19 Pandemic [Free Access to Abstract only]	Journal of the American Academy of Orthopaedic Surgeons	Letter to the Editor	This letter was written to further discuss the guidelines proposed by Farrell et al. 2020 for the management of pediatric orthopedic practices during the COVID-19 pandemic. The authors specifically focus on the comments by Farrell et al. 2020 on developmental dysplasia of the hip (DDH), for which they state assessment and treatment should be postponed for the next two to four months. The authors disagree with this recommendation for several reasons. They make note of the current uncertainty regarding the status of the COVID-19 pandemic in a few months time. They also discuss that the best results for DDH are associated with early treatment. On the concern of bringing children into the hospital setting for treatment, they argue that treatment of DDH can occur in community-based clinics with observation of necessary precautions. In conclusion, they put forth a call to action to not delay efforts to detect and to treat DDH during the COVID-19 pandemic.	Although Farrell et al. 2020 recommended delaying treatment of developmental dysplasia of the hip by 2-4 months during the COVID-19 pandemic, the authors disagree and provide arguments for continuing assessment and treatment of this condition.	O’Beirne J, de Pelligrin M. Letter to the Editor: Recommendations for the Care of Pediatric Orthopaedic Patients During the COVID-19 Pandemic [published online, 2020 Jul 22]. J Am Acad Orthop Surg. doi:10.5435/JAAOS-D-20-00489

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Pediatric cancer, health outcomes, Peru	22-Jul-20	COVID-19 in Pediatric Cancer Patients in a Resource-limited Setting: National Data from Peru	Pediatric Blood & Cancer	Letter to the Editor	The authors report the health outcomes of 69 pediatric cancer patients (median 6 years; range 10 months-15 years) diagnosed with SARS CoV-2 infection from March 6 to July 7, 2020, from six tertiary centers in Peru and three cancer shelters in Lima. The cancer types in this study included hematological malignancies (69%) and solid tumors (31%), and chemotherapy was stopped in all cases. Most patients were treated as ambulatory, and interestingly, 20 (29%) were already hospitalized with suspected nosocomial SARS-CoV-2 infection. The authors observed that the most frequent symptoms reported were fever and cough (66.67%), and 37 patients (53.7%) were asymptomatic. Furthermore, COVID-19 treatment consisted of Ivermectin, Azithromycin, and Corticosteroids in 9 cases, while 60 patients did not receive any treatment. At the time of the authors' report, 62 patients were alive with no complications due to SARS CoV-2, whereas 7 patients were dead. Of the 7 deaths reported, 4 children had progressive disease and complications not related with COVID-19, and the remaining 3 children had severe pneumonia with rapid deterioration despite intensive care in one case, or unavailable ICU beds in two cases.	The authors noted that the COVID-19 lethality in this cohort of pediatric cancer patients was 10%, which is much higher than documented for the general pediatric population in Peru (0.34%) or in other countries. The authors argue for the importance of maintaining pediatric cancer treatment as a priority, while considering other factors such as socio-cultural behaviors and economic disparities which would affect access to health care services and health outcomes during the COVID-19 pandemic in Peru and other low- and middle-income countries.	Montoya J, Ugaz C, Alarcon S, et al. COVID-19 in pediatric cancer patients in a resource-limited setting: National data from Peru [published online ahead of print, 2020 Jul 22]. <i>Pediatr Blood Cancer</i> . 2020;e28610. doi:10.1002/pbc.28610
Adverse pregnancy outcomes, C-section, low birth weight, preterm birth	22-Jul-20	Maternal and neonatal characteristics and outcomes among COVID-19 infected women: An updated systematic review and meta-analysis	European journal of obstetrics, gynecology, and reproductive biology	Review	This review estimated the adverse maternal and neonatal characteristics and outcomes among COVID-19 infected women and determined heterogeneity in the estimates and associated factors. A PubMed search was performed of confirmed COVID-19 pregnant cases and related outcomes ascertained before July 8, 2020. A total of 790 COVID-19 positive females and 548 neonates from 61 studies were analyzed. The rates of C-section, premature birth, low birth weight, and adverse pregnancy events were estimated as 72%, 23%, 7%, and 27% respectively. In the heterogeneity analysis, the rate of C-section was substantially higher in Chinese studies (91%) compared to the US (40%) or European (38%) studies. The rates of preterm birth and adverse pregnancy events were also lowest in the US studies (12%, 15%) compared to Chinese (17%, 21%), and European studies (19%, 19%). Adverse pregnancy outcomes were associated with infection acquired at early gestational ages, more symptomatic presentation, myalgia symptom at presentation, and use of oxygen support therapy. Adverse pregnancy outcomes were prevalent in COVID-19 infected females and varied by location,	This review confirmed that preterm birth and other adverse pregnancy outcomes are commonly observed in COVID-19 patients and are relatively larger in Chinese and European studies compared to the US studies.	Dubey P, Reddy SY, Manuel S, Dwivedi AK. Maternal and neonatal characteristics and outcomes among COVID-19 infected women: An updated systematic review and meta-analysis [published online, 2020 Jul 22]. <i>Eur J Obstet Gynecol Reprod Biol</i> . 2020;252:490-501. doi:10.1016/j.ejogrb.2020.07.034

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					type, and size of the studies. Regular screening and early detection of COVID-19 in pregnant women may provide more favorable outcomes.		
Immune response, pediatric, inflammatory markers, antibody, China	22-Jul-20	Mild Cytokine Elevation, Moderate CD4 + T Cell Response and Abundant Antibody Production in Children with COVID-19	Virologica Sinica	Original Research	Differences in the immune response against SARS-CoV-2 between children and adults have not previously been reported. The authors sought to identify features of the immune response in children with COVID-19 (n=19) in different phases after disease onset. The children were enrolled at a single center in China from 19 Jan.-8 April 2020. Only three of 12 tested cytokines were increased in acute sera. The authors observed an increase in T helper (Th)-2 cells and a suppression in regulatory T cells (Treg) in patients during the acute phase. No significant response was found in CD8+ T cells. They concluded that children with COVID-19 displayed an immunophenotype that can be considered less inflammatory than adults, including unremarkable cytokine elevation, moderate CD4+ T cell response, and inactive CD8+ T cell response; however, their humoral immunity against SARS-CoV-2 was as strong as adults. The findings may provide some insight into why children develop less severe disease than adults.	The authors suggest that the distinct immunological profile of children with COVID-19 compared to adults could be associated with the decreased immunopathology and better prognosis of this population.	Jia R, Wang X, Liu P, et al. Mild Cytokine Elevation, Moderate CD4+ T Cell Response and Abundant Antibody Production in Children with COVID-19 [published online, 2020 Jul 22]. <i>Virologica Sinica</i> . doi:10.1007/s12250-020-00265-8
Neonatal outcomes, neurologic outcomes, mortality, China	22-Jul-20	A multicentre observational study on neonates exposed to SARS-CoV-2 in China: the Neo-SARS-CoV-2 Study protocol	British Medical Journal (BMJ) Open	Research protocol	This article describes an ongoing multi-center observational study being conducted in 31 provinces/municipalities in China. The study aims to describe the clinical findings and long-term neurological outcomes of neonates exposed to SARS-CoV-2 and to evaluate the clinical characteristics and prognosis of neonates born to mothers with COVID-19. Neonates aged 0-28 days with COVID-19 or born to mothers with COVID-19 are currently being enrolled and followed up at five time points (days 3, 7, 14, 28 after enrollment and 6 months). Researchers complete questionnaires at each time point which assess demographic details, epidemiological history, clinical manifestations, and timing and results of laboratory tests and imaging. Recruitment started February 1, 2020 and will continue through November 31, 2020. Primary outcomes will include mortality of neonates with COVID-19 at the time of initial discharge and SARS-CoV-2 infection of neonates born to mothers with COVID-19 within 7 days of birth.	A multi-center observational study of the clinical outcomes and long-term neurological outcomes of neonates exposed to SARS-CoV-2 is currently being conducted in China.	Xiao T, Xia S, Zeng L, et al. A multicentre observational study on neonates exposed to SARS-CoV-2 in China: the Neo-SARS-CoV-2 Study protocol. <i>BMJ Open</i> . 2020;10(7):e038004. Published 2020 Jul 22. doi:10.1136/bmjopen-2020-038004
Children, burn centers, hospital management, Romania	22-Jul-20	The impact of COVID-19 pandemic on the activity of a pediatric burn center in Bucharest, Romania	Burns	Letter to the Editor	This perspective shares the experience of the authors who are from a pediatric burn center in Bucharest in Romania. The triage for patients and accompanying persons started at the beginning of March, and a special ward for COVID-19 suspected patients was set in this center. All patients confirmed with SARS-COV-2 infection were transferred to other specialized hospitals. This center reduced to one half the number of beds available for emergency burns and trauma patients to ensure distancing. All patients were instructed not to leave their rooms, and no visitors were allowed. Every patient underwent RT-PCR testing for COVID-19. The admissions decreased by 41% compared with the	This article presents the hospital adjustment to the pandemic of a burn center in Romania and finds that the admissions of moderately and severely burned patients did not decrease compared with last year,	Tatar R, Enescu DM. The impact of COVID-19 pandemic on the activity of a pediatric burn center in Bucharest, Romania [published online, 2020 Jul 13]. <i>Burns</i> . 2020; doi:10.1016/j.burns.2020.07.002

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					same period in 2019 (39 patients in 2020, 66 patients in 2019, $p < 0.001$). However, the number of moderate and severe burns was nearly the same (19 in 2020, 20 in 2019). The hospital kept receiving patients from all over the country because this hospital is the only burn center in Romania dedicated to children.	indicating potential dangers at home.	
Dysplasia of the hip (DDH), hospital management	22-Jul-20	Reply to Letter to the Editor: Recommendations for the Care of Pediatric Orthopaedic Patients During the COVID-19 Pandemic	American Academy of Orthopaedic Surgeons	Letter to the Editor	This article addresses readers' concerns about the authors' recommendations involving the management of patients with developmental dysplasia of the hip (DDH). At the outset of the pandemic in North America, their tertiary pediatric care center decided to defer all appointments for DDH in the Orthopaedic Clinic for an estimated 2 to 3 months. The readers raise concerns about delaying DDH treatment, particularly in the case of complete dislocations. The existed findings do not refute the importance of early detection and treatment, but they do suggest that harness or closed reduction can still be successful in many children under 1 year of age. The authors agree that continuing to defer treatment beyond that initial period of delay would likely cause the risks of longterm impact on the patient's quality of life to outweigh the benefits of reducing potential viral transmission. Approaches to care and management of pediatric orthopedic patients will need to be adaptable throughout different phases of the pandemic.	This letter addresses the concerns about deferring all appointments for DDH and argues that this decision was based on the specific context of the early stages of the pandemic.	Schaeffer EK, Farrell S, Mulpuri K. Reply to Letter to the Editor: Recommendations for the Care of Pediatric Orthopaedic Patients During the COVID-19 Pandemic [published online, 2020 Jul 22]. J Am Acad Orthop Surg. 2020;10.5435/JAAOS-D-20-00743. doi:10.5435/JAAOS-D-20-00743
Hand eczema, children, hand hygiene, reopen, Denmark	22-Jul-20	High incidence of hand eczema in Danish school children following intensive hand hygiene during the COVID-19 pandemic - a nationwide questionnaire study	British Journal of Dermatology	Research Letter	The authors found an increase in young children presenting with hand eczema after the re-opening of primary schools for grades 0 to 5 since 15th April 2020. The authors conducted an anonymous parental self-administered survey among all municipal and private primary schools in Denmark from 28th April to 5th May 2020. The final sample consisted of 31,037 children (mean age 8.7 years; age range 5-13 years) and represented 10% of the total number of children enrolled in grade 0 to 5. Findings showed that the prevalence of hand eczema increased from 14.1% before re-opening to 50.4% after reopening with strict hand hygiene guidelines, which was a statistically significant increase of 36.3% ($p < 0.001$). Among the children who did not suffer from hand eczema before the re-opening of schools, 40.9% (10,491/25,672; 95% CI 40.1-41.7) developed hand eczema after returning to school. The risk of developing hand eczema was significantly and strongly associated with atopic dermatitis (adjusted OR=2.14, 95% CI 1.99-2.30), moderately with female gender (adjusted OR=1.34, 95% CI 1.28-1.41), younger age, and the frequency of handwashing. The authors concluded that the occurrence of hand eczema may have serious long-term consequences and the guidelines for hand hygiene need implementation with proper information.	The results from this anonymous parental self-administered survey in Denmark showed the risk of developing hand eczema was significantly associated with atopic dermatitis, female gender, younger age, and the frequency of handwashing.	Simonsen AB, Ruge IF, Quaade AS, et al. High incidence of hand eczema in Danish school children following intensive hand hygiene during the COVID-19 pandemic - a nationwide questionnaire study [published online, 2020 Jul 22]. Br J Dermatol. doi:10.1111/bjd.19413
Neonate, asymptomatic, pediatric, Iran	22-Jul-20	COVID-19 Virus in a 6-Day-Old Girl Neonate: A	Clinical Pediatrics	Case Report	In this case report, a completely asymptomatic 6-day-old neonate was screened for COVID-19 in Hamadan City, Iran, only because of her mother's suspicious symptoms of COVID-19, which were	This case report presents a case of an asymptomatic 6-day-old	Eghbalian F, Esfahani AM, Jenabi E. COVID-19 Virus in a 6-Day-Old Girl Neonate: A Case Report [published

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		Case Report [Free Access to Abstract only]			fever and cough. None of the other family members had any suspicious symptoms of the COVID-19. The neonate was in good general condition and tested positive for the first two tests while her mother was tested negative. The neonate did not have any complications or problems during the 6 days of hospitalization and was discharged on the 12th day of life with her third test negative for SARS-CoV-2.	neonate tested positive for SARS-CoV-2 in Iran.	online, 2020 Jul 22]. Clin Pediatr (Phila). doi:10.1177/0009922820946010
Pregnancy, diabetes, hyperglycemia, management, Italy	22-Jul-20	Recommendations and management of hyperglycaemia in pregnancy during COVID-19 pandemic in Italy	Diabetes Research and Clinical Practice	Management Protocol	This article summarizes recommendations from the Italian Diabetes and Pregnancy Study Group and other experts to guide physicians in the management of hyperglycemia in pregnancy, with the use of telemedicine. The authors present three diagnostic, therapeutic and assistance pathways for the COVID-19 pandemic, one each for type 1, type 2 and gestational diabetes. A flowchart and detailed management steps are included for each pathway.	This article provides guidance for the use of telemedicine in the management of hyperglycemia in pregnancy during the COVID-19 pandemic.	Torlone E, Angela Sculli M, Bonomo M, et al. Recommendations and management of hyperglycaemia in pregnancy during COVID-19 pandemic in Italy [published online ahead 2020 Jul 22]. Diabetes Res Clin Pract. 2020;108345. doi:10.1016/j.diabres.2020.108345
Hydatidiform mole, gestational trophoblastic diseases	22-Jul-20	COVID-19 and Hydatidiform Mole	American Journal of Reproductive Immunology	Special Issue Article	Pregnant patients with COVID-19 had immune dysregulation that could result in abnormal pregnancy outcomes such as hydatidiform mole (HM). In this article, the authors summarized the possible association between COVID-19 and the HM's development by reviewing the role of NOD-Like Receptor Family Pyrin Domain Containing 7 (NLRP7), cytokines, zinc, and leucocytes in the pathogenesis of HM. The authors supposed 1) bacterial or viral infection like SARS-CoV-2 may stimulate NLRP7 to accumulate inflammasome to mediate HM in pregnant women; 2) COVID-19 infection which is characterized by a cytokine-storm and by raised various cytokines level, may affect the normal implantation and induce the development of HM; 3) the deficiency of zinc may affect the embryonic development and predisposes to HM occurrence; 4) there could be an association between COVID-19 and the development of HM since leucopenia is a characteristic for HM patients as well as one of the key features for COVID-19 diagnosis. To conclude, the full pathogenesis and immunological aspects of HM are still unclear and future research is warranted to understand the association between COVID-19 and the development of HM.	The authors described the possible association between COVID-19 and the HM's development by reviewing the role of NOD-Like Receptor Family Pyrin Domain Containing 7, cytokines, zinc, and leucocytes in the pathogenesis of HM.	Abbas AM, Ahmed L, Salem AS, et al. COVID-19 and Hydatidiform Mole [published online, 2020 Jul 22]. Am J Reprod Immunol. 2020;e13310. doi:10.1111/aji.13310
Americans with Disabilities Act, allergen bans, anaphylaxis, epinephrine, food allergy, hand washing, schools, social distancing, stock epinephrine, USA	22-Jul-20	Rostrum: Managing Food Allergy in Schools During the COVID-19 Pandemic	The Journal of Allergy and Clinical Immunology	Original Article	This expert consensus explores the issues in the USA related to evidence-based management of food allergy at school, the issues of managing the health of children attending school that are acutely posed by the constraints of the COVID-19 pandemic, and how to harmonize these needs so that all children can attend school with minimal risk from both an infectious and allergic standpoint. The recommendations include: (1) Schools should always promote strict handwashing before/after meals with soap and water; cleaning surfaces with a detergent agent before/after meals; avoiding sharing food. (2) Train for all teachers, staff, and volunteers at the school in the recognition of the signs and symptoms of food-allergic reactions including anaphylaxis, and	This article summarizes the expert consensus of the recommendations to ensure that all children can attend school with minimal risk of being infectious and allergic during the COVID-19 pandemic.	Greenhawt M, Shaker M, Stukus DR, et al. Rostrum: Managing Food Allergy in Schools During the COVID-19 Pandemic [published online, 2020 Jul 22]. J Allergy Clin Immunol Pract. 2020;S2213-2198(20)30724-8. doi:10.1016/j.jaip.2020.07.016

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					how to promptly treat reaction symptoms with emergency medication. (3) Institute a zero-tolerance policy for food allergy-related bullying. (4) Consider adopting unique approaches or modifying current school district or CDC policies or recommendations, as indicated by special circumstances. (5) Schools should develop very clear communications strategies and channels to help promote open dialogue and engagement, for fostering trust with families of food-allergic children.		
Homeschooling, stress, mental health, UK, Sweden, Spain, Belgium, the Netherlands, Germany, Italy	21-Jul-20	Parental experiences of homeschooling during the COVID-19 pandemic: Differences between seven European countries and between children with and without mental health conditions	European Child and Adolescent Psychiatry	Original Research	The aim of this study was to examine parental experiences of homeschooling across Europe during the COVID-19 pandemic, in families with or without a child with a mental health condition. The study surveyed 6720 parents of a child (ages 5-19) receiving homeschooling due to school closures from the pandemic during April 28 - June 21, 2020. Parents were recruited through schools, patient organizations and social media platforms from 7 European countries: the UK (n = 508), Sweden (n = 1436), Spain (n = 1491), Belgium (n = 508), the Netherlands (n = 324), Germany (n = 1662) and Italy (n = 794). They included 2002 parents of a child with a mental health condition, such as (but not limited to) attention deficit hyperactivity disorder or autism spectrum disorder, and 4718 parents of children without a mental health condition. Many parents reported negative effects of homeschooling for themselves and their child, and many found homeschooling to be of poor quality (overall 19.2%). In most countries, contact with teachers was limited, leaving parents with the primary responsibility for managing homeschooling. Parents frequently reported general negative experiences of homeschooling for both their child (17.4–27.6%, depending on country) and themselves (11.1–41.3%). In all countries except Sweden, parents reported higher levels of positive experiences for themselves compared to their child. Parents also reported increased levels of stress, worry, social isolation, and domestic conflict during the pandemic. A small number of parents reported increased parental alcohol/drug use (overall 5.0%). Differences between countries and between families with and without a mental health condition were generally small, indicating that many parents across countries reported negative experiences. The adverse effects of homeschooling will likely have a long-term impact and contribute to increased inequalities.	Many parents reported negative effects of homeschooling during the COVID-19 pandemic for themselves and their child. Many found homeschooling to be of poor quality, and also reported increased levels of stress, worry, social isolation, and domestic conflict. The adverse effects of homeschooling will likely have a long-term impact and contribute to increased inequalities.	Thorell LB, Skoglund C, de la Peña AG, et al. Parental experiences of homeschooling during the COVID-19 pandemic: differences between seven European countries and between children with and without mental health conditions [published online ahead of print, 2021 Jan 7]. Eur Child Adolesc Psychiatry. 2021;1-13. doi:10.1007/s00787-020-01706-1
Homeschooling, stress, mental health, UK, Sweden, Spain, Belgium, the Netherlands, Germany, Italy	21-Jul-20	Parental experiences of homeschooling during the COVID-19 pandemic: Differences between seven	European Child and Adolescent Psychiatry	Original Research	The aim of this study was to examine parental experiences of homeschooling across Europe during the COVID-19 pandemic, in families with or without a child with a mental health condition. The study surveyed 6720 parents of a child (ages 5-19) receiving homeschooling due to school closures from the pandemic during April 28 - June 21, 2020. Parents were recruited through schools, patient organizations and social media platforms from 7 European countries: the UK (n = 508), Sweden (n = 1436), Spain	Many parents reported negative effects of homeschooling during the COVID-19 pandemic for themselves and their child. Many found homeschooling to be of poor quality, and also	Thorell LB, Skoglund C, de la Peña AG, et al. Parental experiences of homeschooling during the COVID-19 pandemic: differences between seven European countries and between children with and without mental health conditions [published online ahead of print, 2021 Jan 7]. Eur Child

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		European countries and between children with and without mental health conditions			(n = 1491), Belgium (n = 508), the Netherlands (n = 324), Germany (n = 1662) and Italy (n = 794). They included 2002 parents of a child with a mental health condition, such as (but not limited to) attention deficit hyperactivity disorder or autism spectrum disorder, and 4718 parents of children without a mental health condition. Many parents reported negative effects of homeschooling for themselves and their child, and many found homeschooling to be of poor quality (overall 19.2%). In most countries, contact with teachers was limited, leaving parents with the primary responsibility for managing homeschooling. Parents frequently reported general negative experiences of homeschooling for both their child (17.4–27.6%, depending on country) and themselves (11.1–41.3%). In all countries except Sweden, parents reported higher levels of positive experiences for themselves compared to their child. Parents also reported increased levels of stress, worry, social isolation, and domestic conflict during the pandemic. A small number of parents reported increased parental alcohol/drug use (overall 5.0%). Differences between countries and between families with and without a mental health condition were generally small, indicating that many parents across countries reported negative experiences. The adverse effects of homeschooling will likely have a long-term impact and contribute to increased inequalities.	reported increased levels of stress, worry, social isolation, and domestic conflict. The adverse effects of homeschooling will likely have a long-term impact and contribute to increased inequalities.	Adolesc Psychiatry. 2021;1-13. doi:10.1007/s00787-020-01706-1
Spain, delivery, pregnancy, neonatal outcomes	21-Jul-20	Calculation Error in Study of Pregnant Women With COVID-19 and Maternal and Neonatal Outcomes in Spain	The Journal of the American Medical Association (JAMA)	Comment & Response	This comment reports an error in the study “Association Between Mode of Delivery Among Pregnant Women With COVID-19 and Maternal and Neonatal Outcomes in Spain” by Oscar Martínez-Perez, et al. published online on June 8, 2020. The article was corrected on July 21, 2020, for data and statistical significance changes. A direct link is provided to the corrected article.	The corresponding author of “Association Between Mode of Delivery Among Pregnant Women With COVID-19 and Maternal and Neonatal Outcomes in Spain” published in June 2020 reports a calculation error and links to the corrected article.	Baud D. Calculation error in study of pregnant women with COVID-19 and maternal and neonatal outcomes in Spain. JAMA. 2020;324(3):304-305. doi: 10.1001/jama.2020.12267.
Pediatric, premature, congenital heart disease, neonatal resuscitation, infant, endotracheal intubation, NICU	21-Jul-20	Care of the COVID-19 exposed complex newborn infant	Seminars in Perinatology	Original Article	The authors offer recommendations on caring for complex infants of COVID-19 positive mothers, including premature infants, infants with congenital heart disease, and infants needing other surgeries. Health staff should exercise caution in caring for these neonates, until COVID-19 infection is ruled out. Ideally, these infants would be isolated in negative-pressure rooms, especially for aerosol-generating procedures, and would stay in incubators. Staff should wear appropriate PPE, care should be clustered to avoid extra traffic in patient rooms, and procedures should be performed with the fewest possible staff that can still provide effective care. High-risk procedures such as endotracheal intubation should be performed by experienced staff members,	The authors offer recommendations on caring for complex infants of COVID-19 positive mothers, including premature infants, infants with congenital heart disease, and infants needing other surgeries.	Krishnamurthy G, Sahni R, Leone T, et al. Care of the COVID-19 exposed complex newborn infant [published online ahead of print, 2020 Jul 21]. <i>Semin Perinatol</i> . 2020;151282. doi:10.1016/j.semperi.2020.151282

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					to limit the number of attempts required. The article recommends equipment such as cuffed endotracheal tubes, video-laryngoscopes for endotracheal intubation, and viral filters on resuscitation equipment, in order to decrease infection risk. Finally, staff education on specific patient conditions, as well as multidisciplinary communication, are vital in maintaining safety for patients and health care workers.		
Breastfeeding, facilities, design, US, China	21-Jul-20	Unprotected mothers and infants breastfeeding in public amenities during the COVID-19 pandemic	Environmental Chemistry Letters	Editorial	Recent literature reporting SARS-CoV-2 suspension in the ambient air has sparked concerns, particularly for breastfeeding facilities. When utilizing public breastfeeding amenities, mothers can wear masks, but infants are unable to protect themselves from direct exposure to indoor air via mask-wearing. Further, infants maintain a faster breathing rate that places them at an increased risk for exposures to airborne pathogens in public settings. Recent surveys in both the US and China have found issues in the design of lactation facilities. In China 70% of those facilities were located next to public toilets and only 35% of the rooms had good ventilation in China. Temperature control was found in only 40% of facilities on US university campuses. Alternative use of public toilets for breastfeeding presents additional threats such as elevated risk of exposure to other fecal-oral pathogens. The authors conclude by suggesting improved regulatory guidelines for breastfeeding facility design including larger spaces, exhaust fans, and windows to safely maintain the recommended breastfeeding practices for women and infants during the pandemic.	The authors outline issues with the current design of some public breastfeeding amenities with concerns of SARS-CoV-2 suspension in the ambient air. They suggest adding exhaust fans and windows as design improvements to ensure that recommended breastfeeding practices are safely maintained during the pandemic.	Wang X, Han J, Lichtfouse E. Unprotected mothers and infants breastfeeding in public amenities during the COVID-19 pandemic [published online ahead of print, 2020 Jul 21]. Environ Chem Lett. 2020;1-4. doi:10.1007/s10311-020-01054-1
Guidelines, pandemic, obstetric	21-Jul-20	Inpatient obstetric management of COVID-19	Seminars in Perinatology	Review Article	In this review, the authors strive to describe inpatient management strategies and considerations for pregnant patients with SARS-CoV-2 infection. Inpatient antepartum, intrapartum, and postpartum management strategies and guidelines are presented, along with discrete variations for implementation consideration during the COVID-19 pandemic. Details on how to proceed with treatment in a pandemic environment, as well as how to proceed with an infected patient, are presented. Variable presentation and limited knowledge of the disease thus far has posed challenges to both obstetric patients and the staff caring for them. The authors stress that practitioners must maintain a low threshold for adaptation of clinical practice as management recommendations will continue to evolve.	This review details guidelines for obstetric management and care during the COVID-19 pandemic. The authors emphasize the specific considerations and frameworks to follow when a patient is positive for the SARS-CoV-2 virus, but stress that recommendations will continue to evolve.	Aubey J, Zork N, Sheen JJ. Inpatient obstetric management of COVID-19 [published online ahead of print, 2020 Jul 21]. Semin Perinatol. 2020;151280. doi:10.1016/j.semperi.2020.151280
Pregnancy, clinical manifestations, presentation, obstetrics	21-Jul-20	The clinical course of COVID in pregnancy	Seminars in Perinatology	Review Article	The authors performed a literature review to describe the clinical presentations of SARS-CoV-2 infection among pregnant women. The authors discuss screening, testing, clinical presentations, disease severity, and special considerations for pregnant women during the COVID-19 pandemic. In particular, they present pulmonary manifestations as well as evaluation using blood gas analysis and pulse oximetry. They further provide an overview of hematologic, immunologic, cardiovascular, hepatic, neurologic,	The authors describe unique manifestations of COVID-19 in pregnancy such as respiratory distress and lymphopenia, but evidence for these	Syeda S, Baptiste C, Breslin N, et al. The clinical course of COVID in pregnancy. 2020 Jul 21. Semin Perinatol. 2020. doi:10.1016/j.semperi.2020.151284

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					and renal symptoms in pregnant women with COVID-19. Overall, the authors found that COVID-19 can have both pulmonary and extra-pulmonary manifestations as described in this article. They note that multi-organ involvement of COVID-19 in the obstetric findings has only been confirmed by limited data. They state that future studies assessing specific findings in the obstetric population will allow clinicians to gain a better understanding of disease progression in this population and to develop guidelines for system-based treatment.	remains under-researched.	
Pregnancy, clinical characteristics, vertical transmission, New York City, USA	21-Jul-20	Outcomes and epidemiology of COVID-19 infection in the obstetric population	Seminars in Perinatology	Commentary	This review assesses current epidemiology and outcomes research related to COVID-19 with a focus on obstetric patients, covering the global spread of the SARS-CoV-2 virus, symptomatology, modes of transmission, and current knowledge gaps related to epidemiology and outcomes for the obstetric population. Obstetric research literature on COVID-19 is limited, but early evidence supports that pregnant women do not appear to be one of the highest risk groups for adverse outcomes even though risk is present for cardiomyopathy, ICU admission, and death, and hypoxia occurs in a significant minority of patients. With limited data, early findings on risk for vertical transmission appear to be reassuring although larger samples are required to estimate risk particularly with documented infections occurring in the first and second trimesters.	This review summarizes epidemiology and outcomes research for COVID-19 infection in the general population and compares this to what is known for pregnant women. Pregnant women do not appear to be one of the highest risk groups for adverse outcomes from COVID-19, and the risk of vertical transmission seems to be low.	Sutton D, Bertozzi-Villa C, Lasky J, et al. Outcomes and epidemiology of COVID-19 infection in the obstetric population [published online 2020 Jul 21]. <i>Semin Perinatol.</i> 2020;151283. doi:10.1016/j.semperi.2020.151283
COVID-19; Obstetric ultrasound; Pandemic; Prenatal care	21-Jul-20	Adaptation of prenatal care and ultrasound	Seminars in Perinatology	Report	Authors detail adaptations to prenatal care and ultrasound during the COVID-19 pandemic. These rapid adaptations to traditional prenatal care were designed to decrease the risk of coronavirus exposure of patients, staff, and physicians while continuing to provide safe and comprehensive obstetric care. In-person visits decreased in favor of telehealth appointments when appropriate. The authors note that while telehealth appointments decrease risk of COVID-19 transmission, they are not a replacement for in-person visits during pregnancy. Dating scans were combined with nuchal translucency assessments to reduce outpatient ultrasound visits, and elective or non-indicated ultrasounds were not performed. Cell-free fetal DNA tests were commonly used to screen for aneuploidy due to the tests' increased sensitivity. Antenatal testing guidelines were modified with a focus on providing evidence-based testing for maternal and fetal conditions. For complex pregnancies, fetal interventions were undertaken earlier to avoid serial surveillance and repeated in-person hospital visits. The authors provide guidelines for routine prenatal care during the COVID-19 pandemic and conclude that lessons learned during the pandemic may result in permanent changes to the provision of prenatal care in the United States and help when another global health crisis emerges.	The authors discuss adaptations to prenatal care during the COVID-19 pandemic and include suggested guidelines to minimize risk of SARS-CoV-2 infection, such as expanding telehealth offerings and combining in-person appointments with necessary testing and ultrasound visits.	Aziz A, Fuchs K, Nhan-Chang CL, et al. Adaptation of prenatal care and ultrasound [published online, 2020 Jul 21]. <i>Semin Perinatol.</i> 2020;151278. doi:10.1016/j.semperi.2020.151278

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Pregnancy, mental health, psychological wellbeing, maternal health, UK	21-Jul-20	COVID-19 positive mothers are not more anxious or depressed than non COVID pregnant women during the pandemic: A pilot case-control comparison	European Journal of Obstetrics & Gynecology and Reproductive Biology	Letter to the Editor	The authors previously reported that for pregnant women (n=11), the maximum scores on the Generalized Anxiety Disorder Questionnaire (GAD-7) and Patient Health Questionnaire (PHQ-9) occurred during the peak of COVID-19 related deaths in the UK. The authors repeated the questionnaires, including from an additional three COVID-19 positive pregnant women (total n=14) compared to 14 healthy pregnant women. The median GAD-7 score for the COVID-19 positive mothers were statistically comparable to healthy pregnant women (p=0.9). Similarly, median PHQ-9 score for the two groups were not statistically different (p=0.95). Interestingly, the anxiety and depression measurements in both groups followed similar trajectories, rising to a peak at the height of the pandemic deaths (around 23 March 2020) and falling sharply after the 17th April 2020. The authors conclude that GAD-7 and PHQ-9 median scores were broadly low in both groups, suggesting that the sociodemographic influences of the pandemic affected pregnant women equally irrespective of their COVID status.	It is important to understand the potential effects of the COVID-19 pandemic on the mental health of vulnerable groups such as pregnant women. The authors found that COVID-19 positive pregnant women in the UK had comparable levels of anxiety and depression compared to healthy pregnant women.	Kotabagi P, Nauta M, Fortune L, Yoong W. COVID-19 positive mothers are not more anxious or depressed than non COVID pregnant women during the pandemic: A pilot case-control comparison [published online, 2020 Jul 21]. Eur J Obstet Gynecol Reprod Biol. doi:10.1016/j.ejogrb.2020.07.037
Therapy, rehabilitation, essential services, telehealth, Netherlands	21-Jul-20	Therapy needs and possibilities in pediatric rehabilitation during the Covid-19 lockdown in the Netherlands	Childcare, Health, and Development	Short report	During the lockdown to prevent spread of COVID-19 in the Netherlands, 237 therapists and physicians working in rehabilitation units were surveyed by the Dutch-Academy of Childhood Disability to assess how they interpreted the government's measures to reduce medical therapies and focus on life-saving hospital treatments. Results of the survey showed large variation in the therapies and care that were continued, with no unanimous interpretation of urgent/essential care. In all clinics and hospitals treatments were continued by telehealth where possible, although many therapists expressed concerns about vulnerable populations, stress on parents, and disparities in access to technology. Social media and other online platforms were used creatively in response to these challenges, which may provide innovations for the future.	Therapists and physicians at rehabilitation centers in the Netherlands responded in different ways to the government's measure to limit healthcare to urgent/essential care during the lockdown. There was a lack of consensus on essential care.	Alsem M, Berkhout J, Buizer A. Therapy needs and possibilities in pediatric rehabilitation during the Covid-19 lockdown in the Netherlands [published 2020 Jul 21]. Child Care Health Dev. 2020; doi:10.1111/cch.12797
Pregnancy, clinical characteristics, maternal-infant transmission, Wuhan, China	21-Jul-20	Maternal and infant outcomes of full-term pregnancy combined with COVID-2019 in Wuhan, China: retrospective case series	Archives of Gynecology and Obstetrics	Case series	This case series describes 21 full-term pregnant patients admitted to 3 hospitals in Wuhan, China, with confirmed SARS-CoV-2 infection from January 20-February 29, 2020. The median age was 29 years, and none were admitted to the ICU or died during treatment. The most common symptoms at illness onset were cough (80.95%), fatigue (47.62%), fever (33.33%), and expectoration (4.76%), with one patient (4.76%) developing shortness of breath on admission. The median time from exposure to onset of illness was 10 days (interquartile range 7–2 days), and from onset of symptoms to first hospital admission was 1 day (interquartile range 1–2 days). As of February 29, 2020, all 21 patients had recovered from COVID-19 and delivered successfully. None of their newborns were infected with SARS-CoV-2, and there was no evidence of maternal-infant transmission.	This case series describes clinical characteristics and outcomes for 21 full-term pregnant patients with COVID-19 in Wuhan, China. All recovered well and delivered successfully, with no evidence of maternal-infant transmission.	Chen Y, Bai J. Maternal and infant outcomes of full-term pregnancy combined with COVID-2019 in Wuhan, China: retrospective case series [published online 2020 Jul 21]. Arch Gynecol Obstet. 2020;1-7. doi:10.1007/s00404-020-05573-8

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Health disparities, USA	21-Jul-20	Syndemic Perspectives to Guide Black Maternal Health Research and Prevention During the COVID-19 Pandemic	Maternal and Child Health Journal	Commentary	The authors argue that the COVID-19 pandemic is likely to disproportionately impact Black women and birthing people, as policy responses have failed to account for their unique socio-economic and healthcare contexts in the USA. The resulting consequences may exacerbate disparities in maternal morbidity and mortality in this population. The authors advocate for the proliferation of syndemic perspectives to guide maternal disparities research and prevention during the COVID-19 pandemic. These perspectives can enable a holistic and nuanced understanding of the intersection of endemic and COVID-19-specific vulnerabilities and disparities experienced by Black women and birthing people and help inform impactful multi-level prevention strategies.	This commentary advocates for the proliferation of syndemic perspectives to guide maternal disparities research and prevention during the COVID-19 pandemic in the USA.	Lemke MK, Brown KK. Syndemic Perspectives to Guide Black Maternal Health Research and Prevention During the COVID-19 Pandemic [published online 2020 Jul 21]. <i>Matern Child Health J.</i> 2020;1-6. doi:10.1007/s10995-020-02983-7
Pregnancy, vertical transmission, placenta, neonate, breast milk	21-Jul-20	Vertical transmission of SARS CoV-2: a systematic review [Free Access to Abstract only]	The Journal of Maternal-Fetal & Neonatal Medicine	Review Article	The authors sought to review the current evidence on the vertical transmission of SARS-CoV-2 through a search of online databases of the published literature. They included 50 studies in this review, which included data from 606 neonates. Among these, 17 newborns tested positive for SARS CoV-2 by RT-PCR. In three neonates, SARS-CoV-2 IgG and IgM levels were elevated. Eight placental tissues tested positive for the virus. Three positive RT-PCR results of test of breast milk were also recently reported. One sample of amniotic fluid tested positive. The authors conclude that possible vertical transmission of SARS CoV-2 has been observed; however, more RT-PCR tests on amniotic fluid, placental tissue, breast milk, and cord blood are required.	The authors conclude that there is potential for vertical transmission of SARS-CoV-2 due to detection of viral RNA in placental tissues. They also review the current evidence of adverse fetal and maternal outcomes associated with SARS-CoV-2 due to its effects on the placenta.	Deniz M, Tezer H. Vertical transmission of SARS CoV-2: a systematic review. [published online, 2020 Jul 21]. <i>Matern Fetal Neonatal Med.</i> doi:https://doi.org/10.1080/14767058.2020.1793322
Pregnancy, health disparities, outcomes, New York City, USA	21-Jul-20	Influence of Race and Ethnicity on Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infection Rates and Clinical Outcomes in Pregnancy	Obstetrics and Gynecology	Research letter	This retrospective cohort study of women who delivered at two hospitals in New York City, USA, from March 13-April 23, 2020, sought to evaluate infection rates and perinatal outcomes among pregnant women with SARS-CoV-2 by race and ethnicity. 100 of 673 gravid patients tested positive for SARS-CoV-2 infection during the study period. There was a significantly higher SARS-CoV-2 infection rate among Hispanic women compared with non-Hispanic White women (18.1% vs 9.4%, P<0.01). Disease-specific outcomes and perinatal complications did not differ between groups. Hispanic women, however, were more likely to deliver by C-section than were non-Hispanic White women (53% vs 15%, P<0.05). There were no differences in neonatal outcomes. In this cohort, Hispanic women were disproportionately represented among those with SARS-CoV-2 infection, suggesting some disparity in infection risk. Other than the difference in C-section rate, the data do not demonstrate racial-ethnic differences in infection-associated or perinatal outcomes among pregnant women with SARS-CoV-2 infection.	This cohort study demonstrates a possible disparity in SARS-CoV-2 exposure risk in New York City, USA with Hispanic pregnant women disproportionately infected. Other than Hispanic women being more likely to deliver by C-section, disparities were not seen in clinical outcomes.	Emeruwa UN, Spiegelman J, Ona S, et al. Influence of Race and Ethnicity on Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infection Rates and Clinical Outcomes in Pregnancy [published online 2020 Jul 21]. <i>Obstet Gynecol.</i> 2020. doi:10.1097/AOG.0000000000004088

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Pregnancy, testing, viral shedding, antibodies, Washington state, USA	21-Jul-20	Prolonged Detection of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) RNA in an Obstetric Patient With Antibody Seroconversion	Obstetrics and Gynecology	Case Report	This case report describes a 27-year-old primigravid woman who presented with mild COVID-19 symptoms at 28 2/7 weeks of gestation, testing positive for SARS-CoV-2 infection by nasopharyngeal swab RT-PCR. Antibody seroconversion was detected at 36 6/7 weeks of gestation. She presented for delivery at 38 1/7 weeks of gestation, and her SARS-CoV-2 RT-PCR test result was positive. SARS-CoV-2 RNA remained detectable 34 days postpartum and 104 days from her initial positive test. Prolonged viral shedding of SARS-CoV-2 RNA may occur in the pregnant patient. If prevalent, this complicates the interpretation of a positive SARS-CoV-2 RT-PCR test result in the asymptomatic gravid patient.	This case report of prolonged SARS-CoV-2 viral shedding in a pregnant patient highlights a clinical scenario that could complicate the interpretation of positive SARS-CoV-2 test results in pregnant patients.	Molina LP, Chow SK, Nickel A, et al. Prolonged Detection of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) RNA in an Obstetric Patient With Antibody Seroconversion [published online 2020 Jul 21]. <i>Obstet Gynecol.</i> 2020. doi:10.1097/AOG.0000000000004086
Transmission dynamic, children, viral load	21-Jul-20	Transmission of SARS-CoV-2 by Children	Deutsches Ärzteblatt International	Review Article	This review analyzed articles on the evidence base of transmission of SARS-CoV-2 by children, published up to 25th June 2020 in PubMed using the terms “child”, “SARS-CoV-2” and “transmission” in order to assess the components of transmission and the different study designs and considerations necessary for a valid assessment of transmission dynamics. Findings showed that 1) transmission dynamics must be studied in representative pediatric populations with a combination of study designs including rigorous epidemiological studies (e.g. in households, schools) and laboratory studies while taking into account the social and socio-economic contexts; 2) viral load estimates from representative pediatric samples of infected children were missing so far; 3) available evidence suggested transmission from children occurs, but contributed much less to the evolution of the epidemic than do contacts between adults, and school re-openings have not lead to transmission spikes in low transmission countries. With changing interventions in the future, the authors argued that pragmatic studies to measure changes in transmission in various groups, particularly children, are needed more than ever.	This review evaluated the literature on transmission of SARS-CoV-2 by children to find that transmission from children contributed much less to the evolution of the epidemic than do contacts between adults. However, with changing interventions, the authors argued that studies to measure changes in transmission in various groups, particularly children, are needed.	Merckx J, Labrecque JA, Kaufman JS. Transmission of SARS-CoV-2 by Children. <i>Dtsch Arztebl Int.</i> 2020;117(33-34):553-560. doi:10.3238/arztebl.2020.0553
Pregnancy, management, guidelines	21-Jul-20	Clinical management of coronavirus disease 2019 (COVID-19) in pregnancy: recommendations of WAPM-World Association of Perinatal Medicine [Full Text Not Found]	Journal of Perinatal Medicine	Review	This abstract describes guidelines from the World Association of Perinatal Medicine that address auditing, evaluation, and clinical care in perinatal medicine to better equip physicians to diagnose, treat and provide follow-up care to COVID-19-exposed pregnant women. These guidelines are based on peer-reviewed literature and expert opinion, and the authors plan to update these guidelines as new evidence becomes available. Physicians are advised to apply these guidelines to the local realities which they face.	The authors describe guidelines for managing COVID-19 exposure and illness in pregnant women, which they recommend physicians adapt to their local circumstances.	Api O, Sen C, Debska M, et al. Clinical management of coronavirus disease 2019 (COVID-19) in pregnancy: recommendations of WAPM-World Association of Perinatal Medicine [published online 2020 Jul 21]. <i>J Perinat Med.</i> 2020. doi:10.1515/jpm-2020-0265

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Breastfeeding, mother-infant separation, mother-infant transmission, California, USA	21-Jul-20	Protecting Breastfeeding during the COVID-19 Pandemic	American Journal of Perinatology	Review Article	The authors describe variable breastfeeding recommendations for suspected or confirmed mothers with COVID-19 resulting from incomplete knowledge about COVID-19 transmission. Due to the potential concern for transmission of infection from maternal respiratory secretions to the newborn, temporary separation of the maternal-infant dyad has been variably recommended, which can have negative health and emotional implications for both mother and infant. Two publications have reported SARS-CoV-2 in human breast milk, but the role of breast milk as a vehicle of transmission of COVID-19 to newborns remains unclear. Breast milk may be providing protective antibodies against SARS-CoV-2 infection even in infected neonates. Given the overall safety of breast milk and both short-term and long-term nutritional, immunological, and developmental advantages of breast milk to newborn, the authors recommend that breast milk should not be withheld from an infant. The setting of maternal care, severity of maternal infection and availability of resources can impact the decision of breastfeeding. The role of shared decision making on breastfeeding between mother and physician needs to be emphasized.	The authors recommend direct breastfeeding with appropriate hygiene precautions, unless the maternal or neonatal health condition warrants separation of this dyad.	Cheema R, Partridge E, Kair LR, et al. Protecting Breastfeeding during the COVID-19 Pandemic [published online 2020 Jul 21]. Am J Perinatol. 2020. doi:10.1055/s-0040-1714277
Healthcare workers, USA	21-Jul-20	Providing women's health care during COVID-19: Personal and professional challenges faced by health workers	International Journal of Gynecology and Obstetrics	Editorial	The authors summarize key challenges faced by health providers for women during the COVID-19 pandemic and offer recommendations for ways to address the challenges. The challenges include offering prenatal services and continuity of care; providing access to sexual, reproductive, and family planning services and services for survivors of sexual and gender-based violence; ensuring provider safety and access to personal protective equipment; allowing patient support during labor and delivery; and facing harassment and abuse. The authors advocate for governments, regional and local health systems, and private institutions to promote the safety and security of these healthcare workers.	This editorial describes challenges due to the COVID-19 pandemic facing healthcare workers who focus on women's health and proposes recommendations for addressing these challenges.	Green L, Fateen D, Gupta D, et al. Providing women's health care during COVID-19: Personal and professional challenges faced by health workers [published online 2020 Jul 21]. Int J Gynaecol Obstet. 2020. doi:10.1002/ijgo.13313
Asymptomatic disease, meta-analysis, pediatric, radiology, laboratory findings	21-Jul-20	Proportion of asymptomatic coronavirus disease 2019 (COVID-19): a systematic review and meta-analysis	Journal of Medical Virology	Original Research	The authors sought to identify original studies containing the rate of asymptomatic infection in COVID-19 patients before 20 May 2020. A total of 41 studies comprising 50,155 patients with confirmed COVID-19 were included. The pooled percentage of asymptomatic infection was 15.6%. The pooled percentage of pre-symptomatic patients (n=180), who were asymptomatic at screening point and then developed symptoms, was 48.9%. The pooled percentage of asymptomatic infection among COVID-19 children (n=1152) was 27.7%, which was much higher than patients from all age groups. Abnormal CT features are common in asymptomatic COVID-19 infection. Among those with available CT results (n=36), 15 (41.7%) patients had bilateral involvement and 14 (38.9%) had unilateral involvement. Reduced white blood cell count, increased lactate dehydrogenase, and increased C-	In this meta-analysis, nearly half of the patients with no symptoms at initial screening developed COVID-19 symptoms during follow-up. Children had a higher proportion of asymptomatic COVID-19 infection compared to adults.	He J, Guo Y, Mao R, Zhang J. Proportion of asymptomatic coronavirus disease 2019 (COVID-19): a systematic review and meta-analysis [published online, 2020 Jul 21]. J Med Virol. doi:10.1002/jmv.26326

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					reactive protein were also recorded. The authors concluded asymptomatic COVID-19 patients could have abnormal laboratory and radiational manifestations which can be used as screening strategies to identify asymptomatic infection.		
Radiology, CT, lung ultrasound, imaging	21-Jul-20	Radiological Findings of COVID-19 in Children: A Systematic Review and Meta-Analysis	Journal of Tropical Pediatrics	Original Research	In this meta-analysis, the authors synthesized the available radiological data to help improve the management of COVID-19 in children. A search was conducted on four electronic databases for studies reporting thoracic radiological findings of COVID-19 in pediatric patients (age < 19 years old). They identified 46 studies (n=923 patients). Chest CT scan was the most frequently used imaging modality. While one-third of patients had normal scans, a significant proportion of clinically asymptomatic children had radiological abnormalities (19%). Unilateral lung involvement (55%) was more frequent than bilateral involvement. They found that ground-glass opacities were the most frequent definitive radiological finding (40%). Other common radiological findings were non-specific patchy shadows (44%), consolidation (23%), halo sign (26%), pulmonary nodules, and prominent broncho-vascular marking. Interstitial infiltration was the most frequent lung ultrasound finding. The authors conclude that CT scan can detect COVID-19 pneumonia in children before the appearance of clinical symptoms.	In children with COVID-19, CT scan is the most commonly used imaging modality, and it can be used to identify pneumonia in asymptomatic patients. Ground-glass opacities followed by patchy shadows and consolidation are the most frequently reported radiological findings.	Kumar J, Meena J, Yadav A, Yadav J. Radiological Findings of COVID-19 in Children: A Systematic Review and Meta-Analysis [published online, 2020 Jul 21]. J Trop Pediatr. doi:10.1093/tropej/maa045
Pregnancy, placental pathology, histomorphology, USA	21-Jul-20	Third Trimester Placentas of SARS-CoV-2-Positive Women: Histomorphology, including Viral Immunohistochemistry and in Situ Hybridization	Histopathology	Brief Report	Third-trimester placentas from SARS-CoV-2 positive (n=51) and negative (n=25) women at a single hospital in New York City (NY, USA) were compared. In addition to histomorphology, in-situ hybridization (ISH) for the S-gene encoding the spike-protein and/or immunohistochemistry (IHC) with the monoclonal-SARS-CoV-2 spike-antibody 1A9 were used in placental evaluation. While no specific histomorphologic changes associated with SARS-CoV-2 were identified in the placentas, evidence of maternal/fetal vascular malperfusion was noted. Placentas from SARS-CoV-2-positive women were significantly more likely to show villous agglutination (p=0.003) and subchorionic thrombi (p=0.026) compared to placentas from SARS-CoV-2-negative women. No evidence of direct viral involvement or vertical transmission was identified using ISH and IHC. All neonates tested negative for SARS-CoV-2, and all mothers recovered clinically. Further studies, including more sensitive techniques for viral infection, are warranted.	Compared to SARS-CoV-2 negative women, the authors found that placentas of SARS-CoV-2 positive women had non-specific histomorphologic changes suggestive of maternal/fetal vascular malperfusion.	Smithgall MC, Liu-Jarin X, Hamele-Bena D, et al. Third Trimester Placentas of SARS-CoV-2-Positive Women: Histomorphology, including Viral Immunohistochemistry and in Situ Hybridization [published online, 2020 Jul 21]. Histopathology. doi:10.1111/his.14215
anthropology; COVID-19, pandemic	20-Jul-20	PediaVirus chatline: all together against COVID-19	Archives of Disease in Childhood	Letter	This letter details the “PediaVirus chatline,” a WhatsApp chat amongst clinicians during the onset of the COVID-19 pandemic in Italy. The authors analyzed about 100,000 messages between 140 professionals [mostly pediatricians, mostly Italian, specific demographics not listed] during the initial 2 months of the COVID-19 pandemic in Italy from approximately the end of February – the end of April 2020. Message content was organized into the following categories: humor/sarcasm,	This letter details the analysis of the “PediaVirus chatline,” the WhatsApp chat of 140 professionals, mostly Italian pediatricians, during the onset of the COVID-19	Iafusco M, Ciampa C, De Maddi F, et al. PediaVirus chatline: all together against COVID-19. Arch Dis Child. 2021;106(3):e12. doi:10.1136/archdischild-2020-319551

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					treatment, statistics, psycho-social, pathogenesis, and socio-economic. Initially the content reflected humor and sarcasm, however, it soon shifted towards statistics, treatment, and pathogenesis. The authors note that later, the attention shifted towards psycho-social and socio-economic implications, as those implications became increasingly relevant and burdensome in society. The authors recognize the “PediaVirus chat” as a tool initially used for social contact which quickly transformed into a fundamental way for clinicians to deal with the COVID-19 emergency in a creative, constructive way.	pandemic in February-April 2020. Analysis of message content reveals a shift from initial humor content towards clinical care and ultimately incorporating concerns regarding the socio-economic and psycho-social burdens of the pandemic.	
Perinatal, pregnancy, family planning, postpartum, maternal health, mental health, USA	20-Jul-20	Impact of COVID-19 on the Perinatal Period Through a Biopsychosocial Systemic Framework	Contemporary Family Therapy	Original Paper	Perinatal patients are a vulnerable population and are therefore uniquely impacted by COVID-19. This paper outlines changes in U.S. healthcare as a result of the COVID-19 pandemic for individuals, couples, and families within the perinatal period (family planning, conception, prenatal, labor and delivery, and postpartum). The authors conceptualize these impacts through a biopsychosocial systemic lens, considering physiological aspects of health (biomedical); thoughts, feelings, and overall mental health (psychological); and social determinants of health, sources of support, and relationships (social). Recommendations for care are provided regarding telehealth, virtual support, and clear communication about what changes to expect resulting from the pandemic. The authors also outline five potential questions for future research.	This paper outlines changes in U.S. healthcare as a result of COVID-19 and explores the resulting impacts on individuals and families within the perinatal period through a biopsychosocial systemic lens. Recommendations for care and directions for future research are provided.	Diamond RM, Brown KS, Miranda J. Impact of COVID-19 on the Perinatal Period Through a Biopsychosocial Systemic Framework [published online, 2020 Jul 20]. Contemp Fam Ther. 2020;1-12. doi:10.1007/s10591-020-09544-8
Psychosocial, pediatric oncology, children	20-Jul-20	Pediatric psychosocial oncology in the COVID 19 era: Patterns of use, challenges, and lessons learned	Psycho-Oncology	Clinical Correspondence	Although children are less affected by severe illness, systems rapidly adjusted to delivering all types of healthcare remotely, creating opportunities for virtual access for some, and highlighting the challenges of serving children with cancer and their families. The author presents a model of psychosocial care based on the Pediatric Psychosocial Preventative Health Model (PPPHM) that outlines three tiers of family psychosocial risk: Universal (low), Targeted (medium), and Clinical (high), and provides a rubric through which to deliver behavioral and psychosocial care. Some clinical populations are able to make good use of telehealth services to receive targeted psychosocial services, but families with the highest psychosocial risk and limited resources may have the most difficulty accessing remote services. The author argues that the recognition of a tiered psychosocial risk distribution can inform the model of care and emphasizes prioritizing in-person care for those at highest risk.	The author presents a model of psychosocial care with three tiers of psychosocial risk: Universal (low), Targeted (medium), and Clinical (high) and argues that those with highest risk should be prioritized for in-person care as pediatric psycho-oncology visit volume has decreased in the COVID-19 pandemic.	Muriel AC. Pediatric psychosocial oncology in the COVID 19 era: Patterns of use, challenges, and lessons learned [published online ahead of print, 2020 Jul 20]. Psychooncology. 2020. doi:10.1002/pon.5491

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elementary schools, primary schools, school closures, infection control, inequity, policy, US	20-Jul-20	Reopening Primary Schools during the Pandemic	New England Journal of Medicine	Article	School closures in the US have disrupted the social, developmental, and educational needs of elementary-aged children and exacerbated existing racial and socio-economic injustices. The authors recommend safely re-opening primary schools full-time according to successful strategies employed outside the US, with investments in school infrastructure and community infection control. Hybrid learning models provide little benefit, but remote learning and school services should be made available for students with medically vulnerable household members. The authors caution against strict social distancing for elementary-aged children as it undermines evidence-based pedagogical practices and instead provide specific recommendations to limit adult-to-adult transmission in the school and community. Federal funding should aid improvements in ventilation, sanitation, nurse's offices, and bathroom facilities in underfunded districts. Overcrowded and open-layout schools can expand to unused spaces in the community to minimize risk.	This article provides evidence in favor of full re-opening of primary schools in the US. The authors caution against hybrid learning models and strict social distancing for elementary-aged children as they provide little benefit. Specific recommendations for limiting transmission in communities and schools are provided.	Levinson M, Cevik M, Lipsitch M. Reopening primary schools during the pandemic. N Engl J Med. [published online, 2020 July 20]. doi: 10.1056/NEJMms2024920.
Children, families, parents, emotional wellbeing, USA	20-Jul-20	Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey	Pediatrics	Original Article	The authors conducted a national survey in June 2020 to determine how the pandemic and mitigation efforts has affected the physical and emotional wellbeing of parents and children. The survey was administered to parents with children aged < 18 years (n=1011). Since March 2020, 27% of parents reported worsening mental health for themselves, and 14% reported worsening behavioral health for their children. Worsening mental health for parents occurred alongside worsening behavioral health for children in nearly 1 in 10 families, among whom 48% reported loss of regular childcare, 16% reported change in insurance status, and 11% reported worsening food security. The authors conclude that the COVID-19 pandemic has had a substantial tandem impact on parents and children in the USA. They call on policymakers to consider the unique needs of families with children when proposing additional measures to mitigate the effects of the COVID-19 pandemic.	In a survey of parents in the USA, worsening of parental mental health and children's behavioral health were at times intertwined, with nearly 1 in 10 families reporting worsening of both. Loss of childcare, delays in health care visits, and worsened food security were more common among these families.	Patrick SW, Henkhaus LE, Zickafoose JS, et al. Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey. [published online, 2020 Jul]. Pediatrics. doi:https://doi.org/10.1542/peds.2020-016824
Pediatric, radiology, ultrasound, pleural and pericardial effusions, Spain	20-Jul-20	Short report - Usefulness of point-of-care ultrasound in pediatric SARS-CoV-2 infection	European Review for Medical and Pharmacological Sciences	Short Communication	The aim of this short communication is to share the authors' experience with point-of-care ultrasound (POCUS) in the care of three COVID-19 pediatric patients in Spain. As detected by lung and echocardiogram POCUS, all cases in the study presented with pleural and pericardial effusions despite showing an adequate urinary output and prior to receiving any fluid resuscitation. Effusions have been described as rarely associated with SARS-CoV-2 infection in adults. The identified effusions would not have been caught by a portable chest x-ray. Other POCUS findings in the study population consisted of consolidations and coalescent B-line patterns. POCUS was also performed in order to optimize positive end-expiratory pressure, to check adequate endotracheal intubation positioning, as well as to assess volume status, cardiac performance, and brain neuro-monitoring. In	The authors identified three COVID-19 pediatric cases that had pleural and pericardial effusions on point-of-care ultrasound (POCUS). The authors argue in support of POCUS in managing SARS-CoV-2 pediatric infection as an immediate and non-invasive diagnostic tool.	Vazquez Martínez JL, Pérez-Caballero Macarrón C, et al. Short report - Usefulness of point-of-care ultrasound in pediatric SARS-CoV-2 infection. [published online, 2020 Jul]. Eur Rev Med Pharmacol Sci. doi:10.26355/eurrev_202007_22284

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					pediatric SARS-CoV-19, the authors conclude that pleural and pericardial effusions are common but can go unnoticed unless lung and echocardiogram POCUS are performed.		
Mental health, anxiety, depression, Canada	20-Jul-20	Maternal psychological distress & mental health service use during the COVID-19 pandemic	Journal of Affective Disorders	Research article	This study aimed to describe prevalence rates of maternal depressive and anxiety symptoms from an online convenience sample during the COVID-19 pandemic, to identify risk and protective factors for elevated symptoms, and to describe current mental health service use and barriers. 64 mothers of children age 0-8 years, including expectant mothers, completed an online survey. Clinically-relevant depression was indicated in 33.16%, 42.55%, and 43.37% of mothers of children age 0–17 months, 18 months to 4 years, and 5 to 8 years, respectively. Prevalence of anxiety was 36.27%, 32.62%, and 29.59% for mothers across age groups, respectively. Maternal depression and anxiety appeared to be elevated in the context of COVID-19 compared to previously reported population norms. Identified risk factors for depression and anxiety varied across different child age ranges and could inform targeted early intervention strategies to prevent long-term impacts of the COVID-19 pandemic on family well-being and child development.	This survey assessed maternal depressive and anxiety symptoms, which appeared to be increased during the COVID-19 pandemic. Risk factors identified among mothers of children of different ages could be used to inform targeted mitigation strategies.	Cameron EE, Joyce KM, Delaquis CP, et al. Maternal psychological distress & mental health service use during the COVID-19 pandemic [published online 2020 Jul 20]. J Affect Disord. 2020. doi:10.1016/j.jad.2020.07.081
Cardiology, pediatric, treatment, QT interval, Turkey	20-Jul-20	QT Interval Evaluation Associated With Use of Hydroxychloroquine with Combined Use of Azithromycin Among Hospitalized Children Positive for COVID-19	Cardiology in the Young	Original Research	Hydroxychloroquine alone or in combination with azithromycin has been increasingly used for children with COVID-19. Both drugs can cause corrected QT prolongation. The authors describe the findings of a retrospective study of children (age < 19 years old) with COVID-19 admitted to a single center in Istanbul, Turkey from 10 March-10 April 2020 (n=21). Patients were treated with a standard regimen of hydroxychloroquine with or without azithromycin. The authors reported that the laboratory results for all patients were normal, and none of them required intensive care. For all patients, the authors did not detect QT prolongation during or at the termination of the treatment. In conclusion, none of the pediatric COVID-19 patients in the study demonstrated corrected QT prolongation or other cardiac adverse effects on hydroxychloroquine alone or in combination of azithromycin.	Available data shows conflicting results on the effects of hydroxychloroquine and azithromycin on cardiac rhythm and corrected QT in COVID-19 patients. In this study of 19 children, QT prolongation was not identified in treated patients.	Tuncer T, Karaci M, Boga A et al. QT Interval Evaluation Associated With Use of Hydroxychloroquine with Combined Use of Azithromycin Among Hospitalized Children Positive for COVID-19 [published online, 2020 Jul 20]. Cardiol Young. doi:10.1017/S1047951120002425
Pregnancy, pre-natal care, telemedicine, Hokkaido, Japan	20-Jul-20	Feasibility and safety of urgently initiated maternal telemedicine in response to the spread of COVID-19: A 1-month report	Journal of Obstetrics and Gynaecology Research	Original Article	This retrospective study examined pre-natal care provided by telemedicine due to the COVID-19 pandemic at the obstetrics department of Hokkaido University Hospital in Japan from March 4-April 2, 2020. 44 pregnant women received a total of 67 telemedicine encounters. 32 pregnant women (73%) had complications, and 22 were primiparous (50%). Telemedicine visits were provided 19 times at less than 26 weeks of gestation, 43 times between 26 and 36 weeks of gestation and 5 times after 37 weeks of gestation. There was one case with an abnormality diagnosed during a telemedicine visit, and the patient was hospitalized on the same day. However, there were no abnormal findings observed in mothers and children during the other 66	This study examining pre-natal care provided by telemedicine for a month indicated that remote care could be considered a safe and valid option for pregnant women.	Nakagawa K, Umazume T, Mayama M, et al. Feasibility and safety of urgently initiated maternal telemedicine in response to the spread of COVID-19: A 1-month report [published online 2020 Jul 20]. J Obstet Gynaecol Res. 2020. doi:10.1111/jog.14378

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					remote visits. The authors indicate that based on these results, telemedicine could be safely offered to pregnant women who are at risk of having an underlying disorder or fetal abnormality for 1 month following the start of care by telemedicine. The authors recommend that telemedicine be considered for pre-natal care delivery to prevent the spread of COVID-19.		
Pediatrics, Philadelphia, United States, pediatric emergency department, acuity, volume	20-Jul-20	Trends in Pediatric Emergency Department Utilization after Institution of COVID-19 Mandatory Social Distancing	The Journal of Pediatrics	Original Research	This descriptive, cross-sectional study of emergency department (ED) visits to a tertiary urban children's hospital in Philadelphia, USA compared 30 days in 2020 following a stay-at-home order to the same date range during three prior years. It aimed to characterize the early impact of social distancing measures by describing the volume, acuity and distribution of presenting complaints in a high-volume urban, tertiary pediatric ED. The mean (\pm SD) number of daily visits was lower in 2020 (95 ± 16 v 286 ± 42 , $P < .001$). The distribution of patient race was significantly different ($p < 0.001$), including a smaller proportion of African American patients (53.9% vs 58.7%) in 2020 compared with the baseline study period. The proportion of patients categorized as high acuity (Emergency Service Index, ESI triage level 1, 2, or 3) was higher in 2020 (59.4% vs 49.6%, $p < 0.001$). Similarly, the proportions of patients admitted both overall (22.4% vs 18.5%, $p < 0.001$), and to the ICU (2.8% vs 1.7%, $p < 0.001$) were higher in 2020. The most common chief complaints were similar between years, however the number of ingestions (poisoning) in 2020 was higher than the average number of ingestions per year in the comparison period (31 vs 25 \pm 6).	Following a stay-at-home order in Philadelphia, USA the number of Pediatric Emergency Department visits decreased compared to years prior, while the acuity of visits increased.	Chaiyachati BH, Agawu A, Zorc JJ, Balamuth F. Trends in Pediatric Emergency Department Utilization after Institution of COVID-19 Mandatory Social Distancing [published 2020 Jul 20]. J Pediatr. 2020 doi:10.1016/j.jpeds.2020.07.048
Clinical characteristics, neonates, pregnancy, obstetric complications	20-Jul-20	Scoping review of coronavirus case series (SARS-CoV, MERS-CoV and SARS-CoV-2) and their obstetric and neonatal results [Article available in Spanish only]	Revista Española de Quimioterapia	Review Article	The appearance of new infectious diseases poses a challenge in monitoring pregnancy and preventing obstetric and neonatal complications. This scoping review focuses on the information available in pregnant women infected with the MERS-CoV, SARS-CoV, SARS-CoV-2 to assess the similarities and differences in the clinical characteristics of the maternal and neonatal outcomes. The authors searched the MEDLINE, SciELO, and CUIDEN databases and the Elsevier COVID-19 Information Center between March and April 2020. 20 articles with a total of 102 cases were analyzed. There were 9 cases of MERS-CoV, 14 of SARS-CoV, and 79 of SARS-CoV-2. Fever (75.5%) and pneumonia (73.5%) were the most frequent symptoms in infected pregnant women. The most frequent obstetric complications were the threat of premature delivery (23.5%) and cesarean section (74.5%). No vertical transmission was reported. All three coronaviruses can cause pneumonia with very similar symptoms, which are milder in the case of SARS-CoV2. Despite documented obstetric complications, neonatal outcomes are mostly favorable.	This review compared the maternal and neonatal outcomes of pregnant women infected with coronaviruses and found that the symptoms are generally similar.	Rodríguez-Blanco N, Vegara-Lopez I, Aleo-Giner L, Tuells J. Revisión exploratoria sobre series de casos de coronavirus (SARS-CoV, MERS-CoV y SARS-CoV-2) y sus resultados obstétricos y neonatales [Scoping review of coronavirus case series (SARS-CoV, MERS-CoV and SARS-CoV-2) and their obstetric and neonatal results] [published online, 2020 Jul 20]. Rev Esp Quimioter. 2020;rodriguez20jul2020. doi:10.37201/req/064.2020

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Pediatric multisystem inflammatory syndrome (PMIS), multisystem inflammatory syndrome in children (MIS-C) Kawasaki disease, pediatric cardiology	20-Jul-20	Multisystem Inflammatory Syndrome in Children: Is There a Linkage to Kawasaki Disease?	Trends in Cardiovascular Medicine	Review	This review paper discusses Kawasaki Disease (KD) and its potential connection to pediatric COVID-19 and MIS-C. KD is recognized as the leading cause of acquired coronary artery (CA) disease in the pediatric population and the precise etiology of KD has remained elusive. The authors stated that both MIS-C and KD conditions have a common trigger that provokes a cascade reaction in genetically susceptible children leading to the phenotype and have overlapping presentations, however, with noticeable differences. The massive activation of pro-inflammatory cytokines in MIS-C patients overlaps laboratory findings in both KD and the “cytokine storm” observed in adult patients with COVID-19. The authors also stated that SARS-CoV-2 might be a potential trigger for KD. To conclude, the pathophysiology of both KD and MIS-C remains unclear and more studies are needed	This review provided a brief overview of KD and its potential connection to pediatric COVID-19 and MIS-C.	Loke YH, Berul CI, Harahsheh AS. Multisystem Inflammatory Syndrome in Children: Is There a Linkage to Kawasaki Disease? [published online, 2020 Jul 20]. Trends Cardiovasc Med. 2020;S1050-1738(20)30101-8. doi:10.1016/j.tcm.2020.07.004
Children, adolescent, school reopening, epidemiology, outbreak, Israel	20-Jul-20	A large COVID-19 outbreak in a high school 10 days after schools' reopening, Israel, May 2020	Eurosurveillance	Rapid Communication	On 13 March 2020, Israel's government declared closure of all schools. Schools subsequently fully reopened on 17 May 2020 with requirements for daily health reports, hygiene, facemasks, social distancing and minimal interaction between classes. Ten days later, a major outbreak of COVID-19 occurred in a high school. In this article, the authors discuss the investigation and epidemiological characteristics of the school's outbreak. Two initial cases were identified one day apart, and they were not epidemiologically linked. Testing of the school community revealed 153 students (attack rate: 13.2%) and 25 staff members (attack rate: 16.6%) were SARS-CoV-2 positive. The authors conclude that the outbreak in Jerusalem displayed mass COVID-19 transmission upon a school reopening. The circumstances promoting infection spread involved return of teenage students after a 2-month closure, crowded classrooms, and an extreme heatwave that involved exemption from facemasks and continuous air-conditioning.	The authors describe an outbreak of COVID-19 in a high school in Israel ten days after a nationwide school reopening. The attack rate was 13.2% among students and 16.6% among staff members.	Stein-Zamir C, Abramson N, Shooib H, et al. A large COVID-19 outbreak in a high school 10 days after schools' reopening, Israel, May 2020. [published online, 2020 Jul]. Euro Surveill. doi:10.2807/1560-7917.ES.2020.25.29.2001352
Children, pregnancy, research ethics, clinical trials	20-Jul-20	Inclusion of children and pregnant women in COVID-19 intervention trials	Pediatric Research	Commentary	Of the 250 registered interventional trials worldwide for COVID-19, the authors found that more than 80% excluded children or pregnant women. The authors describe the historical context of the exclusion of pregnant women and children from clinical trials. They also provide arguments focused on the potential harms promoted by the exclusion of these populations. In the context of COVID-19, both pregnant women and children can have emergency access to drugs through compassionate grounds yet not in the setting of clinical trials. They argue that interventional trials for COVID-19 may therefore not fairly benefit all people. Moreover, the autonomy of pregnant women and mature minors to make informed decisions about research participation should be respected. The authors call on researchers to be transparent about their reasons for excluding children and pregnant women from COVID-19 trials. They hope this transparency will inspire	Pregnant women and children are frequently excluded from interventional COVID-19 trials. The authors argue that this prevents the generation of robust evidence for the management of these populations.	Malhotra A, Kumar A, Roeher CC et al. Inclusion of children and pregnant women in COVID-19 intervention trials [published online, 2020 Jul 20]. Pediatr Res. doi:10.1038/s41390-020-1067-3

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					scientific debate and community engagement with this important topic.		
Systemic inflammation, cardiac involvement, MIS-C, pediatric, USA	20-Jul-20	Systemic inflammation with cardiac involvement in pediatric patients with evidence of COVID-19 in a community hospital in the Bronx, NY	Journal of the Pediatric Infectious Diseases Society	Letter to the Editor	The authors identified four pediatric patients with systemic inflammation and cardiac involvement accompanied by negative PCRs for SARS-CoV-2 and positive antibody testing. The children presented from 26 April-11 May 2020 to a single center in the Bronx, NY, USA. All patients had a fever, and three patients (75%) also had gastrointestinal symptoms and tachycardia. None had respiratory symptoms or features of Kawasaki Disease. Two patients had features of clinical myocarditis, and all four were transferred to pediatric cardiac centers for care. The authors propose the addition of inflammatory markers, cardiac enzymes, and electrocardiography to the evaluation of lymphopenic pediatric patients presenting with tachycardia, fever, and gastrointestinal symptoms.	In four pediatric patients in the USA with negative PCRs but positive antibody testing for SARS-CoV-2, a multi-system inflammatory syndrome with myocardial involvement was identified.	Rogo T, Mathur K, Purswani M. Systemic inflammation with cardiac involvement in pediatric patients with evidence of COVID-19 in a community hospital in the Bronx, NY [published online, 2020 Jul 20]. J Pediatric Infect Dis Soc. doi:10.1093/jpids/piaa087
Pregnancy, childbirth, labor, universal screening, Spain	20-Jul-20	Universal screening for SARS-CoV-2 before labor admission during Covid-19 pandemic in Madrid	Journal of Perinatal Medicine	Original Research	Asymptomatic women admitted to labor may act as silent spreaders of COVID-19. The objective of this study was to evaluate the performance of universal screening for SARS-CoV-2 in women admitted to labor. The authors performed an observational retrospective study of a cohort of pregnant women admitted to a tertiary hospital in Madrid, Spain from 8 April-2 May 2020. They identified 212 deliveries. Nine cases with a COVID-19 diagnosis before admission were excluded. Of the remaining 203 women, seven (3.4%) presented with COVID-19-related symptoms but only one (0.5%) had a positive qRT-PCR test. They found that only 0.5% of asymptomatic women (n=194) admitted to delivery had a positive test during the study period. The authors state that in the remission phase of the pandemic, new diagnostic strategies for pregnant women should be considered, such as those based on serological tests.	Based on their results in a single center in Spain, the authors propose that the rate of positive results from universal SARS-CoV-2 screening in asymptomatic pregnant women at admission for labor depends on the circulation of new cases in the community.	Herraiz I, Folgueira D, Villalaín C et al. Universal screening for SARS-CoV-2 before labor admission during Covid-19 pandemic in Madrid [published online, 2020 Jul 20]. J Perinat Med. doi:10.1515/jpm-2020-0236
Breastfeeding, access to care, maternal concerns, Australia	20-Jul-20	Providing breastfeeding support during the COVID-19 pandemic: Concerns of mothers who contacted the Australian Breastfeeding Association	medRxiv	Preprint (not peer-reviewed)	An online survey conducted from 16 March to 18 May 2020 was completed by Australian Breastfeeding Association (ABA) volunteers to assess the concerns of mothers seeking breastfeeding support during the COVID-19 pandemic as well as the experiences of volunteers who assisted them. The online survey was completed 211 times and described the concerns of 340 individual contacts. The most common breastfeeding concerns were related to insufficient milk or weight gain, painful breasts, re-lactation, and reducing supplemental milk (infant formula). Concerns about milk supply and infant weight gain were exacerbated by lack of health care access and the inability of infants to be weighed. 129 (61%) of mothers informed volunteers they were unable to access face-to-face health services because of fear or unavailability. Volunteers reported feeling distressed for mothers but well equipped to assist and were satisfied providing assistance.	The findings of this study suggest that the COVID-19 pandemic has impacted the concerns Australian women have toward breastfeeding practices, especially without access to face-to-face healthcare services.	Hull, N, Kam, L, Gribble, K. Providing breastfeeding support during the COVID-19 pandemic: Concerns of mothers who contacted the Australian Breastfeeding Association. [published 2020 July 20] medRxiv. doi: 10.1101/2020.07.18.20152256

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Children, MIS-C, school closures, Italy, UK, USA	20-Jul-20	Should Coronavirus Disease 2019-Associated Inflammatory Syndromes in Children Affect Social Reintegration?	JAMA Pediatrics	Editorial	The authors summarize recent literature that discusses COVID-19 associated inflammatory syndromes in children, including Kawasaki disease (KD), KD-like symptoms, pediatric multisystem inflammatory syndrome (PMIS), and MIS-C. They describe recent reports from the UK and Italy estimating incidence of these syndromes that have since been used by media outlets in the U.S. to advocate for delays in re-opening of schools. The authors express that these inflammatory syndromes remain rare and lead to questions on whether they should affect public health decisions for millions of schoolchildren, especially given the negative consequences of delaying school re-openings.	The authors argue that unless a substantial increase in case numbers of COVID-19 associated inflammatory syndromes in children occurs over the coming months, these syndromes remain rare and should not be used to substantially change decisions affecting millions of schoolchildren.	Portman MA, Cimaz R. Should Coronavirus Disease 2019-Associated Inflammatory Syndromes in Children Affect Social Reintegration? [published online 2020 Jul 20]. JAMA Pediatr. 2020. doi:10.1001/jamapediatrics.2020.2810
Pregnancy, neonate, vertical transmission, Wuhan, China	20-Jul-20	Vertical Transmission of Severe Acute Respiratory Syndrome Coronavirus 2 From the Mother to the Infant	JAMA Pediatrics	Letter to the Editor	The authors are responding to a Research Letter by Zeng et al on "Neonatal Early-Onset Infection With SARS-CoV-2 in 33 Neonates Born to Mothers With COVID-19 in Wuhan, China." They present clarifying questions as they seek to integrate the data presented in that Research Letter with other known information about neonatal COVID-19 infections. They inquire as to whether the cases reported in this letter have been previously reported, and ask for clarification on the definition of pneumonia used as they try to understand the possibility of vertical transmission and the signs and symptoms of congenital/neonatal COVID-19 infection.	The authors request more precise information in response to a Research Letter regarding neonatal early-onset SARS-CoV-2 infection as they attempt to better understand the information available on this topic.	Mimouni FB, Gallagher P, Mendlovic J. Vertical Transmission of Severe Acute Respiratory Syndrome Coronavirus 2 From the Mother to the Infant [published online 2020 Jul 20]. JAMA Pediatr. 2020. doi:10.1001/jamapediatrics.2020.2144
Children, surgery, prioritization, screening, testing, logistics, Pakistan	20-Jul-20	Challenges to delivering pediatric surgery services in the midst of COVID 19 crisis: experience from a tertiary care hospital of Pakistan	Pediatric Surgery International	Review article	The authors describe disruptions to pediatric surgical centers in Pakistan due to the COVID-19 pandemic, and highlight the challenges and measures adopted to ensure safe pediatric surgery services at Aga Khan University Hospital (AKUH), a private, not-for-profit hospital in Karachi, Pakistan. The article includes a classification of pediatric surgery procedures by which procedures were prioritized. They describe screening and testing protocols including a testing algorithm for surgical patients, adjustments to hospital and operating rooms, and workforce safety efforts. They also summarize challenges including reduced patient inflow, limited patient capacity, increased cost of care and revenue issues, patient and parental anxiety, trainee education, and staff wellness.	This article summarizes the strategies used and approach taken at a hospital in Pakistan to adapt pediatric surgical services during the COVID-19 pandemic.	Qazi SH, Saleem A, Pirzada AN. Challenges to delivering pediatric surgery services in the midst of COVID 19 crisis: experience from a tertiary care hospital of Pakistan [published online 2020 Jul 20]. Pediatr Surg Int. 2020. doi:10.1007/s00383-020-04721-0
Ketoacidosis, type 1 diabetes, pediatric, Germany	20-Jul-20	Ketoacidosis in Children and Adolescents With Newly Diagnosed Type 1 Diabetes During the COVID-19	JAMA	Research Letter	During the COVID-19 pandemic, reduced health care utilization potentially leads to delayed medical care. Diabetic ketoacidosis is an acute complication of a delayed diagnosis of Type 1 Diabetes. In this German study, 532 children and adolescents (median age 9.9 years, range 0-18 years; 61.5% male) with newly diagnosed Type 1 Diabetes from March 13 to May 13, 2020, from 216 of 217 diabetes centers were enrolled. Diabetic ketoacidosis was present in 238 patients (44.7%) and severe ketoacidosis in 103	This study shows a significant increase in diabetic ketoacidosis and severe ketoacidosis at diabetes diagnosis in children and adolescents during the COVID-19 pandemic in	Kamrath C, Mönkemöller K, Biester T, et al. Ketoacidosis in Children and Adolescents With Newly Diagnosed Type 1 Diabetes During the COVID-19 Pandemic in Germany. JAMA. Published online July 20, 2020. doi:10.1001/jama.2020.13445

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		Pandemic in Germany			patients (19.4%). During the COVID-19 period in 2020, the frequency of diabetic ketoacidosis was significantly higher compared with the previous 2 years (44.7% in 2020 vs 24.5% in 2019; aRR, 1.84 [95% CI, 1.54-2.21]; p<0.001; vs 24.1% in 2018; aRR, 1.85 [95% CI, 1.54-2.24]; p < 0.001). The incidence of severe diabetic ketoacidosis was also significantly higher (19.4% in 2020 vs 13.9% in 2019; aRR, 1.37 [95% CI, 1.04-1.81]; p = 0.03; vs 12.3% in 2018; aRR, 1.55 [95% CI, 1.15-2.10]; p = 0.004). Children younger than 6 years had the highest risk for diabetic ketoacidosis (51.9% in 2020 vs 18.4% in 2019; aRR, 2.75 [95% CI, 1.88-4.02]; p < 0.001; vs 24.2% in 2018; aRR, 2.12 [95% CI, 1.48-3.02]; p < .001) and severe diabetic ketoacidosis (24.4% in 2020 vs 12.2% in 2019; aRR, 1.90 [95% CI, 1.12-3.23]; p = 0.02; vs 11.7% in 2018; aRR, 2.06 [95% CI, 1.16-3.65]; p =0.01) during the COVID-19 pandemic. This study found a significant increase in diabetic ketoacidosis and severe ketoacidosis at diabetes diagnosis in children and adolescents during the COVID-19 pandemic in Germany.	Germany compared with data from the previous 2 years.	
Severe respiratory Distress Syndrome, children, pediatric, Brunei Darussalam	20-Jul-20	COVID-19 in children in Brunei Darussalam: Higher incidence but mild manifestations	Journal of Medical Virology	Letter to the Editor	In Brunei Darussalam, all RT-PCR confirmed COVID-19 cases were admitted to the National Isolation Centre for a minimum of 14 days. As of 15th June 2020, there was a total of 141 confirmed COVID-19 cases, of which 12 (8.5%) were children (median age 6 years; range 6 months -to 12 years; 7 boys and 5 girls). All were categorized as mild COVID-19. 4 patients had comorbidities. All were diagnosed through contact tracing involving mostly family members who have traveled overseas. Overall, 8 (66.7%) had mild symptoms; most commonly fever (50.0%) and cough (50.0%). Only three (25%) had blood investigations. Chest radiographs were done in 7 older patients and all were normal. One was treated with antibiotics. For symptomatic patients, symptoms resolution occurred by the 5th day of admission and all were discharged at a median of 14 days (range 14-25 days). None of the pediatric patients required specific treatment for COVID-19. The higher incidence of COVID-19 in children compared to what has been reported may be due to their aggressive surveillance and contact tracing.	This article shows that the incidence of COVID-19 in children in Brunei Darussalam is higher than reported, and in agreement with what has been published, manifestations are generally mild.	George S, Ansari MS, Kalliath A, et al. COVID-19 in children in Brunei Darussalam: Higher incidence but mild manifestations [published online, 2020 Jul 20]. J Med Virol. 2020; doi:10.1002/jmv.26310
Children, diabetes, diabetic ketoacidosis, telemedicine	20-Jul-20	COVID-19 outbreak and pediatric diabetes: perceptions of health care professionals worldwide	Pediatric Diabetes	Original article	This survey aims to identify different management strategies, challenges, knowledge and practice of healthcare professionals (HCP) caring for pediatric patients with diabetes during the COVID-19 pandemic. From 21st April to 17th May 2020, a web-based survey was sent to the International Society for Pediatric and Adolescent Diabetes (ISPAD) members and former participants of ISPAD conferences by email. Responders from 215 diabetes centers from 75 countries completed the survey. Majority were from UK (35; 16.3%), USA (20; 9.3%) and India (15; 7%). HCP were mostly pediatric endocrinologists (64%). During the pandemic, 16.5% of responders continued face-to-face	This study would suggest that for a significant number of centers, newly diagnosed of type 1 diabetes would be postponed, with more severe diabetic ketoacidosis due to the delay of the diagnosis.	Elbarbary NS, Dos Santos TJ, de Beaufort C, Agwu JC, Calliari LE, Scaramuzza AE. COVID-19 outbreak and pediatric diabetes: perceptions of health care professionals worldwide [published online, 2020 Jul 20]. Pediatr Diabetes. 2020; doi:10.1111/pedi.13084

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					consultation while most changed to telephone (32%) or video (18%) consultations. 19% reported a shortage of medical supplies. 22% reported a delay in the diagnosis of patients with new-onset diabetes, while 15% reported a higher incidence of Diabetic Ketoacidosis (DKA). 12% reported having one or more patients with COVID-19. Most of the children and adolescents with diabetes and COVID-19 had only mild/moderate symptoms, and no deaths were reported. This survey showed that many HCP adapted to the pandemic by resorting to telemedicine. One-fourth of HCP reported delays in diagnosis and an increased rate of DKA.		
Children, ICU, immuno-compromised patients, USA	20-Jul-20	Early Experience of COVID-19 in a US Children' Hospital	The Journal of Pediatrics	Review	The authors conducted a single-center, retrospective, cohort study of hospitalized children < 22 years of age with COVID-19 at Steven and Alexandra Cohen Children's Medical Center at Northwell Health in the US. Cases were identified from patients with fever and/or respiratory symptoms who underwent a test for SARS-CoV-2. 65 patients were identified. The median age was 10.3 years (IQR: 1.4 months to 16.3 years) with 48% of patients older than 12 years and 29% of patients younger than 60 days of age. Fever was present in 86% of patients, lower respiratory symptoms or signs in 60%, and gastrointestinal symptoms in 62%. 35% of patients required ICU care. WBC was elevated in severe disease (p=0.0027), as was CRP (p=0.0192), compared to mild and moderate disease. Respiratory support was required in 34% of patients. Severity was lowest in infants younger than 60 days of age and highest in chronically ill children; 79% of immuno-compromised children had mild disease. One death was reported. To conclude, children may have a severe disease course requiring intensive care support. The clinical course of immuno-compromised patients was not more severe than other children. Elevated WBC and CRP are associated with greater illness severity.	Infants and immuno-compromised children generally have a mild course of infection while hospitalized adolescent age and chronically ill patients tend to have a more severe disease course.	Kainth MK, Goenka PK, Williamson KA, et al. Early Experience of COVID-19 in a US Children' Hospital [published online ahead of print, 2020 Jul 17]. Pediatrics. 2020; doi:10.1542/peds.2020-003186
Caregivers, psychological response, stressor	20-Jul-20	Psychological Impact of Quarantine on Caregivers at a Children's Hospital for Contact with Case of COVID-19	Journal of Korean Medical Science	Brief Communication	Quarantine often provokes negative psychological consequences. This study aimed to identify the psychological and behavioral responses and stressors of caregivers quarantined with young patients after close contact with a COVID-19 case at a children's hospital. 72 caregivers of 62 patients who were quarantined at a children's hospital in Seoul, Korea were analyzed. The mean age of the patients was 5.2 ± 5.5 years (range: 15 days–22 years) and 33 (53.2%) were male. More than 90% of the caregivers reported feelings of worry and nervousness, while some of them reported suicidal ideations (4.2%), and/or homicidal ideations (1.4%). Fear of infection of the patient (91.7%) and/or of oneself (86.1%) were the most frequently reported stressors. A multidisciplinary team including infection control team, pediatrician, psychiatrist, nursing staff, and the legal department provided supplies and services to reduce caregivers' psychological distress. The	This study found that mandatory quarantine at a children's hospital had notable psychological impacts on the caregivers, suggesting that the decision to impose a large-scale quarantine in healthcare facilities should be made carefully.	Kim H, Park KJ, Shin YW, et al. Psychological Impact of Quarantine on Caregivers at a Children's Hospital for Contact with Case of COVID-19. J Korean Med Sci. 2020;35(28):e255. Published 2020 Jul 20. doi:10.3346/jkms.2020.35.e255

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					psychotropic medication was needed in five (6.9%) caregivers, one of whom was admitted to the psychiatry department due to suicidality. Quarantine at a children's hospital makes notable psychological impacts on the caregivers and a multidisciplinary approach is required.		
Pregnancy, telemedicine, perinatal, USA	20-Jul-20	Statewide Implementation of Virtual Perinatal Home Visiting During COVID-19	Maternal and Child Health Journal	From the Field	The Florida Maternal, Infant and Early Childhood Home Visiting (MIECHV) Initiative funds perinatal home visits for pregnant women and families with infants throughout the state of Florida, USA. This article describes the efforts of MIECHV administrators and staff during the COVID-19 pandemic using data from MIECHV staff surveys (n=60) and nine statewide weekly focus groups. The findings highlighted the role of administrative leadership and communication, staff morale, logistical considerations, and the needs of enrolled families who faced hardships during the pandemic such as job loss, limited supplies, food insecurity, technology limitations, and stress. Home visit staff supported enrolled families by connecting them with resources, providing public health education, and delivering evidence-based curricula virtually. Through this evaluation, the impact of the COVID-19 pandemic on a maternal and child health program in Florida, USA was better understood, including the transition to virtual home visit services. The authors conclude that virtual home visits appear to be feasible and provide an essential connection to support families.	This paper describes implementation of virtual perinatal home visiting in high-risk communities and staff adaptations to working remotely in Florida, USA.	Marshall J, Kihlström L, Buro A, et al. Statewide Implementation of Virtual Perinatal Home Visiting During COVID-19 [published online, 2020 Jul 20]. Matern Child Health J. doi:10.1007/s10995-020-02982-8
Pregnancy, universal screening, radiology, diagnosis, lung ultrasound, Turkey	20-Jul-20	Outcomes of universal SARS-CoV-2 testing program in pregnant women admitted to hospital and the adjuvant role of lung ultrasound in screening: A prospective cohort study	The Journal of Maternal-Fetal & Neonatal Medicine	Original Research	In this study, the authors identified rates of overall and asymptomatic SARS-CoV-2 infection in pregnant women. They also assessed the diagnostic accuracy of maternal symptoms vs. lung ultrasound (LUS) findings in detecting infection. They conducted a prospective cohort study from 27 April-27 May 2020 with pregnant women admitted for any indication to a single tertiary center in Turkey (n=296). They diagnosed 23 pregnant women (7.77%) with SARS-CoV-2 infection. The rate of symptomatic and asymptomatic patients diagnosed with SARS-CoV-2 was 3.72% (n = 11) and 4.05% (n = 12), respectively. Four of nine women who underwent a second testing for SARS-CoV-2 upon abnormal LUS findings were then positive (17.4%, n = 4/23). The positive predictive value and the sensitivity were found as 44% and 47.8% for triage based on maternal symptoms compared to 82.3% and 60.9% for triage based on LUS. The authors concluded that using LUS was therefore more predictive in detecting the infection in pregnant patients.	At a single center in Turkey, universal testing for SARS-CoV-2 in admitted pregnant women showed an overall and asymptomatic infection rate of 7.77% and 4% respectively. Lung ultrasound was more predictive in detecting infection than maternal symptoms alone.	Yassa M, Yirmibes C, Cavusoglu G et al. Outcomes of universal SARS-CoV-2 testing program in pregnant women admitted to hospital and the adjuvant role of lung ultrasound in screening: A prospective cohort study [published online, 2020 Jul 21]. J Matern Fetal Neonatal Med. doi:10.1080/14767058.2020.1798398

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Maternal morbidity, guidance, obstetric ultrasound, cross transmission	20-Jul-20	Minimizing cross transmission of SARS-CoV-2 in obstetric ultrasound during COVID-19 pandemic	Journal of Perinatal Medicine	Article	This article may serve as a guidance to minimize cross-transmission of SARS-CoV-2 among patients and healthcare providers when performing ultrasound examinations on pregnant women during a global pandemic. Experiences in Thailand where COVID-19 has been well controlled were used as examples. Ultrasound examination is a fundamental part of obstetric care, yet it is a potential vector for transmission of SARS-CoV-2. The authors stated that decontamination methods should always be implemented for ultrasound equipment, especially in the presence of suspected or confirmed COVID-19 cases. There must be workflow policies to protect pregnant women and healthcare providers from the nosocomial cross-transmission of SARS-CoV-2. Cleaning and disinfecting of equipment must be in accordance with their potential for pathogen transmission. Telemedicine and genetic technologies should be considered as an adjunctive of obstetric ultrasound to reduce patient crowding. Patient triage and education of healthcare providers of infection prevention are crucial to minimizing cross-contamination of SARS-CoV-2 during an obstetric ultrasound.	The authors provided guidance to minimize cross-transmission of SARS-CoV-2 for pregnant patients and healthcare providers when using obstetrics ultrasound.	Watanagara T, Ruangvutitert P, Sunsaneevithayakul P, et al. Minimizing cross transmission of SARS-CoV-2 in obstetric ultrasound during COVID-19 pandemic [published online 2020 Jul 20]. J Perinat Med. doi:10.1515/jpm-2020-0228
pneumonia, pregnancy, risk factors, vertical transmission	20-Jul-20	SARS-CoV-2 in pregnancy: characteristics and outcomes of hospitalized and non-hospitalized women due to COVID-19	The Journal of Maternal-Fetal & Neonatal Medicine	Original Article	This study analyzed maternal characteristics and clinical presentation of 91 women diagnosed with SARS-CoV-2 infection during pregnancy and puerperium and compared the perinatal outcomes between hospitalized and non-hospitalized women by COVID-19. The findings showed that 40 patients developed pneumonia, bilateral in most cases, with a 46.2% rate of hospitalization and 4 patients requiring ICU admission. Patients were divided into two groups depending on if they were admitted because of COVID-19 (group 1-G1) or not (group 2-G2). G2 included out-patients and women who required hospitalization for obstetrical reasons. The results of the comparison described that obesity (OR: 4.3; 95% CI: 1.4–13.2) and Latin-American origin (OR: 2.6; 95% CI: 1.1 – 6.2) were risk factors. Among the 23 patients that delivered with active SARS-CoV-2, the overall rate of C-section and preterm birth were 52.2% and 34.8%, respectively, but they observed that the rate of C-section was even higher in G1 group compared to G2 group: 81.8% versus 25%, p = 0.012. However, prematurity was equally distributed in both groups and only one preterm delivery was determined by poor maternal condition. None of the patients or newborns died. The authors concluded that obesity and Latin-American origin could be risk factors; no evidence of late vertical transmission was noticed but prematurity and high C-section rates were common findings.	This study of 91 COVID-19 women including hospitalized and non-hospitalized due to COVID-19 reveals that no evidence of late vertical transmission was noticed but prematurity and high C-section rates were common findings.	Barbero P, Mugüerza L, Herraiz I, et al. SARS-CoV-2 in pregnancy: characteristics and outcomes of hospitalized and non-hospitalized women due to COVID-19 [published online, 2020 Jul 20]. J Matern Fetal Neonatal Med. 2020;1-7. doi:10.1080/14767058.2020.1793320
Low- and middle-income countries, children,	19-Jul-20	Foreseeing a worsening of pediatric malnutrition	Journal of Pediatric Nursing	Letter	During this pandemic, governments enforced lockdown restrictions to contain the spread of COVID-19. However, low- and middle- income countries (LMICs) such as Pakistan have a large majority of the population who are either daily wagers or	This article presents that child malnutrition in Pakistan is worsening during the pandemic	Sajid MI, Tariq J, Waheed AA, Dur-E-Najaf, Balouch SS, Abaidullah S. Foreseeing a worsening of pediatric malnutrition following SARS-CoV-2 in

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malnutrition, Pakistan		following SARS-CoV-2 in low and middle-income countries such as Pakistan			depend on their weekly incomes to feed their families. Many families are now expected to be pushed towards starvation, rendering children more vulnerable to an already prevailing malnutrition. A study shows that approximately 66% of the children in Pakistan suffer from malnutrition, ranging from mild malnutrition to severe malnutrition. Children are at a higher risk during COVID-19 because of interruption to supply food services. Moreover, undernourished children tend to have a weaker immune system and hence, rendered more susceptible to the viral disease, with lesser chances of survival. UNICEF recommends promoting safe breastfeeding and providing complementary foods to children.	and calls for efforts to prevent child wasting and ensure the healthy growth of children during this pandemic.	low and middle-income countries such as Pakistan [published online, 2020 Jul 19]. J Pediatr Nurs. 2020;S0882-5963(20)30499-1. doi:10.1016/j.pedn.2020.06.016
Psychological science, children, education, school closure	19-Jul-20	Research priorities for the COVID-19 pandemic and beyond: A call to action for psychological science	British Journal of Psychology	Original Article	This paper aims to set out the shorter- and longer-term priorities for research in psychological science. The research priorities were informed by an expert panel convened by the British Psychological Society that reflects the breadth of the discipline; a wider advisory panel with international input; and a survey of 539 psychological scientists conducted in May 2020. With regard to children, 4 priority domains are outlined: (1) How will the COVID-19 pandemic affect children's development? (2) How do school closures influence children's educational progress and well-being? (3) What kinds of support improve long-term outcomes for children and young people? (4) How can support services be effectively delivered to vulnerable children and young people, families, and schools? The authors call on psychological scientists to work collaboratively with other scientists to address the research questions outlined, refine them and to adopt multidisciplinary working practices that combine different disciplinary approaches.	This article set out seven research priority domains related to psychological science, 4 of these related to children and education sectors. Psychological scientists are encouraged to work collaboratively with other scientists to address these research questions.	O'Connor, D.B., Aggleton, J.P., Chakrabarti, B., et al. (2020), Research priorities for the COVID-19 pandemic and beyond: A call to action for psychological science. Br J Psychol. doi:10.1111/bjop.12468
Infographic, pregnancy, newborn, United States, guidelines	19-Jul-20	Perinatal COVID-19 Infection Prevention: Infographics for Patients and Providers	American Journal of Perinatology	Editorial	Guidelines from major governmental and professional organizations are in text form and may be difficult for patients and parents to follow. Use of simple infographics can enhance medical information for public consumption. The authors summarized guidelines from the CDC, American College of Obstetricians and Gynecologists (ACOG), Society of Maternal-Fetal Medicine (SMFM), and American Academy of Pediatrics (AAP) in the form of two infographics, one for pregnancy and one for care of newborn. They are available in English and Spanish in high-resolution on the journal's website, and are designed for display in clinician's offices, delivery rooms, or nurseries, and for creating informative brochures for patients/parents.	The authors developed patient-centered infographics based on US national guidelines that highlight major considerations for pregnancy care and care for the newborn during the COVID-19 pandemic.	Lakshminrusimha S, Sridhar A, Guerra AAH, Higgins RD, Saade G. Perinatal COVID-19 Infection Prevention: Infographics for Patients and Providers [published 2020 Jul 19]. Am J Perinatol. doi:10.1055/s-0040-1714387

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Guideline, neonatal ICU, newborn, Turkey	19-Jul-20	The Turkish Neonatal Society proposal for the management of COVID-19 in the neonatal intensive care unit	Turk Pediatri Arsivi	Review	Neonates are particularly susceptible to SARS-CoV-2. In the context of the COVID-19 pandemic, the Turkish Neonatal Society proposed this protocol with the evidence available at the time of preparation to handle neonates with SARS-CoV-2 infections and outbreaks in neonatal intensive care units (NICUs). This proposal presents recommendations on 1) COVID-19 in pregnancy, including delivery room management, neonatal transport, NICU management; 2) COVID-19 in the newborn, including breastfeeding 3) treatment; 4) discharge criteria; 5) procedures for handling bodies of deceased suspected or confirmed patients and autopsy. The authors believed this could be valuable for all countries.	This proposal from Turkey presents evidence-based recommendations for management and treatment of the neonatal cases during the COVID-19 pandemic.	Erdeve Ö, Çetinkaya M, Baş AY, et al. The Turkish Neonatal Society proposal for the management of COVID-19 in the neonatal intensive care unit. Turk Pediatri Ars. 2020;55(2):86-92. Published 2020 Jun 19. doi:10.14744/TurkPediatriArs.2020.43788
Chronic disease, pediatric, case management, telehealth, diabetes	19-Jul-20	Children with chronic disease and COVID-19	Turk Pediatri Arsivi	Editorial	In this letter the author argues that children who have comorbid chronic diseases are under threat in terms of COVID-19 infection and of failure of chronic disease management. In children, comorbid conditions including diabetes, adrenal insufficiency, chronic lung diseases, cancers, immune deficiencies, chronic renal failure, and neurologic disorders may increase the risk of COVID-19-related severe morbidity and mortality. To protect such children, the author states that necessary precautions should be taken, and follow-up pathways should be specified; healthcare teams should ordinarily follow-up the chronic diseases of patients and be especially careful in general hygiene recommendations and mask use. The author recommended telehealth could be a way to avoid the interruption of chronic care.	Children who have comorbid chronic diseases are under threat in terms of COVID-19 infection and of failure of chronic disease management during the COVID-19 pandemic. The author recommends telehealth as a good way to improve such children's health.	Evliyaoğlu O. Children with chronic disease and COVID-19. Turk Pediatri Ars. 2020;55(2):93-94. Published 2020 Jun 19. doi:10.14744/TurkPediatriArs.2020.57805
Viral load, children, adult, age, Switzerland	19-Jul-20	SARS-CoV-2 viral load in the upper respiratory tract of children and adults with early acute COVID-19	medRxiv	Preprint (not peer-reviewed)	The role of children in the transmission of SARS-CoV-2 is unclear. In this prospective cohort study from Switzerland, the authors analyzed the SARS-CoV-2 RNA load from the upper respiratory tract at the time of diagnosis among symptomatic 53 children (age range 0-18 years) and 352 adults (age range 18-82 years) with COVID-19 in the first 5 days post-onset of symptoms. The findings showed that viral load was similar across all age ranges. Viral loads that lie above a postulated threshold for infectious virus shedding of around 6 log ₁₀ RNA copies were reached for around half or more of all samples. The authors concluded that no significant differences in SARS-CoV-2 RNA loads were seen between children and adults	The authors argue that this study is considered the largest analysis on viral load across age groups. They conclude there is no significant difference in SARS-CoV-2 RNA loads were seen between children and adults.	Baggio S, L'Huillier AG, Yerly S, et al. SARS-CoV-2 viral load in the upper respiratory tract of children and adults with early acute COVID-19 [published online 2020 Jul 19]. medRxiv. doi:10.1101/2020.07.17.20155333
Digestive system, COVID-19, SARS-CoV-2, fecal viral shedding	18-Jul-20	Children and Fecal SARS-CoV-2 shedding: Just the tip of the iceberg of Italian COVID-19 outbreak?	Digestive and Liver Disease	Editorial	Recently, data surfaced questioning the role of children as SARS-CoV-2 infection carriers due to prolonged fecal viral shedding. This editorial discusses the transmission aspect of fecal shedding to understand the beginning of the Italian COVID-19 epidemic. Infection in children is likely under-reported due to a stop-testing order for asymptomatic contacts in Italy, lack of testing for cohabiting family members, and self-management of sickness due to the lockdown. Gastro-intestinal (GI) involvement is another possible reason the actual rate of pediatric cases are	This editorial discusses the transmission aspect of fecal shedding to understand the beginning of the COVID-19 Italian epidemic. The authors conclude that more attention should be paid to pediatric	Oliva S, Cucchiara S, Locatelli F. Children and Fecal SARS-CoV-2 shedding: Just the tip of the iceberg of Italian COVID-19 outbreak?. <i>Dig Liver Dis.</i> 2020;52(11):1219-1221. doi:10.1016/j.dld.2020.06.039

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					higher than that officially reported, as some children only present digestive features. The extra respiratory transmission of the virus is compatible with the rapid spread of COVID-19, especially in northern Italy. The existing literature, however, remains inadequate to fully understand the GI involvement of SARS-CoV-2, in terms of pathology, prognosis and treatment. The last portion of the article discusses school closures. The authors hypothesize that children could have been infected at school, forced into lockdown while their parents went to work and continued transmission. The authors conclude that more attention should be paid to pediatric cases and fecal viral shedding.	cases and fecal viral shedding.	
COVID-19; GBS; Guillain-Barré; SARS-CoV-2; pediatrics; Tanzania	18-Jul-20	Guillain-Barré syndrome associated with COVID-19 infection	The Pan African Medical Journal	Case Report	The authors report the case of Guillain-Barré Syndrome (GBS) in a patient with confirmed SARS-CoV-2 infection in Tanzania. A 12-year-old male presented with symptoms of acute progressive symmetric ascending quadriparesis with bilateral facial paresis [date not reported]. He had developed a low grade fever and a dry cough a week prior. He complained of lower back pain and weakness of lower limbs 5 days prior to presentation, and he lost function of lower limbs and had weakness of upper limbs the next day. He presented with a respiratory rate of 24 breaths/min, oxygen saturation of 88%, heart rate of 150 beats/min, and a blood pressure of 150/100 mmHg. The patient was barely conscious and had signs of shock with cold extremities and diaphoresis. Physical examination revealed deep tendon reflexes were absent in all four limbs. Chest X-ray revealed bilateral basilar opacifications suggestive of consolidation with diffuse infiltrates bilaterally. The patient was diagnosed with GBS and tested positive for SARS-CoV-2 infection. Although his clinical course showed improvement in his respiratory, neurological, and physical status within 5 days, the child self-extubated and died. The authors state that the results suggest a possible association between GBS and COVID-19 and recommend assessing clinical features suggestive of COVID-19 in patients presenting with neurological symptoms.	The authors report the case of Guillain-Barré Syndrome (GBS) in a patient with confirmed SARS-CoV-2 infection in Tanzania. A 12-year-old male presented with symptoms of acute progressive symmetric ascending quadriparesis with bilateral facial paresis and history of low grade fever and a dry cough. The authors state that the results suggest a possible association between GBS and COVID-19 and recommend assessing clinical features suggestive of COVID-19 in patients presenting with neurological symptoms.	Manji HK, George U, Mkopi NP, Manji KP. Guillain-Barré syndrome associated with COVID-19 infection. Pan Afr Med J. 2020;35(Suppl 2):118. Published 2020 Jul 18. doi:10.11604/pamj.suppl.2020.35.2.25003
case report, Saudi Arabia, lobar pneumonia, imaging, SARS-CoV-2	18-Jul-20	Lobar pneumonia in pediatric patient with COVID-19	International Journal of Pediatrics and Adolescent Medicine	Case Report	This is a case report of a previously healthy 5-year-old girl in Saudi Arabia with lobar pneumonia as an atypical COVID-19 presentation [admitted date is not specified]. She presented with non-productive cough, fever, vomiting, diarrhea, and mild abdominal pain without definite COVID-19 exposure history. Laboratory results showed increased C-Reactive Protein and serum ferritin, and normal leukocytes, lymphocytes, and blood coagulation. A chest X-ray showed consolidation in the right lower and middle lobes with an air bronchogram. Nucleic acid testing for SARS-CoV-2 was positive on admission day. Blood oxygen saturation decreased to 85-90% on room air, so the	This is a case report of a previously healthy 5-year-old girl in Saudi Arabia with lobar pneumonia as an atypical presentation of COVID-19.	Kashgari A, Al Otaibi M, Alharbi M. Lobar pneumonia in pediatric patient with COVID-19. Int J Pediatr Adolesc Med. 2020;7(3):155-156. doi:10.1016/j.ijpam.2020.07.002

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					patient received oxygen via nasal cannula. Broad-spectrum antibiotics (ceftriaxone, vancomycin, and azithromycin) and other supportive treatments were administered. The patient was discharged after 11 days of hospitalization with improved oxygen saturation. While they do not specifically mention CT imaging for this patient, the authors note that chest CT imaging in patients with COVID-19 may show bilateral peripheral or subpleural ground-glass or consolidative opacities, often in the lower lobes of the lungs. CT imaging in these patients can be categorized into 3 stages: 1) early phase: focal consolidation with a rim of surrounding ground-glass opacity ("halo" sign); 2) progressive phase: ground-glass opacities; 3) developed phase: consolidative opacities. Consideration of chest CT in pediatric patients requires balancing the radiation risk with the necessity of disease diagnosis/monitoring.		
Substance use, alcohol, cannabis, vaping, adolescent, Canada	18-Jul-20	What Does Adolescent Substance Use Look Like During the COVID-19 Pandemic? Examining Changes in Frequency, Social Contexts, and Pandemic-Related Predictors	Journal of Adolescent Health	Original Research	This cohort study analyzed changes in adolescent substance use during the COVID-19 pandemic, via an online survey of Canadian adolescents (n=1054, average age=16.68 years). The survey respondents reported an increased frequency of alcohol and cannabis use 3 weeks after social distancing for COVID-19 began, compared to the 3 weeks prior to the start of social distancing. Though the greatest percentage of adolescents engaged in solitary substance use (49.3%), many were still using substances with peers face-to-face (23.6%) and via technology (31.6%). Concerns for how social distancing would affect peer reputation was a significant predictor of face-to-face substance use with friends among adolescents with low self-reported popularity and a significant predictor of solitary substance use among average and high popularity teens. Adjustment predictors, including depression and fear of the infectivity of COVID-19, predicted solitary substance use during the pandemic. The authors note that COVID-19-associated face-to-face and solitary adolescent substance use is concerning due to increased risk of infection and association with poor mental health outcomes, respectively, and suggest further studies exploring adolescent solitary substance use during the pandemic.	Adolescent cannabis and alcohol use in Canada increased during the COVID-19 pandemic. The authors urge further research into adolescent solitary substance use during the pandemic due to its association with more severe mental health concerns.	Dumas TM, Ellis W, Litt DM. What Does Adolescent Substance Use Look Like During the COVID-19 Pandemic? Examining Changes in Frequency, Social Contexts, and Pandemic-Related Predictors. J Adolesc Health. 2020;67(3):354-361. doi:10.1016/j.jadohealth.2020.06.018
Pregnancy, New York City, USA, China	18-Jul-20	Coronavirus disease 2019 during pregnancy: do not underestimate the risk of maternal adverse outcomes	American Journal of Obstetrics & Gynecology - Maternal and Fetal Medicine	Letter to the Editor	Accurate data are essential to understand the potential consequences of SARS-CoV-2 infection during pregnancy. This letter presents a critical response to the study by Breslin et al. which claims comparable severity of COVID-19 symptoms between a cohort of pregnant women in New York City (NYC), USA and a cohort of nonpregnant adults in China. The authors point out considerable differences in age distribution; pregnant women in the NYC cohort had a mean age of 29.7 years (SD = 6.0) whereas the China cohort was significantly older, with only 10% of patients under the age of 30 years. Comparing maternal complications with an older population afflicted with COVID-19	This letter presents a critical response to a study by Breslin et al. which claims comparable severity of COVID-19 symptoms between a cohort of pregnant women in New York City (NYC), USA and a cohort of nonpregnant adults in	Favre G, Pomar L, Baud D. Coronavirus disease 2019 during pregnancy: do not underestimate the risk of maternal adverse outcomes. [published online, 2020 Jul 18]. Am J Obstet Gynecol MFM. 2020;100160. doi:10.1016/j.ajogmf.2020.100160

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					may critically underestimate the contribution of pregnancy as a risk factor.	China and points to considerable differences in age distribution between the two populations.	
Children, pediatric, clinical presentation, imaging, radiology, treatment	18-Jul-20	COVID-19 manifestations in children	Current Medicine Research and Practice	Journal Scan	As the COVID-19 pandemic has progressed, an increasing number of children have been affected by SARS-CoV-2 infection. In this article, the authors review clinical presentations, laboratory, radiological parameters and treatment through a meta-analysis of 7780 SARS-CoV-2 positive pediatric patients (age 0-21 years old) from 26 centers worldwide. The final analysis (qualitative synthesis) included 131 articles published between 24 Jan. to 11 May 2020. The findings reaffirmed that children tend to have less severe manifestations of COVID-19 compared to adults. The authors found that < 3.5% of admitted children required intensive care as compared to adults (25%). Seven deaths were reported (mortality rate 0.09%), which is far lower than the global crude fatality rate of 4.18%. The number of patients who developed complications like MIS-C was low in this meta-analysis, only 11 patients. The authors also discuss recent advancements in the treatment of COVID-19. They conclude that there remains a lack of data available for the risk of perinatal transmission of SARS-CoV-2 and for infection in women.	The authors conducted one of the largest meta-analyses on the outcomes of SARS-CoV-2 infection in the pediatric population. Notably, they identified a low mortality rate and a low ICU admission rate in children compared to adults.	Kachru S, Kaul D. COVID-19 manifestations in children. [published online, 2020 Jul 18]. <i>Curr Med Res Pract.</i> 2020;10(4):186-188. doi:10.1016/j.cmrp.2020.07.008
Pediatric, cardiology, congenital heart disease, cardiac surgery, Italy	18-Jul-20	Lombardy regional urgent reorganization for congenital cardiac patients following the Covid-19 pandemic [Free Access to Abstract only]	Journal of Cardiovascular Medicine	Original Article	In Lombardy, the most affected area by COVID-19 in Italy, the majority of hospitals were dedicated to caring for COVID-19 patients. The 'Hub-and-Spoke' model was used for organization of other medical specialties, like cardiac surgery and interventional procedures for congenital cardiac disease. The 'Hub-and-Spoke' model generally involves a main campus (hub), which supplies the most intensive medical services, complemented by satellite campuses (spokes), which offer more limited services at many sites. The authors report modifications to the congenital cardiac care system in Lombardy and their preliminary results. From 9 March to 15 April 2020, 21 cardiac surgeries, 4 diagnostic catheterizations, 3 CT scans, and 2 cardiac MRI scans were performed. Post-operative extracorporeal membrane oxygenation (ECMO) support was required in two cases, and one patient died. None of the patients nor their accompanying persons were found to be COVID-19-positive. Two pediatric intensivists and 13 nurses were positive for COVID-19. The authors conclude that these data suggest that the model described herein met the immediate needs of the COVID-19 pandemic without SARS-CoV-2 exposure for the patients who underwent procedures.	Based in Italy, the authors describe the management of congenital cardiac disease patients during the COVID-19 pandemic. Although several procedures were performed, no patients were found to be positive for COVID-19.	Chessa M, Varrica A, Andronache A, et al. Lombardy regional urgent reorganization for congenital cardiac patients following the Covid-19 pandemic. [published online, 2020 Sept]. <i>Cardiovasc Med (Hagerstown).</i> doi:10.2459/JCM.0000000000001055

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Pediatric, MIS-C, ICU, USA	18-Jul-20	Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with 2019 Novel Coronavirus (SARS-CoV-2) Infection	Case Reports in Pediatrics	Case Report	The authors report three critically ill pediatric patients (aged 6–10 years), presenting with MIS-C from 4 April– 10 May 2020 to a tertiary-care center in New Jersey, USA. All patients tested positive for SARS-CoV-2 infection and required ICU care. No deaths occurred. Their clinical presentations were similar with fever, abdominal pain, gastrointestinal complaints, and/or rash. One patient had altered mental status with cerebrospinal fluid findings consistent with aseptic meningitis. Laboratory values were remarkable for high levels of C-reactive protein, D-dimers, B-type natriuretic peptide, and troponin in all patients. All had circulatory shock and respiratory failure requiring advanced respiratory support. One patient also had cardiac dysfunction. For treatment, all patients received steroids, and two received intravenous immunoglobulin. One patient also received tocilizumab. MIS-C is a recently recognized pediatric illness spectrum in association with SARS-CoV-2 infection, and clinical characterization is essential for understanding disease mechanisms to inform clinical practice.	By describing the clinical course of three critical pediatric cases of MIS-C in the USA, the authors hoped to add to evolving knowledge of this condition. All three cases required ICU support.	Kest H, Kaushik A, DeBruin W, Colletti M, Goldberg D. Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with 2019 Novel Coronavirus (SARS-CoV-2) Infection. [published online, 2020 Jul 18]. Case Rep Pediatr. doi:10.1155/2020/8875987
Pregnancy, intra-amniotic infection, clinical characteristics, New York City, USA	18-Jul-20	Neonate Born to a Mother with a Diagnosis of Suspected Intra-Amniotic Infection versus COVID-19 or Both	Case Reports in Pediatrics	Case Report	The signs and symptoms of intra-amniotic infection overlap with that of COVID-19, including maternal fever. This report details the case of a newborn born to a mother with a clinical diagnosis of intra-amniotic infection with maternal fever and fetal tachycardia. The mother was subsequently found to be SARS-CoV-2 positive on testing. Due to the varying presentation of COVID-19, this case illustrates the low threshold needed to test mothers for SARS-CoV-2 in order to prevent horizontal transmission to neonates and to healthcare providers.	This case highlights the intersecting nature of the signs and symptoms of COVID-19 and intra-amniotic infection. Given this intersection, the authors emphasize the importance of a low threshold for testing pregnant women for COVID-19, so that COVID-19 infection is not mis-diagnosed as intra-amniotic infection.	Lumba R, Remon J, Louie M, et al. Neonate Born to a Mother with a Diagnosis of Suspected Intra-Amniotic Infection versus COVID-19 or Both [published online 2020 Jul 18]. Case Rep Pediatr. 2020. doi:10.1155/2020/8886800
Pregnancy, immunology, autoimmune, cytokines, hormones	18-Jul-20	What immunological and hormonal protective factors lower the risk of COVID-19 related deaths in pregnant women?	Journal of Reproductive Immunology	Review Article	SARS-CoV-2 appears to cause less mortality in pregnant women compared to SARS-CoV and MERS-CoV. Unregulated overproduction of pro-inflammatory factors and coagulation activation can lead to fatal COVID-19 complications. To prevent the rejection of the fetus, pregnancy is an anti-inflammatory state. Consequently, pregnant women may be able to better combat the increase of pro-inflammatory cytokines brought by COVID-19. The author compares this characteristic to the observation that pregnant women often experience a remission of inflammatory-based auto-immune disease in the second half of pregnancy. Furthermore, the author emphasizes the need to expand clinical trials to examine cytokine and hormone profiles of pregnant women in connection to COVID-19 disease severity.	The immunological response of SAR-CoV-2 may contribute to the lower risk of severe morbidity and mortality associated with COVID-19 in pregnant women. The physiological adaptations of pregnancy favor an anti-inflammatory state (IL-10 and placental hormones). This immunological balance may explain why	Berhan, Y. What immunological and hormonal protective factors lower the risk of COVID-19 related deaths in pregnant women? [published online 18 Jul 2020] Journal of Reproductive Immunology. November 2020; 142: 103180. https://doi.org/10.1016/j.jri.2020.103180.

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						pregnant women are able to counter the pro-inflammatory state of SARS-CoV-2 and experience less mortality compared to SARS-CoV/MERS-CoV.	
Sexual and reproductive health, youth, contraception, sexually transmitted infections, telehealth, USA	18-Jul-20	Unintended Consequences of the COVID-19 Pandemic on the Sexual and Reproductive Health of Youth	Journal of Adolescent Health	Commentary	An unintended consequence of a reduction in routine health services during the COVID-19 pandemic is the inaccessibility of sexual and reproductive healthcare (SRH) services, such as contraception and screening and treatment of sexually transmitted infections (STIs), of particular importance for youth (aged 15-24 years) due to high rates of unintended pregnancy and STIs. Widespread “stay-at-home” executive orders, reduced public transportation options, and re-assignment of providers who usually provide care at places frequented by youth will further limit access to services among a population that already experiences barriers to care. The authors propose possible approaches to increasing accessibility during the pandemic such as providing virtual visits and making certain products like oral contraceptives more available from home, strategies that could also maintain improved access following return to normal routine access to care.	The authors advocate for the use of telehealth and home-based STI screening and contraceptive delivery to improve access to these services during and after the COVID-19 pandemic for the youth affected by the lockdown.	Mmeje OO, Coleman JS, Chang T. Unintended Consequences of the COVID-19 Pandemic on the Sexual and Reproductive Health of Youth [published online 2020 Jul 18]. J Adolesc Health. 2020. doi:10.1016/j.jadohealth.2020.06.019
Pregnancy, neonate, breastfeeding, clinical characteristics, management, pharmacological treatment	18-Jul-20	Maternal and perinatal outcomes and pharmacological management of Covid-19 infection in pregnancy: a systematic review protocol	BMC Systematic Reviews	Protocol	The authors share a protocol for a systematic review seeking to summarize available literature on the following: clinical characteristics of COVID-19 in the maternal and perinatal populations, maternal and perinatal outcome measures being reported, and therapeutic interventions and safety of pharmacological therapies for COVID-19 during the antenatal, perinatal, and postnatal periods and during breastfeeding.	The authors outline their protocol for a systematic review that will be the first to address therapeutic management and safety of medicines to treat COVID-19 during pregnancy and breastfeeding.	Thomas B, Pallivalapila A, El Kassem W, et al. Maternal and perinatal outcomes and pharmacological management of Covid-19 infection in pregnancy: a systematic review protocol [published online 2020 Jul 18]. Syst Rev. 2020;9(1):161. doi:10.1186/s13643-020-01418-2
Maternal outcome, neonatal outcomes, obstetric outcomes, pregnancy, Turkey	18-Jul-20	A pandemic center's experience of managing pregnant women with COVID-19 infection in Turkey: A prospective cohort study [Free Access to Abstract only]	International Journal of Gynaecology and Obstetrics	Clinical Article	In order to evaluate the clinical course and effect of COVID-19 on pregnant women, the authors conducted a prospective cohort study in Turkey on pregnant women with confirmed or suspected SARS-CoV-2 infection who were admitted to the Ministry of Health Ankara City Hospital between March 11th and June 11th, 2020. Of 100 suspected pregnant women, 29 had confirmed SARS-CoV-2 infection. 8 of the remaining 71 cases had clinical findings highly suspicious for COVID-19. 10 (34.5%) of the confirmed cases had co-morbidities. Cough (58.6%) and myalgia (51.7%) were the leading symptoms. 25 (86.2%) cases had mild COVID-19 disease. COVID-19 therapy was given to 10 (34.5%) patients. There were no admissions to the ICU. Pregnancy complications were present in 7 (24.1%) patients. None of the	This prospective cohort study from Turkey on pregnant women with confirmed or suspected SARS-CoV-2 infection shows that the clinical course of COVID-19 during pregnancy appears to be mild.	Sahin D, Tanacan A, Erol SA, et al. A pandemic center's experience of managing pregnant women with COVID-19 infection in Turkey: A prospective cohort study [published online, 2020 Jul 18]. Int J Gynaecol Obstet. doi:10.1002/ijgo.13318

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					neonates were positive for SARS-CoV-2. Samples of breastmilk were also negative for SARS-CoV-2. The authors stated that the clinical course of COVID 19 during pregnancy appears to be mild in the present study.		
Pregnancy, delivery shield, PPE, labor, companionship	17-Jul-20	Delivery table shield to assist suspected and confirmed severe acute respiratory syndrome coronavirus 2-positive women in labor	American Journal of Obstetrics and Gynecology	Letter	In this response to the article by Sahin et al. about a delivery table shield for use as additional protective equipment when assisting suspected or confirmed SARS-CoV-2-positive women in labor, the authors present several concerns. They believe the delivery table shield enforces a lithotomic position and creates an additional barrier to interaction between the woman and the physician or midwife during the delicate moments of pushing when physical and emotional support is needed the most. Both continuous companionship and application of mobility and upright positions during labor are usually recommended for all pregnant women to improve childbirth experience. In addition, these interventions have been associated with improved outcomes for women in labor, including decreased risk of cesarean delivery. The authors believe the use of this shield should be discouraged unless adequate personal protective equipment for the assisting physicians or midwives is unavailable.	In this response to the article by Sahin et al. about a delivery table shield for use as additional protective equipment for SARS-CoV-2 positive women in labor, the authors present concerns about the shield's mobility limitations and impact on birth companionship. They recommend against the delivery shield except when adequate PPE is unavailable.	Ornaghi S, Fumagalli S, Nespoli A, Vergani P. Delivery table shield to assist suspected and confirmed severe acute respiratory syndrome coronavirus 2-positive women in labor. Am J Obstet Gynecol. 2020 Nov;223(5):777-778. doi: 10.1016/j.ajog.2020.07.022.
Environmental pollution, apheresis, chlorinated water	17-Jul-20	Is There a Role for Environmental and Metabolic Factors Predisposing to Severe COVID-19?	Hormone and Metabolic Research	Original Article	The authors suggest that the use of chlorinated drinking water and/or other environmental pollutants could play a key role in the variation of susceptibility to the contraction of SARS-CoV-2 infection in Western countries. Countries like Northern Italy, France, Spain, and UK have suffered from 5 times more deaths from the COVID-19 than neighboring countries like Germany, Switzerland, Austria, and Denmark related to the size of their respective populations. The authors report a correlation between the level of environmental pollutants including pesticides, dioxins, and air pollution such as NO2 with the rate of mortality in COVID-19 pandemic in these European countries. There is also a correlation with the use of chlorinated drinking water in these regions to COVID-19 mortality rates. The authors describe possibilities to lower the blood levels of these pollutants by therapeutic apheresis. Therapeutic apheresis might be an effective method to improve metabolic inflammation, altered vascular perfusion, and neurodegeneration observed as long-term complications of COVID-19 disease.	The authors describe the effects of chlorinated water and environmental pollutants on immune function and metabolism to determine their impact on the variation of susceptibility to the contraction of SARS-CoV-2 infection in Western countries. The authors explain how therapeutic apheresis may lower blood levels of pollutants and improve COVID-19 complications.	Bornstein SR, Voit-Bak K, Schmidt D, et al. Is There a Role for Environmental and Metabolic Factors Predisposing to Severe COVID-19? Hormone and Metabolic Research. 2020;52(07):540-546. doi:10.1055/a-1182-2016
Pediatric, clinical features, epidemiology, prevention, treatment	17-Jul-20	Coronavirus disease 2019 in children: Clinical & epidemiological implications	Indian Journal of Medical Research	Review Article	In this review, the authors provide an update on clinical features, diagnosis, epidemiology, management, treatment, and prevention of COVID-19 in children. They highlight characteristics of SARS-CoV-2 infection specific to children as well as their implications on disease management and transmission control. For example, in addition to respiratory symptoms, gastro-	The authors provide an update on SARS-CoV-2 infection in children. Of note, they found that younger infants and those with	Kuttiatt VS, Abraham PR, Menon RP et al. Coronavirus disease 2019 in children: Clinical & epidemiological implications [published online, 2020 Jul 17]. Indian J Med Res. doi:10.4103/ijmr.IJMR_977_20

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		[Free Access to Abstract only]			intestinal and atypical features (chilblains, neurological symptoms and multisystem inflammation) are also reported. Overall, the authors emphasize the need for systematic data on many unanswered questions regarding diagnosis and treatment of COVID-19 in children. They also state the importance addressing the psychosocial effects of quarantine, closure of schools, lack of play activities and impact of lockdown. Additionally, understanding the biological basis for the profound age-dependent differential outcome of COVID-19 infection is important. Elucidating the protective mechanisms in children may aid in developing novel treatment strategies.	comorbidities are at risk for severe illness. Additionally, they discuss the epidemiological implications of the significant portion of asymptomatic infections in children.	
Pregnancy, vertical transmission, placenta, inflammation, neonate	17-Jul-20	COVID-19 in pregnancy: Placental and neonatal involvement	American Journal of Reproductive Endocrinology	Review article	At this time, it is unclear whether SARS-CoV-2 can be vertically transmitted. The majority of case reports of SARS-CoV-2-positive pregnancies document negative PCR results for SARS-CoV-2 in the neonate, placenta, cord blood, and vaginal secretions. However, there are cases of neonates who have tested positive for SARS-CoV-2 after delivery, as well as a few neonates who have had positive IgM antibodies to SARS-CoV-2. There are also reports of placental SARS-CoV-2 infection. As with SARS-CoV and MERS-CoV, SARS-CoV-2 infection causes inflammatory and vascular changes in the placenta including decidual arteriopathy, fibrinoid necrosis, amniotic membrane arteriole hypertrophy, and intervillous thrombi. In addition to potential risk of vertical transmission, SARS-CoV-2 may indirectly lead to adverse perinatal and long-term neurodevelopmental outcomes as a result of maternal and placental inflammation. Further investigation of inflammatory dysregulation in pregnant women with SARS-CoV-2 is needed.	There is some evidence that placental and fetal infection with SARS-CoV-2 can occur. Placentas from infected patients show inflammatory, thrombotic and vascular changes that may be causing adverse obstetric and neonatal events.	Prochaska E, Jang M, Burd I. COVID-19 in pregnancy: Placental and neonatal involvement [published 2020 Jul 17]. Am J Reprod Immunol. 2020 doi:10.1111/aji.13306
Kawasaki disease, false-positive, serology, Hong Kong, China	17-Jul-20	False-positive SARS-CoV-2 Serology in 3 Children with Kawasaki disease	Diagnostic Microbiology and Infectious Disease	Original Research	The authors describe three pediatric patients with false-positive SARS-CoV-2 serology diagnosed with typical Kawasaki Disease (KD) during the peak of the COVID-19 outbreak in Hong Kong between January and April 2020. A microparticle-based immunoassay was performed for the detection of IgG against SARS-CoV-2 nucleoprotein (NP) and spike protein receptor-binding domain (RBD), and a microneutralization (MN) assay was performed for the detection of neutralizing antibodies. The three children had no epidemiological links with COVID-19 patients and tested negative for SARS-CoV-2 and other common respiratory pathogens in nasopharyngeal aspirate PCR. Furthermore, they achieved complete recovery with IVIG and aspirin and were discharged without complications. Given the possible association between KD and COVID-19 infection, the three children were called back to test for SARS-CoV-2 anti-NP and anti-RBD antibodies 60–90 days after the diagnosis of KD. Subsequently, two tested positive against anti-RBD and anti-NP antibodies, and one tested positive against anti-RBD antibodies. However, the MN assay on all three patients showed that neutralizing antibodies were absent, suggesting a false-positive IgG result.	Findings from this study suggest that frontline clinicians be aware of the potential for false-positive SARS-CoV-2 serology IgG results. Therefore, the authors recommend detecting neutralizing antibodies by microneutralization assay to confirm previous SARS-CoV-2 infection in IgG-positive but PCR-negative patients.	To KK, Chua GT, Kwok KL, et al. False-positive SARS-CoV-2 serology in 3 children with Kawasaki disease [published online ahead of print, 2020 Jul 17]. Diagn Microbiol Infect Dis. 2020;98(3):115141. doi:10.1016/j.diagmicrobio.2020.115141

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Black children, health disparities, Latino children, Native American, disability, equity, marginalized population, pediatrics, rehabilitation	17-Jul-20	The actual and potential impact of the novel 2019 coronavirus on pediatric rehabilitation: A commentary and review of its effects and potential disparate influence on Black, Latinx and Native American marginalized populations in the United States	Journal of Pediatric Rehabilitation Medicine	Article Commentary	There has been a difference in COVID-19 infection and death rates for Black Americans and other marginalized groups as compared to White Americans in the U.S. Although children do not seem to be suffering an infection, morbidity, and mortality to the same degree as adults, there is concern that COVID-19 could have a disparate impact on children when analyzed through the lens of race and equity. The possibility that there could be a differential effect on rehabilitation services relates to: the risk of familial/parental exposure leading to secondary infection, the negative economic impact of public health measures required to control disease spread, and the pre-existing social factors that impact access to healthcare. Finally, the psychosocial stresses imposed by COVID-19 inflame risk factors for non-accidental injury, which could lead to an increased need for pediatric rehabilitation services in vulnerable populations. It is critical that individual providers, as well as the health systems in which they practice, actively focus on mitigating personal and systemic causes of racial and ethnic health outcome disparities.	This article presents concerns that health inequity in the U.S. may be exacerbated by the pandemic, calling for individual providers, health systems, and policy interventions to accountable and active.	Sholas MG. The actual and potential impact of the novel 2019 coronavirus on pediatric rehabilitation: A commentary and review of its effects and potential disparate influence on Black, Latinx and Native American marginalized populations in the United States [published online, 2020 Jul 17]. J Pediatr Rehabil Med. 2020; doi:10.3233/PRM-200722
Pregnancy outcomes, pre-term delivery, birth, neonates, Brazil	17-Jul-20	COVID-19 infection in pregnant women, preterm delivery, birth weight, and vertical transmission: a systematic review and meta-analysis	Public Health Notebooks	Review Article	The authors performed a systematic review and meta-analysis to analyze the outcomes of COVID-19 in pregnant women. They identified 38 studies, which included data from 279 pregnant women, 60 of whom were diagnosed with COVID-19. The meta-analysis showed no significant association between COVID-19 and pre-term delivery (OR = 2.25; p = 0.06). No significant relationship was found between birth weight and COVID-19 (mean difference = -124.16; p = 0.07). Among 432 newborns, 10 had a positive SARS-CoV-2 result shortly after birth. Due to the characteristics of the included studies, the level of evidence of the outcomes of the meta-analysis (premature delivery, birth weight, and vertical transmission) was considered very low by the authors. Overall, COVID-19 in pregnant women may not be associated with the occurrence of pre-term deliveries or low birth weight. A few reports suggest vertical transmission of SARS-CoV-2 may be possible, but evidence is still uncertain.	In this meta-analysis, the authors did not find an association between COVID-19 and pre-term delivery or low birth rate. They acknowledge that the findings were based on low level evidence and should be interpreted with caution.	Cavalcante de Melo G, Machado de Araújo KCG. COVID-19 infection in pregnant women, preterm delivery, birth weight, and vertical transmission: a systematic review and meta-analysis. [published online, 2020 Jul 17]. Cad Saude Publica. doi:10.1590/0102-311x00087320
Pregnancy, neonate, clinical characteristics, Yichang, China	17-Jul-20	Coronavirus disease 2019 (COVID-19) in pregnancy: 2 case reports on maternal and neonatal outcomes in Yichang city, Hubei Province, China	Medicine	Case Report	The authors describe the cases of the 2 pregnant women who were diagnosed with COVID-19 in Yichang, China, from January 20-April 9, 2020. Both women were in late pregnancy and underwent a C-section. One had mild COVID-19 and one had severe COVID-19, but both experienced a worsening of illness following delivery. The article contains clinical and laboratory characteristics for the pregnant women and their infants. Neither infant was infected with COVID-19 but both had transient coagulation dysfunction and myocardial damage.	The authors present two cases of pregnant women with COVID-19, whose clinical characteristics and management, along with that of their newborns, add to the literature describing clinical care for pregnant women with COVID-19.	Zheng T, Guo J, He W, et al. Coronavirus disease 2019 (COVID-19) in pregnancy: 2 case reports on maternal and neonatal outcomes in Yichang city, Hubei Province, China. Medicine (Baltimore). 2020;99(29):e21334. doi:10.1097/MD.00000000000021334

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Complicated appendicitis, perforated appendicitis, pediatric, diagnosis, treatment, case management, USA	17-Jul-20	Complicated Appendicitis in a Pediatric Patient With COVID-19: A Case Report	Cureus	Case Reports	This report described a case of a four-year-old girl with perforated appendicitis with a secondary diagnosis of COVID-19. The patient presented to the emergency department with a history of progressive and severe abdominal pain that had started three days prior; moreover, abdominal rigidity was found upon physical examination. Perforated appendicitis was suspected by the authors. Her family reported a decrease in oral intake and hypo-activity and no change in bowel habits, runny nose, throat pain, cough, cyanosis, or shortness of breath. The family also reported a history of direct contact with one of her relatives at home who had symptoms of upper respiratory tract infection but was not tested for COVID-19. With ultrasonography of the abdomen revealing non-compressibility and discontinuity in the appendicular wall, with the adjacent turbid collection, perforated appendicitis was confirmed. This patient underwent successful management with open appendectomy and subsequent antibiotics. She was discharged after a 12-day hospital stay. The authors concluded that the clinical presentation of complicated appendicitis in association with COVID-19 may not be different from that in the general population and further studies are needed to provide more clarity on the appropriate management.	This case presents a four-year girl who presented to the ED with complicated appendicitis and tested positive for COVID-19 and shows successful treatment with open appendectomy in a COVID-19 child with good recovery and no sequelae.	Alsuwailam AB, Turkistani R, Alomari M. Complicated Appendicitis in a Pediatric Patient With COVID-19: A Case Report. Cureus. 2020;12(6):e8677. Published 2020 Jun 17. doi:10.7759/cureus.8677
Infant, pediatric, asymptomatic, China	17-Jul-20	An infant with coronavirus disease 2019 in China: A case report	Medicine	Clinical Case Report	This case report described a 35-day-old boy who was tested positive for COVID-19 in China with atypical symptoms and close contact with 2 confirmed COVID-19 patients – his grandmother and mother. The infant was admitted on February 10, 2020 and was treated with aerosol inhalation of recombinant human interferon α -2b and supportive therapy. Then he was discharged on February 27, 2020 with two consecutive (1 day apart) oropharyngeal swabs tested negative for SARS-CoV-2. The authors concluded that the number of infections in infants might be underestimated due to the mild or asymptomatic COVID-19 and infant's virus screening in families with infected kins could be important for early diagnosis.	To the authors' knowledge, this report describes the youngest infant, except for newborn, to be reported with SARS-CoV-2.	Cao W, Mai G, Liu Z, et al. An infant with coronavirus disease 2019 in China: A case report. Medicine (Baltimore). 2020;99(29):e21359. doi:10.1097/MD.00000000000021359
Pediatric, telehealth, telehealth technologies	17-Jul-20	The Emergence of Pediatric Telehealth as a Result of the COVID-19 Pandemic	Pediatric Annals	Editorial	The author provides an overview of the framework of telehealth, current telehealth technologies, and argued that telehealth is an integral part of pediatric care as a result of COVID-19 pandemic. Telehealth includes all care models that use electronic transmission of health care data. Not only the basic tools (i.e. phone, tablet, computer), but also other new technologies, such as digital stethoscopes, otoscopes, and remote home-monitoring devices to track glucose and pulse oximetry are equipped for medical and preventive health issues. Some patients and health professions are attracted to telehealth as it can, for example, limit exposure and avoid multiple patient transfers. According to the author telehealth has become and will continue to be an integral part of ongoing clinical care of pediatric patients and their families.	This editorial described the framework of telehealth, current telehealth technologies, and argued that telehealth is an integral part of pediatric care.	Hageman JR. The Emergence of Pediatric Telehealth as a Result of the COVID-19 Pandemic. Pediatr Ann. 2020;49(7):e283-e284. doi:10.3928/19382359-20200626-01

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Pediatric, clinical characteristic, symptom, diagnose test, clinica feature, case management, vertical transmission, epidemiology	17-Jul-20	Pediatric COVID-19 Disease: A Review of the Recent Literature [Free Access to Abstract only]	Pediatric Annals	Feature Article	In this review, epidemiology, clinical characteristics, diagnosis, and management of pediatric COVID-19 based on the recent literature are discussed. Children are a special group due to their close contact with family members, and they are sensitive to cross-infection. In a study, a history of transmission through family or social gatherings was found in 56% of children with COVID-19. According to the initial data from China and large-scale community testing data from South Korea and Iceland, children seem to be less affected by COVID-19 than adults. Studies found that most children with COVID-19 do not develop any symptoms or have only subclinical symptoms and clinical features are somewhat different in symptomatic children compared to adults. Children have a tendency toward milder disease and the most common admission symptoms in pediatric symptomatic cases include fever and cough, which are seen in more than half of pediatric patients. One study found that pediatric patients are less likely to be symptomatic or to develop severe symptoms and younger children (i.e. preschool children and infants) are more likely to have severe clinical symptoms than older children. Vertical transmission from the mother to the infant has not been reported yet. To date, there are no drug and/or testing studies for COVID-19 specific to children in the literature and the majority of the publications include oxygen therapy and antibiotics for bacterial superinfections as initial treatment. There are also no pediatric studies in the literature on specific antiviral drug and the recommendations are based on the guidelines developed for adults. Although the pediatric patient group is less sensitive to COVID-19 and has milder symptoms, the authors argued that COVID-19 has specific features in children that are different from those in adults, which warrant further investigation.	This review described the epidemiology, clinical characteristics, diagnosis, and management of pediatric COVID-19 based on the recent literature and concluded that COVID-19 has distinct characteristics in the pediatric population compared to adults and further studies are needed to better understand the characteristics of this disease in children.	Yoldas MA, Yoldas H. Pediatric COVID-19 Disease: A Review of the Recent Literature. <i>Pediatr Ann.</i> 2020;49(7):e319-e325. doi:10.3928/19382359-20200615-01
Pregnancy, venous thrombosis, immuno-thrombosis, anticoagulation	17-Jul-20	A critical review of the pathophysiology of thrombotic complications and clinical recommendations for thromboprophylaxis in pregnant patients with COVID-19	Acta Obstetrica et Gynecologica Scandinavica	Review Article	There is concern regarding the potentially increased risk of thrombotic complications among pregnant women with COVID-19 but this has not been observed thus far. Several organizations have issued pregnancy-specific guidelines for thromboprophylaxis in COVID-19. The authors argue that discrepancies between these guidelines reflect the lack of available high-quality evidence. Low molecular weight heparin (LMWH) is the drug of choice for thromboprophylaxis in pregnant women with COVID-19; however, its utility in non-pregnant patients is only established against venous thromboembolism as LMWH may have little or no effect on immuno-thrombosis. The authors argue that there is currently no evidence to recommend the use of LMWH in thromboprophylaxis, which may increase bleeding risk without reducing thrombotic risk in pregnant patients with COVID-19. Likewise, there is no evidence to comment on the role of low-dose aspirin in thromboprophylaxis	The authors review the pathophysiology of COVID-19 thromboembolic complications and critically appraise thromboprophylactic guidelines for pregnant women with COVID-19. There is a lack of high-quality data on this topic, and many uncertainties are actively being pursued in clinical trials.	D'Souza R, Malhamé I, Teshler L et al. A critical review of the pathophysiology of thrombotic complications and clinical practice recommendations for thromboprophylaxis in pregnant patients with COVID-19 [published online, 2020 Jul 17]. <i>Acta Obstet Gynecol Scand.</i> doi:10.1111/aogs.13962

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					or of anti-cytokine and anti-viral agents in preventing immunothrombosis. These unanswered questions are currently being studied in clinical trials.		
Pregnancy, neonate, neonatal infections, antibodies, epidemiology	17-Jul-20	Neutralizing and cross-reacting antibodies: implications for immunotherapy and SARS-CoV-2 vaccine development	Human Vaccines & Immunotherapies	Commentary	There is an urgent need to develop vaccines against the SARS-CoV-2 virus. Both convalescent plasma and immunoglobulin are currently in clinical trials for treatment of patients with COVID-19. It is unclear whether antibodies induced by SARS-CoV-2 have neutralizing capacity and whether they can provide immunity from future infection. Seasonal human coronaviruses (HCoV) have been circulating for decades; however, it is currently unknown whether antibodies against seasonal HCoV may cross-neutralize SARS-CoV-2. Data from neonates suggest that transplacental antibodies against HCoV may have neutralizing capacity. In this article, the authors briefly review the epidemiologic observations on HCoV and discuss the potential implications for neutralizing and cross-neutralizing antibodies against SARS-CoV-2.	The authors put forth a call to action to collect SARS-CoV-2 serology data on all pregnant women and their infants to understand the role of antibodies in preventing neonatal infections.	Cohen SA, Kellogg C, Equils O. Neutralizing and cross-reacting antibodies: implications for immunotherapy and SARS-CoV-2 vaccine development [published online, 2020 Jul 17]. Hum Vaccin Immunother. doi:10.1080/21645515.2020.1787074
Mental health, quarantine experience, parent, children, Spain	17-Jul-20	A Mixed-method Study of Individual, Couple and Parental Functioning During the State-regulated COVID-19 Lockdown in Spain	Family Process	Original Research	During the recent COVID-19 outbreak in Spain, the authors sought to explore the wellbeing of people confined with their partners and/or children. They conducted an online survey to adults (age > 18 years old, n = 407) from 24 March-7 April 2020 that included standardized measures of psychological distress and relationship functioning. Responses to an open-ended question about perceived changes in couple or family dynamics during lockdown revealed nine specific themes comprising two overarching categories: relational improvement and deterioration. The overall prevalence of improvement themes (61.7%) exceeded deterioration themes (41%). The authors found elevated levels of situational anxiety but not trait anxiety or depression during lockdown. Couples with no children at home reported high levels of dyadic adjustment. With children present, parental functioning exceeded conjugal functioning. Although correlates of psychological distress (e.g., unemployment, perceived economic risk) were relatively stable across subgroups, predictors of relationship functioning varied substantially with household/parental status.	In this study, the authors sought to understand psychosocial impacts of COVID-19 associated quarantine experiences in Spain. They found differences in couple dynamics during lockdown between couples with versus without children.	Günther-Bel C, Vilaregut A, Carratala E et al. A Mixed-method Study of Individual, Couple and Parental Functioning During the State-regulated COVID-19 Lockdown in Spain [published online, 2020 Jul 17]. Fam Process. doi:10.1111/famp.12585
Children, clinical characteristics, MIS-C, UK	17-Jul-20	Clinical characteristics of children and young people hospitalised with covid-19 in the United Kingdom: prospective multicentre	medRxiv	Preprint (not peer-reviewed)	This prospective observational cohort study used data from 260 hospitals in England, Wales and Scotland from January 17-June 5, 2020, to characterize the clinical features of children and young people admitted to the hospital with confirmed SARS-CoV-2 infection, and to explore factors associated with admission to critical care, mortality, and development of MIS-C. 451 patients <19 years of age were enrolled in the study. Median age was 3.9 years [interquartile range (IQR) 0.3-12.9 years], 36% (162/451) were under 12 months old. 17% were admitted to critical care, a need associated with age under one month, age 10-14 years, and	This study adds data to what is already available for characterizing MIS-C, and the authors identify a muco-enteric symptom cluster that could indicate MIS-C is the severe end of a disease spectrum.	Swann OV, Holden KA, Turtle L, et al. Clinical characteristics of children and young people hospitalised with covid-19 in the United Kingdom: prospective multicentre observational cohort study [published online 2020 Jul 17]. medRxiv. 2020. doi:10.1101/2020.07.14.20153320

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		observational cohort study			black ethnicity. There were no deaths in children under 16 years of age in this cohort. Three young people (0.7%) died, who were 16 to 19 years. A muco-enteric cluster of symptoms was identified, closely mirroring the WHO MIS-C criteria. 12% of patients met WHO MIS-C criteria, and they were more likely to be older and of non-white ethnicity. Children with MIS-C were 4 times more likely to be admitted to critical care and were more likely to have the following symptoms on presentation: headache, myalgia, sore throat and fatigue. The data in this study suggest less severe covid-19 in children and young people than in adults. The authors provide additional evidence for refining the MIS-C case definition, and the identification of a muco-enteric symptom cluster raises the suggestion that MIS-C is the severe end of a spectrum of disease.	Children that died were aged 16-19 years old.	
Respiratory microbiota, gut microbiota, dysbiosis, children	17-Jul-20	Progressive worsening of the respiratory and gut microbiome in children during the first two months of COVID-19	medRxiv	Preprint (not peer-reviewed)	This article reports the temporal dynamics of respiratory and gut microbiome in children with COVID-19. Nine COVID-19 children aged 7-139 months old were enrolled, together with 14 age-matched healthy control children. A total of 103 specimens including 27 sets of paired specimens were collected from children with COVID-19. Alteration of the microbiome was divergent between the respiratory tract and gut, albeit the dysbiosis was dominated by genus <i>Pseudomonas</i> and sustained for up to 25-58 days in different individuals. The respiratory microbiome distortion persisted in 7 children for at least 19-24 days after discharge from the hospital. The gut microbiota showed early dysbiosis towards later restoration in some children. Disturbed development of both gut and respiratory microbiomes, and prolonged respiratory dysbiosis in children imply possible long-term complications after clinical recovery from COVID-19, such as predisposition to increased health risk in the post-COVID-19 era.	This is the first report on the complex dynamics of the gut and respiratory microbiota in children with COVID-19. Disturbed development of both gut and respiratory microbiomes, and prolonged respiratory dysbiosis caused by SARS-CoV-2 infection imply possible short-term and long-term complications.	Rong Xu, Pengcheng Liu, Tao Zhang. et al. Progressive worsening of the respiratory and gut microbiome in children during the first two months of COVID-19. medRxiv 2020.07.13. https://doi.org/10.1101/2020.07.13.20152181
Pregnancy, immunophenotype, cytokines, antibodies, Mexico City	17-Jul-20	Serological Cytokine and chemokine profile in pregnant women with COVID19 in Mexico City	medRxiv	Preprint (not peer-reviewed)	This study aims to determine the frequency of comorbidities, signs and symptoms, the presence of lymphopenia, antibodies response to SARS-CoV2 and cytokine and chemokine serum concentration, jointly conducted by the Medical Research Unit on Immunochimistry (UIMIQ), Specialties Hospital, National Medical Center and Gynecology & Obstetrics Department in the General Hospital of Mexico. Eighteen women were enrolled. Three subgroups were analyzed as follows: a) Non-pregnant, Non-COVID19 women (Non-COVID19, n=7); b) confirmed SARS-CoV2-infected Non-Pregnant women (NP-COVID19, n=5); and c) confirmed SARS-CoV-2-infected Pregnant women (P-COVID19, n=6). Lymphocytes, monocytes and, neutrophils absolute count were in the normal range in the group of Non-COVID19. Neutropenia and neutrophilia were detected in the group of NP-COVID19. None of the P-COVID19 patients showed leukocytosis. Serum cytokines as IL-17, IFN- γ , CXCL8, CCL2, CCL3, CXCL10,	This is the first study that investigated serum cytokine and chemokine concentration in pregnant women with COVID-19, demonstrating that pregnant and non-pregnant women with COVID-19 have a similar cytokine profile.	Arturo Cerbulo-Vazquez Sr., Berenice Zavala-Barrios, Jesus Carlos Briones-Garduno. et al. Serological Cytokine and chemokine profile in pregnant women with COVID19 in Mexico City. medRxiv 2020.07.14. https://doi.org/10.1101/2020.07.14.20153585

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					CCL11, CXCL9, CCL20, CXCL11, and CCL4 did not show any statistically significant difference among the groups. The lower concentration of CCL17 was detected in the P-COVID19 group, a similar concentration of IL-6 was also detected in non-pregnant and pregnant COVID19 patients. The result shows that pregnant and non-pregnant women with COVID19 have a similar cytokine profile.		
Pregnancy, placenta, pre-eclampsia, renin-angiotensin system	17-Jul-20	SARS-CoV2 and pregnancy: an invisible enemy?	American Journal of Reproductive Immunology	Review Article	Emerging evidence suggests that COVID-19 puts women and fetuses/neonates at an increased risk of pregnancy complications. In this article, the authors review the pathological findings in placentas from women who tested positive for SARS-CoV-2. They also discuss pregnancy outcomes associated with related and highly pathogenic coronaviruses, SARS-COV-1 and MERS. They present immune-inflammatory correlates of COVID-19 in pregnancy and review the role of the renin-angiotensin system in the pathogenesis of COVID-19 in pregnancy. They also identify gaps in the current knowledge of COVID-19 in pregnancy and neonates. Greater understanding of the pathogenesis of SARS-CoV2 in the placenta will yield important insight into potential therapeutic interventions for pregnant women with COVID-19	In this review, the authors discuss COVID-19 in pregnancy including placental findings, pregnancy outcomes, and immune-inflammatory correlates in pathogenesis. They also identify gaps in the current understanding of COVID-19 in pregnancy.	Verma S, Carter EB, Mysorekar IU. SARS-CoV2 and pregnancy: an Invisible enemy? [published online, 2020 Jul 17]. Am J Reprod Immunol. doi:10.1111/aji.13308
Children, pediatrics, outcomes, clinical characteristics, radiology	17-Jul-20	A literature review of 2019 novel coronavirus (SARS-CoV2) infection in neonates and children	Pediatric Research	Review Article	This literature review of 73 articles identified through PubMed, Ovid MEDLINE and EMBASE from December 1 st , 2019 to May 7 th , 2020, aimed to summarize the current data on SARS-CoV2 in children. The authors provide a detailed review of the biology, epidemiology, diagnosis, clinical features, treatment, prevention, and hospital organization for clinicians treating children with COVID-19. Early epidemiologic data show that SARS-CoV2 has a dominant family-cluster transmission and that children present a mild form of COVID-19 (case-fatality rate: < 0.1%), rarely requiring high intensity medical treatment in a pediatric ICU. Vertical transmission is unlikely but cannot be completely excluded. Some clinical features (fever, vomiting and diarrhea, and a longer incubation period) are more common in children than in adults, as well as some radiologic aspects including the presence of patchy shadows opacities at CT scan images. Supportive and symptomatic treatments (oxygen therapy and antibiotics for bacterial co-infections) are recommended in these patients.	COVID-19 infections in children are generally mild compared with adults and may exhibit slightly different clinical and radiologic features. The authors conclude that vertical transmission is unlikely but cannot be completely excluded.	Di Nardo M, van Leeuwen G, Loreti A, et al. A literature review of 2019 novel coronavirus (SARS-CoV2) infection in neonates and children [published 2020 Jul 17]. Pediatr Res. 2020 doi:10.1038/s41390-020-1065-5
Vertical transmission, neonate, obstetric outcomes, breastfeeding	17-Jul-20	What are considerations for neonates at risk for COVID-19?	Clinical and Experimental Pediatrics	Editorial	The author summarizes recent data on potential transmission and risks of COVID-19 infection in neonates. SARS-CoV-2 transmission to neonates is thought to occur primarily through respiratory droplets during the postnatal period when neonates are exposed to mothers, caregivers, visitors, or healthcare personnel with COVID-19. A recent WHO report noted that, of 115 mother–infant pairs from 17 studies in which the mother had confirmed COVID-19, 13 infants had COVID-19. Of the 20 whose	The author concludes that viral transmission of SARS-CoV-2 to neonates likely occurs after birth, and most professional societies report that the benefits of breastfeeding	Choi, Soo Han. What are considerations for neonates at risk for COVID-19? [published online 2020 July 17]. Clin Exp Pediatr. 2020 doi.org/10.3345/cep.2020.01074

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					breastmilk was tested for SARS-CoV-2 RNA particles by RT-PCR, 18 were negative and 2 were positive; one mother's infant was not infected with COVID-19 (mix-fed), while the other was infected (feeding modality not reported). The CDC, WHO, and American Academy of Pediatrics suggest that the benefits of breastfeeding appear to outweigh the potential risks of viral transmission from mother to infant. Of 262 women who gave birth in another study, 66 (25%) did so preterm: 32 (48%) due to maternal COVID-19, 9 (14%) due to fetal compromise, and 12 (18%) due to other obstetric conditions. Three neonates were stillborn and two died in the neonatal period; neither of the neonatal deaths was attributed to SARS-CoV-2. Current evidence is inconclusive about transplacental viral transmission.	outweigh risks of transmission via breastmilk. Maternal infection may pose a risk to neonates due to the rates of preterm birth and fetal compromise.	
Pregnancy, first trimester, depression, anxiety, psychiatry, Japan	17-Jul-20	Psychological status during the first trimester of pregnancy under the COVID-19 epidemic in Japan [No abstract or full text freely available]	The Journal of Maternal-Fetal and Neonatal Medicine	Letter to the Editor	This study compared the prevalence of depressive and/or anxiety symptoms during the 1st trimester of pregnancy for women screened with 2 self-administered questionnaires - one for depressive symptoms, one for anxiety symptoms - from March 9-April 11, 2019 (n=134), to March 11-April 13, 2020 (n=117). The positive screening rate for depressive symptoms increased significantly in the group screened during the pandemic compared with the control group. Based on these results, the author voices concern that a worsened psychological status due to the pandemic may present in the 1st trimester.	This study found that the proportion of pregnant women in their 1st trimester with self-reported depressive symptoms has increased during the COVID-19 pandemic, indicating that worse psychological status may present during the 1st trimester during COVID-19.	Suzuki S. Psychological status during the first trimester of pregnancy under the COVID-19 epidemic in Japan [published online 2020 Jul 17]. J Matern Fetal Neonatal Med. 2020;1-2. doi:10.1080/14767058.2020.1793319
Children, vaccination, immunization, Africa	17-Jul-20	Routine childhood immunisation during the COVID-19 pandemic in Africa: a benefit-risk analysis of health benefits versus excess risk of SARS-CoV-2 infection	The Lancet Global Health	Original Article	The authors compared the health benefits of sustaining routine childhood immunization in Africa with the risk of acquiring SARS-CoV-2 infection through visiting routine vaccination service delivery points. The authors considered a high-impact scenario and a low-impact scenario, considering different diseases for which immunization is routinely provided, to approximate the child deaths that could be caused by immunization coverage reductions during COVID-19 outbreaks. In the high-impact scenario, for every 1 excess COVID-19 death attributable to SARS-CoV-2 infections acquired during routine vaccination clinic visits, 84 (95% Uncertainty Interval 14–267%) deaths in children could be prevented by sustaining routine childhood immunization in Africa. The benefit–risk ratio for the vaccinated children is 85,000 (4,900–546,000), for their siblings (<20 years) is 75,000 (4,400–483,000), for their parents or adult carers (aged 20–60 years) is 769 (148–2700), and for older adults (>60 years) is 96 (14–307). In the low-impact scenario, the benefit–risk ratio to the households of vaccinated children is 3 (0–10); if the risk to only the vaccinated children is considered, the benefit–risk ratio is 3,000 (182–21,000). Based on these scenarios, the deaths	This study presents an analysis showing that deaths prevented by maintaining childhood vaccinations in Africa outweigh the risks of acquiring SARS-CoV-2 infection from vaccination clinic visits. The authors argue that vaccinations in Africa should be sustained as much as possible during the COVID-19 pandemic.	Abbas K, Procter SR, van Zandvoort K, et al. Routine childhood immunisation during the COVID-19 pandemic in Africa: a benefit-risk analysis of health benefits versus excess risk of SARS-CoV-2 infection [published online 2020 Jul 17]. Lancet Glob Health. 2020. doi:10.1016/S2214-109X(20)30308-9

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					prevented by sustaining routine childhood immunization in Africa outweigh the excess risk of COVID-19 deaths associated with vaccination clinic visits, especially for the vaccinated children. Routine childhood immunization should be sustained in Africa as much as possible, while considering other factors such as logistical constraints, staff shortages, and reallocation of resources during the COVID-19 pandemic.		
Pediatric psychologist, clinical research, guidance	17-Jul-20	Considerations and Future Directions for Conducting Clinical Research With Pediatric Populations During the COVID-19 Pandemic	The Journal of Pediatric Psychology	Commentary	To serve as a resource for pediatric psychologists and their colleagues, this commentary provided a brief overview of potential solutions for proceeding with upcoming or on-going research projects involving youth with medically complex conditions. The authors stated that the COVID-19 pandemic offered the opportunity to collect new data for new research and incorporate responses to the pandemic within a previously planned protocol. Funding agencies have not only mobilized around COVID-19 therapeutics, vaccine development, and screening, but also toward behavioral science. For on-going research, the authors talked about challenges and potential strategies regarding remote recruitment and consent, data collection and assessment, participant compensation and additional support provision, delivery, and reporting outcomes. The authors concluded that pediatric psychologists should: (a) attempt to complete their current research with some pivoting (e.g., the inclusion of additional measures); (b) contribute to studies on the acute impacts of COVID-19; and (c) anticipate future scientific questions that will address individual and public health outcomes (e.g., factors that impact the uptake of COVID-19 screening and vaccinations).	This article provides a brief overview of potential solutions for proceeding with upcoming or on-going research projects involving youth with medically complex conditions.	Stiles-Shields C, Plevinsky JM, Psihogios AM, Holmbeck GN. Considerations and Future Directions for Conducting Clinical Research With Pediatric Populations During the COVID-19 Pandemic [published online, 2020 Jul 17]. J Pediatr Psychol. 2020; doi:10.1093/jpepsy/jsaa055
COVID-19; SARS-CoV-2; hydroxychloroquine, azithromycin, pregnancy	16-Jul-20	Treatment of COVID-19 in Pregnancy with Hydroxychloroquine and Azithromycin: a case report	Acta Biomedica	Case Report	This is a case report of a middle-aged woman at 26 weeks gestation who presented with mild dyspnea on March 29, 2020 [age and place not specified]. Her RT-PCR was positive for SARS-CoV-2. Due to mild symptoms, she was discharged with azithromycin. On April 1, she returned with dyspnea, shortness of breath, cough, and fever. Chest X-ray showed bilateral patchy infiltrates, and she was admitted to the hospital. She was given hydroxychloroquine for 5 days in addition to azithromycin. Repeat RT-PCR was negative for SARS-CoV-2 on April 2. Workup showed normocytic anemia, elevated platelet, elevated AST/ALT, and gallstones on liver ultrasound. She also had a prolonged QTc interval on the electrocardiogram, possibly due to hydroxychloroquine-azithromycin use, which resolved with one dose of magnesium. She was subsequently discharged on April 7 after her clinical condition improved and with reassuring fetal status. While most studies did not include any pregnant patients, this case demonstrates the successful use of hydroxychloroquine and azithromycin for COVID-19 during pregnancy. Chloroquine increases intracellular pH, inhibits the quinone reductase-2 and	This is a case report of a middle-aged woman at 26 weeks gestation with COVID-19 who presented with mild dyspnea on March 29, 2020 [age and place not specified]. She recovered after treatment with hydroxychloroquine and azithromycin. This case demonstrates the successful use of hydroxychloroquine and azithromycin for COVID-19 during pregnancy.	Sisti G, Schiattarella A, Sisti A. Treatment of COVID-19 in Pregnancy with Hydroxychloroquine and Azithromycin: a case report. Acta Biomed. 2020;91(4):e2020123. Published 2020 Jul 16. doi:10.23750/abm.v91i4.10216

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					MAP-kinase, and interferes with ACE2 receptor glycosylation. Hydroxychloroquine has the same mechanism of action but seems more potent, carries a better safety profile, and allows a lower daily dose with the same efficacy as chloroquine.		
Honduras, COVID-19, blood samples, rapid diagnostic testing, SARS-CoV-2, pregnancy	16-Jul-20	Using Prenatal Blood Samples to Evaluate COVID-19 Rapid Serologic Tests Specificity	Maternal and Child Health Journal	Original Research	To determine the specificity of COVID-19 rapid serologic tests, the authors tested prenatal blood samples obtained from an existing prospective cohort of pregnant women from 2018 at the Alonso Suazo Health Center in Tegucigalpa, Honduras. They randomly selected 120 stored serum samples, which were then used to test 4 lateral flow rapid diagnostic tests (RDTs), pictures from which were read by two blinded trained evaluators. The RDTs evaluated were the following: Hightop COVID-19 IgM/IgG Ab Rapid Test Kit (n=120) (Qingdao Hantang Biological Technology Co., Ltd., Qingdao, China); COVID-19 IgG/IgM Rapid Test Kit (n=80) (Nantong Egens Biotechnology Co. Ltd., Nantong, China); Orient Gene COVID-19 IgG/IgM Rapid Test (n=90) (Zhejiang Orient Gene Biotech Co. Ltd, Huzhou, China). Standard Q COVID-19 IgM/IgG Duo Test (n=90) (SD Biosensor, Gyeonggi-do, Republic of Korea). The specificity for both IgM and IgG were 100% for the first two tests. The third test had a specificity of 98.9% for IgM and 94.4% for IgG. The fourth test had a specificity of 88.9% for IgM and 100% for IgG. The authors determined that the RDTs available in Honduras displayed variable specificity for detecting IgG and IgM antibodies. They emphasized the usage of instruments with high specificity being crucial for usage in serological surveys.	The authors evaluated 4 rapid serological tests for specificity for SARS-CoV-2 using prenatal blood samples acquired from a prospective cohort of pregnant women in Honduras. They determined that the specificity in the four tests varied from 87.5% to 100%, concluding that the usage of high sensitivity is imperative for serological surveys.	Alger J, Cafferata ML, Alvarado T, et al. Using Prenatal Blood Samples to Evaluate COVID-19 Rapid Serologic Tests Specificity. <i>Matern Child Health J.</i> 2020;24(9):1099-1103. doi:10.1007/s10995-020-02981-9
COVID-19; Interprofessional collaboration; multidisciplinary; partnership; shared problem solving; team effectiveness.	16-Jul-20	Interprofessional/interdisciplinary teamwork during the early COVID-19 pandemic: experience from a children's hospital within an academic health center [Free Access to Abstract Only]	Journal of Interprofessional Care	Short Report	The COVID-19 pandemic has created multiple complex and intense demands on hospitals, including the need for surge planning in many locations. The authors describe an interprofessional/interdisciplinary (IP/ID) surge planning process in one US academic health center that encompasses a children's hospital, to demonstrate the need for hospital-based IP/ID practice. Their IP/ID teams developed 2 alternative approaches to maximize bed capacity during a possible COVID-19 surge: 1) admission of selected adults who tested negative for SARS-CoV-2 to pediatric beds or 2) converting the pediatric ICU and/or pediatric acute care units into isolation units for the care of adults and children with COVID-19. A model was developed to provide training, expert consultation/supervision, and support for staff taking on new roles and responsibilities. Every aspect of hospital operation was represented in IP/ID planning, which collectively identified unique and innovative approaches to increase the efficiency and effectiveness of clinical operations during the COVID-19 pandemic.	This paper demonstrates the need for hospital-based interprofessional/interdisciplinary (IP/ID) practice, by describing how IP/ID teamwork led to rapidly effective COVID-19 responses in one US academic health center and children's hospital.	Natale JE, Boehmer J, Blumberg DA, et al. Interprofessional/interdisciplinary teamwork during the early COVID-19 pandemic: experience from a children's hospital within an academic health center. <i>J Interprof Care.</i> 2020;34(5):682-686. doi:10.1080/13561820.2020.1791809
China, food safety, nutrition	16-Jul-20	Investigation on knowledge, attitudes, and	Public Health Nutrition	Original Article	The authors sought to investigate the knowledge, attitudes, and practices (KAP) about food safety and nutrition in Chinese adults during the COVID-19 pandemic. An online survey was completed	The authors conducted an online survey of 2272 Chinese residents	Luo Y, Chen L, Xu F, et al. Investigation on knowledge, attitudes, and practices about food safety and nutrition in the

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		practices about food safety and nutrition in the Chinese during the epidemic of corona virus disease 2019			by 2272 participants aged 24.09±9.14 years, from 27 provinces, autonomous districts or municipalities, with 18.3% male, and 83.4% with a medical background. The knowledge questions assessed participants' basic nutrition knowledge. The total possible knowledge score was 8.0, the average score was 5.2 ± 1.6, and 4.2% obtained 8.0. The attitude questions assessed food safety and nutrition attitudes. The total possible attitudes score was 8.0, the average score was 6.5 ± 1.4, and 36.1% obtained 8.0. The food safety practice questions assessed whether participants cooked at home, ate raw food, extended cooking time, regularly disinfected utensils, and ate from separate dishes. The total possible food safety practices score was 5.0, the average score was 3.7 ± 1.0, and 20.7% obtained 5.0. During this public emergency, 79.4% participants changed diet habits, including increasing vegetables, fruit and water intake, and reducing sugary drinks and snacks. The authors found that participants generally paid attention to the epidemic situation and related information and had a relatively good KAP about food safety and nutrition.	about the knowledge, attitudes, and practices (KAP) about food safety and nutrition during the COVID-19 pandemic. The authors found that participants generally paid attention to the epidemic situation and related information and had a relatively good KAP about food safety and nutrition.	Chinese during the epidemic of corona virus disease 2019. Public Health Nutrition. 2020:1-22. doi:10.1017/S1368980020002797
Pregnancy, twin gestation, management, Norway	16-Jul-20	A high-risk delivery patient with COVID-19	Tidsskriftet Den Norske Legeforening	Case Report	The authors present the clinical course of a multiparous patient with a twin pregnancy in cephalic/breech presentation who was admitted at 37 weeks gestation for induction of labor. While asymptomatic at admission, she developed a sore throat on her third inpatient day. She was isolated with contact and droplet precautions and tested positive for SARS-CoV-2. Examination detected mild disease, with only transient hypoxia that responded to nasal-cannula oxygen. Her induction continued as planned. Due to signs of fetal distress at delivery, the first twin was delivered by vacuum extraction, the second by breech extraction. Both infants were healthy and roomed with their mother until discharge on day three postpartum. Norwegian guidelines recommend vaginal delivery for COVID-19 patients without obstetric or maternal contraindications. Patient care involved several departments and personnel groups. No hospital personnel were infected.	This case report adds to the literature of the management of high-risk deliveries in pregnant patients who have COVID-19 infection. This patient had mild COVID-19 disease and her twin infants were delivered vaginally, with rooming-in following delivery.	Munk AC, Sagedal LR, Krogedal TS, et al. A high-risk delivery patient with COVID-19. Fødende risikopasient med covid-19 [published online 2020 Jul 16]. Tidsskr Nor Laegeforen. 2020;140(11). doi:10.4045/tidsskr.20.0425
Ventilation, pediatric, respiratory disease	16-Jul-20	Ventilator configuration in children on long term home ventilation during the COVID19 pandemic	Pulmonology	Letter to the Editor	Authors describe management strategies and standards of care in pediatric patients with chronic respiratory diseases, identifying added complexities in the context of COVID-19. During this pandemic, when patients are admitted to the hospital for an exacerbation of their underlying disease, or with a suspected/positive COVID-19 infection, healthcare providers and the patient's parent(s) may be in close contact with the child, increasing risk of viral transmission. As such, authors conclude that children receiving any respiratory support should be cared for in airborne isolation rooms at negative pressure whenever possible and staff should adopt full contact, droplet, and airborne isolation precautions whether the patient is positive or suspected of having a COVID-19 infection.	Regardless of their respiratory support, patients who are admitted with suspicion of having COVID-19-associated respiratory failure should be closely monitored for deterioration and an emergency care pathway, including an escalation plan and ceiling of care, should	Esposito I, et al. Ventilator configuration in children on long term home ventilation during the COVID19 pandemic. Pulmonol. 2020. https://doi.org/10.1016/j.pulmoe.2020.06.010

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						be discussed and documented on arrival.	
Obstetrics, gynecology, telemedicine, pregnancy, maternal health	16-Jul-20	Telemedicine for Women's Health During COVID-19 Pandemic in India: A Short Commentary and Important Practice Points for Obstetricians and Gynaecologists	The Journal of Obstetrics and Gynecology of India	Short Commentary	Due to the COVID-19 pandemic, face-to-face patient consultations present challenges. In this article, the author discusses the feasibility of telemedicine for the practice of obstetrics and gynecology during the pandemic. Results were obtained from a single-doctor experience of 375 telemedicine consultations from 25 March-31 May 2020. Among these, 87% of patients were from a nearby location and 13% were from remote locations or cities where nearby clinics and outpatient facilities were closed. New patients comprised 27.5% of total consults. The author also designed a triage pathway for obstetrics and gynecology cases. She concludes that telemedicine allowed for the management of women's health and pregnancy concerns during the COVID-19 pandemic, except a few instances where face-to-face consultation or hospital visit was required. Implementation of the triage pathway described can minimize the risk of exposure for both patients and healthcare teams to SARS-CoV-2.	The author found that by utilizing telemedicine for non-urgent gynecologic and obstetric consultations, they were able to provide appropriate care and counseling during the COVID-19 pandemic.	Bindra V. Telemedicine for Women's Health During COVID-19 Pandemic in India: A Short Commentary and Important Practice Points for Obstetricians and Gynaecologists. [published online, 2020 Jul 16]. J Obstet Gynaecol India. 2020;70(4):279-282. doi:10.1007/s13224-020-01346-0
Neonate, pregnancy, vertical transmission	16-Jul-20	COVID-19 in pregnant women: A systematic review and meta-analysis	European Journal of Obstetrics & Gynecology and Reproductive Biology	Review Article	This systematic review and meta-analysis aims to assess the risk of clinical complications in pregnant women and neonates infected with SARS-CoV-2. The search was performed using PubMed and Scopus, including articles published from Dec. 2019 to 15 Apr. 2020. Finally, 13 studies were analyzed, all of them carried out in China. The mean(SD) age and gestational age of pregnant women were 30.3(1.5) years and 35.9(2.9) weeks, respectively. The mean(SD) duration from the first symptoms to the hospital admission and labor were 5.5(2.0) and 9.5(8.7) days, respectively. Patients mainly complained of fever and cough. Several antibiotics, antivirals, and corticosteroids were prescribed in different combinations. The pooled prevalence of maternal complications and C-section were 45.0%(95% CI: 24.0%–67.0%) and 88.0%(95%CI: 82.0%–94.0%). Less than 20% of pregnant women were admitted to ICU. The pooled proportion of preterm infants was 23.0%(95%CI: 11.0%–39.0%). The most frequent neonatal complications were pneumonia and respiratory distress syndrome. The pooled percentage of infected neonates was 6.0%(95%CI: 2.0%–12.0%). The present study suggests a high rate of maternal and neonatal complications in infected individuals. However, the current scientific evidence highlights a low risk of neonatal infection.	COVID-19 can cause significant maternal and neonatal morbidity. A regular and intensive follow-up is required to detect the early occurrence of clinical conditions.	Capobianco G, Saderi L, Aliberti S, et al. COVID-19 in pregnant women: A systematic review and meta-analysis [published online, 2020 Jul 16]. Eur J Obstet Gynecol Reprod Biol. 2020;S0301-2115(20)30446-2. doi:10.1016/j.ejogrb.2020.07.006
Telepsychiatry, telehealth, children, adolescent, India	16-Jul-20	COVID-19 and the need for child and adolescent telepsychiatry	Asian Journal of Psychiatry	Letter to the Editor	The authors describe two cases of two children (10 years and 15 years of age) brought to the Child and Adolescent Psychiatry (CAP) by their parents during COVID-19 in India. They highlight the severe problems faced by caregivers of children with psychiatric illnesses in the backdrop of lockdown. COVID-19 has further underlined the existing immense demand-supply gap of	This letter described problems faced by the caregivers of two children with psychiatric illness and highlighted the role of	Patra S, Patro BK. COVID-19 and the need for child and adolescent telepsychiatry services, a case report [published online, 2020 Jul 16]. Asian J Psychiatr. doi:10.1016/j.ajp.2020.102298

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		services, a case report			CAP services. During the COVID-19 pandemic, telepsychiatry has been carried out at district levels under the area of Odisha government in India and has proven to be feasible and effective.	telepsychiatry in filling the demand-supply gap of Child and Adolescent Psychiatry services during the COVID-19 pandemic in India.	
Pregnancy, neonate, outcomes, pregnancy-related complications	16-Jul-20	Do we expect important complications of COVID-19 infection during pregnancy? [Free Access to Abstract only]	The Journal of Maternal-Fetal & Neonatal Medicine	Letter to the Editor	Available information about the effect of COVID-19 on pregnancy outcomes remains limited, particularly with respect to the exact fatality rate in pregnant women and neonatal outcomes. In comparison to H1N1 and SARS-CoV-1, the SARS-CoV-2 virus appears to have a lower overall case fatality rate but a high human-to-human transmission rate. At the time of publication, there were more than 440 pregnant patients with COVID-19 reported, and the authors describe the findings from some of these articles. Many infected pregnant women presented with mild disease; however, some important pregnancy-related complications have been reported. Maternal mortality from COVID-19 continues to be a concern. The authors conclude that SARS-CoV-2 has the potential to result in substantial obstetric and neonatal adverse outcomes.	The authors review the existing literature on pregnancy outcomes in COVID-19 patients. There have been reports of severe pregnancy-related complications and maternal mortality associated with SARS-CoV-2 infection.	Moradi B, Kazemi MA, Gity M et al. Do we expect important complications of COVID-19 infection during pregnancy? [published online, 2020 Jul 16]. J Matern Fetal Neonatal Med. doi:10.1080/14767058.2020.1793321
Hematology, oncology, stem cell transplant, pediatric, Spain	16-Jul-20	Initial report on Spanish pediatric oncologic, hematologic, and post stem cell transplantation patients during SARS-CoV-2 pandemic	Pediatric Blood & Cancer	Letter to the Editor	In Spain, COVID-19 in children (age < 19 years old) accounts for 0.9% of cases, of which 2.8% require pediatric ICU (PICU) care (with a mortality rate of 0.3%). There are concerns for more severe infections of SARS-CoV-2 in immunocompromised children. The authors surveyed Spanish institutions (n=41) treating pediatric hematology/oncology patients with COVID-19 who were diagnosed between 31 January- 24 April 2020. A total of 47 COVID-19 cases were identified, which accounted for 2.5% of cancer patients in Spain. They identified a male predominance (72.3%), and the majority of cases occurred in patients with leukemia or lymphoma (51.5%). Severe illness was identified in 11 patients with four cases requiring admission to the PICU (8.5%) and with two deaths from COVID-19 complications. Anti-cancer therapy was interrupted in 57.9% of patients. The authors recommend individualized and multi-disciplinary discussions prior to interrupting or delaying anti-cancer therapy in a case of COVID-19.	The authors found that in immunocompromised children with COVID-19 in Spain, the rate of pediatric ICU admission was higher than in the general pediatric population (8.5% vs. 2.8%). More than half of the COVID-19 cases identified had delayed anti-cancer treatment.	Faura A, Rives S, Lassaletta Á, et al. Initial report on Spanish pediatric oncologic, hematologic, and post stem cell transplantation patients during SARS-CoV-2 pandemic [published online, 2020 Jul 16]. Pediatr Blood Cancer. doi:10.1002/pbc.28557
Radiology, diagnosis, pregnancy, ultrasound, pneumonia	16-Jul-20	Proposal for radiologic diagnosis and follow-up of COVID-19 in pregnant women [Free Access to Abstract only]	The Journal of Maternal-Fetal & Neonatal Medicine	Letter to the Editor	Early identification of COVID-19 positive pregnant women is crucial. The authors argue that lung ultrasound appears to be a useful diagnostic method for COVID-19 in pregnant patients. They state that there is a fast learning curve for recognition of COVID-19 associated patterns. It is a fast imaging procedure, easily reproducible, avoids the risk of ionizing radiation used in CT scans, and can be performed at the bedside. The authors also argue that it is useful in the follow-up of patients diagnosed with COVID-19 pneumonia to prevent repeated chest CT scans. They propose lung ultrasound for the management of pregnant	The authors argue that lung ultrasound has many benefits over CT scans in the management and follow-up of COVID-19 in pregnant patients due to its diagnostic accuracy and its safety profile.	Carbone L, Esposito R, Raffone A et al. Proposal for radiologic diagnosis and follow-up of COVID-19 in pregnant women [published online, 2020 Jul 16]. J Matern Fetal Neonatal Med. doi:10.1080/14767058.2020.1793325

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					women with suspected COVID-19 and in the follow-up of COVID-19 positive pregnant patients. They note that trials to evaluate the prognostic role in pregnant patients are urgently needed.		
Pregnancy, vaginal fluid, transmission, Turkey	16-Jul-20	SARS-CoV-2 is not present in the vaginal fluid of pregnant women with COVID-19	The Journal of Maternal-Fetal & Neonatal Medicine	Original Article	This cross-sectional study investigated whether pregnant women with COVID-19 have virus in their lower genital tract. The study included 12 pregnant women hospitalized with confirmed COVID-19 at a single tertiary university hospital in Turkey from April 19-May 19, 2020. All patients had mild symptoms and were followed in the maternity ward, with none of them needing critical care follow-up. All lower genital tract samples were negative for SARS-CoV-2. The results demonstrated that SARS-CoV-2 was not present in the vaginal fluid of these pregnant women. This finding may indicate that the female genital tract is not a route of SARS-CoV-2 transmission.	This study did not find SARS-CoV-2 in the vaginal fluid of pregnant women with COVID-19, potentially indicating that the female genital tract is not a route of SARS-CoV-2 transmission.	Aslan MM, Uslu Yuvacı H, Köse O, et al. SARS-CoV-2 is not present in the vaginal fluid of pregnant women with COVID-19 [published online 2020 Jul 16]. J Matern Fetal Neonatal Med. 2020;1-3. doi:10.1080/14767058.2020.1793318
Demographics, infections, fatalities, India	16-Jul-20	The age and sex distribution of COVID-19 cases and fatalities in India	medRxiv	Preprint (not peer-reviewed)	The author used publicly available data to study the age and sex distribution of COVID-19 infections and fatalities in India. This analysis showed that individuals under the age of 20 are disproportionately likely to be infected. Proportion of fatalities increased up to the age of 60. Female to male ratio of infections is about 0.5 on average, lower between puberty and menopause (14-46 years old), and the ratio for fatalities is even lower.	This article describes the age and sex distributions for COVID-19 infections and fatalities in India, with disproportionate infections seen among males and individuals under the age of 20.	Gupta S. The age and sex distribution of COVID-19 cases and fatalities in India [published online 2020 Jul 16]. medRxiv. 2020. doi:10.1101/2020.07.14.20153957
Pregnancy, C-section, management, pharmacological treatment, New York City	16-Jul-20	Clinical improvement of severe COVID-19 pneumonia in a pregnant patient after caesarean delivery	BMJ Case Reports	Case report	The authors present a case of COVID-19 in a pregnant patient with severe respiratory compromise, whose clinical status significantly improved after a C-section. They describe her antenatal course as well as the maternal and neonatal outcomes following delivery. The authors also address the potential benefits of experimental therapy, including tocilizumab, a monoclonal antibody that targets interleukin-6 receptors.	This case report adds to the literature presenting management approaches for pregnant women with severe COVID-19 infection, including an assessment of the beneficial impact of expedited delivery by C-section and of the possible benefit of investigational medications.	Oliva M, Hsu K, Alsamarai S, et al. Clinical improvement of severe COVID-19 pneumonia in a pregnant patient after caesarean delivery [published online 2020 Jul 16]. BMJ Case Rep. 2020. doi:10.1136/bcr-2020-236290
Pregnancy, nosocomial infection, screening, testing, Nanjing, China	16-Jul-20	How to prevent in-hospital COVID-19 infection and reassure women about the safety of pregnancy: Experience from	Journal of International Medical Research	Research article	This study aimed to describe the emergency responses to COVID-19 for pregnant patients at a hospital in China and their effect on hospital operations and patients' outcomes. The authors describe the strategies used to prevent hospital-associated transmission of COVID-19 in obstetric care, including infrastructural modifications, management of outpatient volumes, use of screening and testing protocols. Patients' clinical characteristics as well as depression and anxiety among patients were assessed, comparing data from the first 2 months of 2019 to the first 2	This article assesses the impact of modifications made in obstetric care in response to the COVID-19 pandemic, which were successful in preventing in-hospital COVID-19 infections.	Gu X, Chen K, Yu H, et al. How to prevent in-hospital COVID-19 infection and reassure women about the safety of pregnancy: Experience from an obstetric center in China [published online 2020 Jul 16]. J Int Med Res. 2020. doi:10.1177/0300060520939337

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		an obstetric center in China			months of 2020. No in-hospital COVID-19 infections occurred in the obstetric unit. While major characteristics of patients were similar, a higher prevalence of gestational hypertension was found in 2020 than in 2019. Psychological interventions showed optimistic effects in ameliorating depression and anxiety at the beginning of the COVID-19 pandemic. The authors describe that their strategies were effective in preventing in-hospital infection of COVID-19 and reassuring women about the safety of pregnancy. Monitoring and managing psychological issues were necessary during this critical period.		
Perinatal mental health, disasters, mood disorders, prenatal care, postpartum care, Colorado, USA	16-Jul-20	A Mixed-Methods Pilot Study of Perinatal Risk and Resilience During COVID-19	Journal of Primary Care & Community Health	Research Article	This study aims to better understand the mental health and well-being effects of the COVID-19 pandemic, as well as sources of resilience, among women during the perinatal period. The study team used a simultaneous exploratory mixed-methods design. 31 pregnant and postpartum women in Colorado USA participated in phone interviews and were invited to complete an online survey. Approximately 12% of the sample reported high depressive symptomatology and 60% reported moderate or severe anxiety. 49% reported loneliness. The primary themes related to stress were uncertainty surrounding perinatal care, exposure risk for both mother and infant, inconsistent messaging from information sources and lack of support networks. Participants identified various sources of resilience, including the use of virtual communication platforms, engaging in self-care behaviors, partner emotional support, being outdoors, gratitude, and adhering to structures and routines. To conclude, since the onset of COVID-19 pandemic, many pregnant and postpartum women report struggling with stress, depression, and anxiety symptomatology.	The findings suggest that the pandemic has resulted in elevated rates of mood disorders for this sample of pregnant and postpartum women. Perinatal anxiety rates were approximately six times higher compared to pre-pandemic perinatal rates in Colorado, USA.	Farewell, C. V., Jewell, J., Walls, J. et al. J. A. (2020). A Mixed-Methods Pilot Study of Perinatal Risk and Resilience During COVID-19. Journal of Primary Care & Community Health. https://doi.org/10.1177/2150132720944074
Pregnancy, postpartum period, maternal mortality	16-Jul-20	Maternal mortality and COVID-19	The Journal of Maternal-Fetal & Neonatal Medicine	Original Article	The authors reviewed current data about COVID-19 related maternal deaths from the Brazilian Ministry of Health surveillance system, State Departments of Health epidemiological reports, and media coverage. 20 COVID-19 related maternal deaths (age range 20–43 years) were identified. Symptoms onset was reported during pregnancy for 12 cases, postpartum for 3 cases, and during the C-section for 1 case (missing data for 4). 16 deaths occurred in the postpartum period. At least one comorbidity or risk factor was present in 11 cases (missing data for 4). Asthma was the most common risk factor (5/11). Ten cases occurred in the Northeast region, and nine cases occurred in the Southeast region (5 of them in São Paulo, the first epicenter of COVID-19 in the country). The authors stated that barriers to access healthcare, differences in pandemic containment measures in the country, and high prevalence of concomitant risk factors for COVID-19 severity may play a role in the observed disparity compared to worldwide reports on maternal outcomes.	This study from Brazil described twenty COVID-19 maternal deaths, which might be the largest available series of maternal deaths due to COVID-19.	MLS Takemoto, MO Menezes, CB Andreucci, et al. Maternal mortality and COVID-19. The Journal of Maternal-Fetal & Neonatal Medicine. Published 2020 Jul 16. doi: 10.1080/14767058.2020.1786056

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Pediatrics, MIS-C, PIMS-TS, inflammation, severe illness, children	15-Jul-20	Pediatric Inflammatory Multisystem Syndrome Temporally Associated With COVID-19	Indian Pediatrics	Correspondence	In this correspondence, the authors respond to the meta-analysis by Meena et. al which reported on clinical features and outcomes of children with SARS-CoV-2. The authors state that while the meta-analysis covers several important aspects related to pediatric SARS-CoV-2 infection, the recent emergence of a new clinical syndrome in children in association with SARS-CoV-2 infection, pediatric inflammatory multisystem syndrome (PIMS or PIMS-TS), also needs a special mention. The authors describe that PIMS-TS is characterized by an unusual febrile illness with associated features suggestive of Kawasaki disease, toxic shock syndrome, myocardial dysfunction, or multi-organ failure. While a large proportion of children with COVID-19 fall in the mild disease category, cases of PIMS-TS reported so far have shown a rather severe course of illness, with five deaths out of ~300 cases reported. In one case of PIMS-TS from India, the patient was successfully managed with IV immunoglobulin and additional immunosuppressants. The authors conclude by emphasizing that PIMS-TS is a severe spectrum of SARS-CoV-2 infection in children necessitating early recognition and aggressive management.	In this correspondence, the authors respond to the meta-analysis by Meena et. al regarding the clinical features and outcomes of children with SARS-CoV-2. The authors make special mention of PIMS-TS as a severe form of illness related to SARS-CoV-2 requiring early recognition and aggressive management in children.	Sudhakar M, Jindal AK. Pediatric Inflammatory Multisystem Syndrome Temporally Associated With COVID-19. Indian Pediatr. 2020;57(9):868. doi:10.1007/s13312-020-1975-7
epilepsy, epilepsy surgery, infantile spasms, telemedicine, international	15-Jul-20	Care Delivery for Children With Epilepsy During the COVID-19 Pandemic: An International Survey of Clinicians	Journal of Child Neurology	Original Research	This is a cross-sectional online survey of pediatric neurologists worldwide, conducted from April 10 - 24, 2020. This study aimed to evaluate the effect of the COVID-19 pandemic on global access to care and practice patterns for children with epilepsy. The authors collected 212 responses from 49 countries and 6 continents, and 58.8% were general child neurologists [age range was not specified]. They found that COVID-19 pandemic has changed pediatric epilepsy care, with 91.5% reporting changes to outpatient care, 24.7% seeing patients exclusively via telehealth, 90.6% with reduced access to electro-encephalography (EEG), 37.4% with altered management of infantile spasms, 92.3% with restrictions in ketogenic diet initiation, 93.4% with limited epilepsy monitoring units, and 91.3% with canceled epilepsy surgery. Areas with a higher COVID-19 burden had more practice changes. The authors concluded that in response to COVID-19, pediatric epilepsy programs have implemented crisis standards of care that include increased telemedicine, decreased EEG use, changes in treatments of infantile spasms, and cessation of epilepsy surgery. Reopening face-to-face clinical care should be accompanied by minimizing risk and maximizing reassurance on infection control practices. Future study to assess the long-term impact of these abrupt changes is needed.	According to a cross-sectional online survey of pediatric neurologists in April 2020, pediatric epilepsy programs have implemented crisis standards of care in response to COVID-19.	Wirrell EC, Grinspan ZM, Knupp KG, et al. Care Delivery for Children With Epilepsy During the COVID-19 Pandemic: An International Survey of Clinicians. J Child Neurol. 2020;35(13):924-933. doi:10.1177/0883073820940189
Fetal alcohol spectrum disorders, alcohol, lockdown, contraception	15-Jul-20	Fetal alcohol spectrum disorders: preventing collateral	Lancet Public Health	Comment	Although the harmful use of alcohol has been addressed as a consequence of COVID-19, the heightened risk and predictable harm of fetal alcohol spectrum disorders (FASD) have not been discussed. A spike in fetal alcohol harm could be a potential negative outcome of the COVID-19 lockdown because of alcohol consumption combined with being home-bound, feelings of	The author recommends providing contraceptives more widely to tackle the increasing likelihood for fetal alcohol spectrum	Sher J. Fetal alcohol spectrum disorders: preventing collateral damage from COVID-19. Lancet Public Health. 2020;5(8):e424. doi:10.1016/S2468-2667(20)30159-6

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		damage from COVID-19			extraordinary stress or fear, and restricted access to contraception. The author argues that providing contraceptives more widely during lockdown could be useful to tackle FASD.	disorders as a result of COVID-19 lockdown.	
Pregnant women, postpartum women, United States, mental health, psychosocial	15-Jul-20	Meeting Maternal Mental Health Needs During the COVID-19 Pandemic	JAMA Psychiatry	Original Article	Pregnant and postpartum women, already vulnerable owing to mood and anxiety disorders, have faced intensified harms as public health measures have interfered with crucial psychosocial needs specific to the peripartum period. In this Viewpoint, the authors describe the challenges of maternal mental health care in obstetric and psychiatric settings during the COVID-19 pandemic in New York City. The authors describe the changes in obstetric and psychiatric practice that affect perinatal mental health, such as infection control procedures, visitor restrictions, shortened hospitalizations postdelivery, and telemedicine. The authors suggest strategies to mitigate maternal mental health risk and increase resiliency in women and the clinicians caring for them.	The authors describe the challenges of maternal mental health care in obstetric and psychiatric settings during the COVID-19 pandemic and suggest strategies to mitigate maternal mental health risk and increase resiliency in women and the clinicians caring for them.	Hermann A, Fitelson EM, Bergink V. Meeting Maternal Mental Health Needs During the COVID-19 Pandemic. JAMA Psychiatry. Published online July 15, 2020. doi:10.1001/jamapsychiatry.2020.1947
Pregnancy, maternal health, neonate health, UK	15-Jul-20	Maternal COVID-19 infection, clinical characteristics, pregnancy, and neonatal outcome: A prospective cohort study	European Journal of Obstetrics & Gynecology and Reproductive Biology	Original article	The authors sought to study the effect of COVID-19 on pregnancy and neonatal outcomes. They conducted a prospective cohort study of COVID-19 positive pregnant patients (n=23) at a large tertiary maternity unit in the UK from February to April 2020. From this cohort, 20 infants were delivered with four ongoing pregnancies. The severity of the COVID-19 symptoms ranged from mild in 13/23 (57 %) of patients, moderate in 2/23 (8.7 %), and severe in 8/23 (34.8%). Four pregnant patients (17.4%) required ICU support, and one maternal death was reported (4.3%). Pre-existing comorbidities were present in 11 (48%) patients. Among patients who delivered (n=19), seven (36.8%) had a pre-term birth, three (15.8%) developed ARDS before delivery, and two (10.5%) had pre-eclampsia. The authors conclude that COVID-19 is associated with relatively higher prevalence of pre-term birth, pre-eclampsia, and C-section compared to non-COVID pregnancies. COVID-19 infection was not found in the neonates, and none developed severe neonatal complications. [Note: we saw some inaccuracies in % in the article, which we tried to correct here].	In a cohort of pregnant patients in the UK, there was a relatively higher rate of pre-term birth, pre-eclampsia, and C-section compare to national rates. Additionally, no direct evidence of maternal-fetal vertical transmission in late pregnancy was identified in this cohort.	Antoun L, Taweel NE, Ahmed I et al. Maternal COVID-19 infection, clinical characteristics, pregnancy, and neonatal outcome: A prospective cohort study [published online, 2020 Jul 15]. Eur J Obstet Gynecol Reprod Biol. doi:10.1016/j.ejogrb.2020.07.008
Pediatric, nephrology, renal disease, immunosuppression	15-Jul-20	Managing Children With Renal Diseases During the COVID-19 Pandemic	Indian Pediatrics	Recommendations	The COVID-19 pandemic presents challenges for management of children with renal diseases, especially those receiving long-term immunosuppressive medications. This population includes renal transplant recipients, those with chronic kidney disease, and those with acute kidney injury requiring dialysis. The purpose of this article is to provide guidance from the Indian Society of Pediatric Nephrology to caregivers and healthcare providers involved in the management of children with renal diseases in order to ensure patient well-being and protection of staff. They discuss the management of children with renal diseases who develop COVID-19, including treatment. Further, they provide considerations for dialysis units operating during the pandemic.	This guidance from the Indian Society of Pediatric Nephrology outlines recommendations for the management and treatment of children with renal disease during the COVID-19 pandemic.	Vasudevan A, Mantan M, Krishnamurthy S, et al. Managing Children With Renal Diseases During the COVID-19 Pandemic. [published online, 2020 Jul 29]. Indian Pediatr. doi:10.1007/s13312-020-1893-8

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					The authors conclude by stating the importance of appropriately managing COVID-19 in high-risk children with chronic disorders, including renal diseases.		
Gastroenterology, nutrition	15-Jul-20	Gastrointestinal Manifestations of COVID-19: Impact on Nutrition Practices	Nutrition in Clinical Practice	Review Article	This review assesses the literature on gastroenterology and nutrition in relation to COVID-19 to summarize implications for the gastro-intestinal (GI) system and nutrition therapy. In patients with COVID-19, the normal intestinal mucosa can be disrupted by SARS-CoV-2, and this could result in GI symptoms and a compromise in nutrient absorption. Optimization of oral diet is still recommended. However, for patients unable to meet their nutrition goals with oral diet alone - including those who are critically ill - enteral nutrition is the preferred route to promote gut integrity and immune function. Nutrition support practices have been revised to mitigate viral transmission and adapt to the pandemic. For patients admitted to ICUs, GI intolerance is a significant barrier and appears to be exacerbated by significant GI involvement specific to the SARS-CoV-2 infection. Nevertheless, several counter-measures can be used to ease side effects, and the threshold for switching to parenteral nutrition may need to be lowered.	This review summarizes the available literature pertaining to the gastro-intestinal system and nutrition in relation to COVID-19, with focuses on the impact of COVID-19 on the gastro-intestinal system and implications for nutrition practices.	Aguilera EJT, Cua IHY, Fontanilla JAC, et al. Gastrointestinal Manifestations of COVID-19: Impact on Nutrition Practices [published online 2020 Jul 15]. Nutr Clin Pract. 2020. doi:10.1002/ncp.10554
Case fatality ratio, indoor air pollution, morbidity, risk factor, India	15-Jul-20	Indoor air pollution (IAP) and pre-existing morbidities among under-5 children in India: are risk factors of coronavirus disease (COVID-19)?	Environmental Pollution	Research Article	This study looked at risk factors associated with COVID-19 among children aged <5 years using pre-existing morbidity conditions, indoor air pollution (IAP) environmental factors and current fatality and recovery rates of COVID-19 in India. Data of children <5 years (n=247,743, age range 0-59 months) and IAP characteristics were utilized from the 4th round of the National Family Health Survey, 2015–16, and COVID-19 data were retrieved from the Ministry of Health and Family Welfare on 18th May 2020. IAP and pre-existing morbidities are risk factors for SARS-CoV-2 infection. The authors put forward that more focus is needed to improve cooking stoves and the use of clean indoor cooking fuels should become a top concern in the high focus vulnerable region.	The national study in India shows that indoor air pollution conditions are a risk factor for SARS-CoV-2 infection among children <5 years.	Saha J, Chouhan P. Indoor air pollution (IAP) and pre-existing morbidities among under-5 children in India: are risk factors of coronavirus disease (COVID-19)? [published online, 2020 Jul 15]. Environ Pollut. 2020;266(Pt 2):115250. doi:10.1016/j.envpol.2020.115250
Pediatric cardiology, myocarditis, shock, cardiac injury, USA	15-Jul-20	Case Series: Cardiac Dysfunction and Shock in Children With COVID-19	JACC: Case Reports	Case Report	Cardiovascular complications of COVID-19 have been reported in adult literature, but pediatric data are lacking. The authors present a case series of three children admitted to a pediatric ICU in New York, USA for COVID-19-related shock and evidence of cardiac injury. They also review the different mechanisms of cardiac injury in pediatric patients with COVID-19. The authors conclude that these cases demonstrate that COVID-19 infection can cause severe illness in previously healthy children. Shock and cardiac dysfunction can be a significant component of illness independent of lung disease. Further studies are ultimately needed to determine the optimal treatment for these patients.	By describing the clinical course of three COVID-19 positive children in the USA, the authors sought to raise awareness of a particular subset of pediatric patients with cardiac dysfunction and shock associated with COVID-19.	Joshi K, Kaplan D, Bakar A, et al. Cardiac Dysfunction and Shock in Pediatric Patients With COVID-19. [published online, 2020 Jul 15]. JACC Case Rep. doi:10.1016/j.jaccas.2020.05.082

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Neonate, CPAP, respiratory support, healthcare delivery	15-Jul-20	COVID-19: minimising contaminated aerosol spreading during CPAP treatment	Archives of disease in childhood. Fetal and neonatal Edition.	Original Research	The COVID-19 pandemic has raised concern for infection of healthcare workers via aerosol from non-invasive respiratory support of infants. Attaching filters that remove viral particles in air from the expiratory limb of continuous positive airway pressure (CPAP) devices should theoretically decrease the risk; however, adding filters to the expiratory limb could add to expiratory resistance, thereby increasing the imposed work of breathing (WOB). The authors evaluated imposed WOB after attaching two different filters to the expiratory limb of three CPAP systems at two levels of CPAP in a mechanical lung model. They found a minor although significant increase in imposed WOB when attaching the filters in all simulations. The differences between the two filters were small. In conclusion, to minimize contaminated aerosol generation during CPAP treatment, filters can be attached to expiratory tubing with only a minimal increase in imposed WOB in a non-humidified environment.	To minimize the risk of aerosol spread of SARS-CoV-2 in children, a filter can be connected to the expiratory limb of a CPAP system with a minimal increase in expiratory resistance and imposed work of breathing.	Donaldsson S, Naver L, Jonsson B, Drevhammar T. COVID-19: minimising contaminated aerosol spreading during CPAP treatment [published online, 2020 Jul 15]. Arch Dis Child Fetal Neonatal Ed. doi:10.1136/archdischild-2020-319431
Benign hematology, pediatric, healthcare access, Turkey	15-Jul-20	Pediatric patients with benign hematological diseases during the COVID-19 pandemic	Pediatric Blood & Cancer	Letter to the Editor	To evaluate healthcare access problems of pediatric patients with benign hematological disorders during the COVID-19 pandemic, the authors administered a questionnaire between 10 March to 31 May 2020 to parents of these patients (n=140 patients) at a single center in Turkey. During the study period, 61 patients had an appointment in the authors' pediatric hematology clinic; however, only 18 (29.5%) patients visited the clinic. Although 29 (20.7%) patients had an emergent hematological problem during this time, 18/29 (62%) were not seen by a health care provider. The authors conclude that although none of the patients in the study had severe issues, they should be provided convenient and safe means of reaching healthcare professionals to prevent complications in children with benign hematological diseases during the COVID-19 pandemic.	At a single center in Turkey, the authors found a decreased use of healthcare resources, including routine and emergency services, by patients with benign hematological conditions during the COVID-19 pandemic.	Bayhan T, Şahin S, Çulha V et al. Pediatric patients with benign hematological diseases during the COVID-19 pandemic [published online, 2020 Jul 15]. Pediatr Blood Cancer. doi:10.1002/pbc.28595
Fetal infection, pregnancy infection, Seriate, Italy	15-Jul-20	Considerations on COVID-19 pregnancy: a cases series during outbreak in Bergamo Province, North Italy [Free Access to Abstract only]	The Journal of Maternal-Fetal & Neonatal Medicine	Case series	This article presents a case series on pregnancies complicated by COVID-19 clarifying the features of COVID-19 occurring in pregnancy. All 5 cases were diagnosed at Bolognini Hospital, Seriate, Italy. Four women had symptoms of COVID-19 during pregnancy or immediately after delivery. All cases were confirmed by oropharyngeal swab. All patients presented with fever and low saturation of oxygen levels at the diagnosis. One case was transferred after diagnosis to a tertiary referral center and delivered the day after for worsening clinical conditions. In the other three cases, bilateral pneumonia was documented at the admission. Antithrombotic therapy was used in most cases. No case of an infected neonate was reported. At 2-month follow-up, all patients were alive, three were asymptomatic while one presented a neurological complication. One more case was described because suspicious for COVID-19, however, it was not confirmed by the oropharyngeal swab. To conclude, no case of trans-placental passage was reported, and the antithrombotic	This case series expands information on disease features during pregnancy in the COVID-19 pandemic. 4 of 5 cases presented here recovered several days after admission, except for one case who was transferred to a long-term supporting center.	Algeri P, Stagnati V, Spazzini MD, et al. Considerations on COVID-19 pregnancy: a cases series during outbreak in Bergamo Province, North Italy [published online, 2020 Jul 15]. J Matern Fetal Neonatal Med. 2020;1-4. doi:10.1080/14767058.2020.1791817

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					therapy could play a role in the positive course of COVID-19 also in pregnant women.		
Placenta, vertical transmission, pregnancy, receptor, cell entry	14-Jul-20	Does the human placenta express the canonical cell entry mediators for SARS-CoV-2?	eLife	Original Research	Given ongoing ambiguity about SARS-CoV-2 vertical transmission, the authors investigated whether the receptors responsible for SARS-CoV-2 infection (ACE2 and TMPRSS2) are expressed in the human placenta. They assessed all 3 trimesters of pregnancy by using publicly available single-cell RNA-sequencing (scRNA-seq) data and found that very few cells co-express ACE2 and TMPRSS2 [total samples not reported]. Using a permissive threshold of expression of 1 transcript per cell, only 4 cells with co-expression were detected in any of the 3 trimesters, resulting in an estimated <1/10,000 cells. They also evaluated the expression of SARS-CoV-2 receptors in the chorio-amniotic membranes in the 3rd trimester and additionally prepared single-nucleus suspensions of the placental tissues and performed single-nucleus RNAseq (snRNA-seq). For both assessments, co-expression of ACE2 and TMPRSS2 was minimally detected. Finally, the authors explored the expression of ACE2 and TMPRSS2 in 3rd-trimester placental tissues by mining two micro-array datasets, which revealed that while ACE2 was detected in most of the samples, TMPRSS2 was largely undetected. The authors conclude that these results indicate that the human placental tissues negligibly co-express ACE2 and TMPRSS2 reducing likelihood of vertical transmission.	In this study, the authors assessed whether the ACE2 and TMPRSS2 receptors used for SARS-CoV-2 cellular entry are expressed in human placental tissue. Using a multitude of techniques including single-cell RNA-sequencing, single-nuclear RNA-sequencing, and microarray, the authors found that co-expression of the receptors was negligible. They conclude that this makes vertical transmission of SARS-CoV-2 unlikely.	Pique-Regi R, Romero R, Tarca AL, et al. Does the human placenta express the canonical cell entry mediators for SARS-CoV-2?. eLife. 2020;9:e58716. Published 2020 Jul 14. doi:10.7554/eLife.58716
Children, mental health, families, teletherapy, mentalization-based treatment	14-Jul-20	Containing the Anxieties of Children, Parents and Families from a Distance During the Coronavirus Pandemic	Journal of Contemporary Psychotherapy	Original Paper	The move to teletherapy caused by the COVID-19 pandemic has created uncertainty among children, parents, and mental health providers alike. This paper describes how the Mentalization-Based Treatment for Children model offers a framework for an integrative approach that can inform treatment via teletherapy, so that clinicians can continue supporting young people and their families through this period. Mentalization is defined as the capacity to understand behaviors of yourself and others in terms of underlying thoughts, feelings and intentions. This awareness is threatened by emotional arousal and dysregulation, which in children is typically managed by proximity seeking in early attachment relationships. Clinical vignettes are used to demonstrate how the developmental levels of mentalizing—attention control, emotion regulation, and explicit mentalizing—can inform the structure, techniques and interventions in teletherapy with children and parents. The authors emphasize the importance of using curiosity and flexibility, being adaptive to the developmental capacity of the child, and being mindful of the parent’s capacity to mentalize their child’s emotional experience during this time of crisis. They also discuss ways in which clinicians can mentalize and manage anxieties around adjusting their therapeutic approach.	This paper describes how the Mentalization-Based Treatment for Children model offers a framework for an integrative approach that can inform treatment via teletherapy, so that clinicians can continue supporting children and their families in the context of the COVID-19 pandemic.	Bate J, Malberg N. Containing the Anxieties of Children, Parents and Families from a Distance During the Coronavirus Pandemic [published online, 2020 Jul 14]. J Contemp Psychother. 2020;1-10. doi:10.1007/s10879-020-09466-4

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Thrombosis, coagulopathy, children, a2-macroglobulin, inflammation	14-Jul-20	COVID-19-associated coagulopathy- Hypothesis: Are children protected due to enhanced thrombin inhibition by higher α 2 - Macroglobulin (a2-M)?	Journal of Thrombosis and Haemostasis	Letter to the Editor	In this letter, the authors discuss hypercoagulability in children with COVID-19 and the potentially protective role of α 2-Macroglobulin (α 2-M). Evidence of hypercoagulability with strong involvement of endothelium, vessels, and solid organs is demonstrated in adults with COVID-19. This disorder has been denoted as thrombo-inflammation, with thrombin as a central pathophysiological player. However, the complex pathophysiology with interactions of the body's innate immune responses are not yet fully understood. Importantly, COVID-19 shows age-dependent differences in the clinical course; children often have milder disease than adults and deaths have been extremely rare. The authors propose this may be due in part to age-related fluctuations in coagulation, fibrinolysis, and the complement system. The plasma level of the versatile inhibitor α 2-Macroglobulin (α 2-M) is >200% higher in childhood compared to adults. The inhibitor α 2-M "catches" a variety of activated proteins such as thrombin and immune mediators, keeping them away from their downstream targets. Several case reports have proposed that α 2-M might contribute to the total progressive antithrombin activity in human plasma. The authors hypothesize that during SARS-CoV-2 infection, the higher α 2-M level in childhood may contribute to the more favorable course of COVID-19, and conclude that inhibitors, such as antithrombin III, protein C, or α 2-M therefore have potential as therapeutics against SARS-CoV-2.	In this letter, the authors discuss hypercoagulability in children with COVID-19 and the potentially protective role of α 2-Macroglobulin (α 2-M). They hypothesize that the increased levels of α 2-M in childhood, an inhibitor of thrombin and immune mediators, may contribute to the more favorable course of COVID-19 observed. They therefore conclude that inhibitors, such as antithrombin III, protein C, or α 2-M may have potential as therapeutics against SARS-CoV-2.	Schramm W, Seitz R, Gürtler L. COVID-19-associated coagulopathy- Hypothesis: Are children protected due to enhanced thrombin inhibition by higher α 2 -Macroglobulin (a2-M)?. J Thromb Haemost. 2020;18(9):2416-2418. doi:10.1111/jth.15013
Airway compression, chest X-ray, pulmonary tuberculosis, tuberculosis, South Africa	14-Jul-20	COVID-19 in a child with tuberculous airway compression	Pediatric Pulmonology	Case Report	Viral infection can increase inflammation and airway obstruction in patients with tuberculosis (TB). It is currently unknown whether TB is a risk factor for severe COVID-19. The authors describe a case of COVID-19 co-infection in a child with airway compression due to TB in South-Africa. A 2-year 5-month-old male presented to the hospital with fever, cough, worsening respiratory distress, and loss of appetite 1 month after pulmonary TB diagnosis. He had started a 4-drug regimen upon TB diagnosis, but he did not receive prednisone at the time, as he did not have significant airway obstruction. The child had not received Bacillus Calmette-Guérin (BCG) vaccination at birth, due to vaccine shortage. Due to the new symptoms, he was tested by PCR for COVID-19, and both he and his asymptomatic mother were positive. Nasal prong oxygen and oral co-amoxiclav were started. The 4-drug TB regimen, including rifampicin, isoniazid, pyrazinamide, and ethambutol, was continued and adjuvant oral prednisone was added before the diagnosis of COVID-19. The steroid was interrupted at COVID-19 diagnosis, and re-started again at discharge. Improvement was rapid, with discharge on day 5, followed by self-isolation. In this case, the authors question whether lack of BCG vaccination increased susceptibility to severe TB, COVID-19, and possibly other viral co-infection. The	The authors describe a case of COVID-19 co-infection in a young child with airway compression due to pulmonary TB in South-Africa. They conclude that COVID-19 may increase TB severity, but the rapid clinical improvement seen in this case is reassuring.	Goussard P, Solomons RS, Andronikou S, Mfingwana L, Verhagen LM, Rabie H. COVID-19 in a child with tuberculous airway compression. Pediatr Pulmonol. 2020 Jul 14:10.1002/ppul.24927. doi: 10.1002/ppul.24927. Epub ahead of print. PMID: 32662947; PMCID: PMC7405322.

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					non-specific clinical and radiological findings of COVID-19 in children complicate recognition, especially in patients with other pulmonary disease. CT findings are more specific, but in TB endemic countries, CT scans are not easily available. Additionally, bronchoscopy for the management of airway obstruction in TB is also compromised, due to the procedure's aerosolization risks. The authors conclude that COVID-19 may increase TB severity, but the rapid clinical improvement seen in this case is reassuring.		
Chronic disease, long-term health problems, children, home care, UK	14-Jul-20	Protecting Children with Long-Term Conditions during the COVID-19 Pandemic	Comprehensive Child and Adolescent Nursing	Editorial	Children with long-term health problems are particularly at risk from COVID-19 and until such time as a vaccine or anti-viral agent becomes available they remain highly vulnerable. This editorial discusses ways to protect children with long-term health conditions from SARS-Cov-2 infection and better meet the needs of them and their families. The author first gives a historical perspective of chronic disease in children, medical advances that have led to prolonged life, and past pandemics. He then references UK-specific leaflets that provide guidance on home care and information on COVID-19 for families of children with long-term conditions in child-friendly language. These resources are available in English, Arabic, Bengali, Romanian, and Turkish.	This editorial discusses ways to protect children with long-term health conditions from SARS-Cov-2 infection and references UK-specific guidance on home care and information on COVID-19 for families of children with long-term conditions, available in multiple languages.	Glasper EA. Protecting children with long-term conditions during the COVID-19 pandemic [published online, 2020 Jul 14]. Comprehensive Child and Adolescent Nursing. 2020;43(3):159-165. doi: 10.1080/24694193.2020.1787772.
Children, chronic illness, history, pandemics, United Kingdom	14-Jul-20	Protecting Children with Long-Term Conditions during the COVID-19 Pandemic	Comprehensive Child and Adolescent Nursing	Editorial	In this editorial, the author provides a brief overview of the history of pandemics and describes the evolution of medicine in supporting children with long-term illnesses. He discusses the body systems often affected by long-term illness in children (respiratory, endocrine, hematologic, and cognitive), the impact of the COVID-19 pandemic especially on home health care, and finally reminds readers to consider how children view and experience chronic illness, especially during a pandemic.	The author provides a historical perspective of pandemics and of chronic illness in children, and provides information on the potential impact of the COVID-19 pandemic on children with long-term conditions.	Glasper, EA. Protecting Children with Long-Term Conditions during the COVID-19 Pandemic. Comprehensive Child and Adolescent Nursing, 43:3, 159-165, DOI: 10.1080/24694193.2020.1787772
Urticaria, pediatric dermatology, Italy	14-Jul-20	Urticaria in an Infant with SARS-CoV-2 Positivity	Dermatologic Therapy	Letter	Some reports have detected urticaria as a common, prodromal clinical finding among adult COVID-19 patients. The authors present a case of urticaria in an infant patient with SARS-CoV-2 positivity in Italy. The infant developed giant urticaria, with multiple lesions, mainly affecting the trunk and limbs. Considering the medical history and the positivity of SARS-CoV-2, the diagnostic hypothesis was that urticaria was triggered by the viral infection. Therefore, the treatment with betamethasone (soluble tablets, 0.5 mg/day for 7 days) led to clinical improvement. After two weeks, a new test for SARS-CoV-2 was conducted, with negative results. The authors recommend considering SARS-CoV-2 infection as a potential cause of urticaria in asymptomatic pediatric patients.	Although very few data are available concerning the correlation between urticaria and COVID-19 in infants, the authors suggest considering SARS-CoV-2 infection as a potential cause of urticaria in asymptomatic pediatric patients.	Proietti I, Mambrin A, Bernardini N, et al. Urticaria in an Infant with SARS-CoV-2 Positivity [published online, 2020 Jul 22]. Dermatol Ther. 2020;e14043. doi:10.1111/dth.14043
Caregivers, children, end-stage kidney disease, families,	14-Jul-20	COVID-19 Outbreak and Management Approach for	Clinical Journal of American	Original Article	This study conducted a multicenter online survey between February 10th – 15th, 2020, among families with children on long-term kidney replacement therapy (KRT) from five major pediatric dialysis centers in mainland China. A self-developed	The findings in the online survey in China described the current difficulties, and	Zhao R, Zhou Q, Wang XW, et al. COVID-19 Outbreak and Management Approach for Families with Children on Long-Term Kidney Replacement

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renal replacement therapy, kidney replacement therapy, China		Families with Children on Long-Term Kidney Replacement Therapy	Society of Nephrology		questionnaire was used to identify the current difficulties, concerns regarding the next 2 months and mental distress experienced by families, and to deliver possible management approaches to ensure uninterrupted treatment for children on long-term KRT. Among the children (mean age 11± years) in the 220 families included in data analysis, no children nor caregivers reported confirmed or suspected cases of COVID-19. Due to the COVID-19 outbreak, 135 (61%) and 173 (79%) caregivers reported having difficulties regarding their children's treatment now and for the next 2 months, respectively. Dialysis supply shortage and difficulties to obtain blood tests were most commonly reported. A total of 29 (13%) caregivers had depressive symptoms, and 24 (11%) had anxiety, which are higher rates than found in other Chinese populations. After the survey, the authors offered online and offline interventions to address these problems with no interrupted treatment.	concerns regarding the treatment for children on long-term KRT in the next 2 months, and showed an issue of mental distress in caregivers of these children.	Therapy [published online, 2020 Jul 14]. Clin J Am Soc Nephrol. doi:10.2215/CJN.03630320
Placental, pregnant woman, vertical transmission, USA	14-Jul-20	Placental SARS-CoV-2 in a patient with mild COVID-19 disease	medRxiv	Preprint (not peer-reviewed)	In this case report, a 29-year-old multigravida presented at 40-4/7 weeks for labor induction at the University of Missouri Women and Children's Hospital, USA. With myalgias two days prior, she tested positive for SARS-CoV-2. Her parents were in self-isolation for COVID-19 positivity; the husband was asymptomatic and tested negative for COVID-19. Her prenatal course was uncomplicated with no gestational hypertension or any other pregnancy complications. She was afebrile and asymptomatic with normal vital signs throughout hospitalization. A male infant was delivered vaginally uneventful with SARS-CoV-2 negative tested at 24 hours. Two months later, the mother and the infant were doing well. Placental histology was consistent with acute uterine hypoxia superimposed on chronic uterine hypoxia. Immunohistochemistry demonstrated SARS-CoV-2 antigens throughout the placenta in chorionic villi endothelial cells, and rarely in CK7-expressing trophoblasts. Evidence from this report raised concern for placental vasculopathy and potential vertical transmission and question whether future pregnancy guidance should include even stricter pandemic precautions.	This case report described a case of a 29-year-old pregnant woman with SARS-CoV-2 infection presenting with mild COVID-19 disease (only myalgias) and SARS-CoV-2 virus across her placenta and delivered a male infant negative for SARS-CoV-2.	Hsu A, Guan M, Johannesen E, et al. Placental SARS-CoV-2 in a patient with mild COVID-19 disease [published online 2020 Jul 14]. medRxiv. doi:10.1101/2020.07.11.20149344
Risk factors, pediatric, severe disease, Italy	14-Jul-20	COVID-19 Disease Severity Risk Factors for Pediatric Patients in Italy	Pediatrics	Review	In this study, children (median age 11 years, range 0-18 years) with SARS-CoV-2 infection from the Italian national case-based surveillance system until May 8th, 2020, were analyzed. Risk factors for disease severity were evaluated and comparisons among children, adults, and elderly were performed. Pediatric cases (3,836) accounted for 1.8% of total infections (216,305), 51.4% were males, 13.3% were hospitalized, and 5.4% presented underlying medical conditions. The disease was mild in 32.4% of cases and severe in 3.9%, particularly in children of 0-1 years old (10.8%); among 511 hospitalized patients, 3.5% were admitted in the ICU, and four deaths occurred. The authors found that lower	This study showed that underlying medical conditions and younger age represent risk factors for COVID-19 severity among pediatric patients.	Bellino S, Punzo O, Rota MC, et al. COVID-19 Disease Severity Risk Factors for Pediatric Patients in Italy [published online, 2020 Jul 14]. Pediatrics. doi:10.1542/peds.2020-009399

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					risk of disease severity was associated with increasing age, whereas a higher risk was associated with pre-existing underlying medical conditions (OR=2.80, 95% CI 1.74-4.48). In addition, hospitalization rate, admission in ICU, disease severity, and days from symptoms onset to recovery significantly increased with age among children, adults, and elderly. In summary, data suggested age of 0-1 years old and the presence of underlying condition represent severity risk factors.		
Kawasaki Disease, children, treatment, MIS-C	14-Jul-20	Insights into pediatric multi-system inflammatory syndrome and COVID-19	Clinica Chimica Acta	Letter to the Editor	During the recent COVID-19 pandemic, a small but significant number of children infected with SARS-CoV-2 have developed a Kawasaki Disease (KD) like syndrome. Treatments have included intravenous immunoglobulin (IVIG), but also anti-coagulation when deemed necessary, as well as anti-IL-6 and anti-IL-1 therapy. Some of the children who tested PCR negative for viral RNA on nasal swabs tested positive for serum antibodies to SARS-CoV-2. Although most children in hospital care recover, some have coronary artery dilatations, as in standard KD. The authors assume that this COVID-19 associated illness and standard KD are sequelae to infections, multiple unknown ones in the case of the latter, and specifically the SARS-CoV-2 virus in the former. The authors suggest that, for clinical use, it would be better to use compounds of PGE2 and PGJ2 to mimic the body's natural sequence of events when severe inflammation arises. The use of the low molecular weight fraction of 5% commercial human serum albumin as a therapeutic is also suggested.	Some children infected with the SARS-CoV-2 virus have developed a KD-like syndrome. The authors outline some possible compounds which may mimic this progression.	Bar-Or D, Rael LT, Brody EN. Insights into pediatric multi-system inflammatory syndrome and COVID-19 [published, 2020 Jul 14]. Clin Chim Acta. 2020;510:121-122. doi:10.1016/j.cca.2020.07.025
Pregnancy, emergency care, lockdown, India	14-Jul-20	COVID-19 outbreak and decreased hospitalization of pregnant women in labor	The Lancet Global Health	Commentary	Little is known about how changes to the Indian healthcare system during the COVID-19 pandemic have affected the care of pregnant women. This retrospective analysis of pregnant women across four tertiary care hospitals in western India compared the 10 weeks after lockdown (March 25-June 2, 2020) with the 10 weeks before lockdown (January 15-March 24, 2020). Compared to before lockdown, there was a 43.2% reduction in hospitalization, with a 66.4% decrease in referred obstetric emergencies, after lockdown. There was a significant increase in C-sections, in-hospital mortality and late intra-uterine fetal death and stillbirth after lockdown. These findings suggest that the number of unattended deliveries and those at lower-level facilities have increased, and there is delayed presentation of women requiring emergency obstetric care. This illustrates the need for patient education and public encouragement that it is safe to come to the hospital for emergency obstetric care.	The authors identify concerning changes in hospital utilization and pregnancy outcomes after the lockdown began in India, highlighting the need for improved communication that it is safe for women to seek emergency obstetric care during the COVID-19 pandemic.	Kumari V, Mehta K, Choudhary R. COVID-19 outbreak and decreased hospitalisation of pregnant women in labour [published online 2020 Jul 14]. Lancet Glob Health. 2020. doi:10.1016/S2214-109X(20)30319-3
Clinical presentation, hospitalized children, pediatric, France	14-Jul-20	Epidemiology and Clinical Presentation of Children Hospitalized with SARS-CoV-2	Journal of Clinical Medicine	Article	In this prospective, observational study, the authors included children hospitalized in 23 Paris suburb hospitals from 23 March to 10 May 2020, during the national lockdown in France with confirmed SARS-CoV-2 infection or highly suspected infection. A total of 192 children (median age 1 year, IQR range 0.125-11 years) were included for confirmed (n = 157) or highly suspected	This prospective, observational study of 192 children with confirmed or highly suspected SARS-CoV-2 infection admitted in	Gaborieau L, Delestrain C, Bensaïd P, et al. Epidemiology and Clinical Presentation of Children Hospitalized with SARS-CoV-2 Infection in Suburbs of Paris. J Clin Med. Published 2020 Jul 14. doi:10.3390/jcm9072227

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		Infection in Suburbs of Paris			(n = 35) SARS-CoV-2 infection. Fever was recorded in 147 (76.6%) children and considered poorly tolerated in 29 (15.1%). The symptoms ranged from rhinorrhea (34.4%), gastrointestinal (35.5%) to respiratory distress (25%). Only 10 (5.2%) children had anosmia and five (2.6%) had chest pain. An underlying condition was identified in almost 30% of the children. Overall, 24 (12.5%) children were admitted to pediatric ICU, 12 required mechanical ventilation, and 3 died. The authors concluded that for children in Paris suburbs, most COVID-19 cases showed mild or moderate clinical expression. However, one-eighth of children were admitted to pediatric ICU and three died.	Paris suburb hospitals shows that most COVID-19 pediatric patients present mild or moderate disease. SARS-CoV-2 infection usually affects children with no underlying condition, causing severe disease in rare cases and is associated with a low rate of death.	
Children, virus transmission, Pittsburgh, USA	14-Jul-20	Age-specific social mixing of school-aged children in a US setting using proximity detecting sensors and contact surveys	medRxiv	Preprint (not peer-reviewed)	Comparisons of the utility and accuracy of methods for measuring social interactions relevant to disease transmission are rare. To increase the evidence base supporting specific methods to measure social interaction, the authors compared data from self-reported contact surveys and wearable proximity sensors from a cohort of schoolchildren in Pittsburgh, USA. 1,325 students completed 2,155 contact surveys and 1,834 participated in sensor deployment. Although the number and type of contacts recorded by each participant differed between the two methods, there was good correspondence between the two methods in aggregate measures of age-specific interactions. The two methods produced highly similar, assortative age-mixing matrices; when used in simulation, the matrices resulted in similar estimates of risk of infection by age. While proximity sensors and survey methods may not be interchangeable for capturing individual contacts, they can generate highly correlated data on age-specific mixing patterns relevant to the dynamics of respiratory virus transmission.	This study describes two methods, self-reported contact surveys and wearable proximity sensors, for measuring social interactions and concludes that they can generate highly correlated data relevant to the dynamics of respiratory virus transmission.	Grantz KH, Cummings DAT, Zimmer S, et al. Age-specific social mixing of school-aged children in a US setting using proximity detecting sensors and contact surveys [published online 2020 Jul 14]. medRxiv. 2020. doi:10.1101/2020.07.12.20151696
Pregnancy, neonates, outcomes, clinical characteristics disease severity, Kuwait	14-Jul-20	Maternal and perinatal characteristics and outcomes of pregnancies complicated with COVID-19 in Kuwait	medRxiv	Preprint (not peer-reviewed)	This retrospective, national-based study describes maternal and neonatal clinical features and pregnancies outcomes complicated with SARS-CoV-2 infection. The authors analyzed the medical records of all SARS-CoV-2 positive pregnant patients and their neonates who were admitted to New-Jahra Hospital, Kuwait, from March 15-May 31, 2020, with outcomes assessed through June 15, 2020. 185 pregnant women were included, with a median gestational age at diagnosis of 29 weeks. The majority (88%) of the patients had mild symptoms, with fever (58%) being the most common presenting symptom followed by cough (50.6%). During the study period, 141 (76.2%) patients continued their pregnancy, 3 (1.6%) had a miscarriage, 1 (0.5%) had an intra-uterine fetal death and only 2 (1.1%) patients developed severe pneumonia and required intensive care. Most of the neonates were asymptomatic, and only 2 (5%) tested positive on day 5 by nasopharyngeal swab testing. The clinical features of	This study of pregnant women with SARS-CoV-2 infection in Kuwait adds to the growing body of literature that clinical features and disease severity in pregnancy are comparable to those with SARS-CoV-2 infection in the general population.	Ayed A, Embaireeg A, Benawadth A, et al. Maternal and perinatal characteristics and outcomes of pregnancies complicated with COVID-19 in Kuwait [published online 2020 Jul 14]. medRxiv. 2020. doi:10.1101/2020.07.10.20150623

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					pregnant women with SARS-CoV-2 infection in this study were similar to those of the general population with SARS-CoV-2 infection. Favorable maternal and neonatal outcomes reinforce the existing evidence and may guide healthcare professionals in the management of pregnancies complicated by SARS-CoV-2 infection.		
Pregnancy, first trimester, placentation	14-Jul-20	SARS-CoV-2 in the first trimester of pregnancy: potential interference in placentation [No Free Access to Abstract or Full Text]	The Journal of Maternal-Fetal and Neonatal Medicine	Letter to the Editor	The authors express that potential risk of complications with SARS-CoV-2 infection in the 1st trimester of pregnancy needs to be considered in the prenatal care and monitoring for these women, due to the consequences of gestational diseases on placentation and other adaptive processes early in pregnancy. The authors also briefly summarize what is known about the range of COVID-19 illness severity that has been observed in the 2nd and 3rd trimesters of pregnancy.	The authors advocate for special consideration of obstetric care for pregnant women infected with SARS-CoV-2 in their 1st trimester, due to possible implications for placentation and other adaptive changes of pregnancy.	da Silva JVF, Silva KSC, Dos Santos Junior VE. SARS-CoV-2 in the first trimester of pregnancy: potential interference in placentation [published online 2020 Jul 14]. J Matern Fetal Neonatal Med. 2020;1. doi:10.1080/14767058.2020.1792879
Nephrology, acute kidney injury, renal replacement therapy, pediatric	14-Jul-20	Acute Kidney Injury and Special Considerations during Renal Replacement Therapy in Children with Coronavirus Disease-19: Perspective from the Critical Care Nephrology Section of the European Society of Pediatric and Neonatal Intensive Care	Blood Purification	Review Article	The prevalence and pathogenesis of acute kidney injury (AKI) in children infected with SARS-CoV-2 remain largely unknown. Nevertheless, the principles of renal replacement therapy are unchanged for COVID-19 patients. Continuous renal replacement therapy (CRRT) remains the most common modality of treatment. Although children are less often and less severely affected by SARS-CoV-2, diversion of hospital resources to adult patients might lead to limited CRRT availability for pediatrics. In this article, the authors describe several strategies aimed at mitigating these shortages. Since hypercoagulability leading to frequent filter clotting is an important issue, the authors also describe possible therapies to contend with this problem in children. As alternatives to CRRT, acute peritoneal dialysis or intermittent hemodialysis can also be used in certain populations. The authors conclude that the keys to successfully managing pediatric AKI during the COVID-19 pandemic are flexible use of resources, good understanding of dialysis techniques, and teamwork.	Early diagnosis and timely treatment of potential triggers of renal injury are crucial and currently largely unexplored in COVID-19 pediatric patients. The authors argue that renal replacement therapy should not be avoided or delayed in COVID-19 positive children with severe acute kidney injury.	Deep A, Bansal M, Ricci Z. Acute Kidney Injury and Special Considerations during Renal Replacement Therapy in Children with Coronavirus Disease-19: Perspective from the Critical Care Nephrology Section of the European Society of Paediatric and Neonatal Intensive Care [published online, 2020 Jul 14]. Blood Purif. 2020;1-11. doi:10.1159/000509677
MIS-C, pediatric, antibody response, immune response, USA	14-Jul-20	Antibody responses to SARS-CoV2 are distinct in children with MIS-C compared to adults with COVID-19	medRxiv	Preprint (not peer-reviewed)	Children infected with SARS-CoV-2 can present with a multisystem inflammatory syndrome (MIS-C). The authors identified distinct antibody (Ab) responses in children with MIS-C compared to adults with severe COVID-19 causing acute respiratory distress syndrome and compared to patients who recovered from mild disease. Patients were identified at a single center in New York City, NY, USA from March-June 2020. The authors found a reduced breadth and specificity of anti-SARS-CoV-2 specific antibodies in MIS-C patients compared to the COVID-19 patient groups. MIS-C predominantly generated IgG Abs specific for the Spike (S) protein but not for the nucleocapsid	The less robust antibody response to SARS-CoV-2 in children with MIS-C could result from a less productive infection. The authors argue that this concept is also supported by the lack of anti-N (nucleocapsid protein) antibodies, which	Weisberg S, Connors T, Zhu Y et al. Antibody responses to SARS-CoV-2 are distinct in children with MIS-C compared to adults with COVID-19. [preprint published online, 2020 Jul 14]. medRxiv. doi: https://doi.org/10.1101/2020.07.12.20151068

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					(N) protein. Both COVID-19 cohorts had anti-S IgG, IgM, and IgA Abs, as well as anti-N IgG Abs. Moreover, MIS-C patients had reduced neutralizing activity compared to the COVID-19 cohorts, indicating a reduced protective serological response. These results suggest a distinct infection course and immune response in children and adults who develop severe disease, with implications for optimizing treatments based on symptoms and age.	require lysis of virally infected cells to develop.	
Immunology, T-cell response, pregnancy, inflammation	14-Jul-20	COVID-19 and Treg/Th17 imbalance: Potential relationship to pregnancy outcomes.	American Journal of Reproductive Immunology	Review Article	Pregnant women are considered to be at a higher risk for severe morbidity and mortality from SARS-CoV-2 due to their susceptibility to respiratory pathogens and their immunological state. Assessments of SARS-CoV-2 infection during pregnancy have identified adverse pregnancy outcomes in patients with severe COVID-19; however, the causality between SARS-CoV-2 infection and these complications has not been established. The authors review evidence for the contributing role of Treg/Th17 cell imbalance in the uncontrolled systemic inflammation characteristic of severe COVID-19. Based on the recognized harmful effects of this CD4+ T-cell subset imbalances in pregnancy, they speculate that COVID-19 might lead to adverse pregnancy outcomes through the deregulation of otherwise tightly controlled Treg/Th17 ratios. They also discuss the possibility of vertical transmission of SARS-CoV-2, which could also explain adverse perinatal outcomes. Rigorous monitoring of pregnancies and appropriate measures should be taken to prevent and to treat maternal and perinatal complications.	In severe COVID-19 patients, there is a significant increase in Th17 cells and decrease in Treg cells. The authors argue that Treg/Th17 cell imbalance and subsequent systemic inflammation are involved in the pathogenesis of pregnancy complications in cases of SARS-CoV-2 infection.	Muyayalo KP, Huang DH, Zhao SJ et al. COVID-19 and Treg/Th17 imbalance: Potential relationship to pregnancy outcomes [published online, 2020 Jul 14]. Am J Reprod Immunol. doi:10.1111/aji.13304
Pregnancy, transplacental transmission, vertical transmission, France	14-Jul-20	Transplacental transmission of SARS-CoV-2 infection	Nature Communications	Case Report	It remains unclear whether and how SARS-CoV-2 can be transmitted from mother to fetus. The authors present a proven case of transplacental transmission of SARS-CoV-2 from a mother infected in the last trimester and presenting with neurological compromise. The transmission is confirmed by comprehensive virological and pathological investigations. In detail, SARS-CoV-2 infection caused: (1) maternal viremia, (2) placental infection demonstrated by immunohistochemistry and very high viral load; placental inflammation, as shown by histological examination and immunohistochemistry, and (3) neonatal viremia following placental infection. The male neonate presented with neurological manifestations of COVID-19, similar to those described in adult patients. This case qualifies as a congenitally transmitted SARS-CoV-2 infection using a recently released classification system (Shah et al., 2020).	As demonstrated by the authors' recent case in France, transplacental transmission of SARS-CoV-2 infection is possible during the last weeks of pregnancy. Their case qualified as a congenitally transmitted SARS-CoV-2 infection using a recently released classification system.	Vivanti AJ, Vauloup-Fellous C, Prevot S, et al. Transplacental transmission of SARS-CoV-2 infection. [published online, 2020 Jul 15]. Nat Commun. doi:10.1038/s41467-020-17436-6
Adolescents; COVID-19; Fear of COVID-19 scale; Scale development	13-Jul-20	Validation and Psychometric Properties of the Japanese Version of the Fear of COVID-19 Scale	International Journal of Mental Health and Addiction	Original Article	Exploring the effects of the COVID-19 pandemic on the mental health of adolescents requires validation of psychometric tools adapted for this purpose. This study validated a Japanese-version Fear of COVID-19 Scale (FCV-19S) with a sample of 629 adolescent students in Japan (mean age 12.96 years; no range provided). This adapted scale was administered to this sample	This study validated a Japanese-version Fear of COVID-19 Scale with a sample of 629 adolescent students in Japan, finding high	Masuyama A, Shinkawa H, Kubo T. Validation and Psychometric Properties of the Japanese Version of the Fear of COVID-19 Scale Among Adolescents [published online ahead of print, 2020 Jul 13]. Int J Ment Health Addict.

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		Among Adolescents			alongside the Generalized Anxiety Disorder 7-item scale (GAD-7), Patient Health Questionnaire for Adolescents (PHQ-A), and Perceived Vulnerability to Disease Scale (PVDS). Statistical analyses revealed that the Japanese-version FCV-19S has a bi-factor model consisting of the emotional response factor and the physiological response factor, with high reliability (emotional: $\alpha = .71$; physiological: $\alpha = .82$). Constructive validity was shown by the significant positive correlation between the GAD-7 and emotional ($r = .11$) and physiological response ($r = .25$), between PHQ-A and physiological response ($r = .19$), and between both factors and the PVDS subscale ($r_s > .16$). Taken together, these results indicate that the Japanese-version FCV-19S has high internal consistency and a moderately good construct validity. This version complements those already available in other languages—such as Persian, English, Bangla, Italian, Turkish, Arabic, and Greek. Continued adaptation and validation of these scales facilitates global comparative research on mental health during the COVID-19 pandemic, including its association with the fear of COVID-19.	internal consistency and moderately good construct validity (exemplified by strong positive correlation with other established psychometric scales).	2020;1-11. doi:10.1007/s11469-020-00368-z
Pregnancy, obstetrics, universal testing, asymptomatic infection	13-Jul-20	SARS-CoV-2 infection testing at delivery: A clinical and epidemiological priority [Free Access to Abstract Only]	Journal of Maternal-Fetal and Neonatal Medicine	Short Report	Universal SARS-CoV-2 nasopharyngeal testing for pregnant women admitted for labor and delivery was implemented in Italy to help define appropriate access to COVID-19 areas, dedicated neonatal care, and PPE. In this study, the authors analyzed the frequency of positive nasopharyngeal tests by rRT-PCR assay in a consecutive sample of 1566 women delivering in Lombardy, Italy from April 10-26, 2020. Women were also evaluated with a 14-item questionnaire for symptoms and close contacts. In total, 49 women tested positive for SARS-CoV-2 (3.1%, 95% CI 2.3–4.0). The values ranged across provinces from 1% (1/104) in the Como province to 7.3% (3/41) in Lecco. In Milan city 4.1% were positive (29/702). Of the 49 positive women, only 22 (44.9%) had symptoms or reported close contacts with positive patients (and were therefore considered at risk). The authors conclude that routine testing of positivity among delivering women can be a useful method to monitor positivity in reproductive age females. In addition, this report highlights the high rates of asymptomatic infections among pregnant women positive for SARS-CoV-2.	This article reported the rates of positive SARS-CoV-2 tests among pregnant women undergoing universal testing at the time of delivery in Italy. 3.1% of women undergoing universal testing were positive, with only 44.9% of those who were positive reporting symptoms or recent contact with a COVID-19 patient.	Ferrazzi E, Beretta P, Bianchi S, et al. SARS-CoV-2 infection testing at delivery: a clinical and epidemiological priority [published online ahead of print, 2020 Jul 13]. J Matern Fetal Neonatal Med. 2020;1-3. doi:10.1080/14767058.2020.1788532
Pregnancy, obstetrics, fetal demise, vertical transmission, preterm birth, Belgium	13-Jul-20	Vertical transmission of SARS-CoV-2 infection and preterm birth	European Journal of Clinical Microbiology and Infectious Diseases	Case Report	The authors describe a case of a SARS-CoV-2-positive woman who delivered preterm twin fetuses with SARS-CoV-2 positive testing in placental tissue and amniotic fluid. A 30-year-old woman presented with rhinitis and fever to an emergency department in Belgium at 22 weeks gestation with dichorionic diamniotic twins. She tested positive for SARS-CoV-2 RT-PCR. Vitals and chest imaging were normal, so the patient was discharged. At 24 weeks gestation, the patient presented with low abdominal and back pain after resolution of COVID-19 symptoms. The patient gave preterm birth to two fetuses with	The authors present the case of a pregnant women with dichorionic di-amniotic twin gestation in Belgium, who had COVID-19 during gestation and delivered 2 preterm fetuses following fetal demise. Placental tissue	Pulinx B, Kieffer D, Michiels I, et al. Vertical transmission of SARS-CoV-2 infection and preterm birth. Eur J Clin Microbiol Infect Dis. 2020;39(12):2441-2445. doi:10.1007/s10096-020-03964-y

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					prepartal intra-uterine death of fetus one and prepartal death of fetus two. Since no other cause for fetal demise was identified, extensive viral diagnostic testing was initiated. Both placental tissue samples and the amniotic fluid tested positive for SARS-CoV-2 RT-PCR, as well as the maternal blood sample at the time of birth. Samples of both amniotic sacs were negative. The patient showed immunity for CMV and Rubella and tested negative for the other TORCH infections. Both placentas showed extensive intervillous fibrin depositions and ischemic necrosis of the surrounding villi consistent with chronic intervillitis. These findings support the possibility of vertical transmission of SARS-CoV-2 infection, and miscarriage due to the infection could not be ruled out.	samples and amniotic fluid tested positive for SARS-CoV-2 RT-PCR after delivery which the authors conclude suggests possible vertical transmission.	
Pediatric, neurologic symptoms, human coronavirus, Guillain-Barre syndrome	13-Jul-20	COVID-19: A Review for the Pediatric Neurologist	Journal of Child Neurology	Review	Limited literature exists on children presenting with neurologic symptoms from COVID-19. This review consolidates data on the disease associated with SARS-CoV-2 infection and information from past coronavirus epidemics, to discuss diseases of pediatric neurology including Guillain-Barre syndrome (acute inflammatory demyelinating polyradiculoneuropathy); central demyelinating diseases like multiple sclerosis and acute disseminated encephalomyelitis; infantile spasms; febrile seizures; and maternal-fetal transmission of virus. The author concludes that although human coronavirus (HCoV) viral RNA can be found in cerebrospinal fluid, and in human brains on autopsy, neurologic complications from HCoV, including seizures, encephalopathy, and demyelinating disease, have historically been rare. The author argues this information can be used to reassure patients and their families while continuing to watch for new information about COVID-19.	In this review, the author found that neurologic complications from human coronaviruses have historically been rare. This information can be used to reassure patients and their families while continuing to watch for new information about COVID-19.	Christy A. COVID-19: A Review for the Pediatric Neurologist. J Child Neurol. 2020 Nov;35(13):934-939. doi: 10.1177/0883073820939387. Epub 2020 Jul 13.
Kawasaki, MIS-C, case report , United States	13-Jul-20	COVID-19–Associated Pediatric Multisystem Inflammatory Syndrome	Journal of the Pediatric Infectious Diseases Society	Letter to the Editor	The authors of this letter report a case of a previously healthy 6-year-old female who developed sore throat, fever, and reduced oral intake 6 days prior to her admission. Upon admission to the emergency department at Michigan children’s hospital in Detroit, United States, she was found to be positive for the group A Streptococcus nasopharyngeal rapid test. The child had a maculopapular rash, respiratory distress, and markedly elevated levels of inflammatory and cytokine release markers. The patient later developed signs of cardiogenic shock and had a junctional cardiac rhythm, and required a high-flow nasal cannula for increased work of breathing. The patient met the criteria for incomplete Kawasaki Disease. Despite interventions, she had a hypoxic event that required intubation, resuscitation, and placement on venous arterial extra corporeal membrane oxygenation on illness day 7. She completed 6 days of treatment therapy with a downtrend in her inflammatory markers, which was noted with no further signs of end organ damage by illness day 12. The authors propose that the absence of presentations	The authors describe a case study of a child presenting with Kawasaki-like symptoms due to COVID-19. They specifically highlight the cardiac complications experienced by this patient.	Deza Leon MP, Redzepi A, McGrath E, et al. COVID-19-Associated Pediatric Multisystem Inflammatory Syndrome. J Pediatric Infect Dis Soc. 2020 Jul 13;9(3):407-408. doi: 10.1093/jpids/piaa061.

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					similar to this case in recent publications from China may indicate a genetic predisposition for cardiac complications or a previously unrecognized inflammatory response to COVID-19.		
Pregnancy, miscarriage, inflammation	13-Jul-20	Late miscarriage as a presenting manifestation of COVID-19	European Journal of Obstetrics, Gynecology and Reproductive Biology	Case Report	In this letter, the authors present the case of a healthy pregnant woman who miscarried during the 2nd trimester. A primigravid 21-year old healthcare worker presented with uterine contractions and vaginal bleeding at 20 weeks' gestation. She had high white blood cell count (9.24 Giga/L), ferritin (261ug/L), and C-reactive protein (137 mg/L). She tested positive for SARS-CoV-2 via nasopharyngeal swab, and soon experienced ruptured membranes and delivered the neonate (300 g), who died immediately after delivery. The SARS-CoV-2 test was negative in the fetus. Additionally, bacteriologic cultures from urine, blood, vagina, and placenta were negative. The patient experienced drastic clinical deterioration and severe respiratory syndrome soon after, with pulmonary angio-computed tomography scans showing pneumonia occupying 20-50% of the lung fields. She was transferred to the COVID-19 unit and discharged after 2 days. The authors suggested subclinical inflammation as a possible cause for the miscarriage, citing lymphocytopenia, high-levels of C-reactive protein, and ferritin as predictive findings in suspected cases with COVID-19.	The authors present a case report of a 21-year old pregnant woman who miscarried at 20-weeks' gestation soon after testing positive for SARS-CoV-2. Given her laboratory findings and subsequent clinical deterioration after the miscarriage, the investigators suggested subclinical inflammation as a possible cause of the miscarriage.	Hachem R, Markou GA, Veluppillai C, Poncelet C. Late miscarriage as a presenting manifestation of COVID-19. Eur J Obstet Gynecol Reprod Biol. 2020 Sep;252:614. doi: 10.1016/j.ejogrb.2020.07.024. Epub 2020 Jul 13. PMID: 32690331; PMCID: PMC7355327.
Children, adults, clinical features, CT findings, China	13-Jul-20	Comparing Chinese children and adults with RT-PCR positive COVID-19: A systematic review	Journal of Infection and Public Health	Review	This review investigated the differences in clinical manifestations and imaging characteristics between children and adults with COVID-19 in China. An extensive search of COVID-19 papers was conducted in PubMed and the Chinese medical journal network. Patients who underwent CT examination were divided into 2 groups: initial examination (0–4 days) and follow-up examination (5–14 days). A total of 345 patients (70 children and 275 adults) were included (5 papers for children and 5 papers for adult groups). There was a significant difference in exposure history between children and adults ($p < 0.001$). The most common exposure was by cluster (exposure to an infected patient) for children (53/70, 75.7%) and by recent travel to Wuhan for adults (130/275, 47.3%). 42.9% of child patients and 28% of adult patients were without fever, indicating a significant difference between the two groups ($p = 0.016$). The white cell count was also significantly different between children and adults ($p < 0.001$), with adults exhibiting much higher counts. Abnormal CT findings (ground-glass opacity, consolidation, and crazy-paving) were much more common in adults than in children in the first examination ($p < 0.001$) and follow-up stages ($p < 0.001$). These observed differences between adults and children with COVID-19 may be helpful in the management and protection of children with COVID-19.	This review concludes that children in China with COVID-19 have significant differences compared to adults in their exposure history, clinical symptoms, laboratory findings, and CT image characteristics.	Pei Y, Liu W, Masokano IB, et al. Comparing Chinese children and adults with RT-PCR positive COVID-19: A systematic review. J Infect Public Health. 2020 Oct;13(10):1424-1431. doi: 10.1016/j.jiph.2020.06.036. Epub 2020 Jul 13. PMID: 32682658; PMCID: PMC7355330.

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Kawasaki disease, pediatric, European, USA, inflammation, cardiac	13-Jul-20	Can we get a clue for the etiology of Kawasaki disease in the COVID-19 pandemic?	Clinical and Experimental Pediatrics	Commentary	Children with a Kawasaki disease (KD)-like illness related to COVID-19 have been reported in Europe and the USA. These children present with symptoms of KD with or without cardiac abnormalities or shock. They also show manifestations of hyperactive pro-inflammatory cytokine reactions. In this commentary, the author details the differences and similarities between the two pediatric conditions. While the etiology of KD remains unknown, its pathogenesis is explained by the theory of abnormal or dysregulated immune reactions. It has been postulated that pathogens, toxins, or environmental agents may trigger immune reactions in genetically susceptible children. The KD-like illness related to COVID-19 reportedly developed 2-4 weeks after the peak of the pandemic in Europe and the USA. This may be consistent with the fact that the incidence of KD shows annual and seasonal variations. However, the age distribution of patients with KD-like illness related to COVID-19 are older than that of KD patients.. These cases of KD-like illness related to COVID-19 may provide an opportunity to learn about the etiology and pathogenesis of KD.	In this commentary, the author compares and contrasts the disease presentation and epidemiology of Kawasaki disease (KD) and KD-like illness related to COVID-19. The emergence of KD-like illness related to COVID-19 may follow a similar seasonal pattern as KD, but tends to impact older children. Learning more about this condition may provide insights into the mechanism of KD.	Choi, JW. Can we get a clue for the etiology of Kawasaki disease in the COVID-19 pandemic? <i>Clin Exp Pediatr.</i> 2020; 63(9): 335-336. doi:10.3345/cep.2020.00955.
Diabetic ketoacidosis, atypical symptoms, ACE 2, Qatar	13-Jul-20	Newly-onset type 1 diabetes mellitus precipitated by COVID-19 in an 8-month-old infant	Acta Biomedica	Case Report	The authors detail a case of a SARS-CoV-2 positive infant with diabetic ketoacidosis (DKA), which is a complication of Type 1 diabetes mellitus (T1DM). An 8-month-old male Jordanian infant was admitted to a hospital in Qatar with two days history of fever, vomiting, dehydration, and rapid breathing. At admission, he was hemo-dynamically stable but had rapid breathing and heart rate. Laboratory tests were significant for hyperglycemia and overt DKA. Nasopharyngeal swabs for SARS-CoV-2 tested positive via RT-PCR for the infant as well as for both parents. He had high ketone and glucose levels in his urine as well as low levels of fasting C-peptide and insulin levels. Management with isotonic fluids and intravenous insulin therapy was initiated, and DKA correction was achieved 10 hours after initiating treatment. Five days after admission, he was discharged with a diagnosis of newly-onset T1DM and COVID-19. Certain viral diseases can trigger T1DM in genetically susceptible patients, with SARS-CoV-2 infection suspected as a key factor in DKA onset in this case..	The authors report a case of diabetic ketoacidosis (DKA) and a new type 1 diabetes diagnosis likely precipitated by COVID-19 in an 8-month-old infant.	Soliman AT, Al-Amri M, Alleethy K, Alaaraj N, Hamed N, De Sanctis V. Newly-onset type 1 diabetes mellitus precipitated by COVID-19 in an 8-month-old infant. <i>Acta Biomed.</i> 2020;91(3):. Published 2020 Jul 13. doi:10.23750/abm.v91i3.10074
Turkey, autoinflammatory disease, colchicine	13-Jul-20	Management of childhood-onset auto inflammatory diseases during the COVID-19 pandemic	Rheumatology International	Observational Study	The authors prepared a web-based survey investigating the clinical findings and contact histories among pediatric patients (classified as < 18 years, average age 11 years) with auto-inflammatory diseases (AIDs). Confirmed COVID-19 cases, patients with contact history and those with symptoms that were highly suggestive of COVID-19 were called via phone or recruited to a video or face to face appointment, and all data for patients were retrieved from their medical records. 7 of the 404 surveyed patients were confirmed positive for SARS-CoV-2, 6 of whom were on colchicine treatment for inflammation management. The authors state that this is the first study reporting pediatric COVID-	The authors present the first study reporting on the disease progression of pediatric COVID-19 patients with AIDs. They suggest that pediatric AIDs patients being treated with colchicine may not be at an increased risk for	Haslak F, Yildiz M, Adrovic A, et al. Management of childhood-onset autoinflammatory diseases during the COVID-19 pandemic. <i>Rheumatol Int.</i> 2020; doi:10.1007/s00296-020-04645-x

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					19 patients with AIDs. They conclude that patients, specifically children, with AIDs receiving colchicine treatment, may not be at an increased risk for neither being infected nor the severe disease course.	infection and severe disease course.	
Pregnancy, transmission, isolation, testing, South Korea	13-Jul-20	Management of the first newborn delivered by a mother with COVID-19 in South Korea	Clinical and Experimental Pediatrics	Case Report	The authors report on the first case of an infant born to a mother with confirmed COVID-19 in South Korea and describe the diagnosis, process for delivery, and management of the newborn. The obstetrician performed a C-section delivery and all medical staff wore PPE including gown, gloves, medical mask, and face shields for eye and face protection. The obstetrician used a powered air purifying respirator for respiratory protection. Remaining inpatients were discharged or transferred to other hospitals and the patient was asked not to breast-feed or stay with her baby. After delivery the neonate was admitted to the NICU and isolated in a negative pressure isolation room. Neonatal specimens were collected of the upper respiratory tract (nasopharyngeal and oropharyngeal), gastric lavage fluid, blood, skin, urine, and stool on arrival to the NICU. The mother's placenta, cord blood, and amniotic fluid were also collected and all ten specimens were tested via RT-PCR and negative for SARS-CoV-2. Neonatal nasopharyngeal and oropharyngeal tests were repeated after 48 hrs and confirmed negative. The newborn was released from isolation but the mother remained isolated during her active infection.	This case describes the management of the delivery of a newborn to a mother with COVID-19 in South Korea, in which there was no evidence of intra-uterine transmission.	Lee, E.K., Kim, W.D., Lee, D.W. and Lee, S.A., Management of the first newborn delivered by a mother with COVID-19 in South Korea. Clinical and experimental pediatrics. 2020.
Pediatric, nursing, education	13-Jul-20	Capturing the Impact of the COVID-19 Pandemic on Children's Nursing [No abstract, free to part of the article]	Comprehensive Child and Adolescent Nursing	Commentary	This article specifically focused on the impact of the COVID-19 pandemic on the work and education of pediatric nurses and their pediatric patients. Although there have been far fewer cases of confirmed COVID-19 in children when compared to adults, the impact on their health and wellbeing should not be underestimated. With the changing in ways of providing nursing care such as remote services and limits to in-person visits, communication and engagement with children and their parents become crucial. The authors also mentioned that the lockdown has exposed vulnerable children to domestic risk, including to domestic violence. The pandemic also affects the education of children's nurses in many aspects. Due to limited children's health care settings, student nurses were redeployed to critical areas, pediatric ICU, emergency departments, or adult settings and many community settings closed their doors to students, reducing practice learning opportunities. The alternative arrangements for the completion of their program also made it difficult for them to rapidly adjust. For student nurses who were not experienced enough, they were offered screen-based simulated learning instead of clinical rotations, which would undoubtedly influence academic experiences. In summary, this commentary highlighted the impact of the pandemic not only on	The authors highlighted the impact of COVID-19 pandemic not only on children but on the education of the student nurses who will care for this group in the future.	Fallon D, McGhee K, Davies J, MacLeod F, Clarke S, Sinclair W. Capturing the Impact of the COVID-19 Pandemic on Children's Nursing [published online, 2020 Jul 13]. Compr Child Adolesc Nurs. 2020;1-5. doi:10.1080/24694193.2020.1788346

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					children but on the preparation of the students who will care for this group in the future.		
Pregnancy, infectious disease transmission, severe disease, Brazil	13-Jul-20	Severe coronavirus infection in pregnancy: challenging cases report	Revista do Instituto de Medicina Tropical de Sao Paulo	Case Report	This is a report of three pregnant women (age 28, 34 and 25 years) with SARS-CoV-2 infection in the city of Vitoria, Espirito Santo State, Brazil. All three patients presented with fever, one had shortness of breath, one had diarrhea, two of them reported abdominal pain and two of them had a cough. They all progressed with a severe clinical evolution of COVID-19 and hospitalized in the ICU for more than 10 days. C-section was performed in all three patients and newborns were premature and tested negative for COVID-19 by RT-PCR. Two of them recovered and one remained in the ICU with irreversible refractory shock, multiple organ failure and died. Of note, one of the two survived cases was a health professional.	This report described three cases of COVID-19 pregnant women with severe respiratory failure in Brazil, two of them recovered and one died. C-section was performed and all neonates were premature and tested negative for COVID-19.	Reis HLBD, Boldrini NAT, Caldas JVJ, et al. Severe coronavirus infection in pregnancy: challenging cases report. Rev Inst Med Trop Sao Paulo. 2020;62:e49. doi:10.1590/s1678-9946202062049
Thrombosis, pediatric, ECMO, dermatology, USA	13-Jul-20	SARS-CoV-2 Infection and Thrombosis: Phlegmasia Cerulea Dolens Presenting with Venous Gangrene in a Child	The Journal of Pediatrics	Case Report	In this article, the authors present the case of a 12-year-old female in New Jersey, USA with a SARS-CoV-2 infection which presented as phlegmasia cerulea dolens with venous gangrene. She underwent emergent mechanical thrombectomy; however, this was complicated by a massive pulmonary embolism (PE) and cardiac arrest. Staged ultrasound assisted catheter directed thrombolysis was employed for treatment of bilateral PE and extensive lower extremity deep vein thrombosis while the patient received extracorporeal membrane oxygenation support (ECMO). This case highlights the need for heightened suspicion of occult SARS-CoV-2 infection among children presenting with unusual thrombotic complications.	The authors describe a rare thrombotic condition (phlegmasia cerulea dolens) in a 12-year-old female with COVID-19. They put forth that her condition arose as a result of a SARS-CoV-2 induced hypercoagulable state.	Visveswaran GK, Morparia K, Narang S, et al. SARS-CoV-2 Infection and Thrombosis: Phlegmasia Cerulea Dolens Presenting with Venous Gangrene in a Child [published online, 2020 Jul 13]. J Pediatr. doi:10.1016/j.jpeds.2020.07.032
Emergency department, redeployment, New York City, USA	13-Jul-20	Perspectives on Pediatric Redeployment During COVID-19 From an Emergency Department in New York City [Free Access to Preview Only]	Pediatric Emergency Care	Letter to the Editor	The authors summarize perspectives from pediatric emergency medicine faculty at an academic medical center in New York City, USA some of whom were voluntarily re-deployed to the adult emergency department during the height of the COVID-19 pandemic in New York City. The thoughts from faculty both who did and did not choose to re-deploy are described and presented on the following topics: motivations, reservations - including fear, scope of training, and home concerns, and the redeployment experience. Perspectives from adult emergency medicine colleagues who worked with the re-deployed pediatric providers are also included. Overall themes include gratitude, comradery, and a strengthened community.	This perspectives piece gives voice to the experience of pediatric emergency medicine physicians who voluntarily re-deployed to an adult emergency department at the height of New York City's COVID-19 pandemic.	Hu NY, Castillo J, Flores-Sanchez P, et al. Perspectives on Pediatric Redeployment During COVID-19 From an Emergency Department in New York City [published online 2020 Jul 13]. Pediatr Emerg Care. 2020. doi:10.1097/PEC.0000000000002206
Pregnancy, neonate, infection prevention and control, management, Brazil	13-Jul-20	Prevention and control measures for neonatal COVID-19 infection: a scoping review	Revista Brasileira de Enfermagem	Review	This review sought to summarize the literature along with governmental and professional society recommendations from Brazil and the United States regarding prevention and management of neonatal COVID-19 infection. The review contains charts that synthesize infection prevention and control measures for both mothers and neonates.	This study seeks to synthesize the current body of knowledge regarding the main measures for preventing and managing neonatal COVID-19 infection.	Freitas BIBM, Alves MDSM, Gaiva MAM. Prevention and control measures for neonatal COVID-19 infection: a scoping review [published online 2020 Jul 13]. Rev Bras Enferm. 2020;73 Suppl 2:e20200467. doi:10.1590/0034-7167-2020-0467

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Pregnancy, childbirth, mental health, concerns, Italy	13-Jul-20	Pregnant women voice their concerns and birth expectations during the COVID-19 pandemic in Italy	Women and Birth	Original Research	The authors explored the psychological impact of the COVID-19 pandemic on pregnant women. They administered a cross-sectional online survey to pregnant women in Italy (n=200). Most (78.5%) women had other children, and 100 (50%) had a previous history of perinatal loss. Joy was the most prevalent emotion expressed before COVID-19 (63% before vs. 17% after; $p < 0.05$) while fear was the most prevalent one after (7.5% before vs. 49% after; $p < 0.05$). Positive constructs were prevalent before COVID-19, while negative ones were dominant after ($p < 0.05$). Across the country, women were concerned about COVID-19, and a history of psychological disorders was significantly associated with higher concerns ($p < 0.05$). A previous pregnancy loss did not influence women's concerns. The authors concluded that pregnant women's expectations and concerns regarding childbirth changed significantly as a result of the COVID-19 pandemic in Italy.	The authors identified a significant increase in the concerns of Italian women regarding childbirth during the COVID-19 pandemic. Women with a psychological history need special consideration since they experience higher levels of concerns.	Ravaldi C, Wilson A, Ricca V et al. Pregnant women voice their concerns and birth expectations during the COVID-19 pandemic in Italy [published online, 2020 Jul 13]. Women Birth. doi:10.1016/j.wombi.2020.07.002
Abortion, SRHR, human rights, Malta	13-Jul-20	Abortion in the time of COVID-19: perspectives from Malta	Sexual and Reproductive Health Matters	Commentary	Malta has a predominant anti-abortion sentiment. Pregnant women secretly travel for abortions abroad or secretly order abortion pills online pre-COVID-19. However, travel restrictions lead people to order medical abortion pills online, which has many potential risks, such as unverified online sources. Although Malta did well in the handling of COVID-19 and curbing the spread of the virus, it made no attempt to ensure safe and timely access to abortion care during the COVID-19 pandemic. The author appealed that change is urgently needed in Malta and people need to keep fighting for sexual and reproductive health and rights.	The author talked about the impact of COVID-19 on Malta pregnant women who want an abortion and urged that action is needed to fight for sexual and reproductive health and rights in Malta.	Caruana-Finkel L. Abortion in the time of COVID-19: perspectives from Malta. Sex Reprod Health Matters. 2020;28(1):1780679. doi:10.1080/26410397.2020.1780679
Hematology, G6PD deficiency, pediatric, Saudi Arabia	13-Jul-20	G6PD Deficiency Overrepresented Among Pediatric COVID-19 Cases in One Saudi Children Hospital	medRxiv	Preprint (not peer-reviewed)	The authors report the incidence of glucose-6-phosphate deficiency (G6PD) among COVID-19 positive children admitted to a single center in the Al-Ahsa area of Saudi Arabia. In total, 29 children were admitted from 12 March-20 April 2020. Among these, five males and 14 females were tested for G6PD using the fluorescent spot test. The authors found four (80%) of the male children and five (36%) of the female children had moderate-to-severe G6PD deficiency. The prevalence of G6PD deficiency in Al-Ahsa is 23% in males and 13% in females, indicating that the condition was overrepresented in this COVID-19 case series. The authors state that these results need to be replicated in a large-scale population-based study to determine if G6PD deficient individuals are more vulnerable to SARS-CoV-2	In a case series of COVID-19 positive pediatric patients in Saudi Arabia, the authors found the prevalence of G6PD deficiency to be overrepresented compared to the area's general population.	Al-Aamri M, Al-Khalifa F, Al-Nahwi et al. G6PD Deficiency Overrepresented Among Pediatric COVID-19 Cases in One Saudi Children Hospital. [pre-print published online, 2020 Jul 13]. medRxiv. doi:https://doi.org/10.1101/2020.07.08.20148700
Pre-gestational diabetes, Bergamo, Italy	13-Jul-20	Pre-gestational diabetes during the COVID-19 pandemic in Bergamo, Italy	International Journal of Gynecology & Obstetrics	Brief communication	From February 22 to May 17, 2020, all new-onset pregnant women with pre-gestational diabetes (nine with Type 1 [DMT1] and five with Type 2 diabetes) were screened for COVID-19 in the Diabetic and Pregnancy Clinic of Papa Giovanni XXIII Hospital in Bergamo, Italy. Their average age was 35±5 years (mean±SD), BMI 29.1±5.6 kg/m ² , A1c 43±8 mmol/mol, and diabetes duration 10±8 years (with longer disease duration in DMT1 patients	This study found that the prevalence of COVID-19 is lower in pregnant women with pre-gestational diabetes than that of the general	Dodesini AR, Galliani S, Ciriello E, Bellante R, Trevisan R. Pre-gestational diabetes during the COVID-19 pandemic in Bergamo, Italy [published online, 2020 Jul 13]. Int J Gynaecol Obstet. 2020; doi:10.1002/ijgo.13306

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					[P=0.05]). All patients used CGM for glucose control and telehealth was implemented in order to monitor glycemic trends at home. Two pregnant women with DTM1 tested positive for SARS-CoV-2. Mean daily glycemia was higher in women positive for SARS-CoV-2 compared with that of women with negative COVID-19 swabs (134±4 vs 108±2 mg/dl, P=0.03). The screening procedure in all patients with pre-gestational diabetes during pregnancy revealed a prevalence of 14% for COVID-19, which is much less than that of the general population in the Bergamo area, estimated to be around 30–35%. The results indicate that, after the onset of pregnancy, the combination of lockdown measures with the use of technology (especially CGM) and implementation of telehealth may have contributed to the relatively small number of pregnant women with pre-gestational diabetes who tested positive for COVID-19 in Bergamo, Italy.	population in Bergamo, Italy.	
Pregnancy, gestational diabetes, prenatal care, Illawarra, Australia	13-Jul-20	Gestational diabetes mellitus testing in the COVID-19 pandemic: The problems with simplifying the diagnostic process	Australian and New Zealand Journal of Obstetrics and Gynaecology	Original article	Multiple professional bodies have revised recommendations for gestational diabetes mellitus (GDM) testing during the COVID-19 pandemic. Australian temporary criteria advise that if the fasting glucose is ≤4.6 mmol/L, then no glucose tolerance test (GTT) is required. This retrospective study used de-identified data from pregnant women with a GTT test in the Illawarra, Australia, area from December 2013-December 2019 to determine the number of women with GDM and the proportion of positive cases that would be missed if a fasting glucose ≤4.6 mmol/L were used as a cut-off to determine that a GTT is not necessary. There were 16,522 results identified and GDM was diagnosed in 12.2%. The majority of women were more than 30 years of age (85.2%) and diagnosed at ≥20 weeks' gestation (81.1%). Of those diagnosed with GDM, 29% had a fasting glucose of ≤4.6 mmol/L and would have been missed. This study's results show that using a fasting glucose of 4.6 mmol/L or less would miss nearly a third of women who would otherwise be diagnosed with GDM.	This study determined that 29% of pregnant women with gestational diabetes mellitus may have a missed diagnosis under current temporary testing criteria in Australia. This study has implications for modified testing protocols for gestational diabetes mellitus due to COVID-19 precautions.	van Gemert TE, Moses RG, Pape AV, et al. Gestational diabetes mellitus testing in the COVID-19 pandemic: The problems with simplifying the diagnostic process [published online 2020 Jul 13]. Aust N Z J Obstet Gynaecol. 2020. doi:10.1111/ajo.13203
Telehealth, pediatric, primary care, USA	13-Jul-20	A Defining Moment for Pediatric Primary Care Telehealth	JAMA Pediatrics	Viewpoint	With the guidance issued by the American Academy of Pediatrics on telehealth and related support from Medicare and Medicaid, in-person visit volumes in pediatric primary care practices in the U.S. plummeted, and within weeks, primary care practices and the families they serve had widely adopted virtual primary care. The authors argued that telehealth could help the pediatric community not only in crises but also in the future in reaching the following goals: 1) enhancing the patient/family experience, including quality and satisfaction; 2) improving population health; 3) reducing health care costs; 4) and improving pediatric clinician work-life integration. However, telehealth has limitations. Widespread continued payment for primary care telehealth is not guaranteed, and optimal use requires careful quality assurance. Equitable telehealth expansion and patient-centered design will be critical to promoting equity. Finally, although uncertainty	The authors mainly described four aims telehealth care could help achieve. Although with some uncertainties, the authors argued for the widespread adoption of telehealth care during this time and over the long term.	Fiks AG, Jenson BP, Ray KN. A Defining Moment for Pediatric Primary Care Telehealth. JAMA Pediatr. Published online July 13, 2020. doi:10.1001/jamapediatrics.2020.1881

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					remains, the authors argued for the widespread adoption of telehealth care.		
SARS-CoV-2, Kawasaki disease, children, Iran	12-Jul-20	SARS-CoV-2 Infection in Children and Kawasaki Disease. What is the Relationship?	Archives of Clinical Infectious Diseases	Letter	The authors discuss the relationship between SARS-CoV-2 infections and Kawasaki disease (KD) in children in Europe. In South Thames, England, 8 pediatric cases were found to have clinical features of atypical KD, KD shock syndrome (KDSS), and toxic shock syndrome in a pediatric ICU in mid-April 2020. Two of the 8 children were SARS-CoV-2 positive, and one of them died. In Bergamo city, which had the highest rate of COVID-19 death and infection in Italy, 10 newly diagnosed KD cases identified between February 18 - April 20, 2020 (first group) were compared to 19 KD cases identified between January 1, 2015, and February 17, 2020 (second group). The results showed that the incidence of KD was 30 times higher, and the risk of cardiac involvement was higher in the first group compared to the second group. Eight out of 10 cases in the first group were positive for SARS-CoV-2 IgG and 3 of 10 were positive for IgM.. Additionally, KDSS and macrophage activating syndrome (MAS) incidence were higher (5/10 vs. 0/19) in the first group compared to the second group. Furthermore, the first group had significantly lower WBC, lymphocyte and platelet counts, and more severe cases of atypical KD than the second group. The authors noted that although there is a risk for KD or multisystem inflammatory disease associated with SARS-CoV-2 infections in children, the overall prevalence is low (1 in 1000).	Findings from this study showed higher cardiac involvement, higher rates of KD shock syndrome and macrophage activating syndrome, and more severe cases of atypical KD in pediatric patients with KD associated with SARS-CoV-2 infection.	Shirvani F, Mosallanejad A. SARS-CoV-2 Infection in Children and Kawasaki Disease. What is the Relationship?, Arch Clin Infect Dis. Online; 15(3):e106877. doi: 10.5812/archcid.106877.
COVID-19, obstetric population, pregnancy outcomes, public health	12-Jul-20	Universal COVID-19 testing in the obstetric population: impacts on public health	Cadernos de Saúde Pública (Reports in Public Health)	Thematic Section	On March 11, 2020, the WHO declared COVID-19 a global pandemic. Preliminary data appeared to indicate that pregnant and postpartum women were not more susceptible to COVID-19. However, more recent data suggest the possibility of unfavorable pregnancy outcomes, perhaps related to the body's adaptations to gestation, especially in the cardiovascular and immune systems, also affected by coronaviruses. Although evidence of vertical transmission is still limited, there have been reports of neonatal infection, in addition to an increased risk of prematurity. This is due to the exacerbation of clinical symptoms of COVID-19 in pregnant women. Furthermore, due to the health system's universal overload, barriers to access have hindered prenatal follow-up of normal-risk and high-risk pregnant women. The authors suggest that universal testing of the obstetric population could help plan childbirth care during the pandemic. They examined 6 studies that were conducted in the USA (Connecticut and New York), UK (London), Portugal (North), and Japan (Tokyo). The women in these studies were tested regardless of the presence of COVID-19 symptoms, which is what the authors believe is necessary. Universal testing will help decrease the pandemic's impact on women, especially more	Recent data has highlighted the possibility of unfavorable pregnancy outcomes in women diagnosed with COVID-19. The authors of this study emphasize the need for universal testing of obstetric patients as an urgent strategy to protect pregnant and postpartum women and their infants, as well as health professionals during the pandemic.	Menezes M, Andreucci C, Nakamura-Pereira M., et al. Testagem universal de COVID-19 na população obstétrica: impactos para a saúde pública. Cadernos de Saúde Pública. 2020;36(8). doi:10.1590/0102-311x00164820

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					vulnerable pregnant women, who bear the heaviest burden of maternal mortality.		
Pregnancy, fetal death, placental damage, vertical transmission, fetal infection, Brazil	12-Jul-20	Fetal deaths in pregnancies with SARS-CoV-2 infection in Brazil: A case series	Case Reports in Women's Health	Case Series	The authors present five cases of fetal death (≥12 weeks) without other putative causes in women with laboratory-confirmed (RT-PCR) COVID-19 managed in a single Brazilian institution. All five women were outpatients with mild or moderate forms of COVID-19 and were not taking any medication. Four were nulliparous, all were overweight or obese, and none had any comorbidities or pregnancy complications that could contribute to fetal demise. Fetal death occurred at 21–38 weeks of gestation, on days 1–22 of COVID infection. SARS-Cov-2 was detected by RT-PCR in amniotic fluid in one case and in placental specimens in two cases. All five women had acute chorio-amnionitis on placental histology, massive deposition of fibrin, mixed inter-villitis/villitis, and intense neutrophil and lymphocyte infiltration. One fetus had neutrophils inside alveolar spaces, suggestive of fetal infection. These cases suggest that fetal death can be an outcome of SARS-CoV-2 infection in pregnancy.	This case series of fetal demise in women with confirmed COVID-19 without any other significant clinical or obstetric disorders suggest that fetal death can be an outcome of SARS-CoV-2 infection in pregnancy. The intense placental inflammatory reaction in all five cases raises the possibility of a direct effect of SARS-CoV-2 on the placenta.	Richtmann R, Torloni MR, Oyamada Otani AR, et al. Fetal deaths in pregnancies with SARS-CoV-2 infection in Brazil: A case series [published online 2020 Jul 12]. Case Rep Womens Health. 2020;27:e00243. doi:10.1016/j.crwh.2020.e00243
Guillain-Barré syndrome, pediatric, neurological ills, Brazil	12-Jul-20	Guillain-Barré Syndrome Associated With SARS-CoV-2 Infection in a Pediatric Patient	Journal of Tropical Pediatrics	Case Report	The authors reported the case of a 15-year-old male patient diagnosed with Guillain-Barré syndrome (GBS) possibly associated with SARS-CoV-2 infection in Brazil. The patient experienced frontal headaches with retro-orbital pain accompanied by fever evolving to emetic episodes, weakness, and pain in the lower limbs, which ascended to upper limbs. On May 8th, 2020 he was admitted to a local pediatric hospital with a COVID-19 rapid test performed, showing a positive result. Three days later, he was referred to the authors' hospital. The neurologic examination revealed progressive symmetrical limb weakness and absent deep tendon reflexes. Electroneurography showed revealed normal sensory nerve action potential, though severe reduction of the nerve compound muscle action potential amplitude in all motor nerves studied, with relatively preserved conduction velocities. F waves were absent in the studied nerves. Cerebral spinal fluid (CSF) analysis was negative for the most common viruses related to GBS as well as for SARS-CoV-2. Given the patient's clinical history of a rapidly progressive symmetrical weakness with supporting electroneurography findings, a recent SARS-CoV-2 infection confirmed through the PCR test, negative microbiologic results for other etiologies in CSF and normal MRI, a diagnosis of GBS associated with COVID-19 was made.	This case-report is another description of child with GBS associated with SARS-CoV-2.	Frank CHM, Almeida TVR, Marques EA, et al. Guillain-Barré Syndrome Associated with SARS-CoV-2 Infection in a Pediatric Patient [published online, 2020 Jul 12]. J Trop Pediatr. doi:10.1093/tropej/fmaa044
Pregnancy, childbirth, neonates	12-Jul-20	COVID-19: review of case reports	Journal of Anesthesia	Special Article	Recently published case reports of patients with COVID-19 were reviewed. Numerous reports handled emergency cesarean delivery. Primary symptoms and laboratory data of pregnant women with COVID-19 were similar to those of non-pregnant patients. Although the mortality rate is reported to be high after surgery in patients with COVID-19, cesarean delivery was successfully performed under regional anesthesia in most cases	This article reviews recently published case reports, and conclude that pregnant women with COVID-19 showed a similar pattern of clinical characteristics	Oda, Y. COVID-19: review of case reports. J Anesth (2020). https://doi.org/10.1007/s00540-020-02825-4

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					and the postoperative course was favorable both in the parents and newborns. There is no direct evidence of vertical mother-to-child transmission of SARS-CoV-2; however, a diagnosis of COVID-19 was made in a newborn two hours after delivery from a pregnant woman with COVID-19, based on the increased immunoglobulin levels and deranged liver function, suggesting that its possibility cannot be eliminated.	to non-pregnant adult patients.	
Gestational diabetes mellitus, GDM, pregnancy, diagnosis	12-Jul-20	Diagnostic testing for gestational diabetes mellitus during the COVID-19 pandemic: an opportunity to revisit Glucose-Based testing	Internal Medicine Journal	Letter to the Editor	Advice on diagnostic testing for Gestational Diabetes Mellitus (GDM) during the COVID-19 pandemic was recently provided by the Australasian Diabetes in Pregnancy Society and the Australian Diabetes Society. For women at low risk for GDM, an alternative method of testing for GDM involves an initial Fasting Blood Glucose (FBG) and subsequent oral glucose tolerance test (OGTT); FBG of >5.0 mmol/L is diagnostic of GDM. The pre-analytical and analytical variations for glucose-based testing should be considered. A major source of pre-analytical error is loss of glucose from blood specimens through glycolysis. The American Diabetes Association (ADA) guideline on laboratory testing in diabetes recommends that samples be immediately immersed in an ice slurry and analyzed within 30 min of collection. The biological variations of FBG and OGTT should not be overlooked. Some researchers found a potential 14.4% increase in diabetes diagnosis if glucose measurements were repeated for the group with the original classification of impaired fasting glucose. The use of the average of results of the repeat laboratory tests appears to improve the consistency of disease classification.	This letter summarizes the recent guideline on diagnostic testing for GDM during the COVID-19 pandemic, and points out pre-analytical and analytical variations for glucose-based testing.	Choy KW. Diagnostic testing for gestational diabetes mellitus during the COVID-19 pandemic: an opportunity to revisit Glucose-Based testing. Intern Med J. 2020;50(7):893-894. doi:10.1111/imj.14902
Ethics, pregnancy, infections	12-Jul-20	Ethical considerations relevant to infections in pregnancy: Application to Sars-Covid-19	European Journal of Obstetrics & Gynecology and Reproductive Biology	Original Article	This article highlights questions of the moral responsibilities of the pregnant woman, the legitimate limits of her autonomous choice and whether society has a right or duty to interfere in the name of welfare or public good in contentious issues that are relevant to prevention, diagnosis and management of infections in pregnancy. The impact of infections varies, and the severity of maternal affection may be at variance with the effect on the infant. The risk of transmission adds an important dimension. The unique status of pregnancy and societal interest in the welfare of the mother and infant may provide an impetus for intervention in the name of welfare. But this may conflict with maternal autonomy. Societal factors and interests can pose a challenge to health care professionals seeking to exercise their duty to the individual patient under their care. There is a risk that judgements be influenced by perceptions of maternal moral responsibility or by the various competing interests.	This article summarizes ethical dimensions relevant to infections in pregnancy and argues that the conceptualization of the status and responsibilities of the pregnant woman and the legitimate limits of third-party interests are key determinants of the appreciation of applicable ethical obligations.	Habiba, M., & Akkad, A. (2020). Ethical considerations relevant to infections in pregnancy: Application to Sars-Covid-19. European journal of obstetrics, gynecology, and reproductive biology, 50301-2115(20)30455-3. Advance online publication. https://doi.org/10.1016/j.ejogrb.2020.07.013
Hematology, oncology, stem cell transplant, Saudi Arabia	12-Jul-20	Impact of Covid19 on a Tertiary Care Pediatric Oncology and	Pediatric Blood & Cancer	Letter to the Editor	There is emerging evidence for delayed diagnosis and increased morbidity and mortality at the time of initial presentation in pediatric hematology/oncology patients during the COVID-19 pandemic. The authors performed a retrospective review of pediatric hematology/oncology patients from Dec. 2019- May	The authors report the effect of the COVID-19 pandemic on their pediatric hematology/oncology	Ahmad N, Essa MF, Sudairy R. Impact of Covid19 on a tertiary care pediatric oncology and stem cell transplant unit in Riyadh, Saudi Arabia [published

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		Stem Cell Transplant Unit in Riyadh, Saudi Arabia			2020 at a single center in Riyadh, Saudi Arabia. From Dec. 2019-Feb. 2020, 24 patients were admitted to their inpatient service compared to 16 patients from March-May 2020. The number of hematopoietic stem cell transplants decreased from 20 in the first half of the study period to ten transplants in March-May 2020 after elective procedures were placed on hold. In the outpatient clinic, there were 1816 visits in the first three months compared to 1073 visits in March-May 2020. With respect to disease severity, they found a significant increase in the incidence of pediatric ICU admissions at the time of presentation during the lockdown period. There was also a 75% reduction in the number of new solid tumor cases between the two-time intervals, raising concerns for missed patients. The authors state that the design of pediatric cancer services should be reconsidered to avoid delayed diagnosis and treatment during the COVID-19 pandemic and future outbreaks.	service in Saudi Arabia. An overall decrease in services including inpatient admissions, outpatient visits, and stem cell transplants was observed.	online, 2020 Jul 12]. <i>Pediatr Blood Cancer</i> . doi:10.1002/pbc.28560
Children, mental health, school closures, Italy	12-Jul-20	Debate: COVID-19 and Psychological Well-Being of Children and Adolescents in Italy	Child and Adolescent Mental Health	Debate	School closures began in Italy in March 2020 and continues through the rest of the academic year. There is already some evidence that quarantine and social isolation have had a negative impact on children's and adolescents' psychological well-being. Moreover, this situation will disproportionately affect those children and adolescents with pre-existing vulnerabilities and those suffering from mental disorders. It is imperative to keep young people's needs at the core of reconstruction plans, making plans to enable them to return to school safely and providing them with coping strategies for this stressful and potentially traumatic situation.	The authors argue that the response to COVID-19 should include a special attention to the mental and social well-being of children and adolescents, with schools involved in the planning, to mitigate medium and long-term psychological effects of the pandemic.	Caffo E, Scandroglio F, Asta L. Debate: COVID-19 and psychological well-being of children and adolescents in Italy [published online 2020 Jul 12]. <i>Child Adolesc Ment Health</i> . 2020. doi:10.1111/camh.12405
Breastfeeding, food, hygiene, supplementation	12-Jul-20	Dietary Recommendations During the COVID-19 Pandemic	Nutrition Reviews	Review article	Optimal nutrition can improve well-being and might mitigate the risk and morbidity associated with COVID-19. This narrative review was carried out from December 2019 - April 2020, and 48 documents were retrieved. The goal was to review guidelines on what nutritional advice is being offered for individuals in quarantine during the COVID-19 pandemic. The majority of documents encouraged the consumption of fruits, vegetables, and whole-grain foods. 31% of the guidelines highlighted the importance of minerals and vitamins such as zinc and vitamins A, C, and D to maintain a well-functioning immune system. Dietary supplementation has not been linked to COVID-19 prevention. However, supplementation with vitamins C and D, as well as with zinc and selenium, was highlighted as potentially beneficial for individuals with, or at risk of, respiratory viral infections or for those in whom nutrient deficiency is detected. There was no convincing evidence that food or food packaging is associated with the transmission of COVID-19, but good hygiene practices for handling and preparing foods were recommended. 6 of 13 documents included in the review addressed breastfeeding and	This review summarizes recent scientific literature and existing recommendations from national and international nutrition agencies on an optimal diet, vitamin and mineral supplementation, and good hygiene practices for food preparation during the COVID-19 pandemic.	de Faria Coelho-Ravagnani C, Corgosinho FC, Sanches FFZ, Prado CMM, Laviano A, Mota JF. Dietary recommendations during the COVID-19 pandemic [published online, 2020 Jul 12]. <i>Nutr Rev</i> . 2020;nuaa067. doi:10.1093/nutrit/nuaa067

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					suggested no changes in recommendations, even in women diagnosed with COVID-19. The findings can be used to help dietitians and healthcare professionals better address dietary recommendations during the COVID-19 pandemic.		
Disaster, mental health, stress, healthcare workers, child, youth	12-Jul-20	Debate: #Together Despite the Distance	Child and Adolescent Mental Health	Debate	The COVID-19 pandemic has had a major global impact on healthcare systems worldwide with the surge of critically ill persons. Additionally, the preventative measure of stay-at-home orders and closure of nonessential businesses have caused disruption of entire communities. The child/youth mental health workforce bears the additional burden of the disruption of the systems-based practice crucial to the successful provision of mental health services. Major sources of stress for the workforce include: (a) a threat to the worker's personal/family health and life, (b) a loss of colleagues or threat to professional mastery and identity, (c) an inner conflict between ones' values and aspirations and what they can accomplish in their work, and (d) fatigue, simply feeling worn out by the relentless work and need. The rapid transformation of the in-person to virtual practice by the implementation of telehealth/telephonic sessions has eroded the boundary between personal/professional life and created a new Zoom fatigue	The article summarizes traumatic injury, grief injury, moral injury, and fatigue injury of healthcare workers, as well as Zoom fatigue of child and youth mental health professionals.	Chrisman AK. Debate: #Together despite the distance [published online, 2020 Jul 12]. Child Adolesc Ment Health. 2020;10.1111/camh.12406. doi:10.1111/camh.12406
Antiphospholipid antibodies, Blood flow, Comorbidities, Cytokine storm, Endothelial dysfunction, Platelets, Pregnancy, Thrombosis, Virchow's triad	11-Jul-20	Thrombosis in Coronavirus disease 2019 (COVID-19) through the prism of Virchow's triad	Clinical Rheumatology	Review Article	COVID-19 infection appears to be a risk factor for thrombosis. Endothelial dysfunction, platelet activation, hyperviscosity, and blood flow abnormalities due to hypoxia, immune reactors, and hypercoagulability lead to thrombogenesis in COVID-19. Pregnancy in women with COVID-19 further increases clotting risk, including the possibility of placental thrombosis and resulting fetal compromise. Isolated heparin therapy has been beneficial for some COVID-19 patients, but has not been completely successful. Treatment needs to consider each dimension of Virchow's triad leading to venous thrombosis: vascular damage, altered blood flow, and hyper-coagulability. COVID-19 patients should be stratified according to additional risk factors for thrombosis, including age, pregnancy status, and comorbidities, and treated accordingly. Endothelial dysfunction could be corrected with activated protein C and plasminogen activator inhibitor-1 antagonists. Heparin and Renin-Angiotensin-Aldosterone System inhibitors can help with blood flow abnormalities. Hypercoagulability from platelet activation and inflammation can be remedied with antiplatelet and anti-inflammatory medications.	This review article discusses COVID-19 infection as a risk factor for thrombosis. COVID-19 further increases clotting risks for those with other prothrombotic conditions, such as pregnancy. Treatment needs to consider each dimension of Virchow's triad: vascular damage, altered blood flow, and hyper-coagulability.	Ahmed S, Zimba O, Gasparyan AY. Thrombosis in Coronavirus disease 2019 (COVID-19) through the prism of Virchow's triad. <i>Clin Rheumatol</i> . 2020;39(9):2529-2543. doi:10.1007/s10067-020-05275-1
Pregnancy, clinical characteristics, severity, Wuhan, China	11-Jul-20	Clinical Characteristics of Pregnant Women With Coronavirus	Open Forum Infectious Diseases	Original Research	The authors retrospectively analyzed and compared the clinical characteristics of pregnant and nonpregnant women (aged 22–41 years) with laboratory-confirmed COVID-19 at Renmin Hospital of Wuhan University, China from January 15 to February 23, 2020. A total of 111 patients, 31 pregnant patients and 80 nonpregnant patients were included in the study. The results showed that	This study showed that pregnant patients with COVID-19 had a lower level of severity and an enhanced inflammatory response and cell	Biheng Cheng, et al. Clinical Characteristics of Pregnant Women With Coronavirus Disease 2019 in Wuhan, China. <i>Open Forum Infectious Diseases</i> . 2020;7(8).

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		Disease 2019 in Wuhan, China			compared with nonpregnant patients, pregnant patients were less likely to have dyspnea (16.1% vs 37.5%), asthenia (3.2% vs 33.8%), and ≥ 3 symptoms (22.6% vs 45.0%). In addition, pregnant patients had a significantly higher neutrophil count and a higher percentage of CD3+ cells and CD8+ cells; but a dramatically lower percentage of lymphocytes, lower CD4+/CD8+ ratio, and lower level of IgG, than nonpregnant patients. Of note, pregnant patients had a significantly lower percentage of severe disease (3.2% vs 18.8%) and a substantially higher level of inflammation markers including neutrophil-to-lymphocyte ratio (4.4 vs 1.9) and systematic inflammatory index (812.8 vs 354.7) than nonpregnant patients. Furthermore, among the 31 pregnant women, 17 live births were recorded, all of which showed negative results for COVID-19 detection immediately postnatally, and none experienced severe comorbidities., indicating that vertical transmission is rare.	immunity when compared with nonpregnant patients. These findings should provide useful information for understanding the pathogenesis and clinical course of pregnant patients with COVID-19 and will be helpful in the formulation of the principles of obstetric treatment for pregnant women with COVID-19 infection.	doi: https://doi.org/10.1093/ofid/ofaa294
Children, inflammatory bowel disease, Crohn's disease, immunotherapy	11-Jul-20	SARS-CoV-2 infection in severe pediatric Crohn's disease. What about anti-tumor necrosis factor α therapy?	Digestive and Liver Disease	Correspondence	The authors describe a 17-year-old patient with COVID-19 and receiving anti-TNF α therapy with adalimumab for Crohn's disease. Her clinical course with COVID-19 is discussed and decisions regarding adalimumab therapy are reviewed. Adalimumab was suspended for part of her COVID-19 illness course, which the authors discuss did not accelerate healing from COVID-19 and could have led to a flare of Crohn's disease. The authors then review existing guidelines and data regarding the use of immunomodulatory therapy in patients with inflammatory bowel disease (IBD) during the COVID-19 pandemic, with a focus on the SECURE-IBD international database. This database consists of 1,302 patients, with 61 under the age of 20. Data from this database indicate that patients with IBD do not seem to have an overall greater risk of SARS-COV-2 infection nor of an unfavorable course of COVID-19, and also suggest that the use of anti-TNF α therapy does not increase the risk of severe SARS-CoV-2 infection. The authors conclude that in pediatric and young patients anti-TNF α therapy can be performed safely even during mild COVID-19.	The authors review available data regarding anti-TNF α therapy for inflammatory bowel disease in pediatric and young patients, and they conclude that this therapy can be safely continued even during mild COVID-19.	Giulia B, Patrizia A. SARS-CoV-2 infection in severe pediatric Crohn's disease. What about anti-tumor necrosis factor α therapy? [published online 2020 Jul 11]. Dig Liver Dis. 2020;S1590-8658(20)30339-X. doi:10.1016/j.dld.2020.06.047
Guillain-Barré syndrome, pediatric, neurological illness	11-Jul-20	Guillain-Barre Syndrome Associated With SARS-CoV-2 Detection and a COVID-19 Infection in a Child	Journal of the Pediatric Infectious Disease Society	Case Report	Guillain-Barré syndrome (GBS) associated with COVID-19 infection has been described only in seven adult patients. This article presented one of the first descriptions of an association between GBS and SARS-CoV-2 detection in a child. An eleven-year-old Palestinian boy had an episode of upper respiratory tract infection with low-grade fever on March 20th, 2020 and appeared to recover with only persisting mild dry cough. On April 10th, the boy was admitted and diagnosed with acute GBS. On the next day, the nasopharyngeal swab for SARS-CoV-2 infection was done and the test result was found positive on April 15th, almost 25 days after the initial symptoms. The authors were sure	This case is considered to be one of the first pediatric patients describing a possible association between GBS and SARS-CoV-2 infection.	Khalifa M, Zakaria F, Ragab Y, et al. Guillain-Barre Syndrome Associated with SARS-CoV-2 Detection and a COVID-19 Infection in a Child [published online ahead of print, 2020 Jul 11]. J Pediatric Infect Dis Soc. doi:10.1093/jpids/piaa086

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					that the original upper respiratory infection was a SARS-CoV-2 infection. Finally, with two negative PCR results for SARS-CoV-2 on April 20th and 22nd, the patient was discharged home on April 25th. The disease course of the boy strongly suggested a possible relationship between the development of GBS and SARS-CoV-2 infection.		
Nutrition, food insecurity, eating behavior, children, adolescents	11-Jul-20	A Call to Action to Address COVID-19-induced Global Food Insecurity to Prevent Hunger, Malnutrition, and Eating Pathology	Nutrition Reviews	Commentary	The COVID-19 pandemic has led to worldwide food shortages, increased food prices, and loss of income. As a result, several global food insecurity alerts have been issued. The pandemic threatens millions of children and adolescents and their families currently living with or at risk for food insecurity. Lack of consistent access to nutritious food is associated with chronic physical and mental health problems and death. Studies on food insecurity and eating pathology have heightened concerns for the potential negative impact of the COVID-19 pandemic on eating behaviors of children and adolescents. In this article, the authors' sought to increase awareness for the importance of food security and healthy eating attitudes and behaviors during the COVID-19 pandemic. They argue that these issues in nutrition must be a global priority in order to guarantee the current and future well-being of children and adolescents.	The authors put forth a call to action for the research into the impact of food insecurity on eating pathology in children and adolescents. As food insecurity increases during the COVID-19 pandemic, many community agents must coordinate to increase the availability and accessibility of food.	Paslakis G, Dimitropoulos G, Katzman DK. A call to action to address COVID-19-induced global food insecurity to prevent hunger, malnutrition, and eating pathology [published online, 2020 Jul 11]. Nutr Rev. doi:10.1093/nutrit/nuaa069
Pregnancy, HELLP syndrome, pre-eclampsia, Spain	11-Jul-20	COVID-19 causing HELLP-like syndrome in pregnancy and role of angiogenic factors for differential diagnosis	medRxiv	Preprint (not peer-reviewed)	The clinical presentation of hemolysis, elevated liver enzymes, and low platelet count (HELLP) syndrome is a more severe form of pre-eclampsia. Pregnant patients with a COVID-19 infection exhibit signs shared with pre-eclampsia and HELLP syndrome, which may lead to needless interventions and iatrogenic preterm delivery. Therefore, the authors evaluated the prevalence of HELLP-like signs in pregnant women admitted for COVID-19. The study population consisted of 27 pregnant women admitted to two hospitals in Barcelona, Spain with symptomatic COVID-19 from 21 March-7 April 2020. Seven patients (25.9%) presented with at least one sign of suspected HELLP syndrome, two (7.4%) of whom were clinically diagnosed with pre-eclampsia and five (18.5%) of whom had only elevated transaminases. sFlt-1/PIGF ratio, which measures markers of placental vasculogenesis and is used to rule out pre-eclampsia, was normal in six of the seven patients. The authors conclude that symptomatic COVID-19 may simulate severe pre-eclampsia in pregnancy.	In a case series of 27 COVID-19 positive pregnant women in Spain, seven (25.9%) patients had at least one sign of HELLP syndrome, yet only two were clinically diagnosed with pre-eclampsia and sFlt-1/PIGF ratio was normal in six of the patients. Obstetricians should be aware of the risk of misdiagnosing severe pre-eclampsia in COVID-19 positive pregnant patients.	Figueras F, LLurba E, Martinez-Portilla R et al. COVID-19 causing HELLP-like syndrome in pregnancy and role of angiogenic factors for differential diagnosis. [published online, 2020 Jul 11]. medRxiv. doi:https://doi.org/10.1101/2020.07.10.20133801
Hematology, sickle cell anemia, children, adolescent, USA	11-Jul-20	Varying Presentations and Favorable Outcomes of COVID-19 Infection in Children and Young Adults	British Journal of Hematology	Letter	Patients with sickle cell disease (SCD) are theoretically at a greater risk for serious illness from COVID-19 due to the underlying pathophysiology of the disease, their immunocompromised state, and the high rate of co-morbidities. Yet data are limited with respect to the effect of COVID-19 in SCD patients. The authors describe the clinical course of seven cases of COVID-19 in SCD pediatric and young adult patients from a single center in New York, USA. Four patients were hospitalized,	Sickle cell disease (SCD) patients have a theoretical higher risk of serious COVID-19 infection yet data are limited in this population. In seven young SCD patients	Appiah-Kubi A, Acharya S, Fein Levy C, et al. Varying Presentations and Favourable Outcomes of COVID-19 Infection in Children and Young Adults with Sickle Cell Disease: An Additional Case Series with Comparisons to Published Cases [published online,

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		With Sickle Cell Disease: An Additional Case Series With Comparisons to Published Cases			of which three had acute chest syndrome (ACS) requiring oxygen supplementation. The authors describe treatment decisions in the admitted cases and provide comparisons to previous reports. Overall, the case series showed varying presentations of COVID-19 in young patients with SCD. Those with ACS were successfully treated for COVID-19 infection with favorable outcomes. The authors endorse an approach for pediatric SCD patients with COVID-19 which consists of early diagnosis, use of anti-viral agents, anti-inflammatories and anti-coagulants, as well as early and aggressive transfusion for ACS.	with COVID-19 in the USA, the authors report favorable outcomes including in three hospitalized patients with acute chest syndrome	2020 Jul 11]. Br J Haematol. doi:10.1111/bjh.17013
Epidemiological characteristics, clinical characteristics, pediatric, Mexico	11-Jul-20	Clinical and epidemiological characteristics of children with SARS-CoV-2 infection: case series in Sinaloa	medRxiv	Preprint (not peer-reviewed)	This study described the clinical and epidemiological characteristics of 51 pediatric cases including children and infants (median age 10 years, range 0-18 years) confirmed in the state of Sinaloa, Mexico during the first three months of the pandemic, from March to May 2020, and of 10 of those cases admitted with COVID-19 to Sinaloa Pediatric Hospital (HPS), a secondary hospital in Sinaloa. A positive contact was identified in 33 cases. The more frequent symptoms were fever (78%), cough (67%), and headache (57%). Most cases (81%) were mild or asymptomatic. Three patients with comorbidities died. Only 4 of 10 patients identified in HPS had been admitted with the diagnosis of possible COVID-19. Two positive neonates also highlighted that neonatal infection could not be ignored. In summary, SARS-CoV-2 infection in pediatric cases was mostly mild or asymptomatic, but with a wide range of clinical presentations.	In this article, the epidemiological and clinical features of pediatric cases infected with SARS-CoV-2 in the state of Sinaloa, Mexico during the first three months of the pandemic were summarized.	Gaxiola G, Rocha R, Vidarte J, et al. Clinical and epidemiological characteristics of children with SARS-CoV-2 infection: case series in Sinaloa [published online 2020 Jul 11]. medRxiv. doi:10.1101/2020.07.07.20146332
Cancer, pediatric oncology, communicable disease, clinical characteristics, treatment, Italy	11-Jul-20	Clinical Characteristics and Outcome of SARS-CoV-2 Infection in Italian Pediatric Oncology Patients: A Study From the Infectious Diseases Working Group of the AIEOP	Journal of the Pediatric Infectious Disease Society	Original Article	Little is known about the impact of SARS-CoV-2 infection on pediatric oncology patients. This prospective study analyzed 29 children (median age 7 years, range 0-16 years) diagnosed with SARS-CoV-2 infection from February 23 to April 24, 2020, in Italy. Findings show the course of the disease was mild in all cases and only 11 children (37.9%) developed symptoms, fever and respiratory symptoms being the most common. All symptomatic patients, but one, were receiving intensive chemotherapy, stem cell transplantation, or immunotherapy suggesting that the most immunosuppressed patients may be more prone to develop symptoms. 15 patients were hospitalized, including 7 asymptomatic patients. 9 patients (including 5 with no symptoms) were given treatment. 16 patients had their chemotherapy suspended until they had 2 negative nasopharyngeal swabs, but 10 patients continued their chemotherapy as originally scheduled (8 with no changes at all, and 2 with minor modifications), which suggested that chemotherapy can be continued in patients with mild or no symptoms of COVID-19 without any worsening of the infection. Finally, compared with reports concerning adults with cancer, the	The authors analyzed 29 pediatric oncology patients and found that pediatric patients infected with SARS-CoV-2 presented a milder clinical course compared to adult oncology patients with SARS-CoV-2 infection and that chemotherapy can be continued in pediatric patients with mild or no symptoms of COVID-19 without any worsening of the infection.	Bisogno G, Provenzi M, Zama D, et al. Clinical characteristics and outcome of SARS-CoV-2 infection in Italian pediatric oncology patients: a study from the Infectious Diseases Working Group of the AIEOP [published online, 2020 Jul 11]. J Pediatric Infect Dis Soc. 2020;piaa088. doi:10.1093/jpids/piaa088

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					author found that SARS-CoV-2 infection seems to take a milder clinical course in children than in adults with cancer.		
Sickle Cell Anemia, COVID-19, SARS-CoV-2, Acute Chest Syndrome, pediatrics	10-Jul-20	A Saudi family with sickle cell disease presented with acute crises and COVID-19 infection	Pediatric Blood and Cancer	Letter to the Editor	Evidence about COVID-19 in children is evolving, but many questions are still unanswered. At present, COVID-19 presentation and outcomes in Sickle Cell Anemia (SCA) have not been reported in the Kingdom of Saudi Arabia (KSA). The authors report three cases of SCA with COVID-19 in a mother and 2 of her children. A 14-year-old Saudi girl, with SCA, presented in April 2020 with multifocal body pain. RT-PCR for SARS-CoV-2 was positive. She was managed as having vaso-occlusive crisis (VOC), and to rule out sepsis she received IV fluid, IV morphine, and ceftriaxone. A 12-year-old boy with SCA presented with back pain. He was admitted as having VOC with suspected COVID-19. On day 2 of admission, he developed fever with hypoxia. RT-PCR for SARS-CoV-2 was positive. He received a blood transfusion on day 3 and dexamethasone 0.3 mg/kg/dose every 12 hours for 3 days along with hydroxychloroquine. He improved gradually. Repeat SARS-CoV-2 PCR remained positive for 12 days. Hydroxychloroquine displays in vitro antiviral and immunomodulatory activity. A recent study with a cohort of 166 patients, hospitalized due to COVID-19, showed increased mean survival by 1.4 to 1.8 times with treatment. The authors do not recommend using corticosteroids for COVID-19; however, dexamethasone was started for the 12-year-old boy based on suspicion of acute chest syndrome (ACS) as corticosteroids may shorten the duration and severity of mild and moderated ACS. The mother, a 50-year old female with sickle cell trait, was tested for SARS-CoV-2 based on history of exposure and proved positive. She remained asymptomatic.	This letter reports 3 cases of SARS-CoV-2 in sickle cell anemia patients in the Kingdom of Saudi Arabia. Vaso-occlusive crisis caused by SARS-CoV-2 in the 14 year old patient was treated according to standard practice while the 12 year old patient presented with VOC and developed symptoms of COVID-19 & Acute Chest Syndrome (ACS) and was treated according to the national guidelines for COVID-19 and ACS.	Al-Hebshi A, Zolaly M, Alshengeti A, et al. A Saudi family with sickle cell disease presented with acute crises and COVID-19 infection. <i>Pediatr Blood Cancer</i> . 2020;67(9):e28547. doi:10.1002/pbc.28547
COVID-19; pediatric; cancer services; India	10-Jul-20	Comment on: The COVID-19 pandemic: A rapid global response for children with cancer from SIOP, COG, SIOP-E, SIOP-PODC, IPSO, PROS, CCI, and St Jude Global	Pediatric Blood & Cancer	Letter	In this letter, the authors comment on an article by Sullivan et al. [doi:10.1002/pbc.28409] on adapting childhood cancer services for low- to middle-income countries during the COVID-19 pandemic. While the authors agree with the cancer management advice outlined in the previous article, they faced unique challenges at Tata Memorial Hospital in Mumbai, India. Several steps were taken to mitigate the impact of the pandemic. Prior to the lockdown on 25 March 2020, the center anticipated a potential cancer-care crisis and initiated measures to reduce the average of 300 daily outpatient visits to pediatric cancer units by more than 50% (by screening for low-risk patients at the entrance door and switching to tele-consultation) and to conserve supportive care resources and staff. The objective was to retain hard-fought recent improvements in disease outcomes of largely curable malignancies, while balancing resource constraints from disruption of services, and evolving strategies for treating cancer amidst a COVID-19 patient surge. While using these measures, 890 active cancer cases were seen in the pediatric outpatient	The authors comment on an article by Sullivan et al. [doi:10.1002/pbc.28409] on adapting childhood cancer services for low- to middle-income countries during the COVID-19 pandemic. At Tata Memorial Hospital in Mumbai, India, several steps were taken to reduce outpatient visits to pediatric cancer units and conserve supportive care and staff; these are	Dhamne C, Vora T, Prasad M. Comment on: The COVID-19 pandemic: A rapid global response for children with cancer from SIOP, COG, SIOP-E, SIOP-PODC, IPSO, PROS, CCI, and St Jude Global. <i>Pediatr Blood Cancer</i> . 2020;67(9):e28462. doi:10.1002/pbc.28462.

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					clinics, with over 2900 clinic visits from 21 March-1 May 2020, including 15 new cancer cases. The authors reduced the strain on supportive care resources by adapting low-cost protocols that allowed time for addressing severe comorbidities or socio-economic constraints, prior to standard treatment.	highlighted in this article.	
COVID-19, coronavirus, SARS-CoV-2, pneumothorax, preterm, cord clamping	10-Jul-20	Air Leak Syndrome in Two Very Preterm Infants Born to Mothers with Coronavirus Disease 2019: An Association or a Coincidence?	AJP Rep	Case report	The authors present a case report of two very preterm infants born to mothers with COVID-19 in the United States whose respiratory course was complicated by pneumothorax during the COVID-19 pandemic of 2020. Both infants, born at 29 weeks gestational age to mothers who were diagnosed with COVID-19 10-12 days prior to delivery, developed unexpected pneumothoraces at 20-36 hours of life requiring needle thoracocentesis and chest tube placement. Despite requiring intubation and mechanical ventilation as well, both infants recovered well and had negative PCR testing for COVID-19. The authors recommend studying the incidence of severe air leak problems in larger cohorts of preterm infants born to mothers with COVID-19. They discuss the need for further investigation in the use of antenatal steroids, the influence of maternal COVID-19 infection on infant lung maturity, and the role of early cord clamping in very premature infants born to mothers with COVID-19 infections	The authors present a case report of two very preterm infants born to mothers with COVID-19 whose respiratory course was complicated by pneumothoraces. The authors present these two cases to illustrate their similarities and the need for evaluation of severe air leak syndrome in future premature infants born to mothers with COVID-19.	Reddy A, Engelhardt K, Jain D. Air Leak Syndrome in Two Very Preterm Infants Born to Mothers with Coronavirus Disease 2019: An Association or a Coincidence? AJP Rep. 2020 Jul;10(3):e266-e269. doi: 10.1055/s-0040-1715180. Epub 2020 Sep 2. PMID: 33133761; PMCID: PMC7591363.
Family-centered care, moral distress, nurse, Perinatal care, Spain	10-Jul-20	Neonatal nursing in the COVID-19 pandemic: can we improve the future?	Journal of Neonatal Nursing	Original Article	This article from Spain reviews changes to Neonatal Units (NUs) during the COVID-19 pandemic, and resulting impacts on staff and workflow, perinatal and neonatal care, and families. NUs traditionally practice evidence-based Family-Centered Care (FCC), which views parents and family as essential collaborators and caregivers in their child's care. COVID-19 visitor restrictions, which may include parents, fundamentally alters the FCC framework. COVID-19 policies in some hospitals have included separation of mothers and newborns, and restrictions on skin-to-skin contact and breastfeeding. The article further states that NU nurses are key to communication and collaboration with families. COVID-19 restrictions can limit effective parent-nurse interactions, and this can ultimately lead to decreased confidence and infant bonding for parents, and moral distress for nurses. The authors conclude with a list of Difficulties/Conflicts related to NU practices in the COVID-19 pandemic, as well as Potential Strategies and Solutions for each. For example, they suggest telematic communication for parent peer support, and expedited COVID-19 testing for NU parents. The authors are hopeful that neonatal nursing teams can learn lessons from these challenges, to improve future care.	This article reviews changes to Neonatal Units (NUs) during the COVID-19 pandemic, and resulting impacts on staff and workflow, perinatal and neonatal care, and families.	Montes MT, Herranz-Rubia N; NeNe Nursing Group. Neonatal nursing in the COVID-19 pandemic: can we improve the future? [published online ahead of print, 2020 Jul 10]. J Neonatal Nurs. 2020;10.1016/j.jnn.2020.07.005. doi:10.1016/j.jnn.2020.07.005
Kawasaki disease, UK, infants	10-Jul-20	Severe refractory Kawasaki disease in seven infants	The Lancet Rheumatology	Correspondence	A cohort of seven infants less than 1 year old with severe Kawasaki-like disease were diagnose and treated at five hospitals in the UK between February and March 2020. All of the infants	Due to the complications with Kawasaki disease and	Vergnano S, Alders N, Armstrong C, et al. Severe refractory Kawasaki disease in seven infants in the COVID-19 era

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		in the COVID-19 era			received prompt IV immunoglobulins and steroid treatment, but non responded and subsequently required the addition of a biological agent because of continued inflammation, recurring fever, and progressive changes on echocardiography. Six patients developed coronary artery aneurysms and one infant died as a result of a ruptured aneurysm. Five infants had negative serology for SARS-CoV-2, therefore any correlation with the COVID-19 pandemic and pediatric inflammatory multisystemic syndrome is unclear. The post-mortem examination of one infant showed typical features of Kawasaki disease. The authors feel it is important the pediatricians consider early aggressive treatment and close cardiac monitoring of Kawasaki disease in infants.	SARS-CoV-2 in infants, early recognition and subsequent aggressive treatment is imperative when monitoring infants.	[published online ahead of print, 2020 Jul 10]. Lancet Rheumatol. 2020;10.1016/S2665-9913(20)30231-9. doi:10.1016/S2665-9913(20)30231-9
Pediatric, infants, pulmonology, France, RSV, influenza	10-Jul-20	Delayed acute bronchiolitis in infants hospitalized for COVID-19	Pediatric Pulmonology	Letter to the Editor	This letter details two cases of otherwise healthy males less than 3 months of age, who had COVID-19 followed by delayed bronchiolitis. The first patient presented with fever, lethargy, hypotonia, and lymphopenia, and had a positive SARS-CoV-2 test. Respiratory syncytial virus (RSV) and influenza tests were negative. Ten days later he developed acute bronchiolitis, and RSV and influenza tests were again negative. He had acute bronchiolitis again one month later, but with a negative SARS-CoV-2 test. The second patient was seen for fever and mild hypotonia. He also had lymphopenia and a positive SARS-CoV-2 test, with negative RSV and influenza testing, and a normal chest X-ray. He experienced a mild wheezing episode two weeks later. The authors theorize that SARS-CoV-2 may cause acute bronchiolitis without viral coinfection. Additionally, research should evaluate whether SARS-CoV-2 infection is a possible risk factor for long-term respiratory problems.	These authors review two cases of infants with SARS-CoV-2 infection, who developed delayed acute bronchiolitis. They propose that COVID-19 infection could lead to acute bronchiolitis and possible long-term breathing problems.	Grimaud E, Challiol M, Guilbaud C, et al. Delayed acute bronchiolitis in infants hospitalized for COVID-19. <i>Pediatr Pulmonol.</i> 2020;55(9):2211-2212. doi:10.1002/ppul.24946
Pregnancy, obstetric violence, human rights, mother-infant separation, breastfeeding, visitor restrictions	10-Jul-20	COVID-19 as a risk factor for obstetric violence	Sexual and Reproductive Health Matters	Commentary	The concept of obstetric violence has highlighted the commonly experienced issues of abuse and disrespect toward laboring women, and the authors express concern about the quality of maternity care, childbirth rights, and standards of care receding during the COVID-19 pandemic. They argue that some of the restrictions and interventions being implemented due to the COVID-19 outbreak are not necessary, not based on scientific evidence, are disrespecting human dignity and are not proportionate to achieve the objective of limiting the spread of the virus. These include unnecessary interventions done without medical indications (such as caesareans or instrumental deliveries), prohibition of companionship during labor, immediate separation and isolation from the newborn, and the prevention of breastfeeding. The authors describe the potential harms from each of these interventions and express fear that due to the COVID-19 pandemic there will be regression in the achievement of positive birth experiences for women, newborns and families around the world.	The authors describe concern that certain interventions being used during labor and delivery due to the COVID-19 pandemic are not evidence-based, will inflict harm on the mother and infant, and will cause a regression in women's human rights during childbirth.	Sadler M, Leiva G, Olza I. COVID-19 as a risk factor for obstetric violence [published online 2020 Jul 10]. <i>Sex Reprod Health Matters.</i> 2020. doi:10.1080/26410397.2020.1785379

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Family planning, contraception, abortion, access, health system, India	10-Jul-20	Impact of COVID-19 on family planning services in India	Sexual and Reproductive Health Matters	Commentary	The authors describe the impact that measures taken to limit the spread of COVID-19 have had on access to healthcare in India, with significant challenges posed to accessing family planning services. Available Ministry of Health data indicate that provision of preventive services such as family planning has decreased during the pandemic, with a subsequent increase in unmet needs for family planning. Lack of human resources and PPE have further exacerbated the decrease in services. The authors argue that a comprehensive, rights-based health system response to address family planning services provision during pandemics is needed in India to avoid unwanted pregnancies and prevent additional mortality and morbidity of women.	The authors summarize the impact of the COVID-19 pandemic on access to family planning services in India and advocate for a comprehensive health system response to address this need.	Vora KS, Saiyed S, Natesan S. Impact of COVID-19 on family planning services in India [published online 2020 Jul 10]. Sex Reprod Health. 2020. doi:10.1080/26410397.2020.1785378
Pediatric, nephrology, immunology, immunosuppression, Italy	10-Jul-20	COVID-19 in Children with Nephrotic Syndrome on Anti-CD20 Chronic Immunosuppression	Clinical Journal of American Society of Nephrology	Letter	Data regarding susceptibility to SARS-CoV-2 in pediatric patients on chronic immunosuppression are limited. The authors conducted a single-center prospective cohort study in Italy of pediatric patients (< 18 years old, n=127) and young adults (19-28 years old, n=32) on chronic immunosuppression therapy due to multi-relapsing nephrotic syndrome being treated with anti-CD20 antibodies. From 24 February to 7 April 2020, all patients were interviewed weekly. None of the patients reported clinical symptoms of COVID-19 including six patients with co-habitants with confirmed COVID-19. The authors conclude that chronic immunosuppression does not increase the risk of COVID-19 in children and young adults in areas of high COVID-19 incidence. They recommend strict prevention measures in the case of COVID-19 positive co-habitants. Further, they suggest not altering the immunosuppressive therapy in children with nephrotic syndrome, even if exposed to close contact with individuals who have COVID-19.	In this prospective cohort study from Italy, the authors found that chronic immunosuppression did not increase the risk of COVID-19 infection in children or young adults. They specifically investigated the use of B-cell depleting therapy.	Angeletti A, Drovandi S, Sanguineri F, et al. COVID-19 in Children with Nephrotic Syndrome on Anti-CD20 Chronic Immunosuppression [published online ahead of print, 2020 Jul 10]. Clin J Am Soc Nephrol. doi:10.2215/CJN.06400420
Antibody testing, pregnancy, parturient women, seroprevalence, USA	10-Jul-20	SARS-CoV-2 Seroprevalence Among Parturient Women	medRxiv	Preprint (not peer-reviewed)	Serological tests are critically important to determine exposure and immunity to SARS-CoV-2 within both individuals and populations. The authors completed SARS-CoV-2 serological testing of 1,293 parturient women at two centers in Philadelphia, PA, USA from 4 April-3 June 2020. They tested 834 pre-pandemic samples collected in 2019 and 15 samples from COVID-19 recovered donors to validate the assay, which has a ~1% false positive rate. They identified 80 (6.2%) parturient women with IgG and/or IgM SARS-CoV-2-specific antibodies. They found race/ethnicity differences in seroprevalence rates, with higher rates in Black/non-Hispanic and Hispanic/Latino women. Of 72 seropositive women who also underwent nasopharyngeal swabbing during pregnancy, 46 (64%) were positive for SARS-CoV-2 by PCR. Continued serologic surveillance among pregnant women may inform perinatal clinical practices and can potentially be used to estimate seroprevalence within the community.	The authors evaluated both infection with and immunity to SARS-CoV-2 in parturient women in the USA. They found higher rates of seroprevalence in Black/non-Hispanic and Hispanic/Latino women, which suggests race/ethnicity differences in SARS-CoV-2 exposure in their study location.	Flannery DD, Gouma S, Dhudasia MB, et al. SARS-CoV-2 Seroprevalence Among Parturient Women. [preprint published online, 2020 Jul 10]. . medRxiv. doi:10.1101/2020.07.08.20149179
Gastrointestinal diseases/etiology	10-Jul-20	Gastrointestinal manifestations	Instituto Israelita de	Review Article	This review used MEDLINE and Embase databases for a search on major clinical manifestations of gastrointestinal involvement in	This review argues that the digestive system	Oba J, Carvalho WB, Silva CA, Delgado AF. Gastrointestinal manifestations and

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, nutritional therapy, inflammatory bowel diseases, child, adolescent		and nutritional therapy during COVID-19 pandemic: a practical guide for pediatricians	Ensino e Pesquisa Albert Einstein		children and adolescents with COVID-19 reported in medical literature, and for nutritional therapy-related data. From the total of 196 relevant studies, only 17 focused specifically on pediatric patients concerning gastrointestinal or nutritional aspects. Children and adolescents with gastrointestinal symptoms, such as nausea, vomiting, and diarrhea, should be suspected of COVID-19. Gastrointestinal signs and symptoms may occur in 3% to 79% of children, adolescents, and adults with COVID-19, and are more common in severe cases. Symptoms include diarrhea (2% to 50%), anorexia (40% to 50%), vomiting (4% to 67%), nausea (1% to 30%), abdominal pain (2% to 6%) and gastrointestinal bleeding (4% to 14%). Patients with inflammatory bowel disease or chronic liver disease are not at greater risk of infection by SARS-CoV-2. Nutritional support plays an important role in the treatment of pediatric patients, particularly for those with severe or critical forms of the disease. Further research is needed to determine whether the fecal-oral route may be involved in viral spread. Nutritional therapy is vital to prevent malnutrition and sarcopenia in severe cases.	may be a potential route for COVID-19 transmission, and nutritional therapy may improve prognosis and recovery.	nutritional therapy during COVID-19 pandemic: a practical guide for pediatricians. Einstein (Sao Paulo). 2020;18:eRW5774. doi:10.31744/einstein_journal/2020rw5774
Vertical transmission, viral detection, immune response, milk, Italy	10-Jul-20	In-Utero Mother-To-Child SARS-CoV-2 Transmission: viral detection and fetal immune response	medRxiv	Preprint (not peer-reviewed)	In this prospective multicenter study, 31 SARS-CoV-2 positive pregnant women were enrolled from three hospitals of Lombardy, Italy between March 9 and April 14, 2020. Real-time PCR was performed to detect the virus and specific anti-SARS-CoV-2 antibodies on pregnant women and their fetuses. The authors reported for the first time that SARS-CoV-2 was found in the vagina mucosa of a pregnant woman, at-term placenta, the umbilical cord blood, and in one milk specimen. Furthermore, they reported the presence of specific anti-SARS-CoV-2 antibodies in the umbilical cord blood of pregnant women, as well as in milk specimens. Finally, they observed that a specific inflammatory response is triggered by SARS-CoV-2 infection in pregnant women at both systemic and placental levels and in umbilical cord blood plasma. The findings in the study supported the hypothesis that in-utero vertical transmission is possible in SARS-CoV-2 positive pregnant women.	This authors first reported that SARS-CoV-2 is found in the vagina mucosa of a pregnant woman, at-term placenta, the umbilical cord blood, and in one milk specimen. They also described the inflammatory response triggered by SARS-CoV-2 infection in pregnant women at both systemic and placental levels.	Fenizia C, Biasin M, Cetin I, et al. IN-UTERO MOTHER-TO-CHILD SARS-CoV-2 TRANSMISSION: viral detection and fetal immune response [published online 2020 Jul 10]. medRxiv. doi:10.1101/2020.07.09.20149591
Multi-system inflammatory syndrome in children, MIS-C, PIMS-TS, Systems immunology, human immunology, autoantibodies, immunoglobulin	10-Jul-20	The Immunology of Multisystem Inflammatory Syndrome in Children with COVID-19	medRxiv	Preprint (not peer-reviewed)	The authors applied systems-level analyses of blood immune cells, cytokines and auto-antibodies in healthy children (n=12, mean age 33 months, range 26.5-56.2 months), children with Kawasaki Disease (KD) enrolled prior to COVID-19 (n=28, mean age 24.5 months, range 13.5-47.75 months), children infected with SARS-CoV2 (n=40, mean age 80.2 months, range 0.3-207 months) and infected children presenting with MIS-C (n=4, mean age 172.1 months, range 137.3-206.53 months) in Italy in 2020. They found that the inflammatory response in MIS-C differs from the cytokine storm of severe acute COVID-19, is more similar to KD, but also differs from this with respect to T-cell subsets, IL-17A, and biomarkers associated with arterial damage. Finally,	The authors revealed several facets of the hyperinflammatory state in infected children with MIS-C to find similarities with immune response in Kawasaki disease, but also important differences and suggested auto-antibody targets	Consiglio C, Cotugno N, Sardh F, et al. The Immunology of Multisystem Inflammatory Syndrome in Children with COVID-19 [published online 2020 Jul 10]. medRxiv. doi:10.1101/2020.07.08.20148353

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					they performed auto-antibody screening and found endoglin, an endothelial glycoprotein as one of several candidate targets of auto-antibodies in MIS-C.	possibly involved in the pathogenesis of this new disease.	
School closure, outbreak, transmission, Chile	10-Jul-20	SARS-CoV-2 Antibody Prevalence in Blood in a Large School Community Subject to a Covid-19 Outbreak: A Cross-Sectional Study	Clinical Infectious Diseases	Original Research	A SARS-CoV-2 outbreak affecting 52 people in a large school community in Santiago, Chile was identified on 12 March 2020. The school closed on 13 March 2020, and the entire community was quarantined. The authors assessed the magnitude of the outbreak and the role of students and school staff in transmission through use of a survey and a self-administered antibody detection test implemented in May 2020. The study population included a classroom-stratified sample of students (n=1009) and all school staff members (n=235). Antibody positivity rates were 9.9% for students and 16.6% for staff. Among students, positivity was associated with younger age (p=0.01), lower grade level (p=0.05), prior RT-PCR positivity (p=0.03) and contact with a confirmed case (p<0.001). Among staff, positivity was higher in teachers (p=0.01) and with prior RT-PCR positivity (p<0.001). In antibody positive individuals, 40% of students and 18% of staff reported no symptoms (p=0.01). Based on this data, the authors proposed that the index case(s) were teachers and/or parents from preschool.	The authors described a COVID-19 outbreak in a Chilean school community and reported a high rate of antibody positivity in students (9.9%) and staff (16.6%) several weeks later. They used a self-administered antibody test as an effective, contact-free epidemiological tool to characterize the outbreak.	Torres JP, Piñera C, De La Maza V, et al. SARS-CoV-2 antibody prevalence in blood in a large school community subject to a Covid-19 outbreak: a cross-sectional study [published online, 2020 Jul 10]. Clin Infect Dis. doi:10.1093/cid/ciaa955
Mortality, race/ethnicity, underlying medical conditions, Demographic and clinical data, the USA	10-Jul-20	Characteristics of Persons Who Died with COVID-19 — United States, February 12–May 18, 2020	Morbidity and Mortality Weekly Report (MMWR)	Original Article	In the USA case-based surveillance data on 52,166 deaths with confirmed COVID-19 were reported to CDC from February 12 to May 18, 2020. Among the 52,166 decedents, 55.4% were male, 79.6% were aged ≥65 years, 13.8% were Hispanic, 21.0% were black, 40.3% were white, 3.9% were Asian. The median decedent age was 78 years (IQR = 67–87 years). To collect more complete data, CDC solicited supplementary information from medical charts and death certificates of decedents with laboratory-confirmed COVID-19. Supplemental surveillance data on 10,647 COVID-19 deaths that occurred from February 12 to April 24, 2020 were reported. Among the 10,647 COVID-19 decedents, 60.6% were male, 74.8% were aged ≥65 years, 24.4% were Hispanic, 24.9% were black, 35.0% were white, 6.3% were Asian. Decedent age varied by race and ethnicity; median age was 71 years (IQR = 59–81 years) among Hispanic decedents, 72 years (IQR = 62–81 years) among all nonwhite, non-Hispanic decedents, and 81 years (IQR = 71–88 years) among white decedents. At least one underlying medical condition was reported for 8,134 (76.4%), including 83.1% of decedents aged <65 years. The most common underlying medical conditions were cardiovascular disease (60.9%). 8,976 (84.3%) were hospitalized. By age group, the largest percentage who died in the emergency department (6.8%) or at home (1.0%) was aged <65 years (combined total = 7.8%). The authors argue that understanding factors contributing to racial/ethnic mortality differences and out-of-hospital deaths might inform targeted communication to encourage persons in	Analysis of supplementary data for 10,647 decedents in 16 public health jurisdictions in the USA found that a majority were aged ≥65 years and most had underlying medical conditions. Overall, 34.9% of Hispanic and 29.5% of nonwhite decedents were aged <65 years, compared with 13.2% of white, non-Hispanic decedents. Among decedents aged <65 years, a total of 7.8% died in an emergency department or at home.	Wortham JM, Lee JT, Althomsons S, et al. Characteristics of Persons Who Died with COVID-19 — United States, February 12–May 18, 2020. MMWR Morb Mortal Wkly Rep. ePub: 10 July 2020. DOI: http://dx.doi.org/10.15585/mmwr.mm6928e1external icon

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					at-risk groups to practice preventive measures and promptly seek medical care if they become ill.		
Pregnancy, neonate, vertical transmission, Spain	10-Jul-20	Multi-center Spanish Study Found No Incidences of Viral Transmission in Infants Born to Mothers With COVID-19	Acta Paediatrica	Original Article	This multicenter descriptive study in Spain sought to describe the clinical features of mothers infected with COVID-19, examine any potential vertical mother to newborn transmission, and assess the efficacy of discharge recommendations in preventing transmission during the first month of the newborn's life. The study reviewed records from 16 Spanish hospitals of 42 pregnant women diagnosed with COVID-19 from March 13-29, 2020, in their 3rd trimester. They and their newborn infants were monitored until the infant was one month old. Over half (52.4%) of the women had a vaginal delivery. The initial clinical symptoms were coughing (66.6%) and fever (59.5%). One mother died due to thrombo-embolic events. 37 newborn infants were admitted to the neonatal unit (88%) and 28 were then admitted to intermediate care for organizational virus-related reasons. No infants died and no vertical transmission was detected during hospitalization or follow up. Only six were exclusively breastfed at discharge. There was no evidence of COVID-19 transmission in any of the infants born to COVID-19 mothers, and the post-discharge advice seemed effective. The measures to avoid transmission appeared to reduce exclusive breastfeeding at discharge.	This study found no vertical transmission or transmission of COVID-19 from mother to infant in the first month of the infant's life. There was a low exclusive breastfeeding rate at discharge, thought to be due to the measures to avoid transmission.	Marín Gabriel MA, Cuadrado I, Álvarez Fernández B, et al. Multi-centre Spanish study found no incidences of viral transmission in infants born to mothers with COVID-19 [published online 2020 Jul 10]. Acta Paediatr. 2020;10.1111/apa.15474. doi:10.1111/apa.15474
Children, immunization, USA	10-Jul-20	Provision of Pediatric Immunization Services During the COVID-19 Pandemic: An Assessment of Capacity Among Pediatric Immunization Providers Participating in the Vaccines for Children Program - United States, May 2020	Morbidity and Mortality Weekly Report (MMWR)	Review article	Declines in routine childhood immunization coverage have been reported during the COVID-19 pandemic. A May 2020 survey of 1,933 practices in the United States participating in the Vaccines for Children program sought to assess the capacity of pediatric health care practices to provide childhood immunization services during the pandemic. The survey found that 1,727 (89.8%) were currently open, including 1,397 (81.1%) offering immunization services to all pediatric patients. Among responding practices, 1,135 (59.1%) were likely able to provide immunization services to new pediatric patients if necessary. Based on these results, practices appear to have the capacity to deliver routinely recommended vaccines, allowing children who have missed vaccine doses because of the pandemic to catch up. The authors note certain geographic concerns, however, indicating that access challenges may occur in urban areas and in the Northeast due to changes in practice operations during the pandemic. The authors advise that practices unable to provide immunization services refer patients to other practices.	This survey indicates that there is capacity in pediatric health care practices in the U.S. to deliver routinely recommended vaccines to children, including for children who have missed vaccination doses because of the COVID-19 pandemic. The authors cite concern about access due to practice changes reported by clinics in urban areas and in the Northeast.	Vogt TM, Zhang F, Banks M, et al. Provision of Pediatric Immunization Services During the COVID-19 Pandemic: an Assessment of Capacity Among Pediatric Immunization Providers Participating in the Vaccines for Children Program - United States, May 2020. MMWR Morb Mortal Wkly Rep. 2020;69(27):859-863. Published 2020 Jul 10. doi:10.15585/mmwr.mm6927a2
Stillbirth, United Kingdom, pregnancy, neonatal outcomes	10-Jul-20	Change in the Incidence of Stillbirth and Preterm Delivery During the	Journal of the American Medical Association (JAMA)	Letter	This single center retrospective study compared pregnancy outcomes at St George's University Hospital, London UK between 2 cohorts: from October 1, 2019, to January 31, 2020 (pre-pandemic period preceding the first reported UK cases of COVID-19), and from February 1, 2020, to June 14, 2020 (pandemic period). The authors assessed multiple outcomes including	This study found an increase in the stillbirth rate in the United Kingdom during the pandemic, although not found to be directly	Khalil A, von Dadelszen P, Draycott T, Ugwumadu A, O'Brien P, Magee L. Change in the Incidence of Stillbirth and Preterm Delivery During the COVID-19 Pandemic. JAMA. Published

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		COVID-19 Pandemic			stillbirth, preterm birth, cesarean delivery, and neonatal unit admission. There were 1681 births in the pre-pandemic period and 1718 births in the pandemic period. There were fewer nulliparous women and fewer women with hypertension in the pandemic period than in the pre-pandemic period, and no significant differences in other maternal characteristics. The incidence of stillbirth was significantly higher during the pandemic period (difference of 6.93 per 1000 births [95% CI, 1.83-12.0]; P = .01); although none were directly associated with COVID-19. There were no significant differences in births before 37 weeks' gestation, births after 34 weeks' gestation, neonatal unit admission, or cesarean delivery.	associated with COVID-19 infections. The authors hypothesize underlying factors such as reluctance to seek care or changes in obstetric services.	online July 10, 2020. doi:10.1001/jama.2020.12746
Breast milk, pasteurization, viral load, viral inactivation	10-Jul-20	The Impact of Thermal Pasteurization on Viral Load and Detectable Live Viruses in Human Milk and Other Matrices: A Rapid Review	Applied Physiology, Nutrition, and Metabolism	Review article	This study reviewed primary research articles to characterize the effect of common pasteurization techniques on viruses in human milk (HM) and non-HM matrices. 109 studies were included. Pasteurization of HM at a minimum temperature of 56°C-60°C is effective for reducing detectable live virus. In cell culture media or plasma, coronaviruses (e.g., SARS-CoV, SARS-CoV-2, MERS-CoV) are highly susceptible to heating at ≥56°C. Although pasteurization parameters and matrices reported vary, all viruses studied, except parvoviruses, were susceptible to thermal killing. Future research important for the study of novel viruses should standardize pasteurization protocols and should test inactivation in HM. In all matrices, including HM, pasteurization at 62.5°C was generally sufficient to reduce the surviving viral load by several logs or to below the limit of detection. Holder pasteurization of HM (heating to 62.5°C for 30 min), the standard pasteurization procedure conducted at milk banks, should be sufficient to inactivate non-heat resistant viruses, including coronaviruses, if present.	According to the findings in this review, the standard pasteurization procedures used at milk banks for human milks may be sufficient to inactivate non-heat resistant viruses, including coronaviruses, whether present via vertical transmission or as a contaminant.	Pitino MA, O'Connor DL, McGeer AJ, Unger S. The impact of thermal pasteurization on viral load and detectable live viruses in human milk and other matrices: A rapid review [published online 2020 Jul 10]. Appl Physiol Nutr Metab. 2020. doi:10.1139/apnm-2020-0388
Pregnancy, universal testing, labor and delivery, asymptomatic infection, Ohio, USA	10-Jul-20	Implementation Of Universal Testing For Sars-Cov-2 In Pregnant Women With Intended Admission For Delivery	American Journal of Obstetrics and Gynecology	Letter to the Editor	The authors present their experience with a recently implemented policy of testing all pregnant women admitted for labor and delivery to obstetric units in Ohio, USA, for SARS-CoV-2. From May 1-15, 2020, 518 women were admitted for delivery. 492 obtained results within the time frame intended for clinically relevant decision-making. There were 10 positive results (2%), of which 3 were symptomatic and 2 had significant co-morbidities. None of the 7 asymptomatic patients developed any COVID-19 related symptoms or obstetric complications during their hospitalization, and none of the 3 symptomatic patients required medical treatment beyond standard obstetric care. The authors' experience indicates that a policy of universal testing of pregnant women prior to delivery is feasible, well accepted by patients, and can be performed in a clinically relevant time frame to assist in appropriate use of PPE and assignment of hospital resources.	The authors indicate that based on their experience with universal testing of pregnant women for SARS-CoV-2 prior to delivery, such testing is beneficial for resource allocation and is needed even in areas with low prevalence of disease, as a majority of positive test results were in asymptomatic patients.	Berkowitz KM, Goje O, Eaton J. IMPLEMENTATION OF UNIVERSAL TESTING FOR SARS-CoV-2 IN PREGNANT WOMEN WITH INTENDED ADMISSION FOR DELIVERY [published online 2020 Jul 10]. Am J Obstet Gynecol. 2020;S0002-9378(20)30729-8. doi:10.1016/j.ajog.2020.07.011

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Pregnancy, neonate, vertical transmission, Texas, USA	10-Jul-20	intrauterine Transmission Of Sars-Cov-2 Infection In A Preterm Infant	The Pediatric Infectious Disease Journal	Case report	The authors present a preterm infant who developed a fever and mild respiratory disease on the second day of life. SARS-CoV-2 nasopharyngeal testing was positive at 24 and 48 hours of life. Placenta histopathology revealed SARS-CoV-2 infection by electron microscopy and immunohistochemistry, strongly suggesting in-utero transmission. Further understanding of the risk factors that lead to in-utero transmission of SARS-CoV-2 infection is needed, as it appears to be a rare event.	This case report adds to the growing body of literature reporting on the possibility of vertical transmission of SARS-CoV-2.	Sisman J, Jaleel MA, Moreno W, et al. INTRAUTERINE TRANSMISSION OF SARS-COV-2 INFECTION IN A PRETERM INFANT [published online 2020 Jul 10]. <i>Pediatr Infect Dis J.</i> 2020. doi:10.1097/INF.0000000000002815
Pregnancy, neonate, vertical transmission, UK	10-Jul-20	Probable Vertical Transmission of Sars-Cov-2 Infection	The Pediatric Infectious Disease Journal	Case report	The authors describe the probable vertical transmission of SARS-CoV-2 in a neonate born to a mother with COVID-19. Following birth by C-section, the neonate was kept in strict isolation. Molecular tests for SARS-CoV-2 on respiratory samples, blood, and meconium were initially negative, but a nasopharyngeal aspirate tested positive on the third day of life. On day 5, the neonate developed fever and coryza, which spontaneously resolved. Viral genomic analysis from the mother and neonate showed identical sequences except for 1 nucleotide. The authors express that this report has important implications for infection control and clinical management of pregnant women with COVID-19 and their newborns.	This report has important implications for infection control and clinical management of pregnant women with COVID-19 and their newborns.	Demirjian A, Singh C, Tebruegge M, et al. Probable Vertical Transmission of SARS-CoV-2 Infection [published online 2020 Jul 10]. <i>Pediatr Infect Dis J.</i> 2020. doi:10.1097/INF.0000000000002821
Vertical transmission, pregnancy, intrauterine transmission, intrapartum transmission	10-Jul-20	SARS-COV-2 Maternal-Child Transmission: Can It Occur Before Delivery and How Do We Prove It?	The Pediatric Infectious Disease Journal	Commentary	Concerns for mother-to-child SARS-CoV-2 transmission have been expressed by clinicians and patients. While there are a small reported number of possible vertical SARS-CoV-2 infections, diagnosis has generally been made based on RT-PCR tests obtained days after birth. Placental infection has also been reported. Confirmation of vertical infection is complex and the distinction between intra-uterine and intrapartum transmission is also difficult to make. The authors discuss three recent case reports of possible vertical transmission. These cases illustrate the challenges in the evaluation of vertical transmission and how assessment is often limited by lack of optimal testing of appropriate specimens. The authors argue that establishing case definition criteria for in utero, intrapartum and postnatal infection and then implementing standard protocols that facilitate collection, handling, and testing of specimens according to those criteria is critical.	The authors discuss three recent case reports of possible vertical transmission of SARS-CoV-2. They strongly encourage clinicians to continue to systematically evaluate infants for potential intra-uterine SARS-CoV-2 infection and share their findings in the literature.	Siberry GK, Reddy UM, Mofenson LM. SARS-COV-2 Maternal-Child Transmission: Can It Occur Before Delivery and How Do We Prove It? [published online, 2020 Jul 10]. <i>Pediatr Infect Dis J.</i> doi:10.1097/INF.0000000000002820
Cytokine storm syndrome, pregnant woman, case management, clinical characteristic, inflammatory, China	10-Jul-20	The role of a cytokine storm in severe COVID-19 disease in pregnancy	American Journal of Obstetrics and Gynecology	Journal Pre-proof	This article provided an example of how a 31-year-old SARS-CoV-2 infected pregnant woman diagnosed with cytokine storm syndrome was treated and recovered. This patient was referred to hospital on Feb 1st, 2020. Due to a rapid deterioration in clinical status and a concurrent surge in inflammatory biomarkers triggered by COVID-19, she developed a severe systemic inflammatory response syndrome, septic shock, acute respiratory distress syndrome, and multiple organ failure, requiring an emergency C-section and mechanical ventilation. The male fetus died 2 hours after birth. The patient survived and recovered with combined treatment of continuous renal replacement therapy	The authors highlighted the need to be vigilant for clinical and laboratory evidence of a cytokine storm triggered by COVID-19 in pregnant women.	Wang X, Wang D, He S, The role of a cytokine storm in severe COVID-19 disease in pregnancy, <i>American Journal of Obstetrics and Gynecology</i> (2020), doi: https://doi.org/10.1016/j.ajog.2020.07.010 .

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					(CRRT), extracorporeal membrane oxygenation antibiotics (ECMO) and antiviral treatment, immunoglobulin, and steroids. The key to this survival was the rapid identification of cytokine storm syndrome in this patient, based on elevated levels of inflammatory biomarkers and deteriorated clinical status, and case management by using a combination of CRRT, ECMO, and other therapies.		
Exercise, physical activity, students, children	9-Jul-20	Returning Chinese school-aged children and adolescents to physical activity in the wake of COVID-19: Actions and precautions	Journal of Sport and Health Science	Letter	At the time of this letter, received in April 2020, China had decreased COVID-19 restrictions, and children had begun to participate in recommended physical activity at school. Current guidelines for children 5-18 years old recommend 60 minutes per day of moderate-to-vigorous exercise, including aerobic activities, strength training, and bone strengthening. Increased sedentary behaviors have occurred in children during lockdown, so return to physical activity is crucial for overall health. In order to keep with WHO recommendations, physical distancing, health checks, staggered timing, sanitizing surfaces, and decreasing high-contact sports should all be implemented. Parents should practice good hygiene at home and monitor children for symptoms. Further, they should engage children in physical activity at home, and ensure children get adequate sleep. As COVID-19 continues to spread globally, it is imperative that all school administrators, teachers, and parents remain vigilant and mindful of the recommended infection prevention and control measures, as students return to normal life and resume their daily sports and physical activities.	This article summarizes guidelines from the WHO about how to safely implement sports and physical activity among children and adolescents in school, after COVID-19 lockdown has ended. Although the guidelines are focused on China, the authors note that the recommendations can be used globally.	Chen P, Mao L, Nassiss GP, Harmer P, Ainsworth BE, Li F. Returning Chinese school-aged children and adolescents to physical activity in the wake of COVID-19: Actions and precautions. Journal of Sport and Health Science. 2020;9(4):322-324. doi:10.1016/j.jshs.2020.04.003
Children, inflammatory multisystem syndrome, PIMS-TS, symptoms, coronary artery aneurysms, UK	9-Jul-20	Intensive care admissions of children with paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS) in the UK: a multicentre observational study	The Lancet: Child & Adolescent Health	Articles	This study describes the clinical characteristics, course, management, and outcomes of patients admitted to pediatric ICUs (PICUS) with PIMS-TS. The authors did a multicentre observational study of children (<18 years), admitted to PICUs in the UK between April 1 and May 10, 2020, fulfilling the case definition of PIMS-TS. PICU admission rates of PIMS-TS were compared with historical trends of PICU admissions for 4 similar inflammatory conditions (Kawasaki disease, toxic shock syndrome, hemophagocytic lymphohistiocytosis, and macrophage activation syndrome). 78 cases of PIMS-TS were reported by 21 of 23 PICUs in the UK. Historical data for similar inflammatory conditions showed a mean of 1 (95%CI 0.85–1.22) admission per week, compared to an average of 14 admissions per week for PIMS-TS and a peak of 32 admissions per week during the study period. The median age of patients was 11 years (IQR 8–14 years). Fever, shock, abdominal pain, vomiting, and diarrhea were common presenting features. Longitudinal data over the first 4 days of admission showed a serial reduction in C-reactive protein, D-dimer, and ferritin, whereas the lymphocyte count and troponin increased. 46% of patients were invasively ventilated and 83% needed vaso-active infusions; 73% received	This report describes the characteristics and outcomes of the largest cohort of patients admitted to the pediatric ICU to date with PIMS-TS in the UK, giving full details of the presentation, clinical course, treatments, and longitudinal data on laboratory results.	Davies, Patrick et al. Intensive care admissions of children with paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS) in the UK: a multicentre observational study. The Lancet Child & Adolescent Health, Volume 4, Issue 9, 669 - 677. DOI:https://doi.org/10.1016/S2352-4642(20)30215-7

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					steroids, 76% received IV immunoglobulin, and 22% received biologic therapies. 36% had evidence of coronary artery abnormalities. 3 children needed extracorporeal membrane oxygenation, and 2 children died. During the study period, the rate of PICU admissions for PIMS-TS was at least 11-fold higher than historical trends for similar inflammatory conditions. Clinical presentations and treatments varied. Coronary artery aneurysms appear to be an important complication.		
Pediatric nurse practitioners, continuing education, USA	9-Jul-20	COVID-19: Impacts and Implications for Pediatric Practice	Journal of Pediatric Health Care	Continuing Education	Pediatric nurse practitioners (PNPs) are ideally situated as a trusted source of health information for children and families. This continuing education article summarizes the latest evidence on the COVID-19 pandemic, equipping PNPs and other healthcare providers for clinical preparation and response. The article may be paired with a post-test evaluation for 0.75 Contact Hours for PNPs at no cost. The author covers a timeline of USA public health response, risk factors, modes of transmission, infection control measures, testing, clinical presentation, treatment, and policies and procedures implemented in health-care settings. The article closes with specific implications for PNPs, providing specific guidelines for continued routine vaccinations, mental health screening for children, communication with families, and the potential conversion of pediatric ICUs to treat adult patients.	This continuing education article summarizes the latest evidence on the COVID-19 pandemic to equip healthcare providers for clinical preparation and response. The author covers a timeline of USA public health response, risk factors, modes of transmission, infection control measures, policies and procedures, testing, clinical presentation, treatment, and implications for practice.	Peck JL. COVID-19: Impacts and Implications for Pediatric Practice [published online, 2020 Jul 9]. J Pediatr Health Care. 2020;50891-5245(20)30177-2. doi:10.1016/j.pedhc.2020.07.004
Pediatric hearing loss, cochlear implants, hearing health services, parental reactions, United Arab Emirates	9-Jul-20	Impact of COVID-19 on the access to hearing health care services for children with cochlear implants: a survey of parents	F1000 Research	Original Research	Care and maintenance of hearing devices and continuous auditory verbal therapy (AVT) is critical for maintaining auditory stimulation in children with hearing aids and cochlear implants (CIs); however, stay at home orders during the COVID-19 pandemic has limited pediatric access to hearing care providers. This study explores the impacts of the COVID-19 pandemic on parents' access to hearing health services for their children. Of the 31 parents who were requested to complete an online questionnaire, 24 responded. All respondents reported that COVID-19 had a significant impact on access to hearing health services for their children. 88% of respondents felt that COVID-19 had been psychologically distressing, and 71% reported that remote learning lessons were difficult for their children. Speech processor breakdown and lack of access to auditory training were significant challenges faced by parents. 79% of parents reported that speech processor breakdown affected auditory communication with their child, 96% reported difficulty in accessing auditory training sessions, and 67% reported behavioral changes during the home restriction period. The authors	Parents of children with cochlear implants report increased challenges during the pandemic, including difficulty accessing hearing care, speech processor breakdown, difficulty in completing remote learning lessons and auditory training sessions, psychological distress, and behavioral changes. The authors recommend tele-audiology services and homecare visits to help address these challenges.	Ayas M, Ali Al Amadi AMH, Khaled D, Alwaa AM. Impact of COVID-19 on the access to hearing health care services for children with cochlear implants: a survey of parents. F1000Res. 2020;9:690. Published 2020 Jul 9. doi:10.12688/f1000research.24915.1

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					recommend implementing remote tele-audiology or homecare visits, noting that these services are not accessible everywhere.		
Breastfeeding, colostrum, hand expression	9-Jul-20	Negative Transmission of SARS-CoV-2 to Hand-Expressed Colostrum From SARS-CoV-2-Positive Mothers [Free Access to Abstract only]	Breastfeeding Medicine	Original Research	This is an observational prospective study that included pregnant women who tested positive for SARS-CoV-2 by PCR at time childbirth and who wanted to breastfeed their newborns. Colostrum samples were obtained from seven mothers by manual self-extraction in the first hours post-delivery. To collect the samples, the mothers wore surgical masks, washed their hands with an 85% alcohol-based gel, and washed their breast with gauze that was saturated with soap and water. SARS-CoV-2 was not detected in any of the colostrum samples obtained in our study. As breast milk was not a source of SARS-CoV-2 transmission in this study, hand expression (assuring that a mask is used and that appropriate hygienic measures are used for the hands and the breast), when direct breastfeeding is not possible, appears to be a safe way of feeding newborns of mothers with COVID-19.	In this study, colostrum was not found to contain SARS-CoV-2 following hand expression by COVID-positive mothers, contributing to the growing body of literature regarding the safety of feeding newborns of COVID-positive mothers with breast milk.	Marín Gabriel MÁ, Malalana Martínez AM, Marín Martínez ME, et al. Negative Transmission of SARS-CoV-2 to Hand-Expressed Colostrum from SARS-CoV-2-Positive Mothers [published online 2020 Jul 9]. Breastfeed Med. 2020. doi:10.1089/bfm.2020.0183
Neonate, clinical characteristics, management, Boston, USA	9-Jul-20	SARS-CoV-2 Infection in Febrile Neonates	Journal of the Pediatric Infectious Diseases Society	Case series	Infants have emerged at higher risk of hospitalization and severe outcomes from COVID-19. The authors present a case series of four full-term neonates hospitalized with fever and found to have SARS-CoV-2 infection with a spectrum of illness severities. Two neonates required admission to the ICU for respiratory insufficiency and end-organ involvement. Two were found to have a co-infection. One demonstrated prolonged viral shedding, received antiviral therapy with remdesivir and is, to the authors' knowledge, the youngest patient to receive this drug for COVID-19. All neonates had favorable outcomes. Each neonate had at least two significant socio-economic risk factors.	This case series presents four neonates with favorable outcomes from COVID-19 infection. Of note, all four had significant socio-economic risk factors, paralleling trends of health inequity observed with COVID-19 infection in adults.	Wardell H, Campbell JI, VanderPluym C, et al. SARS-CoV-2 Infection in Febrile Neonates [published online 2020 Jul 9]. J Pediatric Infect Dis Soc. 2020. doi:10.1093/jpids/piaa084
Pregnancy, postpartum, maternal mortality, access to care, Brazil	9-Jul-20	The Tragedy of COVID-19 in Brazil: 124 Maternal Deaths and Counting	International Journal of Gynecology and Obstetrics	Brief communication	From February 26-June 18, 2020, 124 pregnant or post-partum women in Brazil died due to COVID-19, a mortality rate of 12.7% and a figure that surpasses the total reported COVID-19-related maternal deaths in the rest of the world. The mortality rate was higher for cases identified in the post-partum period than during pregnancy. As Brazil did not universally test the obstetric population during this time frame, only women presenting with severe symptoms were tested, so the number of COVID-19 infections is under-reported. The authors identify several possible explanations for this elevated mortality, including chronic healthcare system problems impacting obstetric care, the high C-section rate, common co-morbidities among obstetric patients, and possible barriers to accessing ventilators and ICU care. Contingency actions focused on maternal health are urgently needed to improve both antenatal care and access to intensive care for pregnant and post-partum women.	The authors identify several possible causes for Brazil's elevated rate of maternal mortality due to COVID-19 and call for planning to improve antenatal care as well as access to ICU-level care, including access to ventilators, for pregnant women.	Takemoto MLS, Menezes MO, Andreucci CB, et al. The tragedy of COVID-19 in Brazil: 124 maternal deaths and counting [published online 2020 Jul 9]. Int J Gynaecol Obstet. 2020. doi:10.1002/ijgo.13300
Geriatrics, pathophysiology,	9-Jul-20	Basic Immunology	European Journal of	Review	The COVID-19 pandemic is a major concern for patients with concomitant rheumatic diseases (either adult or children) and	In this review the authors summarize	Gremese E, Ferraccioli ES, Alivernini S, Toluoso B, Ferraccioli G. Basic

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pediatrics, rheumatology		May Lead to Translational Therapeutic Rationale: SARS-CoV-2 and Rheumatic Diseases	Clinical Investigation		connective tissue diseases, because of their immunological background and immunological therapies. Data suggest that there is an "immunological umbrella" that seems to protect against the infection, through IFN type 1 and NK cell function. To date, reports from China, the US, and Europe did not reveal a higher risk of infection, either for Rheumatoid Arthritis (RA), Juvenile Idiopathic Arthritis (JIA), or for Systemic Lupus Erythematosus (SLE). The COVID-19 pathology appears to have three clinical phases, with different biology, likely to be treated differently, and the final phase may end up with NETosismicroangiopathy. Antimalarials, anti-IL6-Anti-IL6-receptor, anti-IL1, anti-GM-CSF-receptor, JAK1/2/3 inhibitor, are under investigation in COVID-dedicated clinical trials to control the inflammation raised by SARS-CoV-2 infection. Initial reports on the occurrence of auto-immune phenomena in the convalescence phase of SARS-CoV-2 infection suggest that the immunological consequences of the infection need to be strictly understood.	some of the scientifically proven evidences, that will eventually lead to lower the overall concern and fear for the patients with rheumatic disorders as Rheumatoid Arthritis (RA), Juvenile Idiopathic Arthritis (JIA) and Systemic Lupus Erythematosus (SLE). During the pandemic, multiple drugs currently used to treat rheumatological conditions have been proved to have potential efficacy in SARS-CoV-2 infected individuals and several explorative clinical trials are ongoing to test their efficacy and biological effect.	Immunology may lead to translational therapeutic rationale: SARS-CoV-2 and Rheumatic Diseases [published online, 2020 Jul 9]. Eur J Clin Invest. 2020. doi:10.1111/eci.13342
Extracorporeal membrane oxygenation, pediatric critical care, veno-venous extracorporeal membrane oxygenation	9-Jul-20	Veno-venous Extracorporeal Membrane Oxygenation for COVID-19-associated Pediatric Acute Respiratory Distress Syndrome [Free Access to Abstract only]	Perfusion	Case report	Extracorporeal membrane oxygenation (ECMO) is a standard tool for the management of life-threatening acute respiratory distress syndrome (ARDS), but the use of this resource-intensive therapy has come into question due to strained medical systems and limited proven treatments for COVID-19. The authors report a 16-year-old female with obesity presented with fever, myalgias, cough, and tachypnea, who was diagnosed with COVID-19. She progressed to severe pediatric ARDS requiring intubation on hospital day 4 and cannulation to veno-venous ECMO on hospital day 6. The patient received remdesivir, steroids, and anakinra. The patient was successfully decannulated on hospital day 12 and was discharged home on hospital day 21.	This case demonstrates that pediatric COVID-19 can present as pediatric ARDS, and the use of ECMO for carefully selected patients is warranted even under pandemic conditions.	Lewis D, Fisler G, Schneider J, et al. Veno-venous extracorporeal membrane oxygenation for COVID-19-associated pediatric acute respiratory distress syndrome [published online, 2020 Jul 9]. Perfusion. 2020;267659120939757. doi:10.1177/0267659120939757
Social support, anxiety, pregnant women, risk perception, China	9-Jul-20	Association Between Social Support and Anxiety Among Pregnant Women in the Third Trimester During the Coronavirus	The International Journal of Social Psychiatry	Research Article	This study collected the information on anxiety, social support, and risk perception to COVID-19 of 308 pregnant women (mean age 31.02 ± 3.91 years, range 21-42 years) in the third trimester by conducting an online survey from February 16 to 21, 2020, at a hospital in Qingdao, China. The authors assessed anxiety, social support, and risk perception by using the Self-Rating Anxiety Scale (SAS), the Social Support Rating Scale (SSRS), and a self-designed questionnaire, respectively. The results showed that the average SAS (42.45 ± 6.98) and SSRS (44.60 ± 7.00) scores were	This study focused on maternal mental health and found that risk perception of third trimester pregnant women may mediate the association between social support and anxiety.	Yue C, Liu C, Wang J, et al. Association between social support and anxiety among pregnant women in the third trimester during the coronavirus disease 2019 (COVID-19) epidemic in Qingdao, China: The mediating effect of risk perception [published online, 2020 Jul 9]. Int J Soc Psychiatry. doi:10.1177/0020764020941567

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		Disease 2019 (COVID-19) Epidemic in Qingdao, China: The Mediating Effect of Risk Perception			both significantly higher than the Chinese norms, indicating that third-trimester pregnant women were susceptible to anxiety and had a high level of social support. The average risk perception scores (21.60 ± 5.74) indicated a medium level of risk perception to COVID-19. The study showed that social support was negatively correlated with anxiety and also found that risk perception played a mediating role between social support and anxiety.		
Breast milk, donor human milk, pasteurization, transmission	9-Jul-20	Holder Pasteurization of Donated Human Milk Is Effective in Inactivating SARS-CoV-2	Canadian Medical Association Journal (CMAJ)	Original Research	Pasteurized donor human milk is the standard of care for nutrition in very low birth weight infants in hospital. The aim of this study was to determine if Holder pasteurization (62.5°C for 30 min) would be sufficient to inactivate SARS-CoV-2 in donated human milk samples. Frozen milk samples from ten donors were inoculated with SARS-CoV-2 at 1 x 10 ⁷ TCID50/mL (50% of the tissue culture infectivity dose per mL). The samples were then pasteurized using the Holder method or held at room temperature for 30 minutes (unpasteurized). Comparative controls of milk samples from the same donors without addition of the virus (pasteurized and unpasteurized) were used. Cytopathic activity was undetected in all pasteurized SARS-CoV-2 milk samples. In the unpasteurized SARS-CoV-2-spiked milk samples, the infectious viral titer was reduced by about 101. The authors concluded that pasteurization of human milk by the Holder method inactivates SARS-CoV-2. Thus, in the event that donated human milk contains SARS-CoV-2, this method renders milk safe for consumption and handling.	Holder pasteurization was sufficient to inactivate SARS-CoV-2 in ten donor human milk samples inoculated with a high titer of the virus. This is the first report of the effect of pasteurization on coronaviruses in human milk.	Unger S, Christie-Holmes N, Guvenc F, et al. Holder pasteurization of donated human milk is effective in inactivating SARS-CoV-2 [published online, 2020 Jul 9]. CMAJ. doi:10.1503/cmaj.201309
Perinatal psychiatry, maternal mental health, clinical management, immunologic effects	9-Jul-20	COVID-19 and Perinatal Psychiatry	The Primary Care Companion for CNS Disorders	Commentary	The authors predict that COVID-19 will increase the prevalence of the perinatal mental disorders. The risk factors include natural disasters, emergencies, and exposure to violence including domestic abuse. Complications during pregnancy, economic hardship, and social isolation with a lack of support have also been identified. Researchers identified higher serum levels of IL-10 and TNF-α in women at risk of postpartum psychosis, and these cytokines have been found at higher concentrations in those with COVID-19 infection. Sleep disruption has been recognized as a common symptom among pregnant women during the COVID-19 pandemic, so physicians must remain vigilant for insomnia and implement the necessary intervention. Organizations must find a way to actively reach out to patients by, for example, using digital platforms. Women should be advised regarding general well-being including maintaining good nutrition, sleep, and adequate physical activity.	This commentary suggests that the mental health problems of pregnant women regarding the COVID-19 pandemic must be validated and addressed.	Yahya AS, Khawaja S. COVID-19 and Perinatal Psychiatry. Prim Care Companion CNS Disord. 2020;22(4):20com02685. Published 2020 Jul 9. doi:10.4088/PCC.20com02685

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Children, clinical characteristics, Wuhan, China	9-Jul-20	COVID-19 Epidemic: Clinical Characteristics of Patients in Pediatric Isolation Ward	Clinical Pediatrics	Original Article	This retrospective study analyzed the clinical characteristics of 66 children in the pediatric isolation ward of Hubei Maternal and Child Health Hospital in Wuhan, China, from January 1-February 29, 2020. It was found that 55 cases (83.3%) had a fever, 48 cases (72.7%) coughed in the isolated area, 31 cases (47%) had a history of exposure, 26 cases (39.4%) had a decrease in lymphocytes, more than half had an increase in lactate dehydrogenase and creatine kinase iso-enzyme, 14 cases (21.2%) had positive SARS-CoV-2 nucleic acid, 58 cases (87.9%) had abnormal chest CT, and 11 cases (16.7%) had sinus arrhythmia. Therefore, for some suspected children with COVID-19, the authors suggest to make a comprehensive judgment through clinical symptoms, epidemiological history, lymphocyte count, myocardial enzyme spectrum, chest CT, and electrocardiogram; and to put these children in an isolation ward for treatment; before transferring them to a general ward for treatment after excluding COVID-19.	This article presents the most common clinical characteristics of children with COVID-19 treated in isolation wards in Wuhan, China, to provide guidance for initial hospital admission location before SARS-CoV-2 test results are available.	Zhu J, Wu Y. COVID-19 Epidemic: Clinical Characteristics of Patients in Pediatric Isolation Ward [published online 2020 Jul 9]. Clin Pediatr (Phila). 2020. doi:10.1177/0009922820941228
Children, HCQS, hydroxychloroquine, Lopinavir, Ritonavir	8-Jul-20	COVID-19 in Children: Clinical Approach and Management- Correspondence	Indian Journal of Pediatrics	Correspondence	The authors comment on COVID-19 management in pediatrics based on recent findings and guidelines. The therapeutic approach for managing critically ill patients with acute respiratory distress syndrome (ARDS) is focused on lung protection with low tidal volumes, high positive end-expiratory pressures, and fluid restriction. A recent multicenter expert pediatric guidance panel has recommended Remdesivir as the preferred antiviral agent in children. If Remdesivir is not available, Hydroxychloroquine (HCQS) can be used as an alternative therapeutic; however, HCQS with Azithromycin has been associated with a greater risk of cardiac adverse effects and QTc prolongation, so the combination therapy is not recommended. Other antivirals such as 5-Fluorouracil, Ribavirin, and Favipiravir are being studied. The combination of Lopinavir/Ritonavir and Ribavirin is not recommended due to serious adverse effects. IL-6 inhibitors like Tocilizumab are being increasingly utilized to manage cytokine storm. Although low-dose steroids have been used in adults, studies on pediatrics are lacking. Convalescent plasma from recovered patients is beneficial in critically ill patients. The majority of pediatric patients with COVID-19 need only supportive care. Therapeutic agents for critically ill children should be based on an evidence-informed individual risk-benefit assessment.	The authors comment on COVID-19 management, especially therapeutic agents, based on recent studies and guidelines. The vast majority of pediatric patients with COVID-19 need only supportive care, and therapeutic agents for critically ill children should be based on an evidence-based individual risk-benefit assessment.	Kaushik A, Gupta S, Sood M. COVID-19 in Children: Clinical Approach and Management- Correspondence. Indian J Pediatr. 2020 Nov;87(11):970-972. doi: 10.1007/s12098-020-03374-0. Epub 2020 Jul 8. PMID: 32638337; PMCID: PMC7340745.

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qRT-PCR, Italy, children, adolescents	8-Jul-20	Oscillation of SARS CoV-2 RNA load in a cohort of children and adolescents with neuro-psychiatric disorders resident in a nursing home of Lombardy Region (Italy)	Journal of Infection	Letter to the Editor	While COVID-19 has heavily affected nursing homes for elderly people in Italy, limited data are available regarding children and adolescent nursing homes and qRT-PCR testing. There is a pressing scientific and social need to define a limit of time and a of viral load beyond which the positivity of RT-PCR loses its meaning. This may help reduce the isolation of individuals in nursing homes beyond clinical and public health utility. Fifty-two children and adolescents (41 males and 11 females: mean age 14.8 years old, range 6–18 years old) affected by neuropsychiatric disorders and residents in a nursing home in Lombardy region, Italy underwent a series of qRT-PCR on nose-pharyngeal swabs from April 27 - July 4, 2020. Subjects showing positivity to the test were monitored. Repeated tests were performed on a 1–2-week basis until the obtainment of two consecutive negative tests. The study showed that for children and adolescents who tested positive for COVID-19 and reside in a nursing home, the time required for a definitive disappearance of the virus from nose-pharyngeal swab can be > 2 months. During this period, it is possible to observe the existence of discrete fluctuation in COVID-19 viral load count, in line with the results of a recent Italian study. Given these findings, the June 17, 2020 WHO resolution for releasing COVID-19 patients from isolation seems reasonable to avoid unnecessary social burden.	The authors of this letter describe the oscillation of SARS-CoV-2 RNA in a cohort of children and adolescents in a nursing home in the Lombardy Region in Italy. They conclude that given this oscillation in viral load, releasing COVID-19 patients from isolation per the June 17, 2020 WHO recommendations is a reasonable decision.	Grossi E, Costantino L, Ferrara F, Terruzzi V. Oscillation of SARS CoV-2 RNA load in a cohort of children and adolescents with neuro-psychiatric disorders resident in a nursing home of Lombardy Region (Italy). Journal of Infection. 2020;81(3):e16-e17. doi:10.1016/j.jinf.2020.07.009
Latin America, obesity, undernutrition, food environment, noncommunicable diseases, infectious diseases	8-Jul-20	COVID-19, Obesity, and Undernutrition: A Major Challenge for Latin American Countries	Obesity	Perspectives	Evidence has strongly suggested that obesity is a risk factor for severe forms of COVID-19 disease, whereas other types of malnutrition increase the risk of hospitalization from influenza-like diseases. Most countries in Latin America have experienced a rapid nutrition transition due to the pandemic resulting in a high prevalence of obesity and noncommunicable diseases, which coexist with undernutrition. The economic ramifications of the pandemic impact poverty rate and the population at risk for food insecurity, in a setting with extreme income disparities that prevents a proportion of the population from accessing a healthy diet, clean water, and health services. The authors emphasize that increasing health investments in the region and improving nutrition outcomes by modifying the food environment and primary care practices will boost the region's capacity to fight off both infectious and noncommunicable diseases. One challenge to implement obesity prevention policies in the region is the interference of multinational food and beverage industries in health and nutrition education, as well as research and policy implementation. Another major challenge to reducing the burden of noncommunicable diseases is improving quality of care, starting with low-cost, effective primary health care practices. The authors conclude that policies to reduce obesity and modify the food environment are needed more urgently than ever to	Most countries in Latin America have experienced a rapid nutrition transition due to the COVID-19 pandemic resulting in high prevalence of obesity and noncommunicable diseases. The economic ramifications of the pandemic prevent a proportion of the population from accessing a healthy diet, clean water, and health services. The authors describe challenges for implementation of policies to reduce obesity and modify the food environment to tackle malnutrition and	Cuevas, A, Barquera S. COVID-19, Obesity, and Undernutrition: A Major Challenge for Latin American Countries. Obesity. 2020. doi:10.1002/oby.22961.

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					tackle malnutrition in all its forms and lower the impact of infectious diseases, such as COVID-19.	lower the impact of infectious diseases.	
Pregnancy, management, Sweden	8-Jul-20	Obstetric and intensive-care strategies in a high-risk pregnancy with critical respiratory failure due to COVID-19: A case report	Case Reports in Women's Health	Case Report	This case report presents a 27-year-old pregnant woman with type I diabetes, morbid obesity, hypo-thyroidism and a previous C-section presented with critical respiratory failure secondary to COVID-19 at 32 weeks of gestation. A pre-term emergency C-section was performed, after steroid treatment for fetal lung maturation. The patient benefited from prone positioning; however, transient acute renal injury, rhabdomyolysis and sepsis led to prolonged intensive care and mechanical ventilation for 30 days. The infant had an uncomplicated recovery. COVID-19 infection in high-risk pregnancies may result in severe maternal and neonatal outcomes such as critical respiratory failure requiring mechanical ventilation and premature termination of the pregnancy. Antenatal steroids may be of benefit for fetal lung maturation but should not delay delivery in severe cases.	This case report adds to the literature addressing management of pregnant women with severe COVID-19 illness.	Kolkova Z, Bjurström MF, Länsberg JK, et al. Obstetric and intensive-care strategies in a high-risk pregnancy with critical respiratory failure due to COVID-19: A case report [published online 2020 Jul 8]. Case Rep Womens Health. 2020;27:e00240. doi:10.1016/j.crwh.2020.e00240
Food insecurity, nutrition, Brazil	8-Jul-20	The Covid-19 pandemic: implications for food and nutrition (in)security	Ciência & Saúde Coletiva	Editorial	The author presents concerns related to the rise of increased food and nutrition insecurity in Brazil due to the COVID-19 pandemic, including the exacerbation of both conditions like obesity and other chronic diseases as well as malnutrition, all of which could lead to worse clinical outcomes with COVID-19 infection. The author also describes various components of mitigation efforts, including both public and community programs, and expresses that actions that guarantee food supply and health education are important in the pandemic.	The author summarizes both the impacts of COVID-19 on food security in Brazil and the efforts to address and mitigate these impacts.	Jaime PC. The Covid-19 pandemic: implications for food and nutrition (in)security [published online 2020 Jul 8]. Cien Saude Colet. 2020;25(7):2504. doi:10.1590/1413-81232020257.12852020
Thrombocytopenia, pregnancy, biomarkers, severity, differential diagnosis	8-Jul-20	Thrombocytopenia in Pregnancy: The Importance of Differential Diagnosis During the COVID-19 Pandemic [Free Access to Abstract only]	Journal of Maternal-Fetal and Neonatal Medicine	Short Report	In the general population without pregnancy, thrombocytopenia has been described as a recurrent potential clinical manifestation of COVID-19, associated with a three-fold increased risk of severe COVID-19. As a result, it has been proposed as a simple and economic biomarker to allow for risk stratification and monitoring the severity of the disease. However, thrombocytopenia in pregnancy is not a rare event, and may be caused by a number of underlying conditions that should be taken into account. These include gestational thrombocytopenia from increased circulating volumes, pre-eclampsia and HELLP syndrome, and immune thrombocytopenia. The authors conclude that an in-depth differential diagnosis for thrombocytopenia in pregnant women is essential for correct patient management and risk stratification.	Although thrombocytopenia has been proposed as a biomarker for risk stratification of progression to severe COVID-19, there are a number of conditions in pregnancy that can cause thrombocytopenia, and a broad differential diagnosis should be maintained.	Zitiello A, Grant GE, Ben Ali N, Feki A. Thrombocytopenia in pregnancy: the importance of differential diagnosis during the COVID-19 pandemic [published 2020 Jul 8]. J Matern Fetal Neonatal Med. 2020;1-3. doi:10.1080/14767058.2020.1786527
Pregnancy, qualitative research, study protocol, Brazil	8-Jul-20	The Experience of Women Infected by the COVID-19 During Pregnancy in Brazil: A Qualitative Study Protocol	Reproductive Health	Study protocol	The authors present a qualitative study protocol aiming to understand and discuss the experiences of women infected by COVID-19 during pregnancy, with regard to the illness process, community relations, and social media influences. The study will interview women who received care from a tertiary university hospital specializing in women's health in Brazil and aims to contribute to the understanding about the needs that pregnant women infected by COVID-19 have.	This article shares a study protocol through which the authors hope to shed light on the lived experience of women infected by COVID-19 during pregnancy, aiming to	Freitas-Jesus JV, Rodrigues L, Surita FG. The experience of women infected by the COVID-19 during pregnancy in Brazil: a qualitative study protocol. Reprod Health. 2020;17(1):108. Published 2020 Jul 8. doi:10.1186/s12978-020-00958-z

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						offer insight through the study to health professionals and policymakers.	
home-based telemental health, telepsychiatry, USA	8-Jul-20	Implementation of Home-Based Telemental Health in a Large Child Psychiatry Department During the COVID-19 Crisis	Journal of Child and Adolescent Psychopharmacology	Research Paper	This article describes the technological, administrative, training, and clinical implementation components involved in transitioning a comprehensive outpatient child and adolescent psychiatry program from an existing, but limited, telemental health (TMH) clinic to a Home-Based TMH virtual clinic at a large child psychiatry department in Washington State, USA. The transition was accomplished in 6 weeks with most in-clinic services rapidly moving off campus to the home. Owing to challenges encountered with each implementation component, phone sessions bridged the transition from in-clinic to reliable virtual appointments.	The authors describe their experience implementing telepsychiatry into their practice during the COVID-19 pandemic.	Sharma A, Sasser T, Schoenfelder Gonzalez E, Vander Stoep A, Myers K. Implementation of Home-Based Telemental Health in a Large Child Psychiatry Department During the COVID-19 Crisis [published online, 2020 Jul 8]. J Child Adolesc Psychopharmacol. doi:10.1089/cap.2020.0062
Pediatric, ICU, PICU, USA, Canada	8-Jul-20	The Impact of Coronavirus Disease 2019 Pandemic on U.S. And Canadian PICUs	Pediatric Critical Care Medicine	Original Research	The authors aimed to identify the impact of COVID-19 patients on pediatric ICUs (PICUs) in the USA and Canada. In mid-March 2020, Virtual Pediatric Systems, LLC implemented an open voluntary daily data collection process for all Canadian and American PICUs who wished to participate. A secondary data collection was performed to follow-up on COVID-19 positive patients discharged from participating PICUs. Over 180 PICUs responded, detailing 530 PICU admissions totaling over 3,467 days of PICU care and 30 deaths. Adult patients (> 18 years old) made up 24% of patients while 14% of cases were < 2 years old. Nearly 60% of children had co-morbidities at admission with the average length of stay increasing by age and by co-morbidity severity. Advanced respiratory support was necessary during 67% of days of care, 69% of which utilized conventional mechanical ventilation. These data show that PICUs have been significantly impacted by the pandemic. COVID-19 patients have a high frequency of co-morbidities, require longer stays, more respiratory support than usual PICU admissions.	During the COVID-19 pandemic, PICUs in the USA and Canada are caring for the more adult patients and fewer patients under the age of two. Important comorbidities in COVID-19 infection include obesity, asthma, hypertension and developmental delay.	Sachdeva R, Rice TB, Reisner B, et al. The Impact of Coronavirus Disease 2019 Pandemic on U.S. and Canadian PICUs [published online, 2020 Jul 8]. Pediatr Crit Care Med. doi:10.1097/PCC.0000000000002510
Pregnancy, neonate, vertical transmission, clinical characteristics, Wuhan, China	8-Jul-20	Severe Acute Respiratory Syndrome Coronavirus 2(SARS-CoV-2) Infection During Late Pregnancy: A Report of 18 Patients From Wuhan, China	BMC Pregnancy and Childbirth	Research article	In an effort to better understand clinical characteristics and outcomes of patients with COVID-19 during late pregnancy, this study reviews the cases of 18 patients treated at Renmin Hospital of Wuhan University from January 30-March 1, 2020. 10 patients were clinically diagnosed, and 8 had a positive throat swab test for SARS-CoV-2. According to the clinical classification of COVID-19, 1 case was mild, 16 were ordinary, and 1 was severe. On chest imaging, 15 (83%) cases showed unilateral or bilateral pneumonia. Among the 18 newborns, there were 3 (17%) premature infants, 1 (6%) case of mild asphyxia, and 5 (28%) cases of bacterial pneumonia. All of the newborns were negative for the first throat swab test of SARS-CoV-2 after birth. Through March 7, 2020, no maternal and neonatal deaths had occurred. The majority of patients in late term pregnancy with COVID-19	This study presents 18 women infected with COVID-19 in late pregnancy, who had good clinical outcomes along with their infants. The authors conclude that pregnant patients with mild or ordinary cases of COVID-19 who have not reached full-term could continue pregnancy if the	Zhang L, Dong L, Ming L, et al. Severe acute respiratory syndrome coronavirus 2(SARS-CoV-2) infection during late pregnancy: a report of 18 patients from Wuhan, China. BMC Pregnancy Childbirth. 2020;20(1):394. Published 2020 Jul 8. doi:10.1186/s12884-020-03026-3

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					were ordinary cases, and they were less likely to develop into critical pneumonia after early isolation and antiviral treatment. Vertical transmission of SARS-CoV-2 was not detected. The incidence of neonatal bacterial pneumonia was significantly higher than other neonatal diseases when the mother infected with COVID-19 was in the state of inflammatory stress or fever.	treatments are effective.	
Vertical transmission, pregnancy, Lausanne, Switzerland	8-Jul-20	Vertical Transmission and Materno-Fetal Outcomes in 13 Patients With COVID-19	Clinical Microbiology and Infection	Letter to the Editor	The authors performed a retrospective case series of all pregnant patients with SARS-CoV2 infection during pregnancy admitted to the University Hospital in Lausanne, Switzerland for delivery between April 1 to May 6, 2020. Thirteen patients with SARS-CoV-2 infection during pregnancy were identified (12 with positive nasopharyngeal PCR and 1 symptomatic with positive serology but 3 negative PCRs). None of the placenta, cord blood nor neonate nasopharyngeal swabs were positive for SARS-CoV-2. Maternal fecal samples were not tested in this series, although symptomatic patients, especially those with digestive symptoms, excrete the virus in their stool. Out of 13 patients, one patient had a critical course of COVID-19, and she required 8 days of mechanical ventilation. Regarding the neonates, rooming-in (85%) and breastfeeding (69%) were encouraged. The median age at discharge (3 days) and the rate of hospitalization (15%) indicate excellent neonatal outcomes.	The authors report no cases of vertical transmission and no detection of the presence of SARS-CoV2 in placental swabs.	Masmejan S, Pomar L, Favre G, et al. Vertical transmission and materno-fetal outcomes in 13 patients with COVID-19 [published online, 2020 Jul 8]. Clin Microbiol Infect. 2020;S1198-743X(20)30381-5. doi:10.1016/j.cmi.2020.06.035
Pediatric, hospitalization, attack rate, treatment	8-Jul-20	COVID-19 in Italian Pediatric Patients: The Experience of a Tertiary Children's Hospital	Acta Paediatrica	Brief Report	In this case series, the authors report the demographic characteristics, clinical course, laboratory findings, radiologic features, and treatment of children admitted with COVID-19. Patients included in the study were admitted between 15 March-6 May 2020 to a single tertiary care hospital in Italy (n=43). The median age of the cohort was 7 years old (range 8 days to 17 years). At admission, 38 (88%) patients had a family member with a confirmed or suspected case of COVID-19. The authors state that their experience provides additional evidence that children appear to have a milder clinical course compared to adults with COVID-19. The major pattern of viral transmission in this cohort was intra-family, which could be taken into consideration in policy-making for COVID-19 control measures.	Forty-three children were admitted to a single center in Italy for COVID-19. Of these, 38 (88%) had contact with a confirmed or suspected case of COVID-19 including 14 children of healthcare workers.	Romani L, Chiurchiù S, Santilli V, et al. COVID-19 in Italian pediatric patients: the experience of a tertiary children's hospital [published online, 2020 Jul 8]. Acta Paediatr. doi:10.1111/apa.15465
Childhood obesity, school closure, public health, USA	8-Jul-20	How Much May COVID-19 School Closures Increase Childhood Obesity?	Obesity	Letter to the Editor	The author lends support to the argument proposed by Rundle et al. 2020, in which they suggest that the COVID-19 pandemic's effect on out-of-school time for children in the USA will exacerbate risk factors associated with weight gain. In this letter, the author attempts to demonstrate that doubling out-of-school time alone may lead to a sizable increase in childhood obesity by using data from a previous study of kindergarten students (von Hippel and Workman, 2016). Using that data, the author projects that childhood obesity could increase by 4.25% after five months of school closures. The author notes that this estimate does not account for other effects of the COVID-19 pandemic on risk factors for childhood obesity such as food insecurity, reliance on	Researchers are concerned that school closures due to the COVID-19 pandemic will lead to an increase in the prevalence of childhood obesity in the USA. Using previous data from summer breaks, the author estimates that childhood obesity could	Workman J. How Much May COVID-19 School Closures Increase Childhood Obesity? [published online, 2020 Jul 8]. Obesity (Silver Spring). doi:10.1002/oby.22960

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					processed foods, and dining out. He concludes by stating that studies of summer breaks could provide valuable insights regarding expected outcomes of extended school closures during the COVID-19 pandemic.	increase by 4.25% after five months of school closures.	
Personal hygiene, handwashing, pediatric	8-Jul-20	Increasing Handwashing in Young Children: A Brief Review	Journal of Applied Behavior Analysis	Brief Review	As emphasized by the COVID-19 pandemic, personal hygiene is critical for preventing the spread of infection, particularly handwashing with soap and water. In this review, the authors summarize research on behavioral strategies to address handwashing in children, offer areas for additional research, and provide recommendations to teach handwashing to young children. Overall, research suggests that a combination of both antecedent and consequence-based strategies should be used to teach and maintain appropriate handwashing. For caregivers of children, the authors recommend demonstrating handwashing effectiveness along with ongoing performance feedback, teaching a handwashing song, and providing frequent and immediate consequences after handwashing.	Appropriate handwashing in children is important for reducing the spread of COVID-19. The authors provide several evidence-based suggestions for caregivers to teach and maintain handwashing in children, such as teaching a handwashing song and consequence-based strategies.	Jess RL, Dozier CL. Increasing handwashing in young children: A brief review [published online, 2020 Jul 8]. J Appl Behav Anal. doi:10.1002/jaba.732
Children, MIS-C, clinical characteristics, management, Iran	8-Jul-20	Hyperinflammatory Shock Related to COVID-19 in a Patient Presenting With Multisystem Inflammatory Syndrome in Children: First Case From Iran	Journal of Pediatrics and Child Health	Case report	A growing body of evidence from the UK, Europe and the USA suggests that a number of pediatric patients could present with fever, rash and shock with concomitant COVID-19 infection, labeled as MIS-C. This case report presents an Iranian pediatric case of a concurrent Kawasaki Disease (KD)-like inflammatory syndrome and COVID-19 infection who presented with shock. The patient's laboratory and radiologic data, clinical course and treatment are described, along with photos. The patient's RT-PCR testing was negative twice, but serology showed IgG for SARS-CoV-2, indicating a possible delayed immune-mediated phenomenon caused by prior COVID-19 infection. A growing number of cases report similar characteristics, but many questions remain unanswered regarding MIS-C related to COVID-19 pathogenesis.	This case report adds to the growing literature that suggests MIS-C may be partly due to a delayed immune-mediated process triggered by SARS-CoV-2 infection.	Bahrani A, Vafapour M, Moazzami B, et al. Hyperinflammatory shock related to COVID-19 in a patient presenting with multisystem inflammatory syndrome in children: First case from Iran [published online 2020 Jul 8]. J Paediatr Child Health. 2020. doi:10.1111/jpc.15048
Children, testing, serology, Louisiana, USA	8-Jul-20	SARS-CoV-2 Seroprevalence Rates of Children in Louisiana During the State Stay at Home Order	medRxiv	Preprint (not peer-reviewed)	This retrospective study sought to better understand the extent of COVID-19 infection in children. From March 18th-May 15th, 2020, blood samples from 812 patients at a children's hospital in Louisiana, USA were tested for antibodies to SARS-CoV-2 spike protein. 62 children (7.6%) were found to be seropositive. The most common presenting complaint of seropositive patients was chronic illness (43.5%). Only 18.2% of those found to be seropositive had a previously positive COVID-19 PCR or antibody test. Seropositivity was significantly associated with parish (counties), race, and residence in a low-income area. Seropositivity was linearly correlated with cumulative COVID-19 case number for all ages by parish. A significant number of children in Louisiana had SARS-CoV-2 infections that went undetected and unreported and may have contributed to virus transmission.	The data in this study indicate that children develop measurable antibodies to SARS-CoV-2 infection, and that the racial and socio-economic disparities seen in adult COVID-19 cases are reflected in children. The authors argue that the seroprevalence of 7.6% shows that mitigation measures at schools and interventions	Dietrich M, Norton E, Elliott D, et al. SARS-CoV-2 Seroprevalence Rates of Children in Louisiana During the State Stay at Home Order [published online 2020 Jul 8]. medRxiv. doi:10.1101/2020.07.07.20147884

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						targeting children's social interactions may be crucial to controlling spread of the virus.	
Children, PIMS-TS, viral sequence variation, genome sequencing, single nucleotide polymorphisms, London, United Kingdom	8-Jul-20	No evidence of viral polymorphisms associated with Paediatric Inflammatory Multisystem Syndrome Temporally Associated With SARS-CoV-2 (PIMS-TS).	medRxiv	Preprint (not peer-reviewed)	Cases of shock and multisystem inflammation have been reported in children with SARS-CoV-2, termed the pediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS), the pathogenesis of which still remains unclear. To examine whether viral sequence variation contributes to the pathogenesis of PIMS-TS, the authors sequenced SARS-CoV-2 from children hospitalized for COVID-19 in London UK between late-March and mid-May 2020. Of 61 hospitalized children with COVID-19, 36 were diagnosed with PIMS-TS, 11 of whom were positive for SARS-CoV-2 viral RNA. Full-length SARS-CoV-2 genome sequences were obtained from 5 PIMS-TS children and 8 non-PIMS-TS children using SureSelectXT target enrichment and Illumina sequencing, and mapped to the SARS-CoV-2 reference genome. In this study, no clustering of viral sequences from PIMS-TS patients or non-PIMS-TS patients in relation to other local sequences was observed. There were no single nucleotide polymorphisms (SNPs) identified unique to the PIMS-TS or to the other childhood cases and no difference in the distribution of SNPs between PIMS-TS, non-PIMS-TS and community cases. This indicates a lack of association between PIMS-TS and the presence of new or unusual sequence polymorphisms.	The authors did not observe an association between new or unique sequence polymorphism in the SARS-CoV-2 viral genome and the development of PIMS-TS in children with SARS-CoV-2. This suggests that viral sequence variation may not contribute to the pathogenesis of PIMS-TS.	Juanita Pang, Florencia A.T. Boshier, Nele Alders, et al. No evidence of viral polymorphisms associated with Paediatric Inflammatory Multisystem Syndrome Temporally Associated With SARS-CoV-2 (PIMS-TS). medRxiv. doi: https://doi.org/10.1101/2020.07.07.20148213
Neonate, breastfeeding, vertical transmission, outcomes	7-Jul-20	COVID-19 in babies: Knowledge for neonatal care	Journal of Neonatal Nursing	Review Article	This review provides an overview of the current knowledge on COVID-19 and the implications for maternal and neonatal nursing care. The authors draw the following conclusions from the current literature: Children's lungs have less expression of the ACE-2 receptor, used by SARS-CoV-2 to enter host cells. This may be one reason why the infection affects children less severely. However caution should be taken with neonatal infection due to their less developed airways, higher metabolic demands, and immature immune systems. Conversely, their less developed immune systems may also protect against the cytokine storm associated with COVID-19 infection. There is little evidence to support vertical transmission of COVID-19, and there has been no evidence of presence of the virus in breastmilk of COVID-19 mothers. These mothers may continue to breastfeed using strict hand hygiene and droplet precautions. Overall, neonates have a mild course with favourable outcomes. The most recent research related to dexamethasone in reducing mortality needs to be extended to antenatal dexamethasone use in preterm labour and the potential positive impact on neonatal COVID-19 infection.	Overall, neonates have a generally mild course when infected with COVID-19 and have favorable outcomes. There is little evidence of vertical transmission, and breastfeeding by COVID-19 infected mothers should still be encouraged with appropriate hygiene. More data is needed on use of antenatal dexamethasone to improve neonatal outcomes.	Green J, Petty J, Bromley P, Walker K, Jones L. COVID-19 in babies: Knowledge for neonatal care [published 2020 Jul 7]. J Neonatal Nurs. 2020; doi:10.1016/j.jnn.2020.06.005

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Pediatric, myocardial injury, cardiology, acute phase reactants, myocarditis, Kawasaki disease, MIS-C	7-Jul-20	Patterns of myocardial involvement in children during COVID-19 pandemic: Early experience from northern Italy [Free Access to Abstract only]	Annals of Pediatric Cardiology	Brief Communication	Preliminary data from pediatric COVID-19 patients suggests an increased prevalence of cardiac involvement. The authors report their early experience with COVID-19 in the pediatric population (n=6, age range: 3-16 years old) presenting to a single center in Northern Italy from 30 March-10 April 2020. They found that patients displayed exceptionally high levels of acute-phase reactants. They propose that the observed clinical syndrome in these patients is somewhat similar to Kawasaki disease with or without myocardial involvement. In two cases, the presentation mimicked typical myocarditis. Severe myocardial involvement was associated with transient electrocardiographic and echocardiographic abnormalities. Although COVID-19 infection was strongly suspected in all cases based on epidemiological and clinical grounds, only half the patients had a positive PCR result. This is in line with preliminary reports suggesting a lower sensitivity of conventional virologic investigations in children. The authors suggest that their findings may be due to the cardiotropic nature of the virus or may be the result of an immunologic response to the infection.	The authors report an unusual peak of Kawasaki-like syndromes and myocarditis in the pediatric population in Northern Italy, which closely followed the epidemiological peak of COVID-19. They describe myocardial involvement in six pediatric patients with suspected or confirmed COVID-19.	Ferrero P, Piazza I, Bonino C, Ciuffreda M. Patterns of myocardial involvement in children during COVID-19 pandemic: Early experience from northern Italy. <i>Ann Pediatr Cardiol.</i> 2020;13(3):230-233. doi:10.4103/apc.APC_77_20
Apgar, morbidity, mortality, neonate, pregnancy	7-Jul-20	Impact of the Coronavirus Infection in Pregnancy: A Preliminary Study of 141 Patients	The Journal of Obstetrics and Gynecology of India	Original Article	The aim of this retrospective observational study is to evaluate the effect of COVID-19 infection on pregnancy and its outcome. 977 pregnant women were included in the study, who were at a tertiary care hospital, in Mumbai, India from 1st April to 15th May 2020. 141/977 (14.43%) women who tested COVID-19 positive and only 8 women had a history of contact with patients. More patients delivered by C-section in the COVID-19 positive group compared to the COVID-19 negative group (50% vs. 47% respectively, $p > 0.05$). Low APGAR score (0-3) was observed in 2(1.52%) neonates of COVID-19 positive mothers and in 15 (1.91%) neonates of COVID negative mothers ($p > 0.05$). Overall, most of the infants were healthy. Out of all infants tested, 3 were detected positive initially who were retested on day 5 and were found to be negative. The authors concluded that there is no significant effect of SARS-CoV-2 infection on maternal and fetal outcomes in pregnancy and there is no evidence of vertical transmission of SARS-CoV-2, but long-term follow-up of these infants is recommended.	In the present study, the authors compared the outcomes of COVID-19 positive and negative pregnant women and their neonates. The results suggested that there is no effect of SARS-CoV-2 infection on maternal and perinatal outcomes and there was no evidence of vertical transmission of SARS-CoV-2.	Nayak AH, Kapote DS, Fonseca M, et al. Impact of the Coronavirus Infection in Pregnancy: A Preliminary Study of 141 Patients. <i>J Obstet Gynaecol India.</i> 2020;70(4):256-261. doi:10.1007/s13224-020-01335-3
Breast feeding, guidelines, neonate, vertical transmission	7-Jul-20	Breast Feeding in Suspected or Confirmed Cases of COVID 19-a New Perspective	Journal of Obstetrics & Gynecology of India	Review Article	Currently, there is no universal consensus on managing the issue of breastfeeding with rooming-in for neonates of women with suspected or confirmed COVID-19. The published literature continues to evolve with contradictory guidelines from various authorities across the world. In this review, the author analyzes the available evidence on breastfeeding in women with suspected or confirmed COVID-19. The article discusses the current data on vertical transmission and transmission through breast milk of SARS-CoV-2 as well as on neonatal COVID-19. The author concludes that the benefits of mother-neonate rooming-	The author summarizes the available evidence on breastfeeding in cases of suspected or confirmed COVID-19 and recommends mother-neonate rooming-in with direct breastfeeding based on	Hethyshi R. Breast Feeding in Suspected or Confirmed Cases of COVID 19-a New Perspective. [published online, 2020 Jul 7]. <i>J Obstet Gynaecol India.</i> doi:10.1007/s13224-020-01336-2

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					in and direct breastfeeding, including health benefits and financial implications, outweigh the risk in cases of suspected or confirmed SARS-COV-2 infection as of now. Yet future research with larger sample size is warranted to further understanding of vertical transmission, effects of the SARS-COV-2 on early pregnancy, and on transfer of antiviral antibodies through breast milk.	this review of the current literature.	
Pregnancy, guidelines, maternal outcomes, fetal outcomes, India	7-Jul-20	Management of Pregnant Women in Times of Covid-19: A Review of Current Literature	The Journal of Obstetrics and Gynecology of India	Review Article	The impact of the COVID-19 pandemic on pregnant women is not yet clear due to limited data and rapidly evolving knowledge. Based on the available evidence, various clinical guidelines for management of COVID-19 have been formulated. In this article, the authors compile and summarize latest guidelines from professional organizations on the care of pregnant women during the pandemic. They also discuss the guidelines' implications on the situation in India. They aim to offer an easy tool for clinicians managing pregnant women in times of COVID-19. Specifically, they discuss recommendations for the prenatal, intrapartum, and postpartum periods as well as for critical care of pregnant women. The authors conclude that appropriate and timely management seems to be the key to caring for this population. Further, all the reviewed guidelines strive towards safety and health in mothers and their infants during this crisis.	In this article, the authors summarize current guidelines for the care of pregnant women during the COVID-19 pandemic. They also apply the guidelines to the management of patients in India.	Khoiwal, K., Kapur, D., Gaurav, A. et al. Management of Pregnant Women in Times of Covid-19: A Review of Current Literature. [published online, 2020 Jul 7]. J Obstet Gynecol India. doi: https://doi.org/10.1007/s13224-020-01342-4
Pregnancy, neonatal, immunology, viral infection	7-Jul-20	Pregnancy, Viral Infection, and COVID-19	Frontiers in Immunology	Review	The authors sought to investigate reports concerning viral infections and COVID-19 during pregnancy, to establish a correlation and possible implications of COVID-19 during pregnancy and neonatal's health. They note that even though no vertical transmission for COVID-19 has been reported until now, several reports of early-life infections have been described with very low death rates. Of note, placental syncytiotrophoblast cells express the ACE2 receptor and this receptor is highly expressed in the first months of pregnancy. One study of placentas delivered from pregnant women with SARS-CoV-2 infection described various degrees of fibrin deposition, while another study of 16 placentas showed an increase in the rate of features of maternal vascular malperfusion. Therefore, the authors propose that early placental ACE2 expression, together with TMPRSS2, a serine protease required for viral entry, makes the first months of pregnancy more susceptible to SARS-CoV-2-infection. Previous studies showed that inflammatory cytokines are increased in COVID-19, and is correlated with disease severity and death. One report showed an increase in inflammatory cytokines and virus-specific IgM levels in newborns, from SARS-CoV-2 infected-mothers, 2 hrs after birth, and in another report, newborns presented with virus-specific IgM and IgG, but no SARS-CoV-2-infection. The authors suggest that the activation of the maternal immune system by SARS-CoV-2 may have some implications in neonatal health and immune system development.	Inflammatory processes during pregnancy may influence maternal and neonatal response to viral infections like SARS-CoV-2. The first trimester appears to be the more susceptible period for SARS-CoV-2 infection as evidenced by the placental tissue immaturity together with the up-regulation of ACE2 expression in placental cells in early pregnancy	Alberca RW, Pereira NZ, Oliveira LMDS, Gozzi-Silva SC, Sato MN. Pregnancy, Viral Infection, and COVID-19. Front Immunol. 2020;11:1672. Published 2020 Jul 7. doi:10.3389/fimmu.2020.01672

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Pregnancy, maternal and neonatal care, guideline, vertical transmission, clinical trial	7-Jul-20	COVID-19 in pregnancy: Maintaining clarity with expanding evidence	Obstetric Medicine	Editorial	This article discusses emerging topics concerning COVID-19 and pregnancy. Confusion initially arose because of conflicting advice from major government and professional societies. This uncertainty has underscored the importance of developing regional task forces to establish guidelines for obstetric care providers and their patients. The success example from Canada shows that the provincial guideline provides best-practice recommendations on personal protective equipment, support persons for pregnant women during labor and delivery, care and testing of newborns, and maternal surveillance. A second issue is whether SARS-CoV-2 can pass from mother to fetus in utero. Immediate and comprehensive test of SARS-CoV-2 from cord blood, placenta, and neonatal nasopharyngeal swabs could help differentiate modes of transmission. An additional issue is that pregnant women have been excluded from the majority of trials during the pandemic. Therefore, if new treatments emerge they will not be rigorously tested in pregnant women, leading to restricted treatments offered to pregnant women.	This editorial discusses three topics concerning COVID-19 and pregnancy: (1) rapidly evolving guidelines for maternal and neonatal care; (2) mother to fetus transmission of SARS-CoV-2; (3) exclusion of pregnant women from randomized trials.	Zipursky J, Barrett J. COVID-19 in pregnancy: Maintaining clarity with expanding evidence. <i>Obstet Med.</i> 2020;13(2):53-54. doi:10.1177/1753495X20937850
Assays, relative analytic sensitivity, PCR, testing	7-Jul-20	Clinical Evaluation and Utilization of Multiple Molecular In Vitro Diagnostic Assays for the Detection of SARS-CoV-2	American Journal of Clinical Pathology	Original Research	The authors evaluated the clinical performance of 3 SARS-CoV-2 assays: Abbott ID NOW COVID-19 (Abbott ID NOW), DiaSorin Molecular Simplexa COVID-19 Direct (DiaSorin Simplexa), and Roche cobas 6800 SARS-CoV-2 (Roche cobas) using 3 nasopharyngeal specimens from 184 patients of all ages presenting with signs/symptoms of COVID-19. Positive percent agreement and negative percent agreement between all assays were calculated. The positive percent agreement was 91% (95% CI, 0.76-0.97) for Abbott ID NOW and 100% (95% CI, 0.90-1.00) for DiaSorin Simplexa and Roche cobas. The negative percent agreement was 100% (95% CI, 0.98-1.00) for all 3 assays. Specimen type comparisons (nasopharyngeal in universal viral transport (UVT), dry oropharyngeal, and dry nasal) from 182 patients tested by Abbott ID NOW produced 100% concordance for positive (12/12/12) and negative patients (170/170/170). Relative analytic sensitivity of the assays was assessed with serial dilutions from 10 clinical specimens containing SARS-CoV-2. DiaSorin Simplexa and Roche cobas had 10 times and 100 times lower limits of detection than the Abbott ID NOW, respectively.	DiaSorin Simplexa and Roche cobas assays can detect SARS-CoV-2 at lower levels than Abbott ID NOW. The use of universal viral transport media was equivalent to that of dry swabs when using the Abbott ID NOW.	Cradic K, Lockhart M, Ozbolt P, et al. Clinical Evaluation and Utilization of Multiple Molecular In Vitro Diagnostic Assays for the Detection of SARS-CoV-2. <i>Am J Clin Pathol.</i> 2020;154(2):201-207. doi:10.1093/ajcp/aqaa097
Children, lockdown, school closures, India	7-Jul-20	Learning in times of lockdown: how Covid-19 is affecting education and food security in India	Food Security	Opinion	The authors discuss the implications of lockdown-induced school and rural child-care center closures on education and health outcomes for the urban and rural poor. Areas of focus include impact on dropout rates, inequality and disparities, and the food and nutritional security of children who depend on school feeding and supplementary nutrition programs. They argue that the impacts are likely to be much more severe for girls as well as for children from already disadvantaged ethnic and caste groups. They also discuss ways in which existing social security programs can be leveraged and strengthened to ameliorate these impacts.	The authors describe key areas of impact of school closures in India, along with ways these impacts could be mitigated.	Alvi M, Gupta M. Learning in times of lockdown: how Covid-19 is affecting education and food security in India [published online 2020 Jul 7]. <i>Food Secur.</i> 2020. doi:10.1007/s12571-020-01065-4

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Prenatal screening, pregnancy, abortion, Italy	7-Jul-20	Prenatal Screening Diagnosis and Management in the Era of Coronavirus: The Sardinian Experience	Journal of Perinatal Medicine	Academy's Corner	Although the COVID-19 incidence remained considerably lower compared to Northern Italian regions, prenatal screening and diagnosis in Sardinia, Italy were still affected by the pandemic. During the crisis, Microcitemico Hospital in Cagliari, Sardinia continued to offer all essential procedures to pregnant patients. To evaluate the influence of the pandemic on the center, the number of procedures performed from 10th March-18th May 2020 were compared to those performed in 2019. Despite the continuous local birth rate decline, a 20% increase in first trimester combined screening and a slight rise in invasive prenatal procedures were observed during this time. Non-invasive prenatal testing remained unchanged. The request for multi-fetal pregnancy reduction increased, likely as part of the growing tendency of voluntary termination of pregnancy in Sardinia. The authors conclude by stating that the current pandemic poses an important opportunity for clinical research of psychological and ethical issues in pregnant women.	At one center in Sardinia, Italy, the Ob/Gyn department observed a 20% increase in prenatal screening procedures in 2020 compared to 2019 despite a declining local birth rate and the COVID-19 pandemic.	Monni G, Corda V, Iuculano A. Prenatal screening diagnosis and management in the era of coronavirus: the Sardinian experience [published online, 2020 Jul 7]. J Perinat Med. doi:10.1515/jpm-2020-0208
Pregnancy, labor and delivery, Milan, Italy	7-Jul-20	COVID-19 Does Not Stop Obstetrics: What We Need to Change to Go on Safely Birthing. The Experience of a University Obstetrics and Gynecology Department in Milan	Journal of Perinatal Medicine	Commentary	The authors describe adaptations made to obstetric care provided in an academic obstetrics and gynecology department in Milan, Italy, as the number of COVID-19 positive pregnant patients increased, and measures were needed to protect other patients, newborns and healthcare professionals from transmission. They present their approach to antepartum care, intrapartum care, postpartum care, gynecological services, and university education. The article speaks to facility adaptations as well as clinical protocols that were put in place for patient care.	This article summarizes one set of adaptations, in an academic setting, to maintain provision of essential obstetrical care for both COVID-positive and COVID-negative pregnant women.	Alfieri N, Manodoro S, Marconi AM. COVID-19 does not stop obstetrics: what we need to change to go on safely birthing. The experience of a University Obstetrics and Gynecology Department in Milan [published online 2020 Jul 7]. J Perinat Med. 2020;/j/jpme.ahead-of-print/jpm-2020-0218/jpm-2020-0218.xml. doi:10.1515/jpm-2020-0218
Maternal outcomes, neonatal outcomes, obstetric outcomes, pregnancy	7-Jul-20	Pregnancy and COVID-19: A Systematic Review of Maternal, Obstetric and Neonatal Outcomes	The Journal of Maternal-fetal & Neonatal Medicine	Review Article	The authors systematically reviewed 8 studies involving 95 pregnant women and 51 neonates to evaluate the impact of COVID-19 during pregnancy, based on a search of PubMed, Scopus, and WHO databases during March 17th-20th, 2020. 26% of pregnant women had a history of epidemiological exposure to SARS-CoV-2, and the most common presenting symptoms were fever (55%), cough (38%) and fatigue (11%), which is similar to those reported by WHO in the non-pregnant population. However, the frequency of these symptoms seems to be different. Of 50 deliveries, 94% were C-sections, and 35% were preterm births. Of the 51 neonates, 20% had low birth weight, and 1 tested positive for SARS-CoV-2. There was 1 neonatal death, not related to the viral infection, and no cases of severe neonatal asphyxia. In the 48 tested newborns, one tested positive for SARS-CoV-2 (2%), and six had pneumonia but did not test positive for SARS-CoV-2 (13%).	This review described that pregnant women with COVID-19 show the same signs and symptoms of the general population.	Trocado V, Silvestre-Machado J, Azevedo L, et al. Pregnancy and COVID-19: a systematic review of maternal, obstetric and neonatal outcomes [published online, 2020 Jul 7]. J Matern Fetal Neonatal Med. 2020;1-13. doi:10.1080/14767058.2020.1781809
Pregnancy, fetal complication,	7-Jul-20	Fetal Transient Skin Edema in	Obstetrics & Gynecology	Case report	The first case is a woman at 22 3/7 weeks of gestation with COVID-19 who was admitted to the ICU at Vall d'Hebron	The authors report a fetal complication	Garcia-Manau P, Garcia-Ruiz I, Rodo C, et al. Fetal Transient Skin Edema in

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skin edema, Barcelona, Spain		Two Pregnant Women With Coronavirus Disease 2019 (COVID-19)			University Hospital (Barcelona, Spain). The patient was receiving 150 mg of acetylsalicylic acid owing to a high risk of early-onset pre-eclampsia. Her gestation was conceived by in vitro fertilization with egg donation and had had an uneventful course. The fetal prognosis was estimated to be poor owing to gestational age. On day 6, fetal skin edema was observed. In the second case, the patient remained at home with mild symptoms, starting at 20 weeks of gestation. Maternal well-being was assessed daily by phone calls, and no deterioration requiring hospital admission was observed. On day 8 (21 2/7 weeks of gestation), an ultrasound examination was performed, detecting an isolated mild fetal skin edema with no other abnormalities. In both cases, fetal skin edema was observed on ultrasound examination while maternal SARS-COV-2 RT-PCR test results were positive and resolved when maternal RT-PCR test results became negative. The RT-PCR test result for SARS-CoV-2 in amniotic fluid was negative in both cases. The two pregnancies are ongoing and uneventful.	potentially related to COVID-19 in pregnant women, which may represent results of fetal infection or altered fetal physiology due to maternal disease or may be unrelated to the maternal illness.	Two Pregnant Women With Coronavirus Disease 2019 (COVID-19) [published online, 2020 Jul 7]. <i>Obstet Gynecol</i> . doi:10.1097/AOG.0000000000004059
Obstetrics, gynecology, pregnancy, New York, USA	7-Jul-20	Women's Health During the COVID-19 Surge in the Bronx: Reflections From Two OBGYNs on the Flatter Side of the Curve	Maternal and Child Health Journal	Commentary	In this commentary, two physicians from the Department of Obstetrics & Gynecology and Women's Health at Montefiore Medical Center describe their experience during the height of the COVID-19 pandemic in the Bronx, NY, USA. They discuss challenges such as PPE shortages, COVID-19 testing, telemedicine, and visitor restrictions. They discuss their involvement in early research efforts on COVID-19 in pregnancy. Additionally, they address the disproportionate impact of COVID-19 on communities of color, including in the Bronx. In conclusion, they state that they remain dedicated to all aspects of women's healthcare.	Two Ob/Gyn providers describe their experience during the peak of the COVID-19 pandemic in the Bronx, NY, USA. They discuss many of the challenges faced by women's health providers at that time.	Danvers AA, Dolan SM. Women's Health During the COVID-19 Surge in the Bronx: Reflections from Two OBGYNs on the Flatter Side of the Curve [published online, 2020 Jul 7]. <i>Matern Child Health J</i> . doi:10.1007/s10995-020-02977-5
Children, clinical characteristics, Morocco	7-Jul-20	Epidemiology and Clinical Features of Coronavirus Disease 2019 in Moroccan Children	Indian Pediatrics	Original Research	This is a retrospective study of a cohort of 74 Moroccan children with RT-PCR confirmed COVID-19. The authors collected information on clinical and laboratory features of all children (age <18 years) admitted from March 2-April 1, 2020. The mean (SD) age of the 74 children (40 girls) was 7 (1.5) years. The mean (SD) time from illness onset to diagnosis was 2 (1) days. 54 children were asymptomatic, while eight had a fever and five had a cough. Recovery was made after a mean (SD) of 12 (1) days. COVID-19 was mostly mild in the pediatric population in Morocco.	In this study, COVID-19 was mostly mild in a Moroccan pediatric population.	Fakiri KE, Nassih H, Sab IA, et al. Epidemiology and Clinical Features of Coronavirus Disease 2019 in Moroccan Children [published online 2020 Jul 7]. <i>Indian Pediatr</i> . 2020;S097475591600207.
Infantile hemangioma, dermatology, telemedicine, Italy	7-Jul-20	At Home Dose Escalation of Propranolol for Infantile Hemangiomas During the COVID-19 Pandemic	Dermatologic Therapy	Letter	Infantile hemangiomas often require urgent evaluation and risk stratification. Prompt initiation of therapy with propranolol is the gold standard for children requiring treatment. Since the COVID-19 pandemic could hinder parents' access to public hospitals, the authors encouraged their colleagues to send pictures to perform a first screening of patients with hemangiomas. From March-May 2020 at a single center in Italy, they identified seven children with high-risk infantile hemangiomas that required beta blocker treatment. One case required direct clinical evaluation due to a	At a single center in Italy, the authors established an emergency protocol for the screening and treatment of patients with high-risk infantile hemangiomas. They successfully managed	Bassi A, Azzarelli A, Vaccaro A et al. At home dose escalation of Propranolol for Infantile Hemangiomas during the COVID-19 Pandemic [published online, 2020 Jul 7]. <i>Dermatol Ther</i> . doi:10.1111/dth.13977

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					low-quality picture. To avoid in-person visits, the authors decided to increase the propranolol dose and monitor treatment via telemedicine. In all cases, no adverse effects were reported and a good response was observed. The authors state that their protocol was successful in managing their patients with hemangiomas during the COVID-19 pandemic although further studies are required to test home dose escalation of propranolol for use in non-emergency situations.	seven patients using telemedicine for therapy initiation and monitoring.	
Neonate, pediatric, patient transport, Europe	7-Jul-20	European Consensus Recommendations for Neonatal and Pediatric Retrievals of Positive or Suspected COVID-19 Patients	Pediatric Research	Review Article	The COVID-19 pandemic necessitates addressing the specific procedures required for neonatal and pediatric transport of suspected or positive COVID-19 patients. The aim of this European consensus statement is to define guidelines for safe clinical care for children needing inter-facility transport while ensuring that the clinical teams involved are protected from SARS-CoV-2. The 17 recommendations were produced by a panel of 12 experts from two European pediatric societies after reviewing the published literature. They encompass issues such as PPE, airway management, invasive and non-invasive ventilation, incubator and open stretcher transports, parents on transport, and decontamination of transport vehicles. Overall, these consensus recommendations aim to define current best practices and should serve as a guide for transport teams managing infants and children with COVID-19.	The successful inter-facility transport of pediatric patients requires correct equipment and skills as well as effective communication between healthcare team members. In the transport of COVID-19 patients, ensuring proper adherence to recommended personal protective equipment is essential.	Terheggen U, Heiring C, Kjellberg M, et al. European consensus recommendations for neonatal and paediatric retrievals of positive or suspected COVID-19 patients [published online, 2020 Jul 7]. <i>Pediatr Res</i> . doi:10.1038/s41390-020-1050-z
Mental health, social distancing, health technology, pediatric	7-Jul-20	Pediatric Mental and Behavioral Health in the Period of Quarantine and Social Distancing (COVID-19)	JMIR Pediatrics and Parenting	Review Article	The pediatric population is particularly vulnerable to psychological trauma during the COVID-19 pandemic. Psychological crises in children can produce feelings of abandonment, despair, incapacity and exhaustion as well as increase the risk of suicide. In severe cases, there may be concern for psychosis or post-traumatic stress disorder. Timely and appropriate protections are needed to prevent the occurrence of such problems. Therefore, psychosocial support for children and their families should be included as part of the emergency health response. Recently, emerging digital health services have allowed for remote care of pediatric mental and behavioral health concerns. In this article, the author describes the psychological impact of the COVID-19 pandemic on children and their families. New technologies and clinical interventions aimed at addressing pediatric mental health during this crisis are also described.	Psychological interventions should be administered to reduce trauma and psychosocial problems caused by the COVID-19 pandemic in the pediatric population. Innovative and interactive digital solutions have already been implemented to assist in this effort.	Ye J. Pediatric mental and behavioral health in the period of quarantine and social distancing (COVID-19) [published online, 2020 Jul 7]. <i>JMIR Pediatr Parent</i> . doi:10.2196/19867
Leukemia, immunocompromised, pediatric, oncology, USA	7-Jul-20	SARS-CoV-2 Infection in a Neutropenic Pediatric Patient With Leukemia: Addressing the Need for Universal Guidelines for	Pediatric Blood & Cancer	Letter to the Editor	The authors present the case of a 6-year-old female with B-lymphoblastic lymphoma. She was hospitalized for fever and neutropenia, and she was found to be positive for SARS-CoV-2. Most of her inflammatory markers were not elevated and all trended down during her admission. Her chest x-ray was normal. She was discharged after 10 days after receiving supportive care. She underwent SARS-CoV-2 IgG testing at 6 weeks after diagnosis, which was positive. The authors state that there is a lack of guidelines for the management of treatment of COVID-19	The authors call for guidelines in the care of pediatric oncology patients during the COVID-19 pandemic. These should include recommendations for admission and discharge criteria,	Schied A, Trovillion E, Moodley A. SARS-CoV-2 infection in a neutropenic pediatric patient with leukemia: Addressing the need for universal guidelines for treatment of SARS-CoV-2-positive, immunocompromised patients [published online, 2020 Jul 7]. <i>Pediatr Blood Cancer</i> . doi:10.1002/pbc.28546

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		Treatment of SARS-CoV-2-positive, Immunocompromised Patients			positive pediatric oncology or immunocompromised patients. They argue that until there are more data gathered on the clinical course of immunocompromised patients, it remains prudent to observe these patients conservatively. They put out a call to action for further investigation on how immunocompromised patients respond differently to SARS-CoV-2.	follow-up, treatment, and experimental therapies. They present the hospitalization of a COVID-19 positive 6-year-old female with a hematologic malignancy to illustrate the challenges in managing in her care.	
Pregnancy, clinical characteristics, New York City, USA	7-Jul-20	Pregnancy and Postpartum Outcomes in a Universally Tested Population for SARS-CoV-2 in New York City: A Prospective Cohort Study	BJO:G: An International Journal of Obstetrics and Gynecology	Original Research	This prospective cohort study of pregnant women with > 20 weeks gestation admitted to three New York City hospitals for delivery sought to describe differences in outcomes between pregnant women with and without COVID-19. Of 675 women admitted for delivery, 10.4% were positive for SARS-CoV-2, of whom 78.6% were asymptomatic. The authors observed differences in sociodemographic and comorbidities between women with symptomatic vs. asymptomatic COVID-19 vs. no COVID-19. Cesarean delivery rates were 46.7% in symptomatic COVID-19, 45.5% in asymptomatic COVID-19, and 30.9% without COVID-19 (p=0.044). Postpartum complications (fever, hypoxia, re-admission) occurred in 12.9% of women with COVID-19 vs. 4.5% of women without COVID-19 (p<0.001). Placental pathology demonstrated increased frequency of fetal vascular malperfusion, indicative of thrombi in fetal vessels, in women with vs. without COVID-19 (48.3% vs 11.3%, p <0.001).	Among pregnant women with COVID-19 at delivery, this study showed increased cesarean delivery rates and increased frequency of maternal complications in the postpartum period. Intraplental thrombi may have maternal and fetal implications for COVID-19 infections remote from delivery.	Prabhu M, Cagino K, Matthews KC, et al. Pregnancy and postpartum outcomes in a universally tested population for SARS-CoV-2 in New York City: A prospective cohort study [published online 2020 Jul 7]. BJOG. 2020. doi:10.1111/1471-0528.16403
Pregnancy, first trimester, clinical characteristics, testing, Italy	7-Jul-20	The "Scar" of a Pandemic: Cumulative Incidence of COVID-19 During the First Trimester of Pregnancy	Journal of Medical Virology	Short Communication	The authors describe a study of 138 pregnant women receiving care at Sant'Anna Hospital in Turin, Piedmont, Italy, in their 1st trimester (between 11 and 13 weeks of gestation) on prevalence and outcomes of COVID-19 infection during the 1st trimester of pregnancy. COVID-19 cumulative incidence during the 1st trimester was 10.1%, with a 42.8% of patients reporting no symptoms. Similar to non-pregnant adults, 80-90% of infections were not severe. The prevalence of symptoms was four-fold higher in those testing positive than in those testing negative; based on this finding, the authors suggest that pregnant women in epidemic areas with self-reported symptoms should be considered for testing. The authors further recommend 1st trimester COVID-19 screening to facilitate patient-tailored management, obstetrics and fetal monitoring, and protection of the community.	Given the frequency of asymptomatic COVID-19 infection in the 1st trimester of pregnancy found in this study, the authors recommend that COVID-19 be considered in all pregnant women in areas with a high disease prevalence. The authors further suggest that their findings support the need for COVID-19 screening in early pregnancy in epidemic areas to plan maternal-fetal health surveillance programs.	Cosma S, Borella F, Carosso A, et al. The "scar" of a pandemic: cumulative incidence of COVID-19 during the first trimester of pregnancy [published online 2020 Jul 7]. J Med Virol. 2020;10.1002/jmv.26267. doi:10.1002/jmv.26267

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Routine antenatal corticosteroids, pregnancy, preterm birth, cesarean delivery, skin contact, policy	7-Jul-20	Maternal and Neonatal Management During COVID-19	The Journal of Maternal-Fetal & Neonatal Medicine	Letter	Routine antenatal corticosteroids use in imminent preterm delivery is a standard practice in obstetrics. However, recent reports of increased mortality associated with corticosteroids in COVID-19 preclude their routine use in COVID-19. In COVID-19 pregnancy, corticosteroid use can be a potentially harmful intervention for the mother, due to delayed viral clearance and increased secondary infections. The WHO suggests discussing risk-benefit with the woman to ensure an informed decision based upon a woman's clinical condition, personal wish, and available health-care resources. Higher rates of cesarean deliveries associated with COVID-19 are of concern. Recent evidence suggests that vaginal delivery does not increase the risk of intrapartum COVID-19 transmission, but the C-section was significantly associated with the worse maternal and neonatal outcomes. Therefore, C-sections should be reserved for women with severe respiratory distress or other obstetric indications only. The recommendation on the skin to skin contact in the immediate postnatal period varies across the guidelines. In resource-constrained settings, early skin to skin contact is known to reduce neonatal mortality; however, there are concerns of COVID-19 transmission to the infant. An explicit, nationwide guidance policy will help the clinicians in routine clinical practice, avoiding law-suit problems, and ethical dilemmas.	This article summarizes the current concerns of maternal and neonatal management in COVID-19, and appeal to a nationwide guidance policy.	Meena J, Yadav A, Kumar J. Maternal and neonatal management during COVID-19 [published online, 2020 Jul 7]. J Matern Fetal Neonatal Med. 2020;1-2. doi:10.1080/14767058.2020.1786528
Children, cancer, health care	7-Jul-20	COVID-19 Pandemic: A Challenge to a Child With Cancer	Pediatric Blood & Cancer	Letter to the Editor	Researchers reported that infants and younger children (i.e., less than 5 years) are more likely to develop severe clinical manifestations than older children, probably due to immaturity of the immune system. Some professionals also reported that the COVID-19 pandemic is one of the most serious global challenges to delivering affordable and equitable treatment to children with cancer. The Indian government with administrative measures such as lockdown has further compounded these challenges. A 4.5-year-old child, a known case of synchronous bilateral Wilms tumor, having undergone bilateral nephron-sparing surgery was on adjuvant chemotherapy. The COVID-19 pandemic brought about an interruption in his chemotherapy schedule in January 2020. When he presented in early May, he had a small swelling of 1.5 cm diameter below the left subcostal margin. Ultrasonography revealed a hypo-echoic lesion below the skin measuring 1.5 cm in diameter. Fine needle aspiration cytology was done, which revealed sheets of cells with a high nuclear/cytoplasm ratio. The features were highly suspicious of a malignant lesion. The lesion was excised and histopathological examination revealed a metastasis from Wilms tumor. The child has been resumed on further chemotherapy.	The authors suggest that there is an urgent need amongst health care professionals and families for informed guidance on the range of reasonable and safe adaptations to their services and cancer treatment during the pandemic.	Nerli RB, Sanikop AC, Sharma M, Ghagane SC. COVID-19 pandemic: A challenge to a child with cancer [published online, 2020 Jul 7]. Pediatr Blood Cancer. 2020;e28512. doi:10.1002/pbc.28512
Practice guidelines, children,	7-Jul-20	COVID-19 PICU Guidelines: For High- And	Pediatric Research	Review article	An international collaboration was formed to review the available evidence and develop evidence-based guidelines for the care of critically ill children with SARS-CoV-2 infection. Where the	This is a comprehensive clinical guideline for management of	Kache S, Chisti MJ, Gumbo F, et al. COVID-19 PICU guidelines: for high- and limited-resource settings

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pediatrics, severe infection, critical illness		Limited-Resource Settings			evidence was lacking, consensus-based guidelines were used. This guideline contains 44 clinical practice recommendations related to pediatric COVID-19 patients presenting with respiratory distress or failure, sepsis or septic shock, cardiopulmonary arrest, MIS-C, or those requiring adjuvant therapies or ECMO. Each guideline is followed by a Strong, Weak, Best practice, or Insufficient evidence recommendation, and the rationale for each recommendation is included. This summary of recent evidence for managing critically ill children infected with SARS-CoV-2 was developed with a global perspective and is designed to decrease the morbidity and mortality of children affected by COVID-19.	children with critical illness from SARS-CoV-2 based on the current evidence and global best practices.	[published online ahead of print, 2020 Jul 7]. <i>Pediatr Res</i> . 2020;10.1038/s41390-020-1053-9. doi:10.1038/s41390-020-1053-9
Supraglottic devices, children, pediatrics, aerosolizing procedures, exposure risk	7-Jul-20	Supraglottic Devices in Children During the COVID-19 Pandemic	Surgical Infections	Letter to the Editor	In this letter, the authors propose that for some scenarios, supraglottic devices (SGD) may be a better alternative for airway management in children with SARS-CoV-2 than tracheal intubation. Tracheal intubation and subsequent extubation can generate a higher risk of laryngospasm, bronchospasm, airway obstruction, and cough than SGD. These situations necessitate that positive pressure ventilation with face mask or re-intubation be provided, which are aerosol-generating procedures. This can increase health worker exposure risk. Although SGDs can exhibit gas leakage (which is aerosolized), this is mitigated with second-generation SGDs with higher leak pressures. Insertion of the SGD is faster than tracheal intubation, does not require neuromuscular relaxation, and can be performed in spontaneous ventilation. Therefore, the authors conclude it is reasonable to consider using second-generation SGDs during short procedures in children with SARS-CoV-2 requiring general anesthesia.	The authors propose that compared to tracheal intubation, use of supraglottic devices may reduce healthcare worker exposure to aerosolized viral particles. These devices may be good options during short procedures in children with COVID-19 requiring general anesthesia.	Trujillo A, Isaza CF. Supraglottic Devices in Children during the COVID-19 Pandemic [published online ahead of print, 2020 Jul 7]. <i>Surg Infect (Larchmt)</i> . 2020;10.1089/sur.2020.238. doi:10.1089/sur.2020.238
Pediatric, radiology, infection control, PPE	7-Jul-20	A Primer for Pediatric Radiologists on Infection Control in an Era of COVID-19	Pediatric Radiology	Review article	Pediatric radiology departments worldwide are facing unique challenges during the COVID-19 pandemic that have thus far not been addressed in professional guidelines. In this review, the authors summarize current evidence-based recommendations for infection control with a focus on best practices for pediatric radiologists. Practices for infection control were reviewed across multiple pediatric institutions of the Society for Pediatric Radiology's Quality and Safety committee. They discuss routes of infectious transmission, appropriate transmission-based precautions, and strategies to optimize PPE supplies. Fundamental knowledge of PPE and infectious transmission is crucial for pediatric radiologists during the COVID-19 pandemic and beyond.	In pediatric radiology departments, providers should wear a respirator if available when performing aerosol-generating procedures or procedures involved intubated and sedated COVID-19 positive children.	Miranda-Schaeubinger M, Blumfield E, Chavhan GB, et al. A primer for pediatric radiologists on infection control in an era of COVID-19 [published online, 2020 Jul 7]. <i>Pediatr Radiol</i> . 04713-1. doi:10.1007/s00247-020-04713-1
Pediatric, clinical presentation, outcomes, New York, USA	7-Jul-20	Initial Observations of COVID-19 in US Children	Hospital Pediatrics	Brief Report	Data on the clinical presentation of SARS-CoV-2 infection in children are limited. The authors present a detailed account of COVID-19 positive pediatric inpatients (age < 18 years old) at a pediatric hospital in New York City, USA from 18 March-15 April, 2020 (n=22). Infants under 1 year old accounted for 45% of the patients. Only 28% of patients had documented exposure to a	The authors identified 22 SARS-CoV-2 positive patients at a pediatric hospital in New York City, the majority of whom did not have	Agha R, Kojaoglanian T, Avner JR. Initial Observations of COVID-19 in US Children [published online, 2020 Jul 7]. <i>Hosp Pediatr</i> . doi:10.1542/hpeds.2020-000257

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					confirmed COVID-19 case. Most children presented without respiratory illness or typical symptoms suggestive of COVID-19. Many were identified only because of universal testing at the hospital after admission. Of those with symptoms, nine (41%) patients presented with a respiratory illness, of which seven (32%) required respiratory support including mechanical ventilation in four (18%). The authors conclude that since children may have a wide spectrum of presenting symptoms with a COVID-19 infection, targeted testing may miss some cases.	typical COVID-19 symptoms and did not have exposure to a confirmed case. Testing of all hospitalized patients will help identify cases earlier and prevent inadvertent exposure of other patients and healthcare workers.	
Children, Kawasaki Disease	7-Jul-20	A Viral Infection Explanation for Kawasaki Disease in General and for COVID-19 Virus-Related Kawasaki Disease Symptoms	Inflammo pharmacology	Short Communication	Symptoms of Kawasaki disease (KD) have been seen in a subset of pediatric patients with current or previous SARS-CoV-2 infection. A viral infection such as SARS-CoV-2 could result in extensive antigen–antibody immune complexes that cannot be quickly cleared in a subset of patients and thus create a type III hypersensitivity immune reaction. This reaction could include protease releases that can induce inflammation throughout the body and can cause KD or KD symptoms in certain patients. The author describes these symptoms in further detail. This immune reaction could continue after SARS-CoV-2 infections end if the first wave of protease attacks created new secondary auto-antibodies and new uncleared antigen–antibody immune complexes.	The author describes the pathophysiology of Kawasaki Disease in general and KD-like symptoms that have been observed in a subset of pediatric patients with SARS-CoV-2 infection.	Roe K. A viral infection explanation for Kawasaki disease in general and for COVID-19 virus-related Kawasaki disease symptoms [published online 2020 Jul 7]. <i>Inflammopharmacology</i> . 2020. doi:10.1007/s10787-020-00739-x
Serological test, SARS-COV-2 IgM/IgG antibody, chemiluminescence Immunoassay, Huangshi City, Hubei, China	7-Jul-20	Joint Detection of Serum IgM/IgG Antibody is An Important Key to Clinical Diagnosis of SARS-COV-2 Infection	medRxiv	Preprint (not peer-reviewed)	This study aimed to investigate the application of SARS- COV-2 IgM and IgG antibodies in the diagnosis of COVID-19 infection. The researchers enrolled a total of 178 patients at Huangshi Central Hospital from Jan.-Feb 2020. Among them, 68 patients were confirmed to have COVID-19. 9 patients were in the suspected group (nucleic acid test negative) with fever and other respiratory symptoms. 101 patients were in the control group with other diseases and negative for SARS-COV-2. After serum samples were collected, SARS-COV-2 IgG and IgM antibodies were tested by chemiluminescence immune-assay (CLIA) for all patients. The specificity of serum IgM and IgG antibodies to SARS-COV-2 was 99.01% (100/101) and 96.04% (97/101), respectively. The sensitivity was 88.24% (60/68) and 97.06% (66/68), respectively. The combined detection rate of SARS-COV-2 IgM and IgG antibodies was 98.53% (67/68). Combined detection of serum SARS-COV-2 IgM and IgG antibodies had better sensitivity compared with a single IgM or IgG test.	The study results showed that the combined detection of SARS-COV-2 IgM and IgG antibodies is an effective tool to improve the diagnostic sensitivity and specificity and reduce the chance of false-negative nucleic acid test results.	Fang Hu, Xiaoling Shang, Meizhou Chen. et al. Joint Detection of Serum IgM/IgG Antibody is An Important Key to Clinical Diagnosis of SARS-COV-2 Infection. <i>medRxiv</i> 2020.07.07; doi: https://doi.org/10.1101/2020.07.07.20146902
Children, infection control, safety, ultrasonography, Greece	7-Jul-20	Operation of Ultrasonography Services in a Dedicated Pediatric Hospital and a University	Pediatric Radiology	Review	This review presents the modified ultrasonography (US) services in children during the COVID-19 pandemic in two Greek hospitals. As of March 11, 2020, national containment measures to protect the general population in Greece have been increasingly strict. As a result, the number of US tests of outpatients dramatically decreased. National guidelines for health care workers that apply to US are written in Greek and comprise (among others) general	Two hospitals have modified their ultrasonography services following the probability of different COVID-19 scenarios. The authors hope that	Raissaki M, Vakaki M, Kotziamanis A, Alexopoulou E, Koumanidou C, Karantanis A. Operation of ultrasonography services in a dedicated paediatric hospital and a university hospital in Greece under the COVID-19 pandemic [published online ,

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		Hospital in Greece Under the COVID-19 Pandemic			information, recommendations on patient triage, basic precautions, risk assessment for health care workers and protection measures during manipulations around patients with suspected COVID-19. Ideal personnel protection during US scanning involve routine PPE. US is not expected to be performed routinely in patients with COVID-19. However, it may be requested for emergencies, hospitalized patients and selected outpatients who are all potential carriers. Triage of patients is essential, and recognizing a symptomatic possible COVID-19 patient before they enter the hospital ensures quarantine and the performance of necessary imaging tests under appropriate precautions. The standard of practice in both hospitals has changed according to the probability of scanning a COVID-19 patient. There is a consensus for protection with fitted respirator masks, eye goggles, robe and appropriate shoes, and this is the best practice for US. Disinfecting portable machines can be the responsibility of personnel who work in the room that hosts the machines and/or the responsibility of personnel who use the machines.	increased training of staff and regular simulations on PPE use and meticulous hand hygiene may prevent personnel infection and US-related patient contamination.	2020 Jul 7]. <i>Pediatr Radiol</i> . doi:10.1007/s00247-020-04725-x
MIS-C, children, clinical characteristics, Kawasaki-like disease, USA	7-Jul-20	Young Children Presenting With Fever and Rash in the Midst of SARS-CoV-2 Outbreak in New York	Clinical Pediatrics	Case Report	Two young children (4-year-old boy and 3-year-old girl) diagnosed with MIS-C associated with COVID-19 are reported in this study. They both presented with clinical features similar to Kawasaki disease (KD), in that they experienced fevers and rash with significantly elevated inflammatory markers. However, unlike typical KD, on laboratory investigation, both patients presented with thrombocytopenia and elevated D-dimers during the acute phase. The boy also had evidence of myocarditis and acute kidney injury, representing broader systemic inflammation. Both patients responded to intravenous immunoglobulin and did not show cardiac abnormalities on their initial echocardiograms. As both patients had normal baseline echocardiograms and initially presented with thrombocytopenia, the decision was to hold aspirin early on in their treatment course and they were both discharged on low-dose aspirin	This case report describes two cases of COVID-19 with MIS-C in young children that received early recognition and management.	Wolfe DM, Nassar GN, Divya K, Krilov LR, Noor A. Young Children Presenting With Fever and Rash in the Midst of SARS-CoV-2 Outbreak in New York [published online, 2020 Jul 7]. <i>Clin Pediatr (Phila)</i> . doi:10.1177/0009922820941631
Pediatric, COVID-19, hematology, oncology, hematopoietic stem cell transplant	6-Jul-20	Coronavirus disease 2019 3 months after hematopoietic stem cell transplant: A pediatric case report	Pediatric Blood and Cancer	Letter to the Editor	Pediatric cases represent 1-5% of COVID-19 cases worldwide. This is linked to the fact that infected children present asymptomatic or pauci-symptomatic forms and are therefore not tested, or children are less infected perhaps due to the lower expression level of ACE2 in their nasal mucosa. In this report, the authors describe the clinical course of a pediatric patient infected with SARS-CoV-2 3 months after hematopoietic stem cell transplant (HSCT) in Strasbourg, France. The patient was a 17-year-old girl who underwent HSCT in Strasbourg University Hospitals. On day 0 (20 March 2020), the patient was tested for SARS-CoV-2 via RT-PCR testing. The result was positive on nasopharyngeal swab specimens. No other viral re-activation or infection (cytomegalovirus, Epstein-Barr virus, adenovirus) was detected.	In this report, the authors describe the clinical course of a pediatric patient infected with SARS-CoV-2 3 months after hematopoietic stem cell transplant in Strasbourg, France. Despite high risk, the patient only presented rhinitis, leading the authors to believe this	Nazon C, Velay A, Radosavljevic M, Fafi-Kremer S, Paillard C. Coronavirus disease 2019 3 months after hematopoietic stem cell transplant: A pediatric case report. <i>Pediatr Blood Cancer</i> . 2020;67(9):e28545. doi:10.1002/pbc.28545

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					The patient was maintained on treatment with prednisolone (0.4 mg/kg/day) for her digestive graft-versus-host disease (GVHD), cyclosporine (4 mg/kg/day), ACE inhibitors (0.12 mg/kg/day), and preventive anti-infectious treatment by sulfamethoxazole-trimethoprim, posaconazole, phenoxymethylpenicillin, and valacyclovir. Despite being at high risk for a severe form of COVID-19 due to the postallograft immunosuppression, mild dilated cardiomyopathy, GVHD, corticosteroid therapy, and severe lymphopenia, the patient only presented rhinitis. The authors state that COVID-19 is largely pauci-symptomatic in pediatric cancer patients, but complicates clinical management.	population is mostly pauci-symptomatic.	
physical activity, sedentary behavior, movement behavior, COVID-19, child and adolescent health, sleep	6-Jul-20	Impact of the COVID-19 virus outbreak on movement and play behaviours of Canadian children and youth: a national survey	International Journal of Behavioral Nutrition and Physical Activity	Research Article	Healthy childhood development is fostered through sufficient physical activity (PA), limiting sedentary behaviors (SB), and adequate sleep, collectively known as movement behaviors. This study examined the immediate impacts of COVID-19 restrictions on movement and play behaviors in children in Canada. A national sample of Canadian parents (n=1472) of children (5-11 years; mean 8.1 years) and youth (12-17 years; mean 14.9 years) completed an online survey that assessed immediate changes in child movement (PA, SB, sleep) and play behaviors during the COVID-19 pandemic. Results showed that only 4.8% (2.8% girls, 6.5% boys) of children and 0.6% (0.8% girls, 0.5% boys) of youth met the combined movement behavior guidelines during the COVID-19 restrictions. More children (23.8%) met the physical activity recommendations compared with youth (13.2%). According to parental reports, children and youth had lower PA levels, less outside time, higher SB (including leisure screen time), and more sleep during the pandemic. The most dramatic decline was with outdoor physical activity and sport (children: 2.28/5.00; youth: 1.96/5.00; where 1 indicates "a lot less," 2 indicates "a little less," and 3 indicates "the same"). Parental encouragement, support, and engagement in PA were positively associated with walking/biking, outside play, and overall time outdoors, and family dog ownership was positively associated with these behaviors as well as inside play (p<0.01 for all associations). These findings can guide efforts to preserve and promote child health during the COVID-19 pandemic and crisis recovery period and inform strategies to mitigate potential harm during future pandemics.	This study examined the immediate impacts of the COVID-19 restrictions on movement and play behaviors in children (5-17 years) in Canada. According to parental reports, children and youth had lower physical activity levels (PA), less outside time, higher sedentary behaviors (including leisure screen time), and more sleep during the pandemic. Parental encouragement, support, and engagement in PA were positively associated with healthy movement behaviors.	Moore SA, Faulkner G, Rhodes RE, et al. Impact of the COVID-19 virus outbreak on movement and play behaviours of Canadian children and youth: a national survey. Int J Behav Nutr Phys Act. 2020;17(1):85. Published 2020 Jul 6. doi:10.1186/s12966-020-00987-8
In vitro fertilization, IVF, pregnancy, live birth rate, reproduction, infertility, USA	6-Jul-20	Population implications of cessation of IVF during the COVID-19 pandemic	Reproductive Medicine Online	Original Research	This study sought to estimate the impact of stopping in vitro fertilization (IVF) treatments for infertility during the COVID-19 pandemic on individual prognosis and US population live birth rates. The authors used data from 271,438 ovarian stimulation IVF cycles in the UK to model the effect of age on cumulative live birth rate. This model was recalibrated to live birth rates reported for the 135,673 stimulation cycles undertaken in the USA in 2016. The effect of a 1-month, 3-month and 6-month shutdown in IVF	The authors model the impact of cessation of IVF treatments in the USA during the COVID-19 pandemic on live birth rates. The greatest contribution to this	Smith ADAC, Gromski PS, Rashid KA, Tilling K, Lawlor DA, Nelson SM. Population implications of cessation of IVF during the COVID-19 pandemic. Reprod Biomed Online. 2020 Sep;41(3):428-430. doi: 10.1016/j.rbmo.2020.07.002. PMID: 32753362; PMCID: PMC7336906.

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					treatment was calculated as the effect of the equivalent increase in a woman's age, stratified by age group. The average reduction was calculated to be 0.3% (95% confidence interval [CI] 0.3–0.3), 0.8% (95% CI 0.8–0.8) and 1.6% (95% CI 1.6–1.6) for 1-month, 3-month and 6-month shutdowns in the USA. This corresponds to a reduction of 369 (95% CI 360–378), 1098 (95% CI 1071–1123) and 2166 (95% CI 2116–2216) live births in the cohort, respectively, with greatest reduction in live birth rates from older mothers.	reduction was from older mothers.	
Pediatric, oncology, USA, obesity, teens	6-Jul-20	Severe COVID-19 disease in two pediatric oncology patients	Pediatric Blood & Cancer	Letter to the Editor	The authors discuss two cases of severe COVID-19 in pediatric cancer patients. The first is a 16-year-old female with orbital alveolar rhabdomyosarcoma on chemotherapy, who had abnormal PET-CT imaging followed by a positive SARS-CoV-2 test. She developed fever and her condition deteriorated, and hydrochloroquine was started, followed by administration of tocilizumab for cytokine storm. The hydrochloroquine regimen was replaced with remdesivir, and the patient's condition improved. The second patient is a 16-year-old male with Hodgkin lymphoma, who presented with fever 19 months after finishing chemotherapy. Labs showed hyperleukocytosis and therapy-related acute myeloid leukemia. His chest X-ray displayed bibasilar infiltrates, and a SARS-CoV-2 test was positive. The patient was treated with hydrochloroquine and then remdesivir, he received anticoagulation therapy and fresh-frozen plasma, and he subsequently recovered. For pediatric oncology patients with severe COVID-19, the authors recommend monitoring inflammatory markers, starting prophylactic anticoagulation, and considering use of remdesivir or tocilizumab. They suggest that obese teens with cancer may be at particular risk for COVID-19 complications, and they also remind readers that COVID-19 symptoms could be mistaken for chemotherapy side effects in this population.	This letter discusses two cases of severe COVID-19 infection in pediatric oncology patients. It reviews the disease course and treatments for each case, and gives suggestions for monitoring and treating this population.	Stokes CL, Patel PA, Sabnis HS, Mitchell SG, Yildirim IB, Pauly MG. Severe COVID-19 disease in two pediatric oncology patients. <i>Pediatr Blood Cancer.</i> 2020;67(9):e28432. doi:10.1002/pbc.28432
CT-Scan, RT-PCR, neonate, diagnosis, Iran	6-Jul-20	More Reliability of Suspicious Symptoms plus Chest CT-Scan than RT_PCR Test for the Diagnosis of COVID-19 in an 18-days-old Neonate	IDCases	Case Reports	This study investigated an 18-days-old neonate who was referred to the Bahar hospital in Iran on February 28, with symptoms of respiratory distress, cyanosis, fever, and cough, which were suspected symptoms of COVID-19. The results of the blood test, chest X-ray, and CT scan were highly suspicious, but the result of the first RT-PCR test was negative on March 1. The result of a second pharyngeal swab on March 12 was positive for SARS-CoV-2. The neonate's medical history indicated no close contact with anyone other than family members and hospital treatment staff, and the RT-PCR test results of all family members were also negative. The hypothesis on the transmission of the virus from the family remains ambiguous because the interval between the first sign in the neonate and the tests of the family members was longer than the incubation period and no tests have been performed on hospital staff.	The RT-PCR test of nasopharynx swab was negative at first but transformed to positive in the second test. In this case, clinical signs and symptoms plus chest CT-scan are more reliable than RT-PCR test for the diagnosis of COVID-19.	Mahdavi S, Kheirieh A, Daliri S, et al. More reliability of suspicious symptoms plus chest CT-scan than RT_PCR test for the diagnosis of COVID-19 in an 18-days-old neonate. <i>IDCases.</i> 2020;21:e00905. Published 2020 Jul 6. doi:10.1016/j.idcr.2020.e00905

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Obesity, paediatric, telehealth, telemedicine, USA	6-Jul-20	The paediatric weight management office visit via telemedicine: pre- to post-COVID-19 pandemic	Pediatric Obesity	Review Article	Due to the need for social distancing, the COVID-19 pandemic has temporarily reduced in-person visits for clinical care. Providers, clinical staff, and patients are pressed to acutely learn new skills and adapt clinical care through the use of telemedicine. The authors' interdisciplinary pediatric weight management clinic in Maine, USA, began the use of telemedicine 5 years ago to bring access to an underserved, rural population at their primary care office, which has allowed the clinic to pivot seamlessly to in-home telemedicine visits during the pandemic. Telemedicine rules and regulations are rapidly changing to meet the COVID-19 national emergency, but many supports for new telemedicine providers are already in place. This article also provides an overview of telemedicine components, policies, regulations and a review of the operationalization of this clinic's telemedicine visit. The authors reimagine telemedicine services post-pandemic to expand effective, coordinated health care, particularly for patients with chronic needs such as obesity.	This article presents a detailed organization of telemedicine during and post-pandemic of COVID-19. The authors argue that telemedicine allows for access in the home environment where some patients are most comfortable (e.g. reduced bias by healthcare providers).	O'Hara VM, Johnston SV, Browne NT. The paediatric weight management office visit via telemedicine: pre- to post-COVID-19 pandemic. <i>Pediatr Obes.</i> 2020;15(8):e12694. doi:10.1111/jipo.12694
Pregnancy, delivery, labor, childbirth, Italy	6-Jul-20	Giving Birth and Dying Alone in Hospital During the COVID-19 Pandemic - A Time for Shifting Paradigm Toward Continuity of Care [Free Access to Abstract only]	Journal of Perinatal Medicine	Editorial	In this letter, the authors add to the recommendations put forth by Grunebaum et al. 2020 regarding birthing location during the COVID-19 pandemic by describing their experience in Italy. They acknowledge that currently in many countries, many mothers are laboring with only healthcare professionals in full PPE present. The authors argue that issues concerning institutionalized normal childbirth in low-risk pregnancies must be revisited. They state that the interaction of the healthcare professionals with patients' needs to be revolutionized, taking into account the respect for human dignity. A worldwide movement of mothers, clinicians, and professional associations are circulating appeals for respectful birth assistance and support for choosing to give birth outside the hospital during the COVID-19 pandemic. They conclude by saying that health systems must strive for birth and death to become more humane, despite the current crisis.	According to the authors, a major lesson from the COVID-19 pandemic is that the place an individual calls "home" is an appropriate place to be born and die. They ask the healthcare community to reconsider the institutionalization and lack of dignity that accompanies many births that occur in hospitals, particularly during this crisis.	Morano S, Calleja-Agius J. Giving birth and dying alone in hospital during the COVID-19 pandemic - a time for shifting paradigm toward continuity of care [published online, 2020 Jul 6]. <i>J Perinat Med.</i> doi:10.1515/jpm-2020-0220
Thrombotic microangiopathy thrombemia, DIC, pharmacotherapy	6-Jul-20	Thrombotic microangiopathy, DIC-syndrome and COVID-19: link with pregnancy prothrombotic state	Journal of Maternal-Fetal and Neonatal Medicine	Original Article	Thrombotic microangiopathy (TMA) describes a group of conditions with thrombocytopenia, microangiopathic hemolytic anemia, and multiple organ dysfunction syndrome, which are characterized by extremely high lethality and mortality rate. Viral infections play an important role in the development of TMA through damage of endothelial cells inducing the expression of endothelial adhesion molecules, the release of von Willebrand Factor, platelet adhesion, or activation of alternative pathways. These mechanisms likely contribute to the pathogenesis of severe COVID-19 (such as disseminated intravascular coagulation (DIC)) especially in pregnant women already at increased risk of thrombosis. The authors review pharmacotherapies aimed at reducing excessive thrombinemia (low molecular weight heparin)	Viral infections, such as SARS-CoV-2, can cause the development of a thrombotic microangiopathy with high mortality. Drug therapies the reduce cytokine storms and thrombinemia, such as low molecular weight heparin, could reduce the risk of death in	A. D. Makatsariya, E. V. Slukhanchuk, et al. Thrombotic microangiopathy, DIC-syndrome and COVID-19: link with pregnancy prothrombotic state, <i>The Journal of Maternal-Fetal & Neonatal Medicine</i> , DOI: 10.1080/14767058.2020.1786811

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					and cytokine storm (Anakinra, Tocilizumab, Eculizumab and other anti-cytokine drugs) that may play a crucial role in reducing the risk of TMA and death in patients with COVID-19.	pregnant patients with severe COVID-19.	
Pediatrics, cardiology, congenital heart disease, Germany	6-Jul-20	A Teenager With Congenital Heart Defect and Covid-19	Cardiology in the Young	Case report	A 16-year-old girl with history of treated congenital mitral valve disease and signs of respiratory infection was admitted to the pediatric cardiology department in Hamburg, Germany. She tested positive for SARS-CoV-2. At age 13 (years?) she had undergone a mitral valve replacement, left atrial reduction plasty, and CryoMAZE procedure. Cardiac evaluation 2 days before admission showed severe stenosis and insufficiency of the mitral valve prosthesis, tricuspid regurgitation, severe postcapillary pulmonary hypertension, and a hugely dilated left atrium. 24-h-holter-electrocardiogram showed atrial arrhythmia with junctional atrial beats and frequent monomorphic ventricular extrasystoles. On admission, the patient complained of cough, sore throat, and myalgia without fever. Her vitals remained stable throughout the admission. There were no signs of myocardial involvement and no changes on electrocardiogram. There was no change in severity of mitral valve pathology and no worsening of myocardial function. She was discharged on day 10 and remained stable without worsening of cardiac or pulmonary findings.	This case illustrates that even with severe cardiac disease with mitral valvular stenosis after valve replacement, pulmonary hypertension, and arrhythmia, children can have an oligosymptomatic COVID-19 infection without cardiac or pulmonary deterioration.	Olfe J, Grafmann M, Kozlik-Feldmann R. A Teenager with Congenital Heart Defect and Covid-19 [published 2020 Jul 6]. <i>Cardiol Young</i> . 2020;1-5. doi:10.1017/S1047951120002127
Breastfeeding, nutrition, mother-infant separation, shared decision making	6-Jul-20	Setting Realistic Goals for Feeding Infants When Their Mothers Have Suspected or Confirmed COVID-19	Acta Paediatrica	Commentary	There is lack of sufficient data and consensus regarding mother-infant contact in the setting of mothers with suspected or confirmed COVID-19 infection, with different public health agencies and professional societies globally issuing varying recommendations, particularly around separating a mother and infant. Regardless of the approach taken to separation, full precautions should be adopted to avoid respiratory transmission of the virus from mother to infant. The authors describe options to be considered for feeding in a variety of scenarios and advocate for shared-decision making in all scenarios.	The authors argue that a shared decision-making approach for breastfeeding should be used when mothers have suspected or confirmed COVID-19 infection, ensuring that parents fully understand current evidence, availability of breastfeeding support, and other relevant resources. In lower-resource settings, nutrition should be optimized in the best interest of both mother and child.	Mosalli R, Paes B. Setting realistic goals for feeding infants when their mothers have suspected or confirmed COVID-19 [published online 2020 Jul 6]. <i>Acta Paediatr</i> . 2020. doi:10.1111/apa.15459

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Pregnancy, levels of care, disease progression, predictors of severity, neonatal outcomes, France	6-Jul-20	Retrospective Description of Pregnant Women Infected With Severe Acute Respiratory Syndrome Coronavirus 2, France	Emerging Infectious Disease	Original Research	This is a retrospective multicenter review conducted in France of 100 pregnant women with SARS-CoV-2 from March 12–April 13, 2020. Women with SARS-CoV-2 were stratified into subgroups based on location of care after diagnosis: outpatient, hospital, or hospital ICU. Clinical, laboratory, and imaging data on mothers and newborns were collected. 48 (48%) of patients received outpatient follow-up only and 52% were hospitalized, with 42 in conventional wards and 10 in ICUs. Maternal BMI was the only maternal characteristic significantly associated with requiring a higher level of care. Lymphocytopenia, anemia, and the need for oxygen flow >5 L/min at the time of diagnosis were also associated with worse infection. Women with lymphocytopenia and prolonged aPPT at diagnosis were more likely to need oxygen therapy. Of the 33 women who had given birth by the end of the study, preterm births (<37 weeks) accounted for 39% of all deliveries and the cesarean delivery rate was 48%. The study demonstrates that maternal and fetal clinical assessment at the time of SARS-CoV-2 diagnosis in pregnant women could help to determine the level of risk for progression and appropriate level of care.	Tertiary obstetric referral centers may see higher rates of severe COVID-19 infections, and understanding the factors associated with progression to worse infection can help physicians risk stratify women to appropriate levels of care.	Vivanti AJ, Mattern J, Vauloup-Fellous C, et al. Retrospective Description of Pregnant Women Infected with Severe Acute Respiratory Syndrome Coronavirus 2, France [published online ahead of print, 2020 Jul 6]. Emerg Infect Dis. 2020;26(9):10.3201/eid2609.202144. doi:10.3201/eid2609.202144
Pediatrics, immune, dysfunction, autoimmunity, Kawasaki-like, MIS-C, USA	6-Jul-20	Mapping Systemic Inflammation and Antibody Responses in Multisystem Inflammatory Syndrome in Children (MIS-C)	medRxiv	Preprint (not peer-reviewed)	The study reported the immune profiles of eight children (median age 11.5 years, range 3-20 years) with MIS-C from the New York City region between late-April and early-May 2020. The authors documented that all MIS-C patients had evidence of prior SARS-CoV-2 exposure, with further cytokine assays identifying elevated signatures of inflammation, lymphocytic and myeloid chemotaxis and activation, and mucosal immune dysregulation. Results from mass cytometry immunophenotyping of peripheral blood suggest extravasation to affected tissues. Finally, to assess the role of auto-immunity secondary to infection, the study profiled the auto-antigen reactivity of MIS-C plasma, which revealed both known disease-associated auto-antibodies and novel candidates that recognize endothelial, gastrointestinal and immune-cell antigens.	This study maps the cellular and serological immune dysfunction underlying MIS-C.	Gruber C, Patel R, Trachman R, et al. Mapping Systemic Inflammation and Antibody Responses in Multisystem Inflammatory Syndrome in Children (MIS-C). Preprint. MedRxiv. [posted online, 2020 Jul 06] doi: 10.1101/2020.07.04.20142752
Clinical course, neonates, prognosis, transmission routes	6-Jul-20	The Clinical Course of SARS-CoV-2 Positive Neonates	Journal of Perinatology	Review Article	The authors reviewed literature on the clinical course and transmission routes of affected neonates born to COVID-19 positive mothers. Based on a search of the PubMed database from December 2019 to April 27, 2020, there were 25 reported cases of neonates affected by SARS-CoV-2. In 68% of cases, the mothers were infected with SARS-CoV-2; in 20% both mothers and fathers were infected; and in other cases, grandparents were infected. Among SARS-CoV-2 affected neonates, the mean age of disease onset was 8.2 ± 8.5 days of life (range: 1–25 days). Clinically, the neonates presented with fever (28%), vomiting (16%), cough or shortness of breath (12%), diarrhea, lethargy or respiratory difficulty (8%) at onset, while only 4/25 newborns were asymptomatic. No deaths occurred. Vertical transmission	In this review of existing literature, SARS-CoV-2-positive newborns showed good prognosis, with a low rate of severe complications and without deaths.	De Bernardo G, Giordano M, Zollo G, et al. The clinical course of SARS-CoV-2 positive neonates [published online, 2020 Jul 6]. J Perinatol. doi:10.1038/s41372-020-0715-0

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					remains unproven, and horizontal transmission is the most probable source of infection for newborns.		
Pregnancy, vertical transmission, newborn, pneumonia, signs and symptoms, swine influenza, H1N1, China	5-Jul-20	Clinical Manifestation and Neonatal Outcomes of Pregnant Patients With Coronavirus Disease 2019 Pneumonia in Wuhan, China	Open Forum Infectious Diseases	Major Article	In this article, the authors retrospectively analyzed clinical characteristics and symptoms of pregnant and non-pregnant women with COVID-19 aged 20 - 40 years, admitted between January 15th and March 15th, 2020 at Union Hospital, Wuhan, China and compared the clinical characteristics and symptoms to historic data previously reported for H1N1. Among 64 patients, 34 (53.13%) were pregnant, with a higher proportion of exposure history and more pulmonary infiltration on CT test compared to non-pregnant women. Of pregnant patients, 27 (79.41%) completed pregnancy, 5 (14.71%) had natural delivery, 18 (52.94%) had C-section, and 4 (11.76%) had abortion; 5 (14.71%) patients were asymptomatic. All 23 newborns had negative rt-PCR for COVID-19. Pregnant and non-pregnant patients show differences in symptoms such as fever, expectoration, and fatigue and in laboratory tests such as neutrophils, fibrinogen, D-dimer, and erythrocyte sedimentation rate. The authors concluded that clinical characteristics of COVID-19 pregnant women are less serious than non-pregnant and discovered no evidence indicating that pregnant women may have fetal infection through vertical transmission of COVID-19. Pregnant patients with H1N1 in previous reports had more serious conditions than the pregnant patients with COVID-19 in this present study.	This study summarized the relevant data of 64 women of childbearing age with confirmed COVID-19 and discovered that COVID-19 pregnant women presented with less serious clinical characteristics than non-pregnant and showed less serious condition than H1N1 pregnant women in previous reports.	Xu S, Shao F, Bao B, et al. Clinical Manifestation and Neonatal Outcomes of Pregnant Patients With Coronavirus Disease 2019 Pneumonia in Wuhan, China. Open Forum Infect Dis. 2020;7(7):ofaa283. Published 2020 Jul 5. doi:10.1093/ofid/ofaa283
Abortion, maternal morbidity, LMIC, self-care model, contraception, Médecins Sans Frontières	5-Jul-20	Now is the time: a call for increased access to contraception and safe abortion care during the COVID-19 pandemic	British Medical Journal (BMJ) Global Health	Position Statement	Médecins Sans Frontières (MSF) calls for the urgent expansion of contraception and safe abortion care during the COVID-19 pandemic. The COVID-19 pandemic has begun to severely limit access to these sexual and reproductive services, which have historically not been regarded as essential. 99% of maternal deaths and 97% of unsafe abortions occur in low and middle-income countries (LMIC) and restricting abortion access is likely to be particularly deadly in these locations. Recent analysis by the Guttmacher Institute estimated the potential effects: it found that a 10% decline of sexual and reproductive health services in LMIC due to COVID-19 would mean an additional 15.4 million unintended pregnancies, over 3.3 million unsafe abortions and 28,000 maternal deaths. Research indicates that safe abortion care can be safely and effectively supported via self-care and community-based models, especially given the safety profile of medication abortion. In responding to COVID-19, global health actors, including MSF, need to build on self-managed models of care and engage further with women and their communities to develop more locally driven and locally tailored responses.	Médecins Sans Frontières (MSF) is calling for self-care and community-based models of safe abortion care during COVID-19 to prevent the morbidity and mortality associated with restricted abortion access, especially in low and middle-income countries.	Kumar M, Daly M, De Plecker E, et al. Now is the time: a call for increased access to contraception and safe abortion care during the COVID-19 pandemic. BMJ Glob Health. 2020;5(7):e003175. doi:10.1136/bmjgh-2020-003175

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Allergic rhinitis, pediatric	5-Jul-20	Pills to Think About in Allergic Rhinitis Children During COVID-19 Era	Acta Paediatrica	Brief Report	There are limited data demonstrating a higher risk in development of COVID-19 among children with allergic rhinitis, a common pediatric disease. Moreover, high levels of allergic sensitization are associated with a reduction in ACE-2 expression, the cell entry receptor for SARS-CoV-2 in lung and intestinal mucosa cells, which could decrease susceptibility to infection in allergic patients. Pediatricians should consider monitoring allergic rhinitis in children, which can hide and overlap with COVID-19, delaying proper diagnosis. Current management suggestions for children with allergic rhinitis during the COVID-19 pandemic include continuing intra-nasal corticosteroid at the recommended dose and considering allergen immune-therapy.	Although children with allergic rhinitis do not appear to have higher risk of SARS-CoV-2 infection, symptoms of allergic rhinitis may overlap with those of COVID-19 leading to delayed diagnosis.	Brindisi G, De Vittori V, De Castro G, et al. Pills to think about in allergic rhinitis children during COVID-19 era [published online 2020 Jul 5]. Acta Paediatr. doi:10.1111/apa.15462
Children, detection of infection, Italy	5-Jul-20	Is nasopharyngeal swab comparable with nasopharyngeal aspirate to detect SARS-CoV-2 in children?	medRxiv	Preprint (not peer-reviewed)	This study compared two methods of detection of SARS-CoV-2, nasopharyngeal swab (NS) and nasopharyngeal aspirate (NPA) in pediatric department. From March 13 - May 22 2020, 300 paired specimens (NS/NPA) collected from 136 patients (134 hospitalized and 2 outpatients) were tested for SARS-CoV-2. They calculated sensitivities and specificities of NS, considering NPA as the gold standard. The overall sensitivity of NS was 58.1% (95% CI: 43.1%-71.8%) and the specificity was 97.7% (95% CI: 94.9-98.9%). Since the different practice in specimen collection, they divided the cohort according to the children's age (<6 or ≥ 6 years). Among children under 6 years, the concordance was K=0.67. Regarding children of 6 years or older, the concordance was K=0.60. The NS has in any case a low sensitivity in detecting SARS-CoV-2 in children when referred to NPA.	The authors suggest the preference for collection of NP aspirates whenever possible for the detection of SARS-CoV-2 in children.	Capecchi E, Pietro GMD, Luconi E. Is nasopharyngeal swab comparable with nasopharyngeal aspirate to detect sars cov 2 in children. Preprint. MedRxiv. [posted online, 2020 Jul 5] doi: 10.1101/2020.07.02.20142521.
Oncology, brain tumor, pediatric, diagnostic delay, Italy	5-Jul-20	Delayed Referral of Pediatric Brain Tumors During COVID-19 Pandemic	Neuro-Oncology	Letter to the Editor	The COVID-19 pandemic has had a milder organizational impact on pediatric hospitals, yet delayed referral for severe conditions with a high mortality rate has been reported. From March-April 2020, the authors identified four children at a single pediatric hospital in Rome, Italy with a newly diagnosed brain tumor who experienced clinical decompensation requiring hospitalization. This corresponds to a four-fold increase in this rare life-threatening situation, which was observed in 1% of cases in the last two years at the same center (n = approx. 100 cases/year). The authors describe each of the four cases, which included the death of one child. They note that in each case, direct clinical evaluation from the family's pediatrician was deferred due to the COVID-19 pandemic. Each child then presented to the emergency department after neurological deterioration became apparent. The authors therefore strongly advocate for initiatives for both pediatricians and families designed to increase awareness of the early signs of childhood brain tumors.	In a single pediatric center in Italy, four children with brain tumors experienced severe clinical decompensation after a deferred clinical evaluation from their pediatrician due to the COVID-19 pandemic. This is a four-fold increase in this complication at this center compared to before the current crisis.	Carai A, Locatelli F, Mastronuzzi A. Delayed referral of pediatric brain tumors during COVID-19 pandemic [published online, 2020 Jul 5]. Neuro Oncol. doi:10.1093/neuonc/noaa159
Children, vaccinations, Tuscany, Italy	4-Jul-20	Paediatric activities and adherence to vaccinations	Journal of Preventive Medicine and Hygiene	Original article	The aim of this study was to evaluate the impact of the COVID-19 epidemic on pediatric vaccinations administered by pediatricians in Tuscany, Italy, as a proxy of adherence to vaccinations during the epidemic. 400 members of the Tuscany section of the Italian	This survey of pediatricians in Tuscany, Italy, found that most continued to	Bechini A, Garamella G, Giammarco B, et al. Paediatric activities and adherence to vaccinations during the COVID-19 epidemic period in

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		during the COVID-19 epidemic period in Tuscany, Italy: a survey of paediatricians			Federation of Paediatricians (FIMP) were invited to participate in a semi-structured online survey. Most (98.2%) of the 223 respondents reported a general decline in outpatient pediatric visits; 65.8% reported a more than 60% reduction compared to prior to the COVID-19 pandemic. A total of 208 pediatricians (93.3%) continued to vaccinate in the period considered: 66/208 (31.7%) reported a reduction in parents' compliance with mandatory vaccination (hexavalent and MMRV vaccines), and 88/208 (42.3%) reported a reduction in compliance with non-mandatory vaccinations. Almost all pediatricians declared having taken preventive actions to counter the spread of SARS-CoV-2. Although the majority of Tuscan pediatricians continued to vaccinate during the lock-down, some parents decided to postpone their children's scheduled vaccinations, mainly owing to fears concerning the safety of access to health services. When Italian immunization coverage data in the first months of 2020 become available, it will be possible to assess the real impact of the COVID-19 pandemic on pediatric vaccinations. It is crucial to continue vaccinating against preventable infectious diseases in order to avoid other possible epidemic outbreaks.	administer routine pediatric vaccinations but saw a reduction in both mandatory and non-mandatory vaccinations during the COVID-19 pandemic. Most indicated that they had taken preventive actions to counter the spread of SARS-CoV-2, and continued routine vaccination is critical for preventing other epidemic outbreaks.	Tuscany, Italy: a survey of paediatricians [published online 2020 Jul 4]. J Prev Med Hyg. 2020;61(2):E125-E129. doi:10.15167/2421-4248/jpmh2020.61.2.1626
Diabetes, diabetes management, scoping review, special consideration, recommendation	4-Jul-20	Diabetes management and specific considerations for patients with diabetes during coronavirus pandemic: A scoping review	Diabetes & Metabolic Syndrome: Clinical Research & Reviews	Review Article	The authors conducted a scoping review in PubMed, Science Direct, Directory of Open Access Journal, and Microsoft Academics databases from January 1st to April 17th, 2020, and 7 articles were selected. This review provided an overview of the current evidence on diabetes management and specific considerations during the COVID-19 pandemic for people living with diabetes. The authors discussed diabetes management in terms of glycemic control and monitoring, dietary intake, physical activity, medication, education, and prevention. Additionally, recommendations are discussed for diabetes in children and adolescents, pregnancy, elderly, emergency, or critical care.	This review provided a summary of diabetes management and specific considerations amid the COVID-19 pandemic for diabetes patients, including children, adolescents, pregnant women which could be helpful for patients, family members, health care providers, and policymakers.	Wicaksana AL, Hertanti NS, Ferdiana A, Pramono RB. Diabetes management and specific considerations for patients with diabetes during coronavirus diseases pandemic: A scoping review [published online, 2020 Jul 4]. Diabetes Metab Syndr. 2020;14(5):1109-1120. doi:10.1016/j.dsx.2020.06.070
Household transmission, adult-to-child transmission, pediatric, Singapore	4-Jul-20	Household Transmission of SARS-CoV-2 From Adults to Children	The Journal of Pediatrics	Original Research	Investigating household transmission of SARS-CoV-2 can provide information on the transmissibility of the virus; however, data on this topic are limited. Beginning in March 2020 in Singapore, the Ministry of Health implemented SARS-CoV-2 screening for all pediatric (age < 16 years old) household contacts of COVID-19 positive adults. The authors report the attack rate in the pediatric contacts of confirmed COVID-19 adult cases in Singapore from 5 March-30 April 2020. After screening 213 children, 13 cases (6.1%) were identified in seven households (5.2% of 137 households). When stratified by age, the attack rate was 1.3% in children < 5 years old, 8.1% in those 5-9 years old, and 9.8% in those 10-16 years old. The attack rate did not differ between male and female children. Children were most likely to be	The authors showed a difference in the attack rate of SARS-CoV-2 household transmission from adult-to-child based on age. The low attack rate among children < 5 years old may suggest that this population is less likely to be infected with the virus and may not be	Yung CF, Kam KQ, Chong CY, et al. Household Transmission of SARS-CoV-2 from Adults to Children [published online, 2020 Jul 4]. J Pediatr. doi:10.1016/j.jpeds.2020.07.009

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					infected if their mother was the household index case. Testing all children in households with COVID-19 cases, regardless of symptoms, could allow for early case identification, isolation, and monitoring.	drivers of the pandemic.	
Congenital heart disease, pediatric, parents, survey, UK	4-Jul-20	No official help is available - experience of parents and children with congenital heart disease during COVID-19	medRxiv	Preprint (not peer-reviewed)	The authors sought to explore the experience of patients and parents of children with congenital heart disease (CHD) during the COVID-19 crisis in the UK. They conducted an online survey with open and closed questions, which 184 parents and 36 children or young people (median age 18 years old, IQR 17-22 years old) completed from 9 April-9 May 2020. They found that 86.4% of parents worried about the virus compared to 69.4% of children/young people. Additionally, 89% of parents were vigilant for COVID-19 symptoms compared to 69.4% of children/young people. Both groups expressed frustration with the lack of cardiac-specific and pediatric-focused information from their clinical team. Parents reported feeling alone, particularly due to cardiac service suspension during the pandemic. The authors conclude that in order to better support children with CHD and their families, resources should be developed to address their concerns during this pandemic.	The authors conducted the first survey focused on the experiences of children with congenital heart disease (CHD) and their parents during the COVID-19 pandemic. They identified a high level of anxiety in parents and patients about the virus. The surveyed population also reported a lack of CHD-specific and pediatric COVID-19 resources and support.	Marino LV, Wagland R, Culliford DJ et al. "No official help is available" - experience of parents and children with congenital heart disease during COVID-19. [pre-print published online, 2020 Jul 4]. medRxiv. doi:https://doi.org/10.1101/2020.07.03.20146076
MIS-C, coronary artery, pediatric, Switzerland	4-Jul-20	Coronary Artery Dilatation in a Child with Hyperinflammatory Syndrome With SARS-CoV-2-positive Serology	European Heart Journal	Cardiovascular Flashlight	The authors describe the case of a 10-year-old male in Switzerland who presented with coronary artery dilatation in the context of MIS-C associated with COVID-19. He had positive IgA and IgG serology for SARS-CoV-2 but a negative PCR test. They identified no clinical features of Kawasaki disease. He had no signs of myocarditis. One month after diagnosis, the child's coronary artery dilatation was confirmed on CT scan. The authors note that there should be a concern for coronary dilatation after SARS-CoV-2, most likely representing a post-infectious vasculitis.	Data continues to emerge regarding the cardiac manifestations of MIS-C associated with SARS-CoV-2. In this case, the authors present a 10-year-old male who experienced coronary artery dilatation in the context of MIS-C and positive COVID-19 serologies.	Wacker J, Malaspinas I, Aggoun Y et al. Coronary artery dilatation in a child with hyperinflammatory syndrome with SARS-CoV-2-positive serology [published online, 2020 Jul 4]. Eur Heart J. doi:10.1093/eurheartj/ehaa536
Children, adolescents, societal changes, mental health	4-Jul-20	COVID-19 and child and adolescent psychiatry: an unexpected blessing for part of our population?	European Child & Adolescent Psychiatry	Letter to the Editor	Clinical experience over the last weeks, as well as popular press coverage, show that the sudden lockdown-induced changes for some children and families reduce daily stress, and sensory exposures and changes family routines. These changes seem to actually reduce child and adolescent mental illness symptoms and even improve well-being. Some children seem to experience alleviation of social and sensory pressure and enjoy the more intensive family life. In this context, the crisis may provide a unique window of opportunity to test long-standing hypotheses on modern life stressors and mental health problems or psychiatric pathogenesis and well-being in developing children and adolescents. Therefore, the authors argue that the research agendas currently laid out to register and understand the negative effects of COVID-19 on child and adolescent (mental)	The authors advocate an open scientific mind to COVID-19 studies by including 'positive' hypotheses and questions in addition to those testing negative expectations of the COVID-19 pandemic on children and adolescents.	Bruining H, Bartels M, Polderman TJC, Popma A. COVID-19 and child and adolescent psychiatry: an unexpected blessing for part of our population? [published online, 2020 Jul 4]. Eur Child Adolesc Psychiatry. 2020;doi:10.1007/s00787-020-01578-5

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					health should also include the perspective of children and families who are benefitting from the societal changes.		
Dermatology, children, acne, Turkey	4-Jul-20	The Most Common Pediatric and Adult Dermatology Patient Complaints in a Month of the COVID-19 Pandemic in Turkey	Dermatologic Therapy	Original Paper	During the pandemic and lockdown period, many dermatological clinics were temporarily closed in Turkey as well as all over the world. The authors investigated the most common reasons for admission of pediatric and adult patients who were admitted to Medipol Mega University Hospital dermatology outpatient clinic between 30 March and 30 April 2020, the period with the highest number of COVID-19 patients in Turkey. A total of 61 patients in the pediatric age group (30 boys and 31 girls) and a total of 425 patients in the adult age group (221 men and 204 women) were included. The mean age of the patients in the pediatric age group was 8.4 ± 4.9 years old (range: 1 month-17 years) and in the adult age group was 34.4 ± 14 years old (range: 18-97 years). In the two groups, the most common reason for admission was acne (10, 16.4%) and (89, 20.9%), respectively. Of the 99 acne patients, 70 (70.7%) were using systemic isotretinoin and applied to the clinic to repeat the prescription or continue the agent.	This article describes pediatric and adult patients admitted to a private university hospital's dermatology outpatient clinic in Turkey. The number and percentage of pediatric patients admitted to the dermatology clinic during the pandemic period drastically reduced, which can be attributed to the lockdown in the country.	Altun E. The most common pediatric and adult dermatology patient complaints in a month of the COVID-19 Pandemic in turkey [published online, 2020 Jul 4]. <i>Dermatol Ther.</i> 2020; doi:10.1111/dth.13972
Pregnancy, severe illness, management, Beijing, China	4-Jul-20	Pregnancy With Covid-19: Management Considerations for Care of Severe and Critically Ill Cases	American Journal of Reproductive Immunology	Review article	A large number of articles have been published that describe clinical characteristics and outcomes of pregnant women infected with COVID-19, in order to provide evidence for management. Existing data suggest that the overall prognosis of pregnancy complicated by COVID-19 infection is promising when compared to previous coronaviruses, although maternal morbidity and mortality related to COVID-19 has been reported. Optimal management of severe and critically ill cases of COVID-19-infected-pregnancy is poorly understood. The possibility of postpartum exacerbation in pregnancy with COVID-19 is also worth considering.	The authors of this review article argue that management of severe and critically ill pregnant women with COVID-19 deserves more attention and needs further investigation.	Chen L, Jiang H, Zhao Y. Pregnancy with Covid-19: Management considerations for care of severe and critically ill cases [published online 2020 Jul 4]. <i>Am J Reprod Immunol.</i> 2020;e13299. doi:10.1111/aji.13299
Ethics; health services research; COVID-19, children	3-Jul-20	Unlocking children's voices during SARS-CoV-2 coronavirus (COVID-19) pandemic lockdown	Archives of Disease in Childhood	Letter	This letter advocates for children's right to have their concerns acknowledged in daily government briefings during the COVID-19 pandemic in the UK in April 2020. The authors note that while members of the public can submit questions to the UK government for daily COVID-19 briefings, the rules specifically prohibit questions from children, blatantly ignoring their rights. The authors cite the United Nations Convention on the Rights of the Child (UNCRC) which define a child as anyone who has not yet reached their 18th birthday. The UNCRC includes obligations of communities and states to fulfil children's rights and includes respect for the views of the child (Article 12) and freedom of expression (Article 13). While children appear to have milder clinical effects of COVID-19, the psycho-social consequences of the pandemic are arguably more damaging to children. Children are a vulnerable population with unique burdens of mandated stay-at-home and social distancing orders. Decreased in-person education and reports of increased levels of domestic abuse are	This letter advocates for children's rights, as outlined by the United Nations Convention on the Rights of the Child, to have their concerns regarding the COVID-19 pandemic addressed in daily government briefings in the UK. The authors highlight burdens of the COVID-19 pandemic unique to children and advocate for all child health professionals to promote children's	Rowland A, Cook DL. Unlocking children's voices during SARS-CoV-2 coronavirus (COVID-19) pandemic lockdown. <i>Arch Dis Child.</i> 2021;106(3):e13. doi:10.1136/archdischild-2020-319894

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					valid concerns which should be addressed. The authors advocate for all child health professionals to promote children's rights during the pandemic, noting the failure to do so is wrong and potentially a violation of their human rights.	rights and concerns during this time.	
COVID-19; pregnancy; paracentral scotoma; United Kingdom	3-Jul-20	Paracentral acute middle maculopathy and acute macular neuroretinopathy following SARS-CoV-2 infection	Eye (London)	Letter to the Editor	In this letter, the authors present the first report of new paracentral scotoma in 2 patients following SARS-CoV-2 infection in the United Kingdom. In the first case, a 37-year-old Caucasian female in week 14 of an uncomplicated pregnancy presented with a 1-day history of abrupt onset, faintly colorful, left eye para-central scotoma. This was 35 days following the onset of a febrile illness with cough and anosmia. SARS-CoV-2 nasopharyngeal swab was not performed during the infection, but subsequently positive serology (IgG) was confirmed. The second case was that of a 32-year-old Caucasian male who presented with a 4-day history of abrupt onset, faintly colorful, right eye para-central scotoma. This was 16 days following the onset of nasopharyngeal swab-confirmed COVID-19. These patients developed para-central acute middle maculopathy (PAMM) and acute macular neuro-retinopathy (AMN), respectively, soon after confirmed SARS-CoV-2 infection and possibly represent post-infectious complications. A larger case series is needed to determine if there is a true association.	In this letter, the authors present the first report of new paracentral scotoma in 2 patients following SARS-CoV-2 infection. These patients developed para-central acute middle maculopathy (PAMM) and acute macular neuro-retinopathy (AMN), respectively, soon after confirmed SARS-CoV-2 infection and possibly represent post-infectious complications. A larger case series is needed to determine if there is a true association.	Virgo J, Mohamed M. Paracentral acute middle maculopathy and acute macular neuroretinopathy following SARS-CoV-2 infection. Eye (Lond). 2020;34(12):2352-2353. doi:10.1038/s41433-020-1069-8.
COVID-19; Children; Myocarditis; France	3-Jul-20	Case report of an isolated myocarditis due to COVID-19 infection in a paediatric patient	European Journal Case Reports	Case Report	Cardiovascular complications of COVID-19 have been reported in the adult population; however, less is known about myocardial involvement in pediatric patients. This case report describes the initial presentation, medical care, and clinical course of a 15-year-old patient presenting with isolated myocarditis due to COVID-19 at a hospital in Paris, France [date not specified]. The patient had no cardiovascular risk factors or history of cardiovascular disease. He presented with persistent chest pain and mild fever (<38°C) for 3 days and reported no respiratory symptoms. Physical examination revealed blood pressure of 100/60 mmHg, heart rate of 75 bpm, and O2 saturation of 98%. Blood tests revealed a slight increase in C-reactive protein level with normal leukocytes and elevated cardiac troponin. N-terminal pro-brain natriuretic peptide and D-dimer remained normal. The patient tested positive for SARS-CoV-2 via PCR of nasopharyngeal swab. In order to exclude viral co-infections, a multiplex RT-PCR was performed, which resulted negative. The patient was admitted to the intensive cardiac care unit and isolated acute myocarditis was confirmed on cardiac MRI. No pulmonary lesion was observed on chest CT. The authors suggest that immune injury observed in COVID-19 patients may be the main cause of myocardial injury; however, in light of the patient's rapid recovery, low increase of	This case report describes the initial presentation, medical care, and clinical course of a 15-year-old patient presenting with isolated myocarditis due to COVID-19 at a hospital in Paris, France. In light of the patient's rapid recovery, low increase of C-reactive protein, and the early presentation of myocarditis, myocardial injury was considered to be transient damage from viral infection rather than from cytokine storm. The authors recommend screening for SARS-CoV-	Fischer Q, Brillat-Savarin N, Ducrocq G, Ou P. Case report of an isolated myocarditis due to COVID-19 infection in a paediatric patient. Eur Heart J Case Rep. 2020;4(F11):1-5. Published 2020 Jul 3. doi:10.1093/ehjcr/ytaa180

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					C-reactive protein, and the early presentation of myocarditis, myocardial injury was considered to be transient damage from viral infection rather than from cytokine storm. The authors recommend screening for SARS-CoV-2 infection in all children presenting with myocardial injury in an inflammatory context.	2 infection in all children presenting with myocardial injury in an inflammatory context.	
Pediatric oncology; SARS-CoV-2; COVID-19; communication; social distancing	3-Jul-20	Covid-19: Breaking bad news with social distancing in pediatric oncology	Pediatric Blood and Cancer	Letter to the Editor	In this letter, the authors describe the challenges faced by medical care practitioners in pediatric oncology due to social distancing measures. They discuss how the communication of bad news such as remissions was affected by these measures. For example, masking hid half the face and limited the conveyance of news. This was compounded by physical distancing measures that limited non-verbal elements of communication like holding hands and hugging. Non-verbal communication cues such as facial expressions, holding hands, and hugs can be seen as a risk of transmitting the virus to immunocompromised individuals. The authors conclude by citing that patients, care providers, and other stakeholders will likely adapt to the new mode of communication and its impact on non-verbal communication would be evaluated, with strategies being developed to better cope.	In this letter to the editor, the authors describe the challenges masking and social distancing pose for communicating bad news in pediatric oncology. Non-verbal communication cues such as facial expressions, holding hands, and hugs can be seen as a risk of transmitting the virus to immunocompromised individuals.	André N. Covid-19: Breaking bad news with social distancing in pediatric oncology. <i>Pediatr Blood Cancer</i> . 2020 Sep;67(9):e28524. doi: 10.1002/pbc.28524. Epub 2020 Jul 3. PMID: 32618416.
Infants, children, cardiac care, congenital heart disease, India	3-Jul-20	Impact of the COVID-19 pandemic on pediatric cardiac care in India: Time for action!	Annals of Pediatric Cardiology	Editorial	For decades, India has struggled with the largest population of congenital heart disease in the world but has worked steadily on capacity building of quality pediatric cardiac care. Due to the COVID-19 pandemic, this movement has been halted, and pediatric cardiac services have been paused. The author describes the impact of the COVID-19 pandemic on pediatric cardiac services in India across medical, economic, and social sectors. The public health measures have resulted in lack of transportation for sick neonates and infants, and hospitals have stopped elective cardiac surgeries, which likely worsened the clinical condition of many infants and children. The clinical conditions of patients are worsened by economic conditions as the pandemic has led to widespread loss of jobs, shutdown of businesses, and huge pay cuts while cost of care has increased. The author argues that the COVID-19 pandemic has taken a toll on pediatric cardiac services, resulting in infants and children with congenital heart disease being unable to continue with treatment.	This article describes the impact of the COVID-19 pandemic on pediatric cardiac services in India. The author argues that the COVID-19 pandemic has halted the progress of pediatric cardiac services, particularly in addressing infants and children with congenital heart disease.	Iyer KS. Impact of the COVID-19 pandemic on pediatric cardiac care in India: Time for action!. <i>Ann Pediatr Cardiol</i> . 2020;13(3):183-185. doi:10.4103/apc.APC_153_20
Pregnancy, vertical transmission, maternal mortality, maternal morbidity	3-Jul-20	SARS-CoV-2 infection in pregnancy: A systematic review and meta-analysis of clinical features	EClinicalMedicine	Review	This is a systematic review and meta-analysis of studies related to SARS-CoV-2 infection and pregnancy. The authors conducted an electronic database (Medline, Embase, Clinicaltrials.gov, Cochrane Library) search from April 6 to June 8, 2020 and included studies that documented pregnant women with RT-PCR confirmed COVID-19. 86 studies were included. 17 studies (2567 pregnancies) were used in the quantitative synthesis, and the other small case series and case reports were used to extract	This systemic review and meta-analysis demonstrates that maternal SARS-CoV-2 infection is related to an increased risk of iatrogenic preterm birth and caesarean delivery.	Khalil A, Kalafat E, Benioglu C, et al. SARS-CoV-2 infection in pregnancy: A systematic review and meta-analysis of clinical features and pregnancy outcomes [published online ahead of print, 2020 Jul 3]. <i>EClinicalMedicine</i> . 2020;100446. doi:10.1016/j.eclinm.2020.100446

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		and pregnancy outcomes			rarely-reported events. Most women were in the third trimester (73.9%). 52.4% had delivered, and 48.3% of the deliveries were by C-section. Preterm birth occurred in 23.8% of cases. There was a high proportion of Black, Asian, or minority ethnic group identification (50.8%), obesity (38.2%), and chronic comorbidities (32.5%). Fever (63.3%), cough (71.4%), and dyspnea (34.4%) were the most commonly reported maternal clinical symptoms. The most common lab abnormalities were increased C-reactive protein or procalcitonin (54.0%), lymphopenia (34.2%), and elevated transaminases (16.0%). Maternal ICU admission was required in 7.0% of cases with 3.4% requiring intubation. Admission to the ICU increased with higher rate of maternal comorbidities or with maternal age > 35 years. Maternal mortality was rare (~1%) but was higher in cohorts with higher rates of antiviral drug use. Positive neonatal nasopharyngeal swabs were observed in 1.4% of cases.	Reassuringly, maternal morbidity appears similar to that of women of reproductive age, and vertical transmission only occurs in a small proportion of cases. These findings may help inform guidelines for the clinical counselling of women during the ongoing COVID-19 pandemic.	
Pregnancy, convalescent plasma, ICU admission, Italy	3-Jul-20	Convalescent plasma for coronavirus disease 2019 in pregnancy: a case report and review	American Journal of Obstetrics & Gynecology MFM	Case Report	This case involved a 29-year-old pregnant (G2P1) patient with a singleton gestation who received convalescent plasma (CP) as part of the management of her COVID-19 infection in Mantova, Italy. She presented on April 9, 2020 at 24 2/7 weeks of gestation with cough and fever (day 7 of symptoms). She had evidence of parenchymal thickening in the right upper lobe and was started on ceftriaxone, azithromycin, and prophylactic low molecular weight heparin (LMWH). The next day she clinically worsened and was transfused with 300mL convalescent plasma (CP). She later continued to decline with high fever (39.5°C), tachypnea, hypotension, and an SpO2 of 91% on room air. She was transferred to the ICU and initiated on O2 by nasal cannula, hydroxychloroquine, therapeutic LMWH, and methylprednisolone. She developed ARDS on day 2 in the ICU but did not require intubation. On fetal monitoring, the middle cerebral artery peak systolic velocity (MCA-PSV) was >1.5 multiples of median with diastolic reverse flow so the patient was transfused with another 300 mL of CP. The patient's clinical condition rapidly improved within 3 days of the second CP transfusion and she was discharged 13 days after admission with favorable maternal and neonatal outcomes.	This case report presents a pregnant woman treated with convalescent plasma as part of her management of COVID-19 in Italy, which ultimately resolved with favorable maternal and neonatal outcomes.	Grisolia G, Franchini M, Glingani C, et al. Convalescent plasma for coronavirus disease 2019 in pregnancy: a case report and review [published 2020 Jul 3]. Am J Obstet Gynecol MFM. 2020; doi:10.1016/j.ajogmf.2020.100174
Informed consent, India, testing	3-Jul-20	Informed Consent for Emergency Obstetric Care During COVID-19 Pandemic	Journal Obstetrics and Gynaecology India	Commentary	The COVID-19 pandemic has complicated the process of obtaining informed consent before emergency obstetrical surgery. During informed consent, an obstetrician should provide the patient with detailed information about the nature of the surgery, expected risks and benefits, alternate treatments, and consequences of not receiving surgery. However, in areas with a paucity of pre-operative COVID-19 testing, it may be impossible to identify a patient's COVID-19 status prior to surgery. Furthermore, a patient may develop COVID-19 while admitted to the hospital. This complicates the process of informed consent	A lack of adequate COVID-19 testing complicates informed consent for emergency obstetric procedures. Obstetricians may consider modifying their informed consent procedure and forms to include additional	Tripathy S, Mohapatra S. Informed Consent for Emergency Obstetric Care During COVID-19 Pandemic. [published online, 2020 Jul 3]. J Obstet Gynaecol India. doi:10.1007/s13224-020-01339-z

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					because the obstetrician may be unable to articulate a patient's treatment course, including potential ICU admission or financial obligations. Furthermore, this can lead to medico-legal ramifications. The author proposes an informed consent process for use during the COVID-19 pandemic in a single-center in India. This specialized informed consent integrates language about COVID-19 and describes testing, diagnosis, and management in the event the patient later tests positive or acquires the infection during hospitalization.	information about COVID-19.	
ACE2, adaptive, innate, melatonin	3-Jul-20	SARS-CoV2 coronavirus: so far polite with children. Debatable immunological and non-immunological evidence	Allergologia et Immunopathologia	Original Article	This author theorizes why SARS-CoV-2 infections have been less common and less severe in children than in adults. Children have a more active respiratory innate immune response, as well as a larger number of regulatory T lymphocytes, than adults. Secondly, the number and function of ACE receptors, through which SARS-CoV-2 attacks cells, increase with age. Common human coronaviruses, frequently found in healthy children, may provide some cross-immunity against SARS-CoV-2. Additionally, co-infection with other respiratory viruses might block SARS-CoV-2 from causing symptoms, or may heighten the child's immune system, thereby enabling it to more easily fight SARS-CoV-2. Melatonin, instrumental in immune response, is more plentiful in younger people. Pneumococcal vaccination, recommended for infants, has been related to reduced viral pneumonia and influenza morbidity, and therefore may help protect against COVID-19-related respiratory infections. Finally, the author discusses that children are usually exposed to a fewer number of people than adults are, and therefore children are probably not a major transmitter of COVID-19 to their contacts.	The article summarizes theories on why SARS-CoV-2 infections in children are less common and less severe than in adults. Differences in infection may be related to differences in immune systems, physiology, viral co-infection status, vaccination history, or lifestyle.	Álvez F. SARS-CoV2 coronavirus: so far polite with children. Debatable immunological and non-immunological evidence [published online ahead of print, 2020 Jul 3]. Allergol Immunopathol (Madr). 2020;S0301-0546(20)30107-5. doi:10.1016/j.aller.2020.05.003
children, clinical characteristics, pediatric.	3-Jul-20	Clinical Characteristics of Children With COVID-19: A Meta-Analysis	Frontiers in Pediatrics	Systematic Review Article	This random-effect meta-analysis was conducted to determine the characteristics of children with COVID-19, including their demographic, epidemiological, clinical, laboratory, imaging features, and outcomes, using literature published between January 1st and April 1st, 2020 in PubMed, China National Knowledge Infrastructure, Wanfang Database, and Chongqing VIP Database. Of 195 studies, 33 were selected, and 14 (371 patients, mean age 5.5 years, range 0-17 years) of them were included in the meta-analysis. Findings revealed that 17.4% (95% CI 9.1-27.3) of children had asymptomatic infection. Fever (51.2%, 95% CI 40.2-62.2) and cough (37.0%, 95% CI 25.9-48.8) were the most frequent symptoms. The prevalence of severe or critical illness was almost 0% (95% CI 0-1.0). The most frequent abnormal laboratory findings in pediatric patients, were leukopenia/lymphopenia (28.9%, 95% CI 19.5-39.2) and increased creatine kinase (20.1%, 95% CI 1.3-49.9). Ground-glass opacity was observed in 53.9% (95% CI 38.4-68.7) of children diagnosed with pneumonia. The authors concluded that children were at a	This meta-analysis assessed 14 studies of 371 pediatric patients with COVID-19 between January 1st and April 1st, 2020 and concluded that children were at a lower risk of developing COVID-19 and had a milder disease than adults did.	Ding Y, Yan H, Guo W. Clinical Characteristics of Children With COVID-19: A Meta-Analysis. Front Pediatr. 2020;8:431. Published 2020 Jul 3. doi:10.3389/fped.2020.00431

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					lower risk of developing COVID-19 and had a milder disease than adults did.		
PIMS-TS, hemophagocytic lymphohistiocytosis, innate immunity, macrophage activation syndrome, neutrophil, pediatric, Czechia	3-Jul-20	Case Report: Systemic Inflammatory Response and Fast Recovery in a Pediatric Patient With COVID-19	Frontiers in Immunology	Case Report Article	The authors reported a case of an 8-year-old girl who underwent a SARS-CoV-2 infection manifesting with atypical symptoms of abdominal discomfort, systemic inflammatory response to SARS-CoV-2 infection in absence of other infectious pathogens and partial hallmarks of hemophagocytic lymphohistiocytosis or macrophage activation syndrome. In this case of what has since been described as Pediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV-2 (PIMS-TS), they documented excellent clinical response to immunosuppression with systemic corticosteroids, intravenous immunoglobulins, preventive anticoagulation, and supportive therapy. They showed a detailed longitudinal development of neutrophil immunophenotype which suggested activation and engagement of neutrophils during PIMS-TS with compensatory contraction of the response and contra-regulation of neutrophil phenotype during recovery.	In this case report from Czechia, an 8-year-old girl with COVID-19 experienced abdominal discomfort, systemic inflammatory response to SARS-CoV-2 infection in absence of other infectious pathogens. She recovered quickly with systemic corticosteroids and intravenous immunoglobulins.	Klocperk A, Parackova Z, Dissou J, et al. Case Report: Systemic Inflammatory Response and Fast Recovery in a Pediatric Patient With COVID-19. <i>Front Immunol.</i> 2020;11:1665. Published 2020 Jul 3. doi:10.3389/fimmu.2020.01665
Kawasaki disease, children, cytokine storm, paralytic ileus	3-Jul-20	SARS-COV-2 Infection and Kawasaki Disease: Case Report of a Hitherto Unrecognized Association	Frontiers in Pediatrics	Case Report	In this report, authors described a 6-year old patient diagnosed and treated for atypical/incomplete Kawasaki Disease (KD) complicated with paralytic ileus, who also was positive for SARS-CoV-2. The child presented Kawasaki Disease (KD), an acute, febrile, self-limited systemic vasculitis of small and medium sized vessels that represents the most common cause of acquired heart disease in children in developed countries. In this case, authors found that the child had a demonstrated infection by enterovirus, rhinovirus, and SARS-CoV-2, according to PCR tests. Many viral infections may elicit systemic inflammation and consequently vasculitis such as KD, and it is also known that SARS-CoV-2 infection can activate uncontrolled inflammation which can lead to local and systemic tissue damage. In this patient, more than one pathogen were detected, making it difficult to understand which of the three viral agents had been the trigger. To complicate the case further, suggestive symptoms for KD began simultaneously with intestinal symptoms; an uncommon concurrence in KD cases.	The authors state that a registry of KD cases associated with SARS-CoV-2 infection is currently ongoing in Italy, and hopefully results will shed light on this unusual association.	Cazzaniga M, Baselli LA, Cimaz R. SARS-CoV-2 Infection and Kawasaki Disease: Case Report of a Hitherto Unrecognized Association. <i>Front Pediatr.</i> 2020;8:398. Published 2020 Jul 3. doi:10.3389/fped.2020.00398
Proteinuria, pre-eclampsia, pregnant woman	3-Jul-20	Proteinuria in COVID-19 pregnant women: Preeclampsia or severe infection?	European Journal of Obstetrics & Gynecology and Reproductive Biology	Correspondence	The authors describe their misdiagnosis of pre-eclampsia (PE), due to the presence of proteinuria, in the case of a 26-year-old pregnant woman with severe COVID-19. This patient was admitted at 37 weeks of gestation with a 24-hour history of dry cough and headache; nasopharyngeal tests were positive for SARS-CoV-2. On day 2 of hospitalization, a suspected PE diagnosis was verified through a positive 24-hour urine protein test. The patient had a C-section and delivered a healthy boy, who was tested negative for SARS-CoV-2. In the post-partum period, the patient developed respiratory distress syndrome, treated with invasive ventilation and extracorporeal membrane oxygenation,	The authors argue that more attention should be paid to proteinuria in SARS-CoV-2 positive pregnant women, which may be related to not only pre-eclampsia but also to severe SARS-CoV-2 infection.	Dap M, Morel O. Proteinuria in Covid-19 pregnant women: Preeclampsia or severe infection? [published online, 2020 Jul 3]. <i>Eur J Obstet Gynecol Reprod Biol.</i> 2020;S0301-2115(20)30445-0. doi:10.1016/j.ejogrb.2020.07.005

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					and fully recovered. Later, the authors found that 16.2% of pregnant women infected with SARS-CoV-2 presented with pre-eclampsia, a rate much higher than that (2-8%) of pregnant women in general. Thus the authors provided two hypotheses: one is false-positive diagnosis of PE, with the proteinuria in fact linked to SARS-CoV-2 infection itself; the other is increased placental dysfunction due to intravascular inflammation associated with SARS-CoV-2 infection.		
Pregnancy, immunity	3-Jul-20	Immunological Aspects of Coronavirus Disease During Pregnancy: An Integrative Review	Revista da Associação Médica Brasileira	Review article	This article aims to review the immunological aspects of the COVID-19 in pregnancy. An integrative review was performed based on the literature available in the MEDLINE and LILACS databases. This search included articles published until 14th April 2020, published in English, Spanish or Portuguese. The authors initially found a total of 62 articles; 52 were accessed in full-text, and 5 were finally selected. Pregnant women are more affected by respiratory diseases possibly because of physiological, immune, and anatomical changes. Some studies highlight the important shift to a T-helper lymphocyte type 2 (Th2) immune response in pregnancy, as a potential contributor to the severity in cases of COVID-19. Additionally, the cytokine storm present in severe cases leads to an increased inflammatory state, which may deteriorate the clinical prognosis in this population. Therefore, pregnant women may represent a vulnerable group to COVID-19 infection, primarily due to the immune imbalance in the maternal-fetal interface. To conclude, the maternal immune response probably plays an important role in the pathophysiology of this infection, although some details remain unsolved.	Pregnancy is a unique immunological state, in which intricate processes take place physiologically in the maternal-fetal interface, and this review may provide insights into the possible immune mechanisms involved in the pathophysiology of COVID-19 in pregnancy.	Silva CRACD, Oliveira LV, Lopes LP, Santos WAGD, Agra IKR. Immunological aspects of coronavirus disease during pregnancy: an integrative review. Rev Assoc Med Bras (1992). 2020;66(5):696-700. doi:10.1590/1806-9282.66.5.696
Sero-epidemiological, nationwide, population-based, Spain	3-Jul-20	Prevalence of SARS-CoV-2 in Spain (ENE-COVID): A Nationwide, Population-Based Sero-epidemiological Study	Lancet	Research Article	In this nationwide, population-based, longitudinal sero-epidemiological study in Spain from April 27th to May 11th, 2020, 61,075 participants from randomly selected households were enrolled and the authors used two tests, a point-of-care rapid test and a chemiluminescent microparticle immune-assay, for the determination of SARS-CoV-2 infection. According to the findings, seroprevalence was 5.0% (95% CI 4.7-5.4%) by the point-of-care test and 4.6% (4.3-5.0%) by immune-assay, with a specificity-sensitivity range of 3.7% (3.3-4.0%; both tests positive) to 6.2% (5.8-6.6%; either test positive), with no differences by sex and lower seroprevalence in children younger than 10 years (<3.1% by the point-of-care test). There was substantial geographical variability, with higher prevalence around Madrid (>10%), which is a hotspot area, and lower in coastal areas (<3%). Around a third of seropositive participants were asymptomatic, ranging from 21.9% (19.1-24.9%) to 35.8% (33.1-38.5% for the point-of-care test and the immunoassay, respectively). Only 19.5% (16.3-23.2%) of symptomatic participants who were seropositive by both the point-of-care test and immunoassay reported a previous PCR test. This study also confirmed that a high-quality point-of-care	This is the first nationwide population-based study that presents seroprevalence estimates of antibodies against SARS-CoV-2 at national and regional levels, exploring the landscape of population immunity in Spain.	Pollán M, Pérez-Gómez B, Pastor-Barriuso R, et al. Prevalence of SARS-CoV-2 in Spain (ENE-COVID): a nationwide, population-based seroepidemiological study [published online, 2020 Jul 3]. Lancet. doi:10.1016/S0140-6736(20)31483-5

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					test could be a good choice for large sero-epidemiological studies. In conclusion, this study provides nationwide and regional estimates of SARS-CoV-2 dissemination in Spain, showing remarkable differences between higher and lower prevalence areas. One in three infections seems to be asymptomatic, while a substantial number of symptomatic cases remained untested. Despite the high impact of COVID-19 in Spain, prevalence estimates remain low and are clearly insufficient to provide herd immunity. This cannot be achieved without accepting the collateral damage of many deaths in the susceptible population and overburdening of health systems. In this situation, social distance measures and efforts to identify and isolate new cases and their contacts are imperative for future epidemic control.		
School closure, nutrition, education, public health, children	3-Jul-20	School closure, COVID -19 and lunch program: Unprecedented undernutrition crisis in low-middle income countries	Journal of Pediatrics and Child Health	Viewpoint	The COVID-19 pandemic has affected nearly 70% of children and teenagers around the world due to school closure policies. School closures were implemented widely in order to prevent viral transmission. Since then, the effectiveness of school closures has been debated. Growing evidence suggests that SARS-CoV-2 infections are often mild or asymptomatic in children and that children may not be major SARS-CoV-2 transmitters. Because the majority of children in low and middle-income countries (LMIC) depend on free school meals, unexpected long-term school closures may adversely influence nutrition and educational outcomes. In this viewpoint, the authors argue for a more thorough exploration of potential adverse impacts of school closures in LMIC and additionally recommend several actions to ensure that health and learning needs of vulnerable populations are met in this crisis.	The authors conclude that based on current data, the benefits of school re-openings far outweigh the risks. Ensuring health and education for the next generation is key to preventing deepening inequalities.	Mayurasakorn K, Pinsawas B, Mongkolsucharitkul P et al. School closure, COVID-19 and lunch program: Unprecedented undernutrition crisis in low-middle income countries [published online t, 2020 Jul 3]. J Paediatr Child Health. doi:10.1111/jpc.15018
Mental health. pregnancy, breastfeeding, Belgium	3-Jul-20	Mental Health Status of Pregnant and Breastfeeding Women During the COVID-19 Pandemic: A Call for Action	International Journal of Gynecology & Obstetrics	Brief Communication	Pregnancy and early parenthood are characterized by intense emotions and a high vulnerability to emotional problems. Pregnant and breastfeeding women now also have to face the COVID-19 pandemic. The authors argue that research aimed assessing the impact of COVID-19 on maternal-fetal outcomes should not neglect perinatal mental health. They conducted an online survey in Belgium to investigate maternal mental health status after a few weeks of lockdown (n=5866 women, 2421 pregnant and 3445 breastfeeding). They found that almost half of the surveyed women experienced depressive or anxious symptoms during the lockdown period. The prevalence of self-reported major depressive symptoms in pregnancy (25.3%) and post-partum (23.6%) were explicitly higher when compared to before the pandemic. The authors conclude that routine depression and anxiety screening should be considered in obstetrical settings during the COVID-19 pandemic.	Pregnant and breastfeeding women in Belgium have higher levels of depression and anxiety during the COVID-19 pandemic compared to before the current crisis. Obstetricians should be aware that the pandemic and associated isolation measures may place an additional burden on the emotional well-being of their patients.	Ceulemans M, Hompes T, Foulon V. Mental health status of pregnant and breastfeeding women during the COVID-19 pandemic: A call for action [published online, 2020 Jul 3]. Int J Gynaecol Obstet. doi:10.1002/ijgo.13295
Children, MIS-C, clinical	3-Jul-20	Multisystem Inflammatory Syndrome in	The Indian Journal of Pediatrics	Commentary	Multisystem System Inflammatory Syndrome in Children (MIS-C) tends to manifest later in the course of SARS-CoV-2 infection and presents with higher severity; although it shares clinical and	This article reviews common characteristics of MIS-C in children, as	Shah SK, Munoz AC. Multisystem Inflammatory Syndrome in Children in COVID-19 Pandemic [published online

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characteristics, management		Children in COVID-19 Pandemic			laboratory features of Kawasaki disease and Kawasaki-shock syndrome, the demographic and inflammatory process of MIS-C are different from the classical description. Common characteristics of MIS-C reported from different cohorts during the COVID-19 pandemic include fever, abdominal pain, diarrhea, and vomiting mimicking acute abdomen. Cardiovascular dysfunction and myocardial injury are present in more than half of the reported cases. Mucous membrane changes, conjunctival injection, swollen extremities and lymphadenopathy are also common, further mimicking Kawasaki disease. Notable laboratory and imaging findings suggest that this syndrome is a late inflammatory process within 4 weeks of an acute disease or contact with a COVID-19 positive person. Despite differences in the clinical spectrum of MIS-C, outcome data of patients in the developed world are promising. Recommendations for prompt identification of cases, management, and treatment of patients with MIS-C are additionally presented in this article.	well as recommendations for management of this rare but serious syndrome, based on reported data from various international cohorts.	2020 Jul 3]. Indian J Pediatr. doi:10.1007/s12098-020-03440-7
Children, radiology, management, transmission	3-Jul-20	Management Strategies for Children With COVID-19: ESPR Practical Recommendations	Pediatric Radiology	Commentary	This guidance document outlines a strategy for imaging children with an emphasis on proven or suspected COVID-19 cases. Children suspected of COVID-19 should not be imaged routinely. Imaging should be performed only when expected to alter patient management. In order to prevent disease transmission, it is important to manage the inpatient caseload effectively by triaging children and carers outside the hospital, re-scheduling nonurgent elective procedures and managing symptomatic children and carers as COVID-19 positive until proven otherwise. Within the imaging department one should consider conducting portable examinations with COVID-19 machines or arranging dedicated COVID-19 pediatric imaging sessions and performing routine nasopharyngeal swab testing before imaging under general anaesthesia. Finally, regular personal hygiene, appropriate usage of PPE, awareness of which procedures are considered aerosol generating and information on how to best disinfect imaging machinery after examinations should be highlighted to all staff members.	Pediatric radiology staff can reduce disease transmission by adhering to pragmatic guidelines for imaging children with suspected or confirmed COVID-19. The authors provide advice to professionals who care for children in radiology departments that can be adapted for different settings.	Raissaki M, Shelmerdine SC, Damasio MB, et al. Management strategies for children with COVID-19: ESPR practical recommendations [published online 2020 Jul 3]. Pediatr Radiol. 2020. doi:10.1007/s00247-020-04749-3
Antibodies, IgG, IgM, vertical transmission, neonates, China	3-Jul-20	Disappearance of SARS-CoV-2 Antibodies in Infants Born to Women With COVID-19, Wuhan, China	Emerging Infectious Diseases	Research letter	Antibody persistence in infants born to women with COVID-19 has not yet been reported. The authors conducted assays for SARS-CoV-2-specific antibodies and SARS-CoV-2 nucleic acid tests in 64 infants admitted to one Tongji Hospital in Wuhan, China from January 19-April 12, 2020. 24 of these infants were born to women with PCR-confirmed COVID-19, and the remaining 40 were born to women without COVID-19. Of note, antibody testing time was inconsistent because testing was implemented in early March. Results from both tests were negative for all 40 infants born to women without COVID-19. Among the 24 infants born to women with COVID-19, 15 (62.5%) had detectable IgG and 6 (25.0%) had detectable IgM; nucleic acid test results were	The findings in this study show a rapid rate of decline in antibody titers, suggesting lack of protective passive immunity in infants born to women with COVID-19, and IgM detection in infants, supporting a growing body of evidence of	Gao J, Li W, Hu X, et al. Disappearance of SARS-CoV-2 Antibodies in Infants Born to Women with COVID-19, Wuhan, China [published online 2020 Jul 3]. Emerg Infect Dis. 2020;26(10). doi:10.3201/eid2610.202328

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					all negative. The IgG titers in all 15 decreased with time, and they declined more slowly in infants with positive IgM.	possible vertical transmission.	
Editorial, mode of delivery, pregnancy, COVID-19, cesarean section, vaginal birth	2-Jul-20	Evaluation of mode of delivery in pregnant women infected with COVID-19	European Journal of Midwifery	Editorial	This editorial evaluates the mode of delivery in pregnant women with COVID-19. In a recent systematic review of 108 pregnancies with COVID-19, 50 women were delivered, of which 44 gave birth by cesarean section, and only 6 women gave birth by vaginal delivery. Furthermore, cesarean section rates in women with COVID-19 were higher than in the general population. Guidelines from the World Health Organization, Royal College of Obstetricians and Gynecologists, and The Royal College of Midwives stated that the mode of delivery should not be influenced by SARS-CoV-2 infection unless the mother is hypoxic or in a severe respiratory state. Cesarean section is not a recommended method of childbirth in pregnant women with COVID-19. However, this was the mode of delivery in the majority of cases with fetal distress cited as the indication behind the clinical decision. There was no evidence of COVID-19 in the amniotic fluid, umbilical cord blood, neonatal throat swab, or breastmilk samples. Midwives have been recognized as advocates of natural birth for pregnant women. Midwifery-led models of care are associated with lower cesarean section rates and reduced needs for a range of medical interventions. These positive impacts are critical to prevent avoidable harm, and midwife-led care settings for birth should be continued during the COVID-19 pandemic.	This editorial evaluates the mode of delivery in pregnant women with COVID-19. Cesarean section was the mode of delivery in the majority of cases, with fetal distress cited as the indication behind the clinical decision. Guidelines from the World Health Organization, Royal College of Obstetricians and Gynecologists, and The Royal College of Midwives state that the mode of delivery should not be influenced by SARS-CoV-2 infection unless the mother is hypoxic or in a severe respiratory state.	Giaxi P, Maniattelli E, Vivilaki VG. Evaluation of mode of delivery in pregnant women infected with COVID-19. Eur J Midwifery. 2020;4:28. Published 2020 Jul 2. doi:10.18332/ejm/123888
MIS-C, cardiogenic shock, Kawasaki disease, adolescent, case report, USA	2-Jul-20	Severe cardiac dysfunction in a patient with multisystem inflammatory syndrome in children associated with COVID-19: Retrospective diagnosis of a puzzling presentation. A case report	Progress in Pediatric Cardiology	Case Report	The authors report one of the earliest known U.S. cases of MIS-C associated with COVID-19. This 14-year old multiracial (Caucasian and Hispanic) adolescent male presented on April 12th, 2020 to a pediatric hospital in Wilmington, Delaware, USA prior to any known association between COVID-19 and immune-mediated inflammatory syndrome in children. He presented in stable condition and without significant multisystem involvement. During hospitalization, he developed severe left ventricular dysfunction and mixed hypovolemic, distributive, and cardiogenic shock. Clinical features overlapped with Kawasaki disease, acute rheumatic fever, and toxic shock syndrome. After centers in Europe began reporting a multisystem inflammatory condition in children with COVID-19, the patient's clinical course and laboratory findings were revisited. He underwent newly available antibody testing and was diagnosed as one of the first known cases of MIS-C in the United States.	The authors describe the case of a 14-year-old patient presenting to a hospital on April 12th, 2020 in the US, who retrospectively met the criteria for MIS-C. The symptoms of this patient, especially cardiac dysfunction, offer several important lessons regarding MIS-C.	Daniel Vari, Jonathan M. Miller, Neil Rellosa, et al. Severe cardiac dysfunction in a patient with multisystem inflammatory syndrome in children associated with COVID-19: Retrospective diagnosis of a puzzling presentation. A case report, Progress in Pediatric Cardiology, 2020, https://doi.org/10.1016/j.ppedcard.2020.101270 .
Pregnancy, universal testing, asymptomatic infections, New York City, USA	2-Jul-20	Universal testing for coronavirus disease 2019 in pregnant women admitted for delivery:	American Journal of Obstetrics and Gynecology MFM	Research letter	This is a retrospective cohort study that evaluated women admitted for delivery at 4 hospitals in New York City, USA, from April 2-9, 2020, to determine the prevalence of peripartum COVID-19 infection and the rate of asymptomatic carriers. 375 women had molecular diagnostic testing for COVID-19 per a universal testing protocol, and 64 (17.1%) tested positive for	The authors describe results from universal testing of women admitted to obstetric units, with approximately 1 in 5	Blitz MJ, Rochelson B, Rausch AC, et al. Universal testing for coronavirus disease 2019 in pregnant women admitted for delivery: prevalence of peripartum infection and rate of asymptomatic carriers at four New

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		prevalence of peripartum infection and rate of asymptomatic carriers at four New York hospitals within an integrated healthcare system			SARS-CoV-2. An additional 7 women were previously tested and diagnosed with COVID-19 secondary to symptoms. Thus, the overall prevalence of positive SARS-CoV-2 RT-PCR testing was 18.6% (71 of 382). Among the 64 women who tested positive, 70.3% were asymptomatic. Among the symptomatic patients diagnosed with COVID-19 (19 of 64), the most common symptoms were cough (57.9%), fever (52.6%) and dyspnea (47.4%). Hispanic and non-Hispanic black women were disproportionately affected. At the peak of the COVID-19 outbreak in New York City, approximately 1 in 5 women presenting for delivery tested positive for SARS-CoV-2. Asymptomatic carriers were common, comprising more than two-thirds of women with a laboratory-confirmed viral infection.	women testing positive for SARS-CoV-2, 70% of whom were asymptomatic. Awareness of the potential for asymptomatic viral infection in areas with high community transmission is critical for patient and staff safety.	York hospitals within an integrated healthcare system [published online 2020 Jul 2]. Am J Obstet Gynecol MFM. 2020. doi:10.1016/j.ajogmf.2020.100169
Children, indirect effects, school closure	2-Jul-20	After COVID-19, a future for the world's children?	The Lancet	Comment	Children are less affected clinically by COVID-19 than adults. Nonetheless, children are impacted by the pandemic's indirect effects, not least from separation or loss in their own families. Projections suggest that over a million preventable child deaths might occur due to decreased access to food and disruption of essential health services. Children risk missing out on growth monitoring, preventive care, and timely management of acute disease and injuries. Some children are experiencing reduced access to social service referrals while suffering from increased rates of domestic violence. COVID-19 has also prevented continuous education for over 1.5 billion children and young people. School closures worsen the learning gap since children from wealthier families continue schooling with digital tools, whereas poorer children fall further behind, in all countries. Meanwhile, hundreds of millions of children who rely on school meals globally are deprived. Adolescents especially can suffer when deprived of social stimuli, since peer interaction is key to their development. Country leaders should put child health and wellbeing at the center of recovery plans.	This comment points out the indirect effects of COVID-19 on children's development, calling for a global movement to put action for children at the center of development and recovery.	Clark. Helen, Coll-Seck. Awa, Banerjee. Anshu et al. (2020). After COVID-19, a future for the world's children?. The Lancet. 10.1016/S0140-6736(20)31481-1.
Cardiotocograph, perinatal outcomes, pregnancy, operative interventions, Spain	2-Jul-20	Fetal Heart Rate Changes on the Cardiotocograph Trace Secondary to Maternal COVID-19 Infection	European Journal of Obstetrics, Gynecology, and Reproductive Biology	Original Research	This retrospective analysis of 12 cardiotocograph (CTG) traces from pregnant women with symptomatic COVID-19 infection in Spain sought to determine changes in traces occurring during maternal COVID-19 infection. These were then correlated with perinatal outcomes (Apgar Score at 5 min, and umbilical cord pH). All fetuses showed an increased baseline fetal heart rate of >10% compared to the initial recording. 10 out of 12 CTG traces (83.3%) demonstrated late or prolonged decelerations and 7 out of 12 fetuses (58.3%) showed absence of cycling. Exaggerated or augmented variability >25bpm was found in 33% confirming a ZigZag pattern. Excessive uterine activity was observed in all CTG traces where uterine activity was monitored (10 out of 12). For the perinatal outcomes, Apgar scores at 5 minutes were normal (>7) and absence of metabolic acidosis was found in the umbilical cord arterial pH (pH > 7.0) in the cases that were available (11	The study describes the cardiotocograph changes in pregnant women symptomatic with COVID-19. Despite CTG changes, perinatal outcomes were favorable, which has implications for the prevention of unnecessary operative interventions for abnormal CTG changes.	Gracia-Perez-Bonfils A, Martinez-Perez O, Llurba E, Chandraharan E. Fetal heart rate changes on the cardiotocograph trace secondary to maternal COVID-19 infection [published 2020 Jul 2]. Eur J Obstet Gynecol Reprod Biol. 2020;252:286-293. doi:10.1016/j.ejogrb.2020.06.049

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					and 9, respectively). Maternal COVID-19 infection appears to cause changes in the CTG traces, which is likely due to a combination of effects including maternal hypoxia, pyrexia, uterine irritability, and diminished transfer of oxygen through the placenta. However, perinatal outcomes appear to be favorable.		
Pediatrics, adolescents, critical care, USA	2-Jul-20	Clinical Features of Critical Coronavirus Disease 2019 in Children	Pediatric Critical Care Medicine	Brief Report	This observational cohort study analyzed all hospitalized pediatric patients (median age 5 years, range 0-18 years) with confirmed COVID-19 as of May 4, 2020, at a hospital in Indianapolis, USA. Of 407 pediatric patients tested for SARS-CoV-2, 24 were positive, and 19 required hospitalization. Of 19 hospitalized patients, 7 (36.8%) were critically ill in the ICU, and 4 (21%) required mechanical ventilation. This study found that, compared to other hospitalized patients with pediatric COVID-19, cases that developed critical illness were associated with older age (p=0.017), longer duration of symptoms (p=0.036), lower oxygen saturation on presentation (p=0.016), more thrombocytopenia (p=0.015), higher C-reactive protein (p=0.031), and lower WBC count (p=0.039). Duration of mechanical ventilation averaged 14.1 days. One patient died. The critically ill patients had complicated courses.	Severe, protracted COVID-19 is seen in pediatric patients, including those without significant comorbidities. Data regarding optimal management and therapies for pediatric COVID-19 are urgently needed.	Bhumbra S, Malin S, Kirkpatrick L, et al. Clinical Features of Critical Coronavirus Disease 2019 in Children [published online, 2020 Jul 2]. <i>Pediatr Crit Care Med</i> . doi:10.1097/PCC.0000000000002511
Children, mental health, social distancing, school closure, disability	2-Jul-20	Mental Health Implications of COVID-19 on Children With Disabilities	Asian Journal of Psychiatry	Letter to the Editor	Social distancing during the COVID-19 pandemic has led to a lack of daily routine and structure for children worldwide; however, this change can be particularly disruptive for children with physical and mental disabilities. Challenges of online learning coupled with a lack of recreational activities at home can be frustrating for these children and detrimental to their social and intellectual development. Experiencing negative emotions, changes in moods, and changes in sleeping and eating patterns put children at a greater risk of experiencing relapse of mental illness as well as exacerbating existing mental health issues. The author argues that during the COVID-19 pandemic, it is important to look after the psychological and emotional wellbeing in addition to the physical safety of children with mental and physical vulnerabilities. The crisis is likely to affect children with pre-existing vulnerabilities disproportionately.	For children with disabilities, social distancing due to the COVID-19 pandemic could place them at a higher risk for clinically significant mental health issues. The author argues that effective measures should be taken to seek immediate and long-term solutions to contend with this issue.	Patel K. Mental health implications of COVID-19 on children with disabilities [published online, 2020 Jul 2]. <i>Asian J Psychiatr</i> . doi:10.1016/j.ajp.2020.102273
Mother and neonate, Wuhan, China	2-Jul-20	Clinical and Imaging Features of COVID-19 in a Neonate	Chest	Case report	A 34-year-old woman from Wuhan, China, who was 40 weeks pregnant, checked in to the hospital with low fever and contraction pains, which she reported had started 8 h previously. The real-time PCR result for SARS-CoV-2 nucleic acid was positive. Using the highest level of prevention against nosocomial infection, a cesarean section was performed. The neonate had no obvious dyspnea. The real-time PCR result for the SARS-CoV-2 nucleic acid of the neonate was positive. The neonate did not have a fever or cough. The postnatal response was not as good from the second day of his birth. He was then transferred to Wuhan Children's Hospital, where he underwent another radiographic examination and another nucleic acid detection with	The authors describe a SARS-CoV-2 positive neonate who showed no obvious abnormality in his first chest radiograph, and the authors share two conjectures: (1) the immune system of the neonate was immature; (2) the course of the disease was too short.	Xiong Y, Zhang Q, Zhao L, Shao J, Zhu W. Clinical and Imaging Features of COVID-19 in a Neonate. <i>Chest</i> . 2020;158(1):e5-e7. doi:10.1016/j.chest.2020.03.018

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					nasal swab specimens. The second radiographic examination, done 4 days after his birth, showed very small Broncho vascular shadows and ground-glass opacity in the right lower lobe, and the rechecked nucleic acid detection result was positive. The neonate was given full care and nutritional support, without antibiotics. He underwent a third radiographic examination on day 15 after birth; no obvious abnormalities were observed. The infant was approved for discharge on day 17 after birth.	However, the second chest radiograph showed a very slight change.	
Mental health, children, adolescents	2-Jul-20	An investigation of mental health status of children and adolescents in china during the outbreak of COVID-19	Journal of Affective Disorders	Research paper	This study aims to demonstrate the psychological effects on children and adolescents associated with the epidemic. By using the convenience sampling method, questionnaires, such as Spence Child Anxiety Scale, Child Depression Inventory and Coping style Scale, were distributed to participating 359 children and 3254 adolescents online in China. The sample comprised children aged 7–12 years (9.94%) and adolescents aged 13–18 years (90.06%). The anxiety levels of children and adolescents were (23.87 ± 15.79) and (29.27 ± 19.79), respectively. 22.28% respondents were suffering from depressive symptoms. Seven significant factors associated with increased levels of anxiety, included being female, resident in urban regions, emotion-focused coping style. Nine factors associated with increased levels of depression, such as smartphone addiction (OR 1.411, 95% CI 1.099-1.180), internet addiction (OR 1.844, 95% CI 1.209-2.811), and residency in Hubei province (OR 3.107, 95% CI 1.252-7.708). Two additional factors associated with decreased levels of depressive symptoms: hours spend on the internet per day before the epidemic (OR 0.652, 95% CI 0.609-0.697) and tendency to apply problem-focused coping style (OR 0.937, 95% CI 0.923-0.951). The findings indicate that the COVID-19 outbreak has had a significant psychosocial impact on children and adolescents.	This study investigated the mental health status of children and adolescents in mainland China during the epidemic of COVID-19 and found that the related influencing factors including gender, internet addiction, area of residency, emotion-focused coping style, and problem-focused coping style.	Duan L, Shao X, Wang Y, et al. An investigation of mental health status of children and adolescents in china during the outbreak of COVID-19 [published online, 2020 Jul 2]. J Affect Disord. 2020;275:112-118. doi:10.1016/j.jad.2020.06.029
Vulvar lesion, viral swab, vertical transmission, personal protective equipment	2-Jul-20	Detection of COVID-19 in a Vulvar Lesion	American Journal of Perinatology	Short Communication	A 26-year-old woman at 31 weeks' gestation with a history of chronic hypertension, presented for a routine prenatal visit. She reported a recent history of cough, fatigue, myalgias, anosmia, and ageusia. She denied fevers or sick contacts. Despite these symptoms, she was most bothered by vulvovaginitis, reporting vulvar pruritis and burning. On chaperoned pelvic examination, a 3-mm ulceration in the right posterior fourchette of the vaginal introitus was noted. She was also diagnosed with a candida yeast infection of the vulva and prescribed fluconazole. The vulvar lesion specimen tested negative for HSV-1 and HSV-2, but her nasopharyngeal swab tested positive for SARS-CoV-2 RNA and Pan-SARS RNA. A follow-up pelvic examination was then performed 25 days after the vulvar lesion was initially noted. During that appointment, the vulvar lesion was no longer present, and the patient continued to report the resolution of her COVID-19 and vulvar symptoms.	This case shows that COVID-19 is detectable in the vulva. This may have implications for health care workers' exposure and personal protective equipment needs.	Elizabeth S. Rubin, Stephanie A. Sansone, Adi Hirschberg, Elizabeth G. et al. Detection of COVID-19 in a Vulvar Lesion. Am J Perinatol. DOI: 10.1055/s-0040-1713665

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Pregnancy, labor and delivery, management, Washington D.C., USA	2-Jul-20	Simulations of Deliveries of SARS-CoV-2 Positive Pregnant Women and Their Newborn Babies: Plan to Implement a Complex and Ever-Changing Protocol	American Journal of Perinatology	Communication	Clinical case simulations provide a more hands-on approach than reviewing guidelines for healthcare provider teams to become familiar with management guidelines for SARS-CoV-2 infected pregnant women and their newborns. Simulations can help care team avoid variation from suggested guidelines, decrease risk of exposure to healthcare workers, and account for facility variables such as isolation rooms and PPE. Using case-based simulations and current guidance from the Center for Disease Control, American Academy of Pediatrics, and recent reviews, the author discusses a management guideline developed at their institution to facilitate provision of care to SARS-CoV-2 infected pregnant women during delivery and to their newborns, while protecting health care providers from exposure and in keeping with the local facility logistics.	The common scenarios of delivery described in this article can be adapted for the evolving guidelines for the management of SARS-CoV-2 positive pregnant women.	Rastogi S. Simulations of Deliveries of SARS-CoV-2 Positive Pregnant Women and Their Newborn Babies: Plan to Implement a Complex and Ever-Changing Protocol [published online 2020 Jul 2]. Am J Perinatol. 2020;10.1055/s-0040-1713602. doi:10.1055/s-0040-1713602
Pregnancy, pre-term birth, management, New York, USA	2-Jul-20	Clinical Implications of SARS-CoV-2 Infection in the Viable Preterm Period	American Journal of Perinatology	Original Research Article	This retrospective, cross-sectional study aimed to determine the rate of preterm birth (PTB) during hospitalization of women diagnosed with SARS-CoV-2 between 23 and 37 weeks of gestation in 7 hospitals in New York City from March 13-April 24, 2020, and whether this rate differs by gestational age at diagnosis of infection. The 65 patients included were stratified into two groups based on gestational age at diagnosis: early pre-term (23 0/7 to 33 6/7 weeks) versus late pre-term (34 to 36 6/7 weeks). The rate of PTB during hospitalization with infection was significantly lower among women diagnosed in the early pre-term period compared with late pre-term (7/36 [19.4%] vs. 18/29 [62%], p-value = 0.001). Of the 25 patients who delivered during hospitalization with infection, the majority were indicated deliveries (64%, 16/25). There were no deliveries <33 weeks of gestation for worsening COVID-19, and severity of disease did not alter the likelihood of delivery during hospitalization with SARS-CoV-2 infection (adjusted odds ratio [aOR]: 0.64; 95% confidence interval [CI]: 0.24-1.59). Increased maternal age was associated with a lower likelihood of delivery during hospitalization with SARS-CoV-2 infection (aOR: 0.77; 95% CI: 0.58-0.96), while later gestational age at diagnosis of infection was associated with a higher likelihood of delivery during hospitalization (aOR: 2.9; 95% CI: 1.67-8.09).	Preterm delivery is less likely among women diagnosed with COVID-19 in the early pre-term period compared with late preterm. The majority of preterm births among women with COVID-19 were indicated and not due to spontaneous preterm labor.	Gulersen M, Blitz MJ, Rochelson B, et al. Clinical Implications of SARS-CoV-2 Infection in the Viable Preterm Period [published online 2020 Jul 2]. Am J Perinatol. 2020;10.1055/s-0040-1713851. doi:10.1055/s-0040-1713851
Home mechanical ventilation, children, respiratory care, home visits	2-Jul-20	COVID-19: Precautions with children in home mechanical ventilation	Pediatric Research	Letter to the Editor	Children who use home mechanical ventilation (HMV) are at a higher risk for developing a severe COVID-19 infection. When faced with any respiratory infection, many individuals in this group require advanced health care and special respiratory care to prevent hospitalization. Respiratory deterioration must be avoided because the prognosis of ICU-admitted patients is poor. During the COVID-19 pandemic, the authors state that home visits for these patients should be limited to emergency professional visits and essential services with adequate protection measures. The authors provide additional	Children who use home mechanical ventilation for a variety of underlying pathologies are at an increased risk in case of respiratory infections, including COVID-19. The authors recommend several strategies to improve	Vasconcello-Castillo L, Torres-Castro R, Vera-Uribe R et al. COVID-19: Precautions with children in home mechanical ventilation. [published online, 2020 Jul 2]. Pediatric Research doi:10.1038/s41390-020-1047-7

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					recommendations for the care of a COVID-19 positive child who uses HMV including necessary PPE for providers, adequate protection for caregivers, modification of ventilator parameters, and delivery of inhaled drugs. These measures aim to improve the effectiveness of respiratory care in children with HMV during the COVID-19 pandemic.	the care of these children with COVID-19 and decrease the risk of exposure for their caregivers.	
Radiology, CT, pregnancy, China	2-Jul-20	CT Characteristics and Diagnostic Value of COVID-19 in Pregnancy	PLoS One	Original Research	The authors investigated the diagnostic value and characteristics of computed tomography (CT) for COVID-19 in pregnancy. The study included ten pregnant women infected with SARS-CoV-2 treated at a single hospital in Wuhan, China between 20 Jan.-6 Feb. 2020. The authors collected clinical data, laboratory indicators, and chest CT findings. CRP was elevated in seven patients, and D-dimer was increased in eight patients. Overall, CT characteristics of COVID-19 in pregnancy were mainly observed in early and progressive stages, and multiple new lesions were common. There were consolidations of varying sizes and degrees within the lesions identified. Moreover, the original ground glass opacity lesions could be fused or partially absorbed. Six patients had small bilateral pleural effusion. The diagnostic value of CT scans for COVID-19 in pregnancy is observed in cases with strong atypical symptoms and in false negative patients. In summary, CT scans can play an important role in early screening, dynamic observation, and efficacy evaluation of suspected or confirmed cases of pregnant women with COVID-19.	CT scans can be used to quickly screen for suspected COVID-19 in pregnant patients who have atypical symptoms or who have a negative test. The authors describe the pattern of CT scan findings in ten pregnant patients with COVID-19 in China.	Gong X, Song L, Li H, et al. CT characteristics and diagnostic value of COVID-19 in pregnancy. [published online, 2020 Jul 2]. PLoS One. doi:10.1371/journal.pone.0235134
Infant, chest CT, clinical manifestations, China	2-Jul-20	COVID-19 in Two Infants in China	Immunity, Inflammation and Disease	Original Research	The authors report two infant cases (5 and 7 months old), with COVID-19 in Yichang, Hubei, China. Their clinical manifestations, epidemiological history, laboratory examination, and treatment in detail are described. Also, this report provides CT images of their chest, which are the most serious imaging manifestation among the infants recorded so far: the chest CT of patient 1 showed multiple patchy ground glass opacity shadows in both lungs, and local interlobular septum thickening like a grid; the chest CT of patient 2 showed extensive fusion with patchy blurred shadows in both lungs. Although both of them eventually recovered and were discharged from the hospital, they were complications with varying degrees of liver and myocardial injury. Besides, one of them had an additional mycoplasma pneumoniae infection.	Although the clinical manifestations of most children are relatively mild, the authors suggest that pediatricians should consider the potential risks of developing severe illness in infants.	Li A, Zhou X, Lu W, Zhou Y, Liu Q. COVID-19 in two infants in China [published online, 2020 Jul 2]. Immun Inflamm Dis. 2020;10.1002/iid3.319. doi:10.1002/iid3.319
Pregnancy, clinical trial, hydroxychloroquine, treatment, Spain	2-Jul-20	Hydroxychloroquine Efficacy and Safety in Preventing SARS-CoV-2 Infection and COVID-19 Disease Severity During	Trials	Study Protocol	This study protocol outlines a randomized double-blind placebo-controlled multicenter clinical trial in Spain to evaluate the safety and efficacy of hydroxychloroquine (HCQ) to prevent and/or minimize SARS-CoV-2 infection during pregnancy. It outlines inclusion and exclusion criteria for pregnant women undergoing routine prenatal follow up or attending emergency units with symptoms suggestive of COVID-19 disease or close contact with a suspected or confirmed COVID-19. The study protocol then	This detailed study protocol outlines the key aspects of a randomized double-blind placebo-controlled multi-center clinical trial to evaluate hydroxychloroquine's	González R, García-Otero L, Pons-Duran C, et al. Hydroxychloroquine efficacy and safety in preventing SARS-CoV-2 infection and COVID-19 disease severity during pregnancy (COVID-Preg): a structured summary of a study protocol for a randomized placebo controlled trial. Trials. 2020;21(1):607.

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		Pregnancy (COVID-Preg): A Structured Summary of a Study Protocol for a Randomized Placebo Controlled Trial			describes randomization to a 14-day oral treatment course of HCQ or placebo. The primary outcome is the number of PCR-confirmed infected pregnant women assessed from collected nasopharyngeal and oropharyngeal swabs at day 21 after treatment start (one week after treatment is completed).	effects on SARS-CoV-2 infection in pregnant women.	Published 2020 Jul 2. doi:10.1186/s13063-020-04557-y
Anxiety, pregnancy, mental health, neonatal outcomes	2-Jul-20	The COVID-19 Pandemic and Perinatal Mental Health	Journal of Reproductive and Infant Psychology	Review Article	Pregnant women have been identified as a vulnerable group and among those most concerned about spreading or getting infected by SARS-CoV-2. Restriction of movement has affected antenatal care and led to impaired support from relatives and friends. Additional risks to perinatal mental health include increased financial difficulties, increased risk of intimate partner and domestic violence, and added stress from homeschooling, remote work, and overcrowded homes. Anxiety during pregnancy has been associated with subsequent high vigilance and attention deficits in children. Additionally, a recent study found that mental health problems during pregnancy in the pandemic have been associated with suicidal ideation and inefficient mother-infant bonding. Due to the effects of COVID-19, every pregnant woman should be asked about their mental health at every antenatal and postnatal appointment.	The COVID-19 pandemic poses additional threats to perinatal mental health, which can result in adverse maternal and neonatal outcomes. Pregnant women should frequently have their mental health assessed by clinicians.	Caparros-Gonzalez RA, Alderdice F. The COVID-19 pandemic and perinatal mental health. J Reprod Infant Psychol. 2020;38(3):223-225. doi:10.1080/02646838.2020.1786910
Children, dental care, Beijing, China	2-Jul-20	Impact of COVID-19 on Oral Emergency Services	International Dental Journal	Scientific research report	This retrospective review analyzed the impact of the COVID-19 outbreak on oral emergency room services, conducting a statistical analysis of epidemiological characteristics and the patients' diagnoses and treatments in a Beijing oral emergency room that compares visits during the COVID-19 outbreak in 2020 to those in 2019. There were fewer total visits in 2020 than in 2019 (P = 0.001), and the proportions of patients who were children, adolescents and elderly people were lower in 2020 than in 2019 (P < 0.001). The proportions of patients with acute toothache and infections were higher in 2020 than in 2019, and the proportions of patients with maxillofacial trauma and non-emergencies were lower in 2020 than in 2019 (P < 0.001).	During the COVID-19 outbreak, the number of visits to the oral emergency room and the proportions of the patients who were children, adolescents and elderly people were reduced.	Bai J, Xu T, Ji AP, Sun W, Huang MW. Impact of COVID-19 on oral emergency services [published online 2020 Jul 2]. Int Dent J. 2020;10.1111/ijdj.12603. doi:10.1111/ijdj.12603
Children, chilblains, retinal vasculitis, Spain	2-Jul-20	Concurrent Chilblains and Retinal Vasculitis in a Child With COVID-19	The Journal of the European Academy of Dermatology and Venereology	Letter to the Editor	An 11-year-old patient arrived at the Dermatology Emergency Department with a 2-weeks history of asymptomatic plaques on his toes. He did not complain of fever, respiratory symptoms, headache, malaise, sore throat, nasal congestion, or diarrhea. He had no history of family exposure and he was taking strict social distancing measures due to the Spanish Government restrictions applied on 13 March 2020. Physical examination showed edematous and erythematous to violaceous plaques on the dorsal toes of both feet. These lesions were clinically compatible with chilblains. A nasopharyngeal sample was obtained and an RT-PCR was negative for SARS-CoV-2. Serologic tests showed	This is the first case report of retinal vasculitis in a patient with SARS-CoV-2 infection. The authors presume that these type of symptoms occurs in a convalescent and non-infectious phase of the disease.	Quintana-Castanedo L, Feito-Rodríguez M, Fernández-Alcalde C, et al. Concurrent chilblains and retinal vasculitis in a child with COVID-19 [published online, 2020 Jul 2]. J Eur Acad Dermatol Venereol. 2020; doi:10.1111/jdv.16801

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					negative SARS-CoV-2 IgM with positive IgG antibodies. Other common viral infections were ruled out by laboratory investigation. An ophthalmologic exam was performed: his visual acuity was 1 in both eyes, and the pupils were reactive and symmetric. An examination of the ocular fundus showed retinal vasculitis located on the equator of the left eye, as well as one perivascular, infiltrate as well and extended retinal exudates. No retinal inflammation was found in the right eye. The authors suspected these chilblains could be related to COVID-19 because they had arisen along with warm springtime and in clusters during this COVID-19 pandemic.		
Dermoscopy, acro-ischemia, chilblains, Spain	2-Jul-20	Dermoscopy Features of COVID-19-related Chilblains in Children and Adolescents	The Journal of the European Academy of Dermatology and Venereology	Letter to the Editor	The authors analyzed 41 dermoscopy pictures obtained from different skin lesions in 12 patients with chilblains. The patients presented erythematous to purpuric macules and violaceous swellings located on the toes and feet. The images corresponded to lesions located on the perionychium, tip of toe with or without subungual, dorsum or side of toe, dorsum of foot, ankle, and only subungual. Three main dermoscopic features were observed: a background area, globules, and reticule. The background area is the predominant background color in the lesion, ranging from red, purple, and brown to grey. Globules are round to oval structures of red to purple color. And the network reticule is a mesh of grey-brown interconnected lines usually located peripherally within the background macule. The background area was present in all cases; the globules were included within the background area in most cases, but in some, they were seen outside the macules on a background of normal-looking skin. A reticule was observed in 12 images (29.3 %). The specificity of the features found is uncertain because no dermoscopic study of primary chilblains or chilblains secondary to other causes has been published.	This article describes the dermoscopic findings and the authors suggest that dermoscopy may be a useful aid for the diagnosis of chilblains in the setting of COVID-19 infection.	Navarro L, Andina D, Noguera-Morel L, Hernández-Martín A, Colmenero I, Torrelo A. Dermoscopy features of COVID-19-related chilblains in children and adolescents [published online, 2020 Jul 2]. J Eur Acad Dermatol Venereol. 2020; doi:10.1111/jdv.16800
Kawasaki disease, respiratory viral infections, pediatric, France	2-Jul-20	Emergence of Kawasaki disease related to SARS-CoV-2 infection in an epicenter of the French COVID-19 epidemic: a time-series analysis	The Lancet	Original Research	The authors examined whether the COVID-19 epidemic was associated with an increase in the incidence of Kawasaki disease (KD), an acute systemic childhood vasculitis. They performed a quasi-experimental interrupted time series analysis from 1 Dec 2005 - 20 May 2020 using data from a tertiary pediatric center in the region of Paris, France. They identified 230 KD patients. The median number of KD hospitalizations estimated by the quasi-Poisson model was 1.2 per month (IQR 1.1–1.3). In April 2020, they identified a rapid increase of KD related to SARS-CoV-2 (6 per month, p=0.0011). SARS-CoV-2 was found in eight of ten patients with KD since 15 April 2020. A second peak of hospital admissions due to KD was observed in Dec 2009 (6 cases per month, p=0.0053), concomitant with the influenza A H1N1 pandemic. The study provides additional evidence that viral respiratory infections could be triggers for KD. It also indicates	The authors identified a statistically significant increase in cases of Kawasaki disease (KD) approximately two weeks after the peak COVID-19 pandemic at single pediatric center in France. Health care systems should be prepared for an increased influx of children with KD, particularly in regions were the peak of	Ouldali N, Pouletty M, Mariani P et al. Emergence of Kawasaki disease related to SARS-CoV-2 infection in an epicentre of the French COVID-19 epidemic: a time-series analysis. [published online, 2020 Jul 2]. The Lancet. doi: https://doi.org/10.1016/S2352-4642(20)30175-9

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					there was an increase in the incidence of the disease during the COVID-19 epidemic.	COVID-19 has recently been reached.	
Children, diabetes, parental care, care capacities, Italy	2-Jul-20	School and Pre-School Children With Type 1 Diabetes During covid-19 Quarantine: The Synergic Effect of Parental Care and Technology	Diabetes Research and Clinical Practice	Original Research	The COVID-19 pandemic has forced children and parents to spend many hours at home and diabetes care has returned mainly in the hands of parents. This study aims to evaluate the effectiveness of exclusive return to parental care in pre-school and school children with Type 1 Diabetes (T1D) treated with the Tandem Basal IQ system during the pandemic. 22 children (M: F = 14:8) with T1D were evaluated. The authors compared insulin and Continuous Glucose Monitoring (CGM) data in two periods: PRE-COV and IN-COV (TIR – percent of time in the ideal range of glucose between 70 and 180 mg/dl), time above range (TAR – percent of time above 180 mg/dl), time below range (TBR - percent of time below 70 mg/dl). During the IN-COV period a significantly ($p < 0.001$) higher median value of TIR (66,41%) was observed as compared to PRE-COV period (61,45%). Patients also showed a statistically significant difference ($p < 0.002$) between the IN-COV period and the PRE-COV period as concerning the TAR metric: respectively $29.86 \pm 10.6 \%$ vs $34.73 \pm 12.8 \%$. The difference between the bolus insulin doses was statistically significant (PRE-COV 5.3 IU/day, IN-COV 7.9 IU/day - $p < 0.05$).	This observational real-life study confirms the positive effect of parental care in T1D very young children and the maintenance of a good glucose control remains largely dependent on family competence and education.	Schiaffini R, Barbetti F, Rapini N, et al. School and pre-school children with type 1 diabetes during covid-19 quarantine: the synergic effect of parental care and technology [published online, 2020 Jul 2]. Diabetes Res Clin Pract. 2020; doi:10.1016/j.diabres.2020.108302
angiotensin converting enzyme 2, innate immunity, endothelial damage, children, COVID-19, SARS-CoV-2	1-Jul-20	Three Hypotheses About Children COVID19	The Pediatric Infectious Disease Journal	Letter to the Editor	The author presents 3 hypotheses for why COVID-19 is less severe in children. Hypothesis 1: Children have lower expression of ACE2. Given that SARS-CoV-2 enters alveolar type 2 cells via ACE2, this could explain lower viral efficiency in children. However, the authors mention the caveat that children <1 year old have been shown to have higher risk of COVID-19 complication despite low ACE2 expression. Hypothesis 2: Age-related endothelial damage that accumulates over time is absent in children. Thus, children may not have as widespread inflammation as adults during infection, and this could prevent or slow disease progression. Hypothesis 3: Children have better innate immunity due to acquired viral infections and/or previous vaccinations that are more recent than adults. The author highlights that more studies must be done in all 3 of these areas to definitively say whether any or all of these hypotheses are correct.	The author presents 3 hypotheses as to why children have less severe COVID-19 compared to adults. They evaluate low ACE2 expression, decreased endothelial damage, and increased innate immunity in children as possible explanations for this phenomenon.	García-Salido A. Three Hypotheses About Children COVID19. Pediatric Infectious Disease Journal. 2020;39(7). doi:10.1097/inf.0000000000002701
COVID-19; pediatric; pre-hospital team	1-Jul-20	COVID-19 in pediatric patients: What the prehospital teams need to know	Archives de Pédiatrie	Letter to the Editor	These authors conducted a systematic literature review to collect information about prevalence, vulnerable age-groups, and other aspects of COVID-19 in the pediatric cohort, using findings to synthesize guidelines for pre-hospital teams. The authors identified human-to-human contact as the primary mode of SARS-CoV-2 transmission, either via respiratory droplets or contact with contaminated surfaces. They also suggested the potential for secondary transmission via skin-to-skin or third-party contacts for neonates born to mothers with COVID-19. They presented 3 hypotheses for lower COVID-19 severity in children:	The authors compiled guidelines for pre-hospital teams from data obtained by a systematic review on COVID-19 and the pediatric population. They recommend oxygenation of pregnant women with	Lemoine S, Chabernaude JL, Travers S, Prunet B. COVID-19 in pediatric patients: What the prehospital teams need to know. Arch Pediatr. 2020 Jul;27(5):281-282. doi: 10.1016/j.arcped.2020.05.003. Epub 2020 May 6. PMID: 32402434; PMCID: PMC7200380.

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					fewer interactions with cases, functional immaturity of ACE2 enzymes, and specific immunological responses of children. Hence, they compiled the following guidelines: mothers suspected of COVID-19 should be oxygenated during delivery and infant contact should be accompanied by adequate PPE and safety practices; nasopharyngeal swab tests to detect SARS-CoV-2 should be conducted in all newborns, in addition to using stool samples for the same; care should be taken not to overestimate COVID-19 cases and therefore over-occupy negative pressure chambers; the pre-hospital team should be vigilant about PPE usage to reduce nosocomial infections. The authors recommended that children who do not need hospitalization may be managed at home with instructions for parents, and that appropriate PPE be used by pre-hospital teams and pediatric patients.	COVID-19 during delivery and encourage infant contact with masks and appropriate PPE, when mothers have COVID-19. They also suggest not overestimating COVID-19 cases and therefore over-occupying negative pressure chambers, in addition to using appropriate PPE when caring for children with COVID-19, and avoiding hospitalization for them unless necessary.	
COVID-19; infants; SARS-CoV-2, pediatrics, influenza, pneumonia, other coronavirus	1-Jul-20	Comparison of the Clinical Features of SARS-CoV-2, Other Coronavirus and Influenza Infections in Infants Less Than 1-Year-Old	The Pediatric Infectious Diseases Journal	Letter to the Editor	In this letter, the authors shared additional information on COVID-19 in the pediatric cohort in response to a review published in The Pediatric Infectious Disease Journal. They compared published clinical cases of infant COVID-19 cases with hospitalized infants infected with other coronavirus strains from the Pneumo-Study conducted by the GABRIEL project. The authors restricted the study populations to infants <1-year-old with pneumonia, with nasopharyngeal swabs collected at admission to identify bacteria and viruses by RT-PCR. 17/333 infants with pneumonia had a nasopharyngeal swab test positive for CoV [7 with HKU1, 5 with CoV OC43, 3 with CoV NL63, 2 with CoV 229E], and 31 had an influenza-positive swab [22 with Influenza A, 9 with Influenza B]. Coughs were less prevalent in COVID-19 than in other infected patients, and 2/3 of infants in the Pneumo-Study who died had a Streptococcus pneumoniae co-infection. Thus, the authors underscore the lack of significant differences between SARS-CoV-2 and other respiratory viruses in infants, indicating that it does not seem more severe in this population. However, they suggested a further investigation into the role of infants in the transmission of SARS-CoV-2 and the clinical features, diagnosis, and impact of COVID-19 in the pediatric population.	In this article, the authors compared the clinical features of SARS-CoV-2 infections with other coronavirus and influenza infections in children aged <1-year-old with pneumonia. They found that cough was less prevalent in COVID-19 than other infections and that the differences in clinical symptoms and severity between COVID-19 and other infections were not significantly different in children aged <1 year old.	Vanhems P, Endtz H, Dananché C, Komurian-Pradel F, Sanchez Picot V; Pneumonia Study GABRIEL members*. Comparison of the Clinical Features of SARS-CoV-2, Other Coronavirus and Influenza Infections in Infants Less Than 1-Year-Old. <i>Pediatr Infect Dis J</i> . 2020;39(7):e157-e158. doi:10.1097/INF.0000000000002705
COVID-19; Kawasaki disease; children	1-Jul-20	Unleashing the mysterious link between COVID-19 and a famous childhood vasculitis: Kawasaki disease	Egyptian Pediatric Association Gazette	Review	In this review, received for publication in May 2020, the authors discuss the pediatric multi-inflammatory syndrome mimicking Kawasaki disease (KD) observed in some children that test positive for SARS-CoV-2. Typical characteristics of the syndrome include fever, rash, swelling of the hands and feet, peeling of skin, non-purulent conjunctival injection, lymphadenopathy, and coronary artery abnormalities. The Coronaviridae (CoV) family of	In this review, the authors discuss the pediatric multi-inflammatory syndrome mimicking Kawasaki disease (KD) observed in some children that	AbdelMassih AF, AbdelAzeam AS, Ayad A. Unleashing the mysterious link between COVID-19 and a famous childhood vasculitis: Kawasaki disease. <i>Egypt Pediatr Association Gaz</i> . 2020;68,21. doi:10.1186/s43054-020-00029-9.

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					viruses have been implicated in induction of several post-infectious vasculitides, namely, KD, acute hemorrhagic edema of infancy, and Henoch Schoenlein Purpura. Such vasculitis occurs in individuals genetically susceptible to vascular inflammation, and augmented inflammation leads to hypersecretion of cytokines, including IL-6. Shared genetic susceptibilities between KD and CoV include genes encoding for CD 40, HLA-B15:03, and ACE. The relationship between KD and CoV can help to predict the risk of inflammatory syndrome in COVID-19 patients, as individuals could be screened for increased levels of cytokines like IL-6. This relationship might also signify that classic treatment of KD with IV immunoglobulins (IVIG) might need to be replaced with anti-cytokine therapy in COVID-19 patients.	test positive for SARS-CoV-2. There is strong evidence that Coronaviridea (CoV) can induce a state of post-infectious vasculitis in genetically predisposed individuals through augmented inflammation with hypersecretion of cytokines, including IL-6.	
stay-at-home orders, COVID-19, mental health, suicide, depression, youth, LGBTQ, USA	1-Jul-20	Vulnerable Youth and the COVID-19 Pandemic	Official Journal of the American Academy of Pediatrics	Opinion	In this opinion piece, the authors discuss the impact of COVID-19 stay-at-home orders and lockdowns on vulnerable pediatric populations, particularly in the US. Vulnerable youth, especially LGBTQ individuals, youth in foster care, and youth with substance use disorders, are at higher risk of experiencing physical and sexual abuse, depression, suicidal ideation, and self-harming behaviors. These risks are expected to increase due to a lack of exposure to mental health supports, peers and friends, and school. The authors emphasize the importance of using pediatric medical providers to provide telemedicine care for these youth through partnership with child welfare and advocacy agencies. The article also discusses the importance of enhancing existing social support systems and adapting them to online formats to proactively support these vulnerable youth during the pandemic.	Vulnerable youth, especially LGBTQ youth, foster youth, and youth with substance use disorders, are at higher risk of experiencing physical and sexual abuse, depression, suicidal ideation, and self-harming behaviors due to stay-at-home orders & lockdowns during the COVID-19 pandemic. To support these youth, child welfare and advocacy agencies should partner with medical providers for telemedicine care.	Silliman Cohen RI, Bosk EA. Vulnerable Youth and the COVID-19 Pandemic. <i>Pediatrics</i> . 2020;146(1):e20201306. doi:10.1542/peds.2020-1306
Children, convalescent plasma, pancytopenia, transfusion, Poland	1-Jul-20	First case of convalescent plasma transfusion in a child with COVID-19-associated severe aplastic anemia	Transfusion and Apheresis Science	Case Report	This case report details severe COVID-19 in a 6-year-old female patient in Poland successfully treated with convalescent plasma transfusion [date not given]. Upon hospital admission, the authors diagnosed the patient with COVID-19-associated aplastic anemia with severe pancytopenia. Ultrasounds and X-ray imaging indicated heart, liver, and kidney enlargement. Acute infections caused by other pathogens were ruled out, and SARS-CoV-2 infection was confirmed via nasopharyngeal swab RT-PCR testing. After initial treatment with antiviral drugs (lopinavir-ritonavir) and immune modulators (intravenous immunoglobulin, azithromycin, methylprednisolone, and dexamethasone) yielded no positive results, the patient received a transfusion of convalescent plasma inactivated with methylene blue (anti-SARS-CoV-2 Immunoglobulin G titer of 1:700, 200 mL dose). No adverse effects from the transfusion treatment were observed. SARS-CoV-	This case report details convalescent plasma treatment in a female pediatric patient in Poland with severe COVID-19. Convalescent plasma transfusion successfully resulted in SARS-CoV-2 clearance with no treatment-associated adverse effects. The authors recommend transfusion of convalescent plasma in pediatric patients	Figlerowicz M, Mania A, Lubarski K, et al. First case of convalescent plasma transfusion in a child with COVID-19-associated severe aplastic anemia. <i>Transfus Apher Sci</i> . 2020;102866. doi:10.1016/j.transci.2020.102866

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					2 infection was successfully eliminated in the patient after convalescent plasma transfusion, but the patient still has a diagnosis of aplastic anemia and requires specialist therapy. The authors recommend transfusion of convalescent plasma in pediatric patients unable to form antibodies against the virus but urge providers to individualize treatment methods depending on symptoms and diagnostic findings.	unable to form antibodies against the virus.	
France, neonates, infants	1-Jul-20	Coronavirus Disease 2019 in Newborns and Very Young Infants: a Series of Six Patients in France	The Pediatric Infectious Disease Journal	Brief Report	Little is known about the clinical characteristics and level of severity of COVID-19 in young infants and especially in newborns. The authors present a clinical description of all children (0–18 years of age) hospitalized in Perpignan Public Hospital, France, from March 6 - March 31, 2020, with a confirmed laboratory COVID-19 diagnosis: 5 neonates (aged 11 to 30 days) and a 2-month-old infant. All 6 patients tested positive for SARS-CoV-2 via nasopharyngeal swab. Only one patient presented with severe symptoms according to the WHO criteria: hypoxia with saturation under 90%, on the 7th day of the disease. No severe symptoms were reported in the other patients. All infants had fever (a body temperature above 38°C) on admission, and in 3 of them, it was the only symptom at first. In the other patients, fever was associated with a cough or a runny nose, which proved consistent with studies in older children. The laboratory results in most cases were normal; only 2 presented with lymphopenia. There were no indications of vertical mother-to-child transmission.	This brief report describes 1 infant and 5 neonates hospitalized for COVID-19 from March 14 -March 30 2020 in France. All patients presented with fever and most exhibited mild symptoms; only one required oxygen.	Meslin P, Guiomard C, Chouakria M, et al. Coronavirus Disease 2019 in Newborns and Very Young Infants: a Series of Six Patients in France. <i>Pediatr Infect Dis J.</i> 2020 Jul;39(7):e145-e147. doi: 10.1097/INF.0000000000002743. PMID: 32404787.
Aerosols, Australia, bronchoscopy, children, pneumonia, tracheostomy	1-Jul-20	Pediatric Microlaryngoscopy and Bronchoscopy in the COVID-19 Era	JAMA Otolaryngology--Head and Neck Surgery	Case Series	As an aerosol-generating procedure, pediatric microlaryngoscopy and bronchoscopy (MLB) techniques must be adapted to reduce the risk of SARS-CoV-2 transmission. These authors provide an observational case series of patients undergoing emergency or urgent airway procedures at a pediatric oto-laryngology department in Australia. Procedures were completed between 23 March and 9 April 2020, and included a modified technique for MLB, to minimize aerosolization. The modified technique consisted of covering the patient with a plastic sheet, avoidance of direct laryngoscopy, early intubation with a cuffed tube, and modifications to interventions, such as supra-glottoplasty. The technique was used successfully in 8 patients, ranging in age from 27 days to 30 months (median age 160 days). Intervention was performed on 6 patients: 2 balloon dilations for subglottic stenosis, 2 injections of hyaluronic acid for type 1 clefts, and 2 cold-steel supra-glottoplasties. No adverse events occurred. In this case series, modified MLB techniques were associated with satisfactory patient outcomes.	In this case series, modified pediatric microlaryngoscopy and bronchoscopy techniques were associated with satisfactory patient outcomes. Theoretically, these techniques are associated with reduced risk to the oto-laryngology team during the COVID-19 pandemic.	Pollaers K, Herbert H, Vijayasekaran S. Pediatric Microlaryngoscopy and Bronchoscopy in the COVID-19 Era. <i>JAMA Otolaryngol Head Neck Surg.</i> 2020 Jul 1;146(7):608-612. doi: 10.1001/jamaoto.2020.1191. PMID: 32343300; PMCID: PMC7189333.
Coronavirus, COVID-19, gynecological oncology, SARS-CoV-2	1-Jul-20	Gynecological surgeries during the COVID-19 pandemic in Turkey	International Journal of Gynaecology and Obstetrics	Brief Communication	The authors performed a prospective follow-up study using post-discharge phone surveys of patients who had gynecological surgeries at a women's and children's hospital in Turkey. During the study period of 10 March through 20 April 2020, 141 major gynecological surgeries were performed. The survey team	Based on data from gynecological surgery patients at a women's and children's hospital, the authors conclude	Keles E, Akis S, Kemal Ozturk U, Eser Ozyurek S, Api M. Gynecological surgeries during the COVID-19 pandemic in Turkey. <i>Int J Gynaecol Obstet.</i> 2020 Jul 1. doi:

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					reached 127 (90%) of the surgery patients by phone within 14 post-operative days. This hospital did not accept known or suspected cases of COVID-19, but it followed standard COVID-19 protocols, such as requirement of appropriate PPE. SARS-CoV-2 testing had not been performed pre-operatively on any patients, as none of them had been symptomatic. After discharge, fever was reported in 3 patients (2.4%), and cough in 9 patients (7.1%). COVID-19 tests were performed in 4/127 patients (3.1%), and 2 of these tests were positive (1.6% of all study participants). Due to a 10-11 day gap between hospital discharge and symptoms, the authors inferred that these 2 positive patients were not infected during their hospital stays. Out of 453 total health care workers in the obstetrics and gynecology department, only 8 (1.7%) had required COVID-19 treatment at the time of data collection. The authors conclude that the prevalence of COVID-19 in specialty hospitals could be lower than the regional prevalence; therefore, surgeries in such clinics may be safer for patients and health care providers.	that the prevalence of COVID-19 in specialty hospitals could be lower than the regional prevalence. Therefore, surgeries in such clinics may be safer for patients and health care providers.	10.1002/ijgo.13292. Epub ahead of print. PMID: 32608516.
Dermatology, pediatrics, skin lesions	1-Jul-20	No evidence of SARS-CoV-2 infection by polymerase chain reaction or serology in children with pseudo-chilblain	British Journal of Dermatology	Letter to the Editor	An unexpected outbreak of acute pseudo-chilblain skin lesions is being reported from different countries, possibly related to COVID-19. The authors examined 38 children (22M/16F, median age 13.5 years, age range=7-18 years) referred to their hospital in Bari, Italy. Skin lesions were primarily localized on the feet and were characterized by multi-focal and asymmetric purpuric–ecchymotic patches and/or 'pernio-like' lesions. Patients were tested for SARS-CoV-2 infection and SARS-CoV-2 antibodies, but no patients had evidence of current or past SARS-CoV-2 infection. Except for 1 case of Mycoplasma pneumonia, no other pathogens potentially causing the lesions were identified by molecular tests. The time between the onset of skin lesions and the evaluation of SARS-CoV-2 infection status ranged between 3 and 88 days (median 25 days). The authors conclude that their data does not support the relationship of SARS-CoV-2 infection with the outbreak of pseudo-chilblain observed in children and adolescents. However, clustering of skin lesions during the peak of the pandemic in Italy and their quick decline in the last few weeks suggest some non-random association, which somehow parallels that suggested for Kawasaki disease	The authors found no evidence of an outbreak of acute pseudo-chilblain skin lesions in Italy being related to SARS-CoV-2 infection; however, the concurrency with the peak of the pandemic suggests non-random association.	Caselli D, Chironna M, Loconsole D, et al. No evidence of SARS-Cov-2 infection by PCR or serology in children with pseudochilblain. Br J Dermatol. 2020. doi: 10.1111/bjd.19349.
Pediatric, neurology, China	1-Jul-20	Caring for children with neurological disorders in China during the COVID-19 pandemic	Developmental Medicine & Child Neurology	Letter to the Editor	COVID-19 in China has caused a siphoning of medical resources from routine healthcare to pandemic activities making it more difficult to receive care for patients with chronic conditions, including children with neurological disorders. The authors review the policy at Peking University First Hospital, of separating pediatric patients into three zones: suspected COVID-19 cases, non-COVID-19 febrile illnesses, and non-febrile illnesses. They credit this practice with the fact that none of the hospital's pediatric neurological patients have contracted COVID-19 to	This letter briefly reviews positive and negative effects that the COVID-19 pandemic has had on the Chinese healthcare system, including care for children with neurological conditions.	Jiang Y, Liu Z. Caring for children with neurological disorders in China during the COVID-19 pandemic. Dev Med Child Neurol. 2020;62(9):1107. doi:10.1111/dmnc.14605

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					date. The letter reviews the importance of telemedicine and other alternative medical frameworks in China during this time. In this way, the pandemic has initiated positive changes in the healthcare system.		
Infectious diseases, viruses, pandemic, pediatric, emergency medicine, England	1-Jul-20	Not just little adults: preparing a children's emergency department for COVID-19	Emergency Medicine Journal	Report	.The authors detail adaptations their stand-alone pediatric emergency department (ED) has undertaken during the COVID-19 pandemic. Triage begins immediately upon patient arrival to the department, where children and carers are screened for COVID-19 symptoms. Well-appearing children are sent home, and a strict one carer per child policy exists for patients admitted to the ED. Patients are taken to an “orange” dirty area or “green” clean area depending on COVID-19 risk level. The authors note that these cohort definitions are important, as the term “dirty area” worried families. All staff wear level 3 PPE to avoid confusion, and throat examinations have been minimized. Follow-up protocols have changed in favor of remote care, and the authors believe that remote follow-up will likely continue after the pandemic. Due to increased staff anxiety, mental health is addressed via a WhatsApp group and a departmental commitment to transparency. For pediatric medicine trainees, the ED has implemented a teaching program via Zoom due to the difficulty of social distancing and will likely continue the program due to greater accessibility for trainees outside the hospital. The authors note that the ED is on its 11th version of pandemic protocols and that logistical uncertainties remain as the pandemic evolves.	This report details and reflects upon adaptations undertaken by a stand-alone pediatric emergency department. Supplemental material in this paper provides additional useful and visual guidance.	Adamson J, Bird C, Edgworth K, et al. Not just little adults: preparing a children's emergency department for COVID-19. Emerg Med J. 2020;37(8):460-462. doi:10.1136/emered-2020-209904
Breast feeding, perinatal care, childbirth	1-Jul-20	The COVID-19 Pandemic: The Role of Childbirth Educators in Promoting and Protecting Breastfeeding [Free Access to Abstract only]	The Journal of Perinatal Education	Original Article	Childbirth educators play a particularly important role in ensuring that families receive appropriate evidence-based information about human milk and breastfeeding as a lifesaving medical intervention. In the current COVID-19 pandemic, breastfeeding and the provision of human milk remains recommended by national and international organizations.	The authors emphasize the importance of childbirth educators in recommending breastfeeding during the COVID-19 pandemic.	Spatz DL. The COVID-19 Pandemic: The Role of Childbirth Educators in Promoting and Protecting Breastfeeding. [published online, 2020 Jul 1]. J Perinat Educ. 2020;29(3):120-122. doi:10.1891/J-PE-D-20-00024
Pregnancy, neonate, vertical transmission, clinical characteristics, Seoul, South Korea	1-Jul-20	Clinical outcomes of 201 neonates born to mothers with COVID-19: a systematic review	European Review for Medical and Pharmacological Sciences	Review	This systematic literature review evaluated the clinical manifestations and outcomes of neonates born to women with COVID-19 infection during pregnancy. The review included 16 case series and 12 case reports describing a total of 223 pregnant women and 201 infants. 4 newborns born to mothers affected by COVID-19 had laboratory-confirmed SARS-CoV-2 infection within 48 hours after birth. RT-PCR tests of the breast milk, placenta, amniotic fluid, cord blood and maternal vaginal secretions were all negative for SARS-CoV-2 in the reported cases. Fetal death was reported in two cases, and 48 of 185 newborns (25.9%) were born prematurely. Infants born small for gestational age and low birth weight (<2,500 g) accounted for 8.3% and 15.6% of reported cases, respectively. Birth asphyxia and respiratory distress	This review adds to the body of literature regarding clinical outcomes of neonates born to women with COVID-19 infection during pregnancy, finding that COVID-19 during pregnancy rarely affects neonatal mortality or manifests in vertical transmission but can be associated	Yoon SH, Kang JM, Ahn JG. Clinical outcomes of 201 neonates born to mothers with COVID-19: a systematic review. Eur Rev Med Pharmacol Sci. 2020;24(14):7804-7815. doi:10.26355/eurrev_202007_22285

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					syndrome were observed in 1.8% and 6.4% of neonates, respectively. There was one neonatal death due to intractable gastric bleeding among the SARS-CoV-2-negative infants. Current evidence suggests that COVID-19 during pregnancy rarely affects fetal and neonatal mortality but can be associated with adverse neonatal morbidities. Vertical transmission has not been observed in the majority of the reported cases.	with adverse neonatal morbidities.	
Pregnancy, healthcare workers, occupational health, Italy	1-Jul-20	Risk Exposure to Coronavirus Disease 2019 in Pregnant Healthcare Workers	Journal of Occupational and Environmental Medicine	Letter to the Editor	Protection of healthcare workers during the COVID-19 pandemic is a core issue in occupational medicine, and the authors contend that pregnant workers' exposure to COVID-19 has not been addressed in the literature. The authors argue that due to a lack of data on COVID-19 in pregnancy and the possibility for more severe illness, pregnant healthcare workers should not be exposed to confirmed or suspected COVID-19 patients, even with appropriate PPE. Pregnant workers should comply with the same recommendations for other workers, such as washing hands with water and soap, maintaining social distance, and avoiding touching their eyes, nose, and mouth.	The authors argue that due to possible risks of COVID-19 in pregnancy, pregnant healthcare workers should not be exposed to confirmed or suspected COVID-19 patients.	Belingeri M, Paladino ME, Riva MA. Risk Exposure to Coronavirus Disease 2019 in Pregnant Healthcare Workers. J Occup Environ Med. 2020;62(7):e370. doi:10.1097/JOM.0000000000001881
Assisted reproduction, pregnancy, guideline, Italy	1-Jul-20	Assisted reproduction and Coronavirus in Italy	European Review for Medical and Pharmacological Sciences	Commentary	Some studies conducted in China during the epidemic report small numbers of pregnant women with COVID-19 and some pregnancy complications in COVID-19 patients. However, they fail to document the transplacental passage of the virus from mother to fetus. Following the COVID-19 outbreak, guidelines for couples who are undergoing treatments of assisted reproduction have been issued to recommend couples to discuss assisted reproduction with their doctors while those at risk or with SARS-CoV-2 should consider freezing oocytes or embryos and retransferring them later. The Italian National Transplant Centre and the Higher Institute of Health advised on March 17th 2020 to complete the cycles already started and not to start new cycles of homologous and heterologous fertilization. The Association of Clinical Embryologists has issued the guidelines to be followed when the lockdown is eased.	The authors talked about the situation of assisted reproduction and some guidelines for assisted reproduction of COVID-19 pregnant women in Italy	Pasquale C, Montanino Oliva M, Benedetti M, et al. Assisted reproduction and Coronavirus in Italy. Eur Rev Med Pharmacol Sci. 2020;24(13):7512-7515. doi:10.26355/eurrev_202007_21924
Nutrition, food security, immune system, food supply, malnutrition	1-Jul-20	COVID-19 Pandemic - Are We Heading From Health Crisis Towards An Unprecedented Nutrition Crisis?	Current Topics in Medicinal Chemistry	Editorial	The COVID-19 pandemic will have global long-lasting effects on nutrition, public health, economy, and the food chain. The authors argue that during this time, it is crucial to take necessary steps to maintain and promote good nutritional status. This can be achieved by prioritizing nutrition-supportive measures in COVID-19 action plans and safeguarding current nutrition programs, particularly those for poor and vulnerable populations. The COVID-19 pandemic has had a direct impact on food-systems in terms of demand and food supply. Further, it has an indirect impact by shrinking the purchasing power of the public as well as decreasing food production and distribution. Overall, the authors argue that a nutritional diet is necessary for maintaining an individual's good health and immune system. They recommend that during the pandemic, there should be a focus on	To address food and nutrition security during the COVID-19 pandemic, the authors recommend supporting local home-based food production, an affordable yet effective strategy. They also state the importance of managing malnutrition.	Kumar Y, Jain A. COVID-19 Pandemic - Are We Heading From Health Crisis Towards An Unprecedented Nutrition Crisis?. [published online, 2020 Jul]. Curr Top Med Chem. doi:10.2174/1568026620999200511092629

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					continuously supplying food, minimizing food wastage, and ensuring food access to the public with a focus on vulnerable populations.		
Children, MERS, SARS, diagnosis, treatment	1-Jul-20	Children in Coronaviruses' Wonderland: What Clinicians Need to Know	Mediterranean Journal of Hematology and Infectious Diseases	Review Article	Human coronaviruses (HCoVs) commonly cause mild upper-respiratory tract illnesses but can lead to more severe and diffusive diseases. In terms of the SARS-CoV, MERS-CoV, and COVID-19, children appear to be less susceptible to develop severe clinical disease and present usually with mild and a specific symptom similar to other respiratory infections typical of childhood. However, some children, such as infants, adolescents, or those with underlying diseases may be more at-risk categories and require greater caution from clinicians. RT-PCR represents the gold standard to confirm the diagnosis of HCoVs infections performed on samples of respiratory secretions. The spread of the infection can be prevented if children and family members were educated about proper hygienic practices and infection control measures. Children with HCoVs should receive early supportive therapy and continuous monitoring. Additional oxygen, caloric, and hydro-electrolytic support should be performed if necessary. Learning to recognize pediatric clinical presentations allows clinicians to perform a correct and early diagnosis and prevent the spread.	This review provides to clinicians a complete and updated panel useful to recognize and characterize the broad spectrum of clinical manifestations of coronavirus infections in the pediatric age.	Lassandro G, Palladino V, Amoroso A, Palmieri VV, Russo G, Giordano P. Children in Coronaviruses' Wonderland: What Clinicians Need to Know. <i>Mediterr J Hematol Infect Dis.</i> 2020;12(1):e2020042. Published 2020 Jul 1. doi:10.4084/MJHID.2020.042
Pneumonia, respiratory insufficiency, ultrasonography, South Korea	1-Jul-20	Lung ultrasound for early diagnosis and severity assessment of pneumonia in patients with coronavirus disease 2019	The Korean Journal of Internal Medicine	Original Article	This article aims to determine the utility of lung ultrasound (LUS) for early detection of pneumonia and assessment of respiratory failure among patients with COVID-19. In South Korea, six patients (4 adults, 2 children) with confirmed COVID-19 were enrolled. All had undergone chest X-ray and CT on the day of admission and underwent multiple point-of-care LUS scans throughout their hospitalization. This paper describes the findings for adults. In two children, ultrasound was used to assess the improvement in their pneumonia, thus avoiding further imaging tests. LUS is feasible and useful as a rapid, sensitive, and affordable point-of-care screening tool to detect pneumonia and assess the severity of respiratory failure in patients hospitalized with COVID-19.	This is the first LUS case series performed for COVID-19 patients in South Korea, finding that LUS is feasible and useful to detect pneumonia and suggest the severity of respiratory failure for COVID-19 patients, including children.	Cho YJ, Song KH, Lee Y, et al. Lung ultrasound for early diagnosis and severity assessment of pneumonia in patients with coronavirus disease 2019. <i>Korean J Intern Med.</i> 2020;35(4):771-781. doi:10.3904/kjim.2020.180
Pregnancy, vertical transmission, mortality, complications, neonates	1-Jul-20	Coronavirus Disease 2019 (COVID-19): A Systematic Review of Pregnancy and the Possibility of Vertical Transmission	Journal of Reproduction and Infertility	Review Article	In this systematic review of 21 articles published up to April 14, 2020, the authors assess clinical characteristics of COVID-19 in pregnancy, the risk of pregnancy complications, mortality of mothers and their newborns, and the possibility of vertical transmission. 90 pregnant patients with COVID-19 and 92 neonates born to mothers infected with COVID-19 were included. The most common symptoms in pregnant women included fever, cough, and dyspnea. The most commonly reported complications were preterm labor (N=29), fetal distress (N=15), pre-mature rupture of membranes (N=6), chorioamnionitis (N=1), and stillbirth (N=1). Three women were admitted to the ICU and	This review adds to the evidence that COVID-19 infection likely contributes to increased risk of fetal distress and premature labor in pregnant women. Although the possibility of vertical transmission is low, four neonates born to women with	Ashraf MA, Keshavarz P, Hosseinpour P, et al. Coronavirus Disease 2019 (COVID-19): A Systematic Review of Pregnancy and the Possibility of Vertical Transmission. <i>J Reprod Infertil.</i> 2020;21(3):157-168.

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					required mechanical ventilation, two of them developed acute respiratory distress syndrome, and one ultimately died after delivery. Out of 90 pregnant cases, 81 delivered via C-section and 9 through vaginal delivery. 86 neonates were tested for the possibility of vertical transmission and 4 were positive. Eleven neonates had low birth weight (<2500 g), two were small for gestational age (SGA), and one was large for gestational age (LGA). 2 neonates died, neither of which tested positive for COVID-19.	COVID-19 tested positive.	
Vertical transmission, pregnancy, neonate, clinical characteristics, China	1-Jul-20	Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Vertical Transmission in Neonates Born to Mothers With Coronavirus Disease 2019 (COVID-19) Pneumonia	Obstetrics and Gynecology	Research Letter	This article reported the clinical characteristics of seven pregnant women diagnosed with COVID-19 and their neonates, delivered in China. Prior to COVID-19 diagnosis, one pregnant woman presented with liver dysfunction, and one was asymptomatic and was evaluated due to known exposures. The presentations of pregnant women included low-grade fever, cough, and diarrhea. Clinical symptoms, if present, began 8 hours to 12 days before delivery. Chest CT showed diffuse and patchy lung consolidation. Laboratory abnormalities, if present, included lymphopenia and mild transaminitis. All mothers recovered from SARS-CoV-2 infection. Cesarean delivery was performed for all but one woman, who delivered vaginally. All neonates were immediately isolated. One of the seven was positive for COVID-19.	This study suggests that vertical transmission of COVID-19 from mothers affected by COVID-19 to their neonates is possible but relatively infrequent.	Hu X, Gao J, Luo X, et al. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Vertical Transmission in Neonates Born to Mothers With Coronavirus Disease 2019 (COVID-19) Pneumonia. <i>Obstet Gynecol.</i> 2020;136(1):65-67. doi:10.1097/AOG.0000000000003926
Kawasaki disease, hemophagocytic lymphohistiocytosis, macrophage activation syndrome, MIS-C, toxic shock syndrome	1-Jul-20	Multi-System Inflammatory Syndrome in Children (MIS-C) Following SARS-CoV-2 Infection: Review of Clinical Presentation, Hypothetical Pathogenesis, and Proposed Management	Children	Review Article	This review provides an overview of existing knowledge on the clinical presentation of MIS-C, gives an idea of hypothetical pathogenesis, and proposed management for patients with MIS-C. Data regarding the clinical presentation and epidemiologic characteristics of MIS-C are still limited. The authors analyzed 70 cases (age range 2-16 years) from the UK, Italy, France, and Switzerland on the clinical presentation of MIS-C. Most presented with fever for ≥4 days, gastrointestinal symptoms (59/70, 84%) such as vomiting; Kawasaki-like symptoms such as rash; and neurologic symptoms such as headache. Epidemiologic evidence implicates SARS-CoV-2 as the likely cause of MIS-C, although causality has not yet been established. The authors also found that some features of MIS-C resemble Kawasaki Disease, toxic shock syndrome, and secondary hemophagocytic lymphohistiocytosis/ macrophage activation syndrome. In terms of case management, the authors suggested that patients with MIS-C should ideally be managed in a pediatric intensive care environment since rapid clinical deterioration may occur.	This study reviewed the preliminary data regarding the clinical presentation and complications of MIS-C, compared MIS-C to Kawasaki Disease, toxic shock syndrome, and secondary hemophagocytic lymphohistiocytosis. The authors propose a plan for the evaluation and management of MIS-C patients.	Nakra NA, Blumberg DA, Herrera-Guerra A, et al. Multi-System Inflammatory Syndrome in Children (MIS-C) Following SARS-CoV-2 Infection: Review of Clinical Presentation, Hypothetical Pathogenesis, and Proposed Management. <i>Children (Basel).</i> 2020;7(7):E69. Published 2020 Jul 1. doi:10.3390/children7070069
Pneumonia, pregnancy, preterm birth, vertical transmission	1-Jul-20	Coronavirus Disease 2019 in Pregnant Women: A Report Based on 116 Cases	American Journal of Obstetrics and Gynecology	Original Research	The authors sought to evaluate the clinical characteristics and outcomes of COVID-19 in pregnancy. They retrospectively reviewed the medical records for 116 pregnant women with COVID-19 who were admitted to 25 hospitals in China between 20 January- 24 March 2020. Eight cases (6.9%) experienced a severe pneumonia requiring ICU admission, but no maternal deaths occurred. One patient with severe pneumonia had a	In this article, the authors present clinical and laboratory findings of the largest case series of pregnant women with clinically or laboratory-confirmed	Yan J, Guo J, Fan C, et al. Coronavirus disease 2019 in pregnant women: a report based on 116 cases. [published online, 2020 Jul]. <i>Am J Obstet Gynecol.</i> doi:10.1016/j.ajog.2020.04.014

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					missed spontaneous abortion. Of 99 patients who delivered, 21 (21.2%) had preterm birth before 37 weeks, including six with preterm premature rupture of membranes. There was one case of severe neonatal asphyxia. Of 86 neonates tested for SARS-CoV-2, all had negative results. Paired amniotic fluid and cord blood samples from 10 neonates were used to test for SARS-CoV-2; all had negative results. The authors concluded that SARS-CoV-2 infection during pregnancy is not associated with an increased risk of spontaneous abortion and spontaneous preterm birth. They found no evidence of vertical transmission of SARS-CoV-2 when the infection occurs during the third trimester of pregnancy.	COVID-19 to date (n=116). They found no evidence of vertical transmission in neonates (n=86) and no evidence of SARS-CoV-2 in breast milk samples (n=12).	
Vertical transmission, neonatal, maternal	1-Jul-20	Vertical transmission risk of SARS-CoV-2 infection in the third trimester: a systematic scoping review	The Journal of Maternal-Fetal & Neonatal	Review article	This review summarized current evidence on the vertical transmission potential of COVID-19 infection in the third trimester and its effects on the neonate. 18 studies met the inclusion criteria, consisting of 157 mothers and 160 neonates. The mean age of the pregnant patients was 30.8 years (ranged from 20 to 44 years old) and the mean gestational period was 37 weeks and 1 d (ranged from 30 weeks to 40 weeks and 2 d). The mean duration of the first neonatal SARS-CoV-2 test from birth was 28 h (ranged from 0 h to 9 d). Amongst 81 (69%) neonates who were tested for SARS-CoV-2, 5 (6%) had a positive result. However, amongst these 5 neonates, the earliest test was performed at 16 h after birth, and only 1 neonate was positive when they were later re-tested. However, this neonate initially tested negative at birth, suggesting that the SARS-CoV-2 infection was likely hospital-acquired rather than vertically transmitted. 13 (8%) neonates had complications or symptoms	The findings of this rapid descriptive review based on early clinical evidence suggest that vertical transmission of SARS-CoV-2 from mother to neonate/newborn did not occur.	Priya Thomas, Paul Elias Alexander, Usman Ahmed. et al. Vertical transmission risk of SARS-CoV-2 infection in the third trimester: a systematic scoping review, The Journal of Maternal-Fetal & Neonatal Medicine, DOI: 10.1080/14767058.2020.1786055
Health inequity, OBGYN, healthcare delivery, USA	1-Jul-20	Examining Inequities Associated With Changes in Obstetric and Gynecologic Care Delivery During the Coronavirus Disease 2019 (COVID-19) Pandemic	Obstetrics & Gynecology	Commentary	The COVID-19 pandemic has required significant changes in obstetric and gynecologic healthcare delivery to minimize the risk of SARS-CoV-2 transmission. Although necessary, these changes will differentially affect patients in a way that exacerbates existing health inequities. Socially vulnerable groups are already disproportionately affected by COVID-19 and more likely to experience severe morbidity and mortality. Reasons include a limited ability to practice risk-reducing behaviors such as physical distancing, higher prevalence of chronic medical conditions, and less access to medical care. Additionally, the recent structural changes to healthcare delivery have negatively affected the ability of socially vulnerable groups to obtain necessary obstetric and gynecologic care, which may lead to poorer outcomes. The authors argue that physician-leaders must consider the potential for exacerbating existing health inequities when enacting new policies and to be proactive in creating policies that promote equity.	The authors put forth a call to action for physician-leaders to promote health equity when enacting new policies and protocols for obstetric and gynecologic care in response to the COVID-19 pandemic. This requires acknowledging existing health inequities, identifying at-risk populations, and increasing awareness for possible bias or discrimination in new processes.	Onwuzurike C, Meadows AR, Nour NM. Examining Inequities Associated With Changes in Obstetric and Gynecologic Care Delivery During the Coronavirus Disease 2019 (COVID-19) Pandemic. [published online, 2020 Jul]. Obstet Gynecol. doi:10.1097/AOG.0000000000003933

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Pregnancy, prenatal care, drive-through care, Texas, USA	1-Jul-20	Rapid Deployment of a Drive-Through Prenatal Care Model in Response to the Coronavirus Disease 2019 (COVID-19) Pandemic	Obstetrics & Gynecology	Commentary	Providing access to necessary in-person prenatal health care while limiting exposure of both obstetric health care professionals and patients to COVID-19 is challenging. The authors describe the rapid development of a drive-through prenatal care model that is projected to reduce the number of in-person clinic visits by 33% per patient, using equipment and supplies that most obstetric clinics in the United States can access. Drive-through prenatal visits would include elements not possible by telehealth such as blood pressure measurements, fetal heart rate assessment, and selected ultrasound-based measurements or observations. The face-to-face patient–health care professional interaction would aim to reduce patient anxiety resulting both from the reduction in the number of planned clinic visits with an obstetric health care professional and from fear of virus exposure in the clinic setting.	The authors present a drive-through prenatal care model to deliver needed in-person care while limiting exposure of both patient and healthcare professionals to COVID-19. They include a graphic illustrating the drive-through arrangement, a list of needed equipment and supplies, and a proposed visit schedule.	Turrentine M, Ramirez M, Monga M, et al. Rapid Deployment of a Drive-Through Prenatal Care Model in Response to the Coronavirus Disease 2019 (COVID-19) Pandemic. <i>Obstet Gynecol.</i> 2020;136(1):29-32. doi:10.1097/AOG.0000000000003923
Neurology, public health, telemedicine, pediatric, China	1-Jul-20	Caring for children with neurological disorders in China during the COVID-19 pandemic	Developmental Medicine & Child Neurology	Letter to the Editor	Due to the COVID-19 pandemic in China, patients with neurological disorders have had increased difficulty accessing medical and psychosocial resources. Emerging data shows worsened mental health in these patients during the pandemic. For medical professionals, maintaining the daily operation of children's neurology clinic and inpatient wards became the priority. The authors describe the operation and control measures of pediatric clinics at a large tertiary hospital in Beijing, China. They report that no COVID-19 infections have occurred in hospitalized neurological pediatric patients at that hospital or elsewhere in China. They endorse the role of telemedicine coupled with the home services when necessary. They conclude that reshaping of the Chinese public health and patient care management systems by new technologies will accelerate after the pandemic.	The COVID-19 pandemic has changed the delivery and accessibility of medical services for many pediatric patients in China, including those with neurological disorders. Due to effective control measures, there have been no reported SARS-CoV-2 infections in hospitalized children with neurological disorders in China.	Jiang Y, Liu Z. Caring for children with neurological disorders in China during the COVID-19 pandemic [published online, 2020 Jul 1]. <i>Dev Med Child Neurol.</i> doi:10.1111/dmcn.14605
Adaptation, coping, mental health, children, adolescence	1-Jul-20	Finding Ordinary Magic in Extraordinary Times: Child and Adolescent Resilience During the COVID-19 Pandemic	European Child & Adolescent Psychiatry	Letter to the Editor	The COVID-19 pandemic presents tremendous challenges, such as prolonged social-distancing to child and adolescent health, including to their mental wellbeing. The authors argue that while this risk warrants attention, there should also be a focus on resilience processes in order to advance understanding on how children and adolescents respond to crises. Resilience emerges from many interdependent ordinary adaptive systems. Some exposure to adversity is important for developing youths' capacity for handling stressful experiences. The authors describe several ways the COVID-19 pandemic has led individuals and communities to discover new strengths. They argue that just as there is a need to understand which youths experience difficulty during the COVID-19 pandemic, there must equally be an effort to understand which youths do well and why. Support for youths' well-being during the pandemic can be improved by identifying resilience-promoting processes that can in turn inspire novel	The COVID-19 pandemic has led to some communities and families mobilizing capabilities, connecting in new ways, and discovering new strengths. Identifying which youths are doing well during the COVID-19 pandemic and why will allow for improved understanding of the potential promoting and protective	Dvorsky MR, Breaux R, Becker SP. Finding ordinary magic in extraordinary times: child and adolescent resilience during the COVID-19 pandemic [published online, 2020 Jul 1]. <i>Eur Child Adolesc Psychiatry.</i> doi:10.1007/s00787-020-01583-8

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					strategies to promote health and well-being among children and adolescents.	mechanisms for resilience.	
Breastfeeding, breast milk, transmission, neonatal infection, Turkey	1-Jul-20	Virolactia in an Asymptomatic Mother With COVID-19	Breastfeeding and Medicine	Case Report	A 20-year-old asymptomatic pregnant woman presented for delivery at 39-week gestation in Turkey and was tested for SARS-CoV-2 by RT-PCR due to a recent exposure. She wore a surgical mask during normal vaginal delivery of a 2,980g male infant. Her test result was positive, so mother and newborn were separated immediately after delivery and both were transferred to another hospital. The mother and infant were cared for in separate clinical units to avoid contact; the SARS-CoV-2 PCR test of a nasopharyngeal swab from the infant on admission was negative. Expressed breast milk was given to the infant by health care professionals under strict precautions (hand hygiene, face mask, etc.). After the first lactation, a breast milk sample tested positive for SARS-CoV-2. Feeding with expressed breast milk was discontinued and breast milk samples were tested for SARS-CoV-2 for the next 2 consecutive days. Neonatal blood, stool, and nasopharyngeal samples were also obtained for testing and were all positive for SARS-CoV-2. Neither the mother nor infant exhibited any symptoms, required any intervention, and both were discharged five days after admission.	In this report, the authors present a case of subclinical SARS-CoV-2 infection in a mother and her infant after SARS-CoV-2 was detected in colostrum and breast milk. It remains unclear whether the infant's first SARS-CoV-2 RT-PCR test result was a false negative, consistent with congenital or peripartum infection, or whether the infant was subsequently infected through breast milk.	Bastug A, Hanifehnezhad A, Tayman C, et al. Virolactia in an Asymptomatic Mother with COVID-19 [published 2020 Jul 1]. Breastfeed Med. doi:10.1089/bfm.2020.0161
Children, pseudo-chilblain, skin lesion, Italy	1-Jul-20	No Evidence of SARS-Cov-2 Infection by PCR or Serology in Children With Pseudo-chilblain	British Journal of Dermatology	Research Letter	An unexpected outbreak of acute pseudo-chilblain skin lesions is being reported from different countries and related to COVID-19. To clarify this assumed association, the authors examined 38 consecutive children with acute pseudo-chilblain skin lesions: 22 (58%) were males and 16 (42%) females, aged ranged between 7 and 18 years (median, 13.5 years); three of them had an associated condition. The SARS-CoV-2 virus was detected by a real-time PCR assay targeting E-gene, RdRP-gene, and N-gene. All the collected samples were subjected to real-time PCR analysis for the molecular detection of other viral and bacterial pathogens. In none of the study patients, the authors could document SARS-CoV-2 infection based on negativity at both, real-time PCR, and serological test for SARS-CoV-2 antibodies, IgM, IgG, or IgA. No other pathogens potentially causing the lesions were identified by molecular tests, except for the detection of <i>Mycoplasma pneumoniae</i> in one patient.	This study has not found data to support the relationship of the outbreak of pseudo-chilblain, which is frequently observed in children and adolescents during the COVID-19 spread.	Caselli D, Chironna M, Loconsole D, et al. No evidence of SARS-Cov-2 infection by PCR or serology in children with pseudo-chilblain [published online, 2020 Jul 1]. Br J Dermatol. 2020;10.1111/bjd.19349. doi:10.1111/bjd.19349
Child abuse, neglect, maltreatment, school closure, USA	1-Jul-20	Spotlight on child abuse and neglect response in the time of COVID-19	The Lancet	Correspondence	During the COVID-19 pandemic, evidence shows that the incidence of child abuse and neglect has substantially increased in the USA. Yet many states report double-digit percentage decreases in reports to child maltreatment hotlines. Traditionally, educational personnel make 20% of reports of abuse and neglect to Child Protective Services. Therefore, the reductions in reports are the direct result in the decrease in contact between children, educators, and other community youth programs. Monitoring child welfare can be modified for a distance learning model of education. The authors argue that	While the incidence of child abuse increased during the COVID-19 pandemic, reports to child maltreatment hotlines decreased in many states. There is a need to retrain educational personnel to identify and	Thomas EY, Anurudran A, Robb K et al. Spotlight on child abuse and neglect response in the time of COVID-19. [published online, 2020 Jul]. Lancet Public Health. doi:10.1016/S2468-2667(20)30143-2

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					schools should adapt existing child welfare protocols for the pandemic context and should retrain teachers. Schools are sure to continue to use many aspects of distance learning after the current crisis ends. Therefore, the authors state that the system must be redesigned in order to support the identification and intervention of child abuse and neglect in a virtual world.	intervene in cases of child abuse and neglect while teaching in a distance-learning model.	
Pregnancy, prevalence, universal testing, clinical characteristics, USA	1-Jul-20	Universal SARS-CoV-2 Screening in Women Admitted for Delivery in a Large Managed Care Organization	American Journal of Perinatology	Original Research	This observational study of women admitted to labor and delivery in Kaiser Permanente Southern California (KPSC) hospitals between April 6 and May 11, 2020 sought to describe the characteristics of COVID-19 in women universally offered testing for SARS-CoV-2 infection (n = 3,963). 3,923 (99.0%) underwent testing and a total of 17 (0.43%) tested positive. None of them were symptomatic on admission. One woman developed a headache attributed to clinical COVID-19 on postpartum day 3. Of the women who tested negative, 24 had fever on admission and none of those women developed COVID-19 infection during the following 14 days. All neonates born to women with confirmed COVID-19 infection were tested at 24 hours of life with a single oropharyngeal/nasopharyngeal swab. No neonates had positive SARS-CoV-2 test results at 24 hours of life.	Universal SARS-CoV-2 screening in a large diverse cohort of pregnant women at the time of delivery in Southern California demonstrated very low prevalence of infection, allowing for risk-appropriate maternal and neonatal care.	Fassett MJ, Lurvey LD, Yasumura L, et al. Universal SARS-Cov-2 Screening in Women Admitted for Delivery in a Large Managed Care Organization [published 2020 Jul 3]. Am J Perinatol. doi:10.1055/s-0040-1714060
Children, clinical specimen, test, Italy	1-Jul-20	Nasal Swab as Preferred Clinical Specimen for COVID-19 Testing in Children	The Pediatric Infectious Disease Journal	Original Research	This study demonstrates significantly higher positivity rate of nasal (mid-turbinate) swab testing over oropharyngeal swab testing in detecting SARS-CoV-2 (Fisher exact test 0.046, Cohen K 0.43, 95% CI 0.014-0.855). Benefits of the higher positivity rate of nasal swabs might include lower collection-related hazard for healthcare workers. The authors recommend nasal swab as preferred choice for swab-based SARS-CoV-2 testing in children.	This is the first pediatric study illustrating higher positivity rate of nasal swab testing over oropharyngeal swab testing in detecting SARS-CoV-2.	Palmas G, Moriondo M, Trapani S, et al. NASAL SWAB AS PREFERRED CLINICAL SPECIMEN FOR COVID-19 TESTING IN CHILDREN [published online ahead of print, 2020 Jul 1]. Pediatr Infect Dis J. 2020; doi:10.1097/INF.0000000000002812
Drug-induced Long QT, arrhythmia, hydroxychloroquine, azithromycin, USA	1-Jul-20	Incidence of Arrhythmias and Electrocardiographic Abnormalities in Symptomatic Pediatric Patients With Pcr Positive SARS-CoV-2 Infection Including Drug Induced Changes in the Corrected Qt Interval (QTc)	Heart Rhythm	Original Research	The authors sought to describe the electrophysiologic findings and arrhythmias associated with pediatric COVID-19 and its treatment. They conducted a retrospective chart review at a single center in New York, USA from March-May 2020. They included all pediatric patients (n=36) on continuous telemetry during their hospitalization with clinical symptoms of COVID-19 and who were positive for SARS-CoV-2. Significant arrhythmias were found in six patients, all of which were self-resolving although three cases prompted prophylactic anti-arrhythmic therapy. The authors concluded that in COVID-19 pediatric patients, significant arrhythmias are infrequent, but more common than expected in a general pediatric population. Comorbidities were not more common in patients with arrhythmias than in patients without arrhythmias. COVID-19 treatment using hydroxychloroquine with or without azithromycin was statistically associated with QTc prolongation (p<0.0001) but was not associated with arrhythmias in pediatric patients.	Among COVID-19 pediatric patients at a single center in the USA, six experienced significant arrhythmias (17%). The authors found a statistically significant association between hydroxychloroquine treatment and QTc prolongation (p<0.0001), which had previously been identified in adults.	Samuel S, Friedman RA, Sharma C et al. Incidence of Arrhythmias and Electrocardiographic Abnormalities in Symptomatic Pediatric Patients With Pcr Positive SARS-CoV-2 Infection Including Drug Induced Changes in the Corrected Qt Interval (QTc). [published online , 2020 Jul 1]. Heart Rhythm. doi:10.1016/j.hrthm.2020.06.033
Pregnancy, neonate, health systems,	1-Jul-20	Protection Challenges of Pregnant	American Journal of	Narrative review	The authors conducted a narrative review of the emerging literature as of 15 April 2020 on challenges facing pregnant women due to the COVID-19 pandemic. 12 articles met the	This narrative review on the challenges of pregnant women	Hasnain M, Pasha MF, Ghani I, et al. Protection Challenges of Pregnant Women against Vertical Transmission

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management, vertical transmission, Malaysia		Women Against Vertical Transmission During COVID-19 Epidemic: A Narrative Review	Infection Control		inclusion criteria and were analyzed, with four thematic areas identified: healthcare system availability, medicine availability, susceptibility to COVID-19 infection, and potential risks of vertical transmission. Vertical transmission of COVID-19 was not found in the reviewed literature, but a majority of the studies did recommend that women with COVID-19 infection in earlier stages of pregnancy be given special attention. The reviewed literature also found that constraints on health systems due to the COVID-19 pandemic create more complications for pregnant women, especially those who seek treatment in ICUs.	protection during COVID-19 infection showed that most review studies presented no vertical transmission of COVID-19 from pregnant women to neonates.	during COVID-19 Epidemic: A Narrative Review [published online 2020 Jul 1]. Am J Infect Control. 2020;S0196-6553(20)30365-5. doi:10.1016/j.ajic.2020.06.206
Maternal mortality, pregnancy, ICU	1-Jul-20	Maternal Death in Pregnancy Due to COVID-19	Ultrasound in Obstetrics & Gynecology	Correspondence	In this correspondence, the authors comment on several articles discussing the impact of COVID-19 on pregnant patients. The first article (Mullins et al., March 2020) reported lower maternal mortality from SARS-CoV-2 compared to SARS-CoV and MERS-CoV. At the time of publication, there were no reported maternal deaths resulting from SARS-CoV-2 infection. A later publication from Hantoushzadeh et al. identified nine SARS-CoV-2 positive pregnant women of which seven died from COVID-19. In April 2020, a 28-year-old pregnant woman in the UK died from COVID-19 after a C-section. The authors note that data for SARS-CoV and MERS-CoV in pregnancy were limited to a small number of patients. Therefore, while it may appear that SARS-CoV-2 has lower maternal mortality than MERS-CoV and SARS-CoV, it is too soon to truly establish whether SARS-CoV-2 is any less dangerous in pregnancy.	There have now been a number of deaths of pregnant women caused by COVID-19. It is difficult to compare the maternal mortality rate of SARS-CoV-2 to SARS-CoV and MERS-CoV due to limited data that are available from these two previous viral outbreaks.	Cheng SO, Khan S, Alsafi Z. Maternal death in pregnancy due to COVID-19. Ultrasound Obstet Gynecol. [published online, 2020 Jul 1]. doi:10.1002/uog.22111
Lung ultrasound, pregnancy, Thailand	1-Jul-20	Lung Ultrasound in Pregnant Women With Suspicion of COVID-19	Ultrasound in Obstetrics & Gynecology	Correspondence	The authors provide commentary on an article by Buonsenso et al. 2020, which concludes that a rapid teaching program is sufficient for skilled gynecologists and obstetricians to use lung ultrasound in the management of pregnant patients with COVID-19. The authors state that the usefulness of lung ultrasound in this population of patients has been confirmed. They acknowledge that limited data on lung ultrasound findings and the lack of specific lung abnormalities seen in COVID-19 pose a challenge for providers. In addition, there can be inadequate access to ultrasound in remote areas of certain countries. They also note that in Thailand, COVID-19 knowledge is limited among providers and they lack a training program as described by Buonsenso et al. Instead, care of COVID-19 positive patients is based on symptomatic and supporting treatment.	While a lung ultrasound training program has been proposed to aid in the management of COVID-19 pregnant patients, the authors put forth several challenges to this strategy in Thailand. These include lack of access to ultrasound, limited knowledge about COVID-19, and unavailability of a training program.	Joob B, Wiwanitkit V. Lung ultrasound in pregnant women with suspicion of COVID-19. [published online, 2020 Jul 1]. Ultrasound Obstet Gynecol. doi:10.1002/uog.22091
Children, MIS-C, neurology, radiology, clinical characteristics, London, UK	1-Jul-20	Neurologic and Radiographic Findings Associated With COVID-19 Infection in Children	JAMA Neurology	Brief report	This case-series study sought to report the neurological manifestations of COVID-19 in children. 50 patients younger than 18 years presented to a children's hospital in London with SARS-CoV-2 infection from March 1-May 8, 2020. Of these, 27 had features consistent with COVID-19 pediatric multisystem inflammatory syndrome. 4 of these 27 patients (14.8%) who were previously healthy had new-onset neurological symptoms.	Children with COVID-19 presented with new neurological symptoms involving both the central and peripheral nervous systems and splenic changes on	Abdel-Mannan O, Eyre M, Löbel U, et al. Neurologic and Radiographic Findings Associated With COVID-19 Infection in Children [published online 2020 Jul 1]. JAMA Neurol. 2020. doi:10.1001/jamaneurol.2020.2687

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					Symptoms included encephalopathy, headaches, brainstem and cerebellar signs, muscle weakness, and reduced reflexes. All 4 required ICU admission. Splenium signal changes were seen in all 4 patients on magnetic resonance imaging of the brain. In the 2 patients whose cerebrospinal fluid was tested, samples were acellular, with no evidence of infection on PCR or culture and negative oligoclonal band test results. In all 3 patients who underwent electro-encephalography, a mild excess of slow activity was found. In all 3 patients who underwent nerve conduction studies and electromyography, mild myopathic and neuropathic changes were seen. Neurological improvement was seen in all patients, with 2 making a complete recovery by the end of the study.	imaging, in the absence of respiratory symptoms.	
Attack rate, close contact, risk factors, China	1-Jul-20	Risk Factors Associated With COVID-19 Infection: A Retrospective Cohort Study Based on Contacts Tracing	Emerging Microbes & Infections	Original Research	This retrospective cohort study investigated 11,580 contacts of COVID-19 cases in Guangdong Province from January 10 to March 15, 2020. A total of 515 of 11,580 contacts were identified to be infected with SARS-COV-2. Compared to young adults aged 20-29 years, the infected risk was higher in children (RR: 2.59, 95%CI: 1.79-3.76), and old people aged 60-69 years (RR: 5.29, 95%CI: 3.76-7.46). Females also had higher infected risk (RR: 1.66, 95%CI: 1.39-2.00). People having close relationship with index cases encountered higher risk to be infected (RR for spouse: 20.68, 95%CI: 14.28-29.95; RR for non-spouse family members: 9.55, 95%CI: 6.73-13.55; RR for close relatives: 5.90, 95%CI: 4.06-8.59; RR for other relatives: 3.37, 95%CI: 2.15-5.28). Moreover, contacts exposed to index case in symptomatic period (RR: 2.15, 95%CI: 1.67-2.79), with critically severe symptoms (RR: 1.61, 95%CI: 1.00-2.57), with symptoms of dizziness (RR: 1.58, 95%CI: 1.08-2.30), myalgia (RR: 1.49, 95%CI: 1.15-1.94), and chill (RR: 1.42, 95%CI: 1.05-1.92) had higher infected risks. They conclude that children, old people, females, and family members are susceptible to be infected with COVID-19, while index cases in the incubation period had lower contagiousness.	They observed that the relationships between contacts and index cases significantly affected the infected risks. A specific findings was the that lower attack rates occurred on trains or flights among different modes of transportation.	Liu T, Liang W, Zhong H, et al. Risk factors associated with COVID-19 infection: a retrospective cohort study based on contacts tracing [published online, 2020 Jul 1]. Emerg Microbes Infect. doi:10.1080/22221751.2020.1787799
Children, surgery, protocols, New York City, USA	1-Jul-20	Non-Elective Pediatric Cardiac Catheterization During COVID-19 Pandemic: A New York Center Experience	Journal of Invasive Cardiology	Original Research	Guidelines for surgical case selection and prioritization during COVID-19 restrictions are limited. The authors report the protocols and case selection of a high-volume pediatric cardiac catheterization laboratory in New York City. All pediatric cardiac catheterization procedures from March 16-May 10, 2020 were reviewed. Changes to case selection and periprocedural workflow are described. Data were collected on COVID-19 testing status and primary procedure type, and all procedures were classified by urgency. There were 52 catheterizations performed on 50 patients. Two emergent procedures (3.8%) were performed on patients with positive COVID-19 testing. Most cases were performed on patients with negative COVID-19 test (n=33; 94%).	The experience of this center may assist other pediatric cardiac catheterization laboratories in adapting to similar practice changes as the pandemic continues to evolve.	Oshiro KT, Turner ME, Torres AJ, et al. Non-Elective Pediatric Cardiac Catheterization During COVID-19 Pandemic: A New York Center Experience. J Invasive Cardiol. 2020;32(7):E178-E181.
Nigeria, pregnancy,	1-Jul-20	Coronavirus Disease 2019:	International Journal of	Original Research	This cross-sectional survey was carried out among 430 pregnant women attending antenatal clinics between March 1 and May 30,	This assessment of the knowledge, attitudes,	Anikwe CC, Ogah CO, Anikwe IH, Okoro-chukwu BC, Ikeoha CC.

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attitudes, knowledge assessment		Knowledge, Attitude, and Practice of Pregnant Women in a Tertiary Hospital in Abakaliki, Southeast Nigeria	Gynecology and Obstetrics		2020, in Nigeria to determine the knowledge, attitudes, and preventive practice of pregnant women towards COVID-19. The response rate was 95.6%. 353 (82%) of respondents believed the disease is real while 88% thought the disease is caused by a virus. 24% of the women reported that COVID-19 is a possible scam. The majority (n=339, 61%) reported being informed by mass media. About 21% of the respondents said COVID-19 is cured by intake of hot water, while 5% attributed the cure to intake of hot gin and 9% to intake of saltwater. This erroneous belief on the treatment and cure of COVID-19 could be dangerous. The majority were aware of appropriate preventive measures to prevent spread of COVID-19.	and preventive practices of pregnant women in Nigeria regarding COVID-19 provides insight into current knowledge and misconceptions. This can be used to help target educational strategies using most widely utilized platforms (mass media).	Coronavirus disease 2019: Knowledge, attitude, and practice of pregnant women in a tertiary hospital in Abakaliki, southeast Nigeria [published 2020 Jul 1]. Int J Gynaecol Obstet. doi:10.1002/ijgo.13293