

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>							
Florida, US, ophthalmology, emergency, COVID-19, lockdown	31-Oct-20	Impact of the coronavirus pandemic on pediatric eye-related emergency department services	Journal of American Association for Pediatric Ophthalmology and Strabismus (JAAPOS)	Article	Literature describing the trends and utilization of pediatric eye-related emergency department (ED) visits is limited. This retrospective cohort study of 311 pediatric patients visiting Bascom Palmer Eye Institute (BPEI) ED, in Florida (USA) between March and May 2020 attempts to quantify the effect of the COVID-19 pandemic on pediatric ophthalmology care utilization. The number of visits reached the lowest point in early April and increased to 48% of the pre-COVID volume by the end of May 2020. These data suggest that the onset of the COVID-19 pandemic severely disrupted the clinical workflow in an eye-specific ED, as evidenced by a dramatic decline in pediatric visits over a short timeframe. No change was noted in patient demographic characteristics before, during or after mandated COVID-19 lockdowns. Although telemedicine was made available to the patient population, it was used only moderately.	This retrospective pediatric cohort study, in Florida (USA) between March and May 2020 attempts to quantify the effect of the COVID-19 pandemic on pediatric emergency ophthalmology care utilization. Data suggest that the onset of the COVID-19 resulted in a dramatic decline in pediatric visits.	Shah K, Camhi SS, Sridhar J, Cavuoto KM. Impact of the coronavirus pandemic on pediatric eye-related emergency department services [published online, 2020 Oct 31]. J AAPOS. 2020;S1091-8531(20)30225-1. doi:10.1016/j.jaaapos.2020.09.001
COVID-19, Preeclampsia, pregnancy, Hypertension, comorbidity, maternal mortality, postnatal care, SARS-CoV-2, plasma, Iran	31-Oct-20	Preeclampsia and the crucial postpartum period for Covid-19 infected mothers: A case Report	Pregnancy Hypertension	Case Report	In this case report, the authors report the first maternal death in Balouchestan, Iran, due to delivery complicated by pre-eclampsia con-comitant with postpartum COVID-19. The 19-year-old primigravid patient at the gestational age of 38 weeks had high blood pressure (BP) but appeared otherwise healthy upon examination, and did not present any symptoms of COVID-19 when screened. A beta-blocker was prescribed to control maternal BP, and labor was induced. The neonate was healthy, and the patient was discharged after receiving a BP-controlling prescription. The patient returned 4 days after delivery with complaints of COVID-19 symptoms, and a nasopharyngeal swab test confirmed SARS-CoV-2 infection. The patient rapidly progressed to severe respiratory distress and coagulopathy and was admitted to the ICU. Despite anti-viral, O2, convalescent plasma, intubation, and other supportive therapies, the patient unfortunately went into cardio-respiratory arrest and died. The authors state that pre-eclampsia features may resemble COVID-19 symptoms, and therefore a more detailed assessment is necessary in such patients. The report provides specific examples of how such assessments can be improved to reduce misdiagnosis and inadequate management in pregnancies con-comitant with COVID-19. The authors warn other healthcare providers to monitor pregnancies with suspected pre-eclampsia with caution.	This case report details the first maternal death in Balouchestan, Iran, due to delivery complicated by pre-eclampsia con-comitant with postpartum COVID-19. The authors note that pre-eclampsia features may resemble COVID-19 symptoms and provide suggestions for assessment improvements to reduce misdiagnosis in pregnancies con-comitant with COVID-19. The authors also warn other healthcare providers to monitor pregnancies with suspected pre-eclampsia with caution.	Azarkish F, Sheikhi F, Mirkazehi Z, et al. "Preeclampsia and the crucial postpartum period for Covid-19 infected mothers: A case Report." Pregnancy Hypertens. 2020; doi: 10.1016/j.preghy.2020.10.012

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restrictions; pregnancy care; United States; COVID-19; advance directive; end-of-life care	31-Oct-20	Potential for state restrictions to impact critical care of pregnant patients with COVID-19	CHEST	Commentary	This commentary argues that pregnancy restrictions on end-of-life care in the USA warrant new attention, given the current COVID-19 pandemic. 30 of 50 US states regulate advance directives and decisions about life support differently for pregnant people than for the rest of the population. This is particularly pertinent in the current pandemic, as the authors note pregnant women are more likely to be admitted to the ICU and intubated than non-pregnant people. The authors also state that if a pregnant woman loses the ability to make their own medical decisions, 25 states nullify their advance directives, and 19 states prevent the surrogate decision-maker from making end-of-life care decisions. Knowledge of these restrictions is often low; only 32% of states with a pregnancy restriction law disclose the restrictions on their official advance directive forms. The authors state that pregnancy restrictions threaten ethical principles foundational to the medical practice in the US and conflict with physicians' obligations to do no harm. They recommend that frontline workers familiarize themselves with their states' pregnancy restriction statutes and hope to catalyze further debate about these laws' constitutionality.	The authors argue that US states' end-of-life care restrictions for pregnant women must be reviewed, given the COVID-19 pandemic and the potential increased risk to pregnant women, with the corresponding need for life-sustaining interventions.	DeMartino, E. S., & Chor, J. (2020). Potential for state restrictions to impact critical care of pregnant patients with COVID-19. <i>Chest</i> , S0012-3692(20)35117-5. Advance online publication. https://doi.org/10.1016/j.chest.2020.10.063
COVID-19; E-visits; Models of care; Telemedicine; V-pGALS.	31-Oct-20	Telemedicine in pediatric rheumatology: this is the time for the community to embrace a new way of clinical practice	Pediatric Rheumatology	Commentary	The COVID-19 pandemic has provided an opportunity to expand pediatric tele-rheumatology and address workforce challenges around the world. This commentary provides resources for tele-rheumatology, including practical considerations for preparation, patient selection, virtual exam, multidisciplinary clinics, and teaching opportunities during the COVID-19 pandemic. The authors propose a virtual variation of the validated "pediatric gait arms legs spine examination" (pGALS), called the "video pGALS," as a means of conducting virtual pediatric rheumatology physical examination. The authors describe the advantages and disadvantages of telemedicine in rheumatology; the discussed limitations need to be addressed to enable adoption of telemedicine into routine clinical practice. This commentary describes practical creative approaches and discusses the potential for telemedicine to address unmet needs in the wider context of pediatric rheumatology.	This commentary provides resources for tele-rheumatology, including practical considerations for preparation, patient selection, virtual exam, multidisciplinary clinics, and teaching opportunities during the COVID-19 pandemic. The authors discuss the potential for telemedicine to address unmet needs in the wider context of pediatric rheumatology.	Shenoi S, Hayward K, Curran ML, et al. Telemedicine in pediatric rheumatology: this is the time for the community to embrace a new way of clinical practice. <i>Pediatr Rheumatol Online J</i> . 2020;18(1):85. Published 2020 Oct 31. doi:10.1186/s12969-020-00476-z
stress; women's health; pregnancy; postpartum; worry; United States; COVID-19	31-Oct-20	Risk Factors for Depression, Anxiety, and PTSD Symptoms in Perinatal Women during the COVID-19 Pandemic	Psychiatry Research	Original research	This study sought to determine if pre-existing mental health diagnoses, health worries, and grief due to COVID-19 are associated with higher levels of depression, generalized anxiety, and PTSD symptoms in 1,123 U.S. women through a cross-sectional study design. Data collection via an online survey occurred between May 21 to August 17, 2020 among women > 18 years who were in their 2nd trimester (54.2%) or had given birth in the past 6 months (45.8%). The population was majority White (89.9%), at least college-educated (92.1%) and living with	This study demonstrates that COVID-19 related worries and grief experienced by pregnant and postpartum women are associated with increased odds of clinical symptoms of depression, anxiety and PTSD.	Liu, C. H., Erdei, C., & Mittal, L. (2020). Risk Factors for Depression, Anxiety, and PTSD Symptoms in Perinatal Women during the COVID-19 Pandemic. <i>Psychiatry Research</i> , 113552.

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		[Free access to abstract only]			their partner (98%).36.4% reported clinically significant levels of depression, 22.7% had generalized anxiety, and 10.3% had PTSD. Women with pre-existing diagnoses of depression or anxiety based on their self-reported history were more likely to have current symptoms of depression: OR=1.91, 95% CI=1.30-2.81, and anxiety: OR=1.58, 95% CI=1.12-2.22. Similarly, a pre-existing diagnosis of PTSD was significantly associated with current PTSD symptoms (OR=3.73, 95% CI=1.76-7.90). 18% reported high levels of COVID-19-related health worries and were more likely to score above the clinical threshold for depression (OR=3.41, 95% CI=2.42-4.81), anxiety (OR=4.23,95% CI=2.99-6.08), and PTSD (OR=2.56, CI=1.62-4.06).. The authors report pregnant and postpartum women with pre-existing mental health diagnoses and COVID-related worries and grief show elevated symptoms during the COVID-19 pandemic.	Furthermore, if the women had a pre-pregnancy mental health diagnosis, their odds of elevated symptoms were increased during the COVID-19 pandemic.	
Pregnancy, maternal outcomes, disease prevalence, Chicago, USA	31-Oct-20	Coronavirus Disease 2019 in Pregnancy: The Experience at an Urban Safety Net Hospital	Journal of Community Health	Original Article	The purpose of this study was to determine the prevalence and disease course of COVID-19 among pregnant women delivering at John H. Stroger Hospital, a safety net hospital in Chicago, Illinois, USA from April 12- July 11, 2020. During the study period, 223 women were offered COVID-19 testing, and three asymptomatic women declined. Of 208 discrete patients tested, 23 (11.1%) were positive, of which 13 (56.5%) were symptomatic. In the 196 tests done in asymptomatic patients, 10 (5.1%) were positive. In the 12 tests done on symptomatic patients, 11 (91.7%) were positive. Of the 23 positive tests, 11 were in African American and 12 in Latina women. In the patients testing positive, 15 (65.2%) were obese defined by body mass index (BMI) ≥ 30, and 10 (43.5%) had other comorbid conditions. The most common symptoms were cough, fever, and anosmia or loss of taste. Disease course was mild in all patients, with no admissions to the ICU or mechanical ventilation. No patients tested in the outpatient setting needed admission for COVID-19-related symptoms. The authors conclude that in this report of low-income minority women giving birth at a safety net hospital, the diagnosis of COVID-19 was relatively common, and despite a high prevalence of comorbid conditions, disease course was uniformly mild.	The authors report the prevalence and disease course of COVID-19 in pregnant women delivering in Chicago, USA. Despite a high prevalence of comorbid conditions, the disease course was mild for all patients.	Dhuyvetter, A., Cejtin, H.E., Adam, M. et al. Coronavirus Disease 2019 in Pregnancy: The Experience at an Urban Safety Net Hospital. J Community Health (2020). https://doi.org/10.1007/s10900-020-00940-7
COVID-19; disease outbreaks; infectious diseases; mental health; pregnancy	31-Oct-20	Psychological impact of infectious disease outbreaks on pregnant women: rapid evidence review	Public Health	Review	The authors present a rapid review in response to the COVID-19 pandemic that summarizes existing literature on the psychological impact of infectious disease outbreaks on women who were pregnant at the time of the outbreak. Five databases were searched for relevant literature involving pregnancy, mental health and outbreak-related terms from inception to the date of the searches (1 April 2020), and the main findings from 13 articles published between 2006 and 2018 were extracted. Inductive	The authors present a rapid review in response to the COVID-19 pandemic that summarizes existing literature on the psychological impact of infectious disease outbreaks on women who	Brooks SK, Weston D, Greenberg N. Psychological impact of infectious disease outbreaks on pregnant women: rapid evidence review. Public Health. 2020;189:26-36. doi: 10.1016/j.puhe.2020.09.006.

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					thematic analysis was used to code the data and organize into themes, as follows: negative emotional states, living with uncertainty, concerns about infection, concerns about and uptake of prophylaxis or treatment, disrupted routines, non-pharmaceutical protective behaviors, social support, financial and occupational concerns, disrupted expectations of birth/prenatal care/postnatal care and sources of information. The studies were from multiple countries (China, Brazil, Puerto Rico, USA, Scotland, Australia, Brazil, Turkey, Canada, Japan, Poland) and used a variety of qualitative and quantitative measures. Outbreaks included SARS (n = 3), H1N1 (n = 8) and Zika (n = 2). The review supports the suggestion that pregnant women are a highly vulnerable group in terms of psychological consequences during a pandemic and could benefit from up-to-date, consistent information and guidance, appropriate support and advice from healthcare professionals (particularly with regards to the risks and benefits of prophylaxis and treatment), virtual support groups and designating locations or staff specifically for pregnant women.	were pregnant at the time of the outbreak.	
adolescent; mental health; mood; relationships; COVID-19; United States	31-Oct-20	Adolescents' Perceived Socio-Emotional Impact of COVID-19 and Implications for Mental Health: Results From a U.S.-Based Mixed-Methods Study	The Journal of adolescent health	Original research	This study explored how COVID-19 had affected adolescents' relationships and their mood states and whether these perceptions were associated with their mental health above and beyond their pre-pandemic mental health levels. 407 US adolescents (Mean age=15.24 years, 50% female; 52% White, 20% African American, 17% Hispanic/Latinx) completed a 12-item survey twice, before (October 2019) and during (April 2020) the COVID-19 pandemic. Items were rated on a scale of 1 (rarely or none of the time) to 4 (most of the time). 75% of teens reported less in-person interaction with their friends, partners and nonresidential family members and a lack of social support. 5% reported school stress being a challenge. Most participants (n=169) saw no advantages in COVID-19 associated changes, while some considered spending more time with family as a positive change (N=91). The results suggest that although many families were functioning well during the early months of the pandemic, some may have been uniquely challenged by changes in their family system. The perceived social and emotional changes were associated with elevated depressive symptoms, anxiety symptoms, and loneliness in April 2020. The authors conclude that as the situation with COVID-19 continues to develop, those who wish to support youth can help adolescents maintain friendship connections, ease family tensions, and regulate fluctuations in day-to-day mood states.	This article highlights adolescents' perceptions of how COVID-19 has changed their lives, including vulnerabilities (changes in friendship dynamics), as well as resiliencies (supportive family contexts). The analysis demonstrates that the perceived changes are associated with negative mental health and mood states.	Rogers, A. A., Ha, T., & Ockey, S. (2020). Adolescents' Perceived Socio-Emotional Impact of COVID-19 and Implications for Mental Health: Results From a U.S.-Based Mixed-Methods Study. The Journal of adolescent health : official publication of the Society for Adolescent Medicine, S1054-139X(20)30592-9. Advance online publication. https://doi.org/10.1016/j.jadohealth.2020.09.039

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Immunology, infectious diseases, pediatrics, children, United Arab Emirates	31-Oct-20	Clinical course of COVID-19 among immunocompromised children: a clinical case series	BMJ: British Medical Journal Case Reports	Case Report	The authors presented cases of 5 immunocompromised children (ages 3-12 years old) with different underlying conditions in the United Arab Emirates to evaluate clinical and laboratory characteristics, management, and outcomes of COVID-19. All had mild symptoms or were asymptomatic at presentation and had a benign course of illness. No changes or delays in their treatment regimens occurred, and none experienced a relapse of the original disease, developed severe COVID-19, or died. Based on these results, the authors noted that it is possible that immune suppression or immune dysregulation may reduce SARS-CoV-2 pathogenesis. In contrast, it has been suggested that immunodeficient children may have prolonged viral shedding and potentially be contagious for longer duration. The cases showed a prolonged duration of virus shedding for an average of 2 weeks (range 9-24 days). The authors suggested that immunocompromised pediatric patients may not be at a higher risk of developing severe COVID-19. The authors state that immunosuppressive therapies are likely tolerated in mild COVID-19 in children, preventing relapse and morbidity from underlying conditions	The authors present cases of 5 immunocompromised children [ages 3-12 years old] with COVID-19 in the United Arab Emirates. The authors suggest that immunocompromised children are unlikely to be at a higher risk of developing severe COVID-19, likely due to immune suppression. However, the cases showed a prolonged duration of virus shedding for an average of 2 weeks (range 9-24 days).	El Dannan H, Al Hassani M, Ramsi M. Clinical course of COVID-19 among immunocompromised children: a clinical case series. BMJ Case Rep. 2020;13(10). Published 2020 Oct 31. doi:10.1136/bcr-2020-237804
Complications, delay, health care, maternal, pregnancy, India	31-Oct-20	The effect of the COVID-19 pandemic on maternal health due to delay in seeking health care: Experience from a tertiary center [Free Access to Abstract Only]	International Journal of Gynaecology and Obstetrics	Clinical Article	The authors conducted a prospective observational study of a tertiary center in India of pregnant women admitted during the COVID-19 pandemic from April-August 2020 and compared findings to data from October 2019-February 2020. There was a 45.1% reduction in institutional deliveries (P<0.001), a 7.2% increase in number of high-risk pregnancies, and 2.5 times more pregnant women were admitted to the ICU during the pandemic. Of admissions during the pandemic, 32.5% of pregnant women had inadequate antenatal visits. The main reason for delayed health-seeking was lockdown, lack of transportation, and fear of contracting infection. Of the high-risk pregnancies during the pandemic, 44.7% had one or more complications aggravated by the delay in seeking health care. 32 symptomatic pregnant women who tested positive for SARS-CoV-2 infection were managed at the center with good maternal and fetal outcomes. The authors concluded that the COVID-19 pandemic has indirect adverse effects on maternal and child health.	The authors conducted a prospective observational study of a tertiary center in India of pregnant women admitted during the COVID-19 pandemic. Delayed health-seeking was due to lockdown, lack of transportation, and fear of contracting infection. Of the high-risk pregnancies, 44.7% had one or more complications aggravated by the delay in seeking health care.	Goyal M, Singh P, Singh K, Shekhar S, Agrawal N, Misra S. The effect of the COVID-19 pandemic on maternal health due to delay in seeking health care: Experience from a tertiary center [published online 2020 Oct 31]. Int J Gynaecol Obstet. 2020. doi:10.1002/ijgo.13457
Obsessive-compulsive disorder, cognitive errors, adolescents, young people, Iran	31-Oct-20	A Cross-Sectional Study on Cognitive Errors and Obsessive-Compulsive Disorders among Young People During the	Activitas Nervosa Superior	Original Article	The worsening of obsessive-compulsive disorder (OCD) in youth has been reported in former outbreaks. The current COVID-19 pandemic is likely to reinforce repetitive, compulsive hand-washing to alleviate anxiety and obsessive thinking around contamination, even in those without pre-existing problems. This cross-sectional study was conducted to evaluate the prevalence of OCD and cognitive errors among young people during the outbreak of COVID-19. 150 adolescents aged 13 to 19 years old in	This cross-sectional study in Iran evaluated the prevalence of obsessive-compulsive disorder (OCD) and cognitive errors among adolescents (13-19 years old) during the outbreak. Results indicate	Darvishi, E., Golestan, S., Demehri, F. et al. A Cross-Sectional Study on Cognitive Errors and Obsessive-Compulsive Disorders among Young People During the Outbreak of Coronavirus Disease 2019. Act Nerv Super (2020).

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		Outbreak of Coronavirus Disease 2019			Iran (female mean age 16.37 years; male mean age 19.97 years) were randomly selected and completed the Maudsley Obsessive-Compulsive Inventory Questionnaire and Cognitive Error Questionnaire. 67.3% of the subjects may have demonstrated OCD symptomatology; the most prevalent symptom was a washing compulsion. The prevalence of OCD symptoms in women was slightly higher than in men (72.1% vs 60.3%). Likewise, the score of OCD symptom in women was significantly higher (indicating more severe symptoms) than that in men (p=0.001). The group exhibiting OCD symptoms had significantly higher mean cognitive error scores, indicating higher agreement with the cognitive errors in the questionnaire, than the group that did not exhibit OCD symptoms (p=0.001). In OCD subjects, the highest average cognitive error was "personalization" which the authors claim may indicate an excessively high sense of personal responsibility for external events, such as contamination. These findings suggest the need to enhance the prevention of relapse during social restrictions through screening, online consultation, and digital psychiatric management.	female participants were more likely to exhibit OCD symptoms and adolescents with OCD symptoms had higher levels of cognitive errors.	https://doi.org/10.1007/s41470-020-00077-x
SARS-CoV-2; immunization; guidelines; COVID-19	30-Oct-20	Immunization and vaccination of children during current COVID-19 pandemic: Impact and recommendation guidelines for India	Journal of Family Medicine and Primary Care	Letter to the Editor	Having identified the slowdown of immunization efforts in a few states in India during the COVID-19 pandemic, the ministry of Health and Family Welfare (MoHFW) issued immunization guidelines on April 14, 2020, on the continuation of essential services. They issued the following key principles: no state can violate COVID-19 guidelines, and guidelines regarding COVID-19 from the MoHFW and the Ministry of Health affairs would be the primary reference points; social distancing, handwashing, and respiratory hygiene are to be practiced at all immunization sessions; birth dose vaccination at health facilities should continue regardless of zone. Additionally, they recommended the following: continuation of birth doses for institutional deliveries; provision of immunization services for walk-in beneficiaries whenever feasible; for beneficiaries who have already reported in, vaccinations should be provided, and otherwise using outreach programs; fixed-site vaccination and vaccine-preventable deaths surveillance where essential services are operational, and restrictions allow, with the appropriate infection control measures undertaken; outreach methods of immunization delivery to be undertaken only if the safety of health workers and the community is not compromised; catch-up vaccination upon easing of restrictions; avoidance of mass vaccinations in areas with restrictions.	In this letter, the authors highlighted the guidelines issued by the Ministry of Health and Family Welfare in India regarding immunization practices during the pandemic. In addition to the continuation of birth immunization doses, they suggested expanding the scope of immunization using outreach programs and in-facility immunization services for beneficiaries, as long as appropriate social distancing and infection control measures are followed.	Bharadwaj J, Sharma SK, Darbari A, Patil P. Immunization and vaccination of children during current COVID-19 pandemic: Impact and recommendation guidelines for India. <i>J Family Med Prim Care</i> . 2020;9(10):5411-5412. Published 2020 Oct 30. doi:10.4103/jfmpc.jfmpc_1508_20

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Pediatrics, children, infant, clinical manifestations, Romania	30-Oct-20	The Discrepancies of COVID-19 Clinical Spectrum Between Infancy and Adolescence - Two Case Reports and a Review of the Literature	Frontiers in Pediatrics	Case Report	The authors describe 2 cases of COVID-19 in pediatric patients in Romania, a 6-month-old male and a 15-year-old female, to underline age-related differences in clinical manifestations. The 6-month-old male infant presented with fever, rhinorrhea and diarrhea for 24 hours. PCR for SARS-CoV-2 was initially inconclusive and a second test returned positive. The symptoms resolved in the 2nd day of admission after symptomatic treatment with anti-pyretics and anti-diarrheals. There were no sequelae at follow up or signs of PIMS-TS/MIS-C. The 15-year-old female presented to the emergency department with fever, cough and shortness of breath. Her family history revealed that both parents were positive for SARS-CoV-2 infection. Clinical exam on admission showed fever, dry cough, and an O2 saturation of 84%. PCR for SARS-CoV-2 was positive. Chest radiography showed multiple asymmetric patchy infiltrates within both lungs. She was admitted to the ICU for 3 days requiring intubation with favorable evolution after the initiation of antiviral therapy (lopinavir/ritonavir), O2 supplementation, antibiotics (ceftriaxone), antipyretics, and analgesics. The authors conclude that the wide-spectrum of the clinical manifestations encountered in children with COVID-19 is a real challenge for establishing an early diagnosis and the pediatrician's awareness is vital for decreasing transmission.	The authors present 2 cases of pediatric COVID-19 in Romania, one in a 6-month-old male infant and one in a 15-year-old female, to highlight age-related differences in clinical manifestations.	Mărginean CO, Meliț LE, Săsăran MO. The Discrepancies of COVID-19 Clinical Spectrum Between Infancy and Adolescence - Two Case Reports and a Review of the Literature. <i>Front Pediatr.</i> 2020 Oct 30;8:577174. doi: 10.3389/fped.2020.577174.
Spain, COVID-19, Dialogic Literary Gatherings, benefit, learning, students	30-Oct-20	Child Well-Being in Times of Confinement: The Impact of Dialogic Literary Gatherings Transferred to Homes	Frontiers in Psychology	Original Research	The COVID-19 pandemic has forced families in Spain to find educational alternatives to support learning and ensure child well-being. This study evaluated how transferring Dialogic Literary Gatherings (DLGs) to the home environment can enhance child well-being in times of confinement and promote a safe and supportive environment for learning, interacting, and coexisting. Data collection consisted of a focus group of 10 teachers, 6 semi-structured interviews with families and 6 life stories of students from May 2-24, 2020. [Student ages were not reported]. 2 tables display participating school and teacher characteristics. Results were reported via thematic analysis in the following order: Learning, Cognition, and Performance – The Educational Indicator, Interactions and Relations – The Social Dimension of Well-Being, Feelings and the Emotional Dimension, Impact at Home and Homes that Make Impact Possible, and Online DLGs for the Future – Overcoming Barriers for the Benefit of All. The results confirm previous findings that DLGs have a beneficial impact on children and their families' well-being. The authors discuss the development of educational public policies and the extending "open doors actions" as an option for future learning environments beyond the confinement situation is contemplated.	The COVID-19 pandemic in Spain has forced families to find educational alternatives to support learning and ensure child well-being. This study evaluates Dialogic Literary Gatherings (DLGs) in the home environment and their impact on child well-being. Based on the study's results, the authors find DLGs to be beneficial to children.	Ruiz-Eugenio L, Roca-Campos E, León-Jiménez S, et al. Child Well-Being in Times of Confinement: The Impact of Dialogic Literary Gatherings Transferred to Homes. <i>Front Psychol.</i> 2020;11:567449. Published 2020 Oct 30. doi:10.3389/fpsyg.2020.567449

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Adolescents, teenagers, vaping, EVALI, THC, USA	30-Oct-20	Vaping in today's pandemic: E-cigarette, or vaping, product use-associated lung injury mimicking COVID-19 in teenagers presenting with respiratory distress	SAGE Open Medical Case Reports	Case Series	The authors present a case series of 3 teenagers with respiratory distress secondary to e-cigarette/vaping product use—associated lung injury (EVALI) closely mimicking the presentation of COVID-19 in California, USA. A 16-year-old female, 17-year-old female, and 17-year-old male all presented from February-April, 2020 with similar symptoms, including fever, cough, post-tussive emesis, and pleuritic chest pain. All were tachycardic, tachypneic, and hypoxemic on admission. Chest CTs showed: prominent bilateral ground glass and patchy consolidative opacities in the posterior lungs in the first case, scattered peripheral ground glass and nodular lung opacities in the second, and diffuse alveolar ground glass opacities throughout the lungs in the third. Infectious workups, including testing for SARS-CoV-2 in the second and third cases, were all negative. All 3 cases reported a history of Tetrahydrocannabinol (THC) product vaping or demonstrated positive urine toxicology for THC and were diagnosed with suspected EVALI. They each improved clinically following treatment with steroids. The authors conclude that since EVALI and COVID-19 share clinical symptoms, it is important to obtain a thorough social history including use of e-cigarettes and vaping products in adolescents with unexplained respiratory failure.	The authors present 3 cases of adolescents with respiratory distress secondary to e-cigarette/vaping product use and highlight the similarities between their clinical symptoms and COVID-19. They stress the importance of obtaining a thorough social history including e-cigarette and vaping use, especially during the pandemic.	Darmawan DO, Gwal K, Goudy BD, Jhawar S, Nandalike K. Vaping in today's pandemic: E-cigarette, or vaping, product use-associated lung injury mimicking COVID-19 in teenagers presenting with respiratory distress. SAGE Open Med Case Rep. 2020 Oct 30; doi: 10.1177/2050313X20969590.
COVID-19; SARS-CoV-2; children; kidney; pandemic; pediatric; seroconversion; transplant; United States	30-Oct-20	Assessment of Seroconversion to SARS-CoV-2 in a Cohort of Pediatric Kidney Transplant Recipients	Frontiers in Pediatrics	Article	The study examines SARS-CoV-2 serologic status in a cohort of pediatric kidney transplant (KT) recipients, who in contrast to adult kidney disease patients, do not seem to be at particularly high risk for SARS-CoV-2 infection or for severe COVID-19. Assessing SARS-CoV-2 antibody serologies could potentially help understand why this pediatric population is spared from severe outcomes. SARS-CoV-2 anti-spike IgG and IgM antibodies were measured by 3 different enzyme-linked immunosorbent assays in 31 pediatric KT recipients (68% male; median age 12 years, range 2-21 years) coming for routine clinic visits immediately post-confinement in May-June 2020 in the United States. The patients were considered seroconverted if SARS-CoV-2 antibodies were positive by 2 of 3 methods and weak positive/indeterminate if positive by 1 of 3. Only 1 patient (3.2%) seroconverted, while 3 others (9.7%) were considered weak positive/indeterminate. None of the patients were symptomatic and none had nasopharyngeal, PCR-confirmed SARS-CoV-2. Seroconversion to SARS-CoV-2 antibodies was rare in this population and likely reflects the social distancing practiced by these patients. Continuing to study this cohort will be important in evaluating the long-term emergence and persistence of antibodies as these patients return to school, and may also inform studies of response to a future vaccine.	The study examines SARS-CoV-2 serologic status in a cohort of pediatric kidney transplant (KT) recipients in the United States to understand why this population has been spared from severe COVID-19 disease outcomes. Seroconversion to SARS-CoV-2 antibodies was rare in this population, which likely reflects the social distancing practiced by these patients.	Nailescu C, Khalid M, Wilson AC. Assessment of Seroconversion to SARS-CoV-2 in a Cohort of Pediatric Kidney Transplant Recipients. Front Pediatr. 2020;8:601327. doi:10.3389/fped.2020.601327.

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vaccination, coverage, COVID-19, organization, children, adolescent, adult immunization, Italy	30-Oct-20	Maintain and increase vaccination coverage in children, adolescents, adults and elderly people: Let's avoid adding epidemics to the pandemic: Appeal from the Board of the Vaccination Calendar for Life in Italy: Maintain and increase coverage also by re-organizing vaccination services and reassuring the population	Vaccine	Commentary	In this commentary, the Board of the Vaccination Calendar for Life, a coalition of 4 major scientific and professional societies of public health physicians, pediatricians, and general practitioners in Italy, make an appeal to health authorities in order to sustain childhood vaccination during the COVID-19 pandemic. The 5 pillars to maintaining and increasing vaccination coverage at all ages are described as follows: 1) Guarantee pediatric vaccination coverage to all newborns, older children, and adolescents, not interrupting current vaccination schedules. 2) Re-organize the way pediatric and adolescent vaccinations are offered, to involve primary care pediatricians and co-administer vaccines. 3) Establish recovery programs for vaccinations not carried out after the start of the COVID-19 emergency. 4) Urgently prepare to support sufficient quantities of flu vaccines to increase coverage in all regions. 5) Prepare plans to increase coverage for influenza, pneumococcal, tetanus, diphtheria, and shingles immunization. Adopting these recommendations will prevent delays that could threaten the health of large national and global populations.	This commentary from the Board of the Vaccination Calendar for Life in Italy puts forth an evidence-based appeal to health authorities to sustain childhood vaccination during the COVID-19 pandemic. The authors assert 5 pillars are essential in maintaining and increasing vaccination coverage for children of all ages: continued and guaranteed access to vaccination coverage, establishment of recovery programs, re-organization of vaccination processes, and plans to store and distribute sufficient flu vaccines.	Bonanni P, Angelillo IF, Villani A, et al. Maintain and increase vaccination coverage in children, adolescents, adults and elderly people: Let's avoid adding epidemics to the pandemic: Appeal from the Board of the Vaccination Calendar for Life in Italy: Maintain and increase coverage also by re-organizing vaccination services and reassuring the population. <i>Vaccine</i> . 2020;S0264-410X(20)31318-9. doi:10.1016/j.vaccine.2020.10.024
COVID-19; SARS-CoV-2; antivirals; children; pediatrics; quarantine; school closure; therapeutic agents; vaccine; Greece	30-Oct-20	COVID-19 and paediatric challenges: An interview with Professor of Paediatrics Vana Papaevangelou (University of Athens School of Medicine)	Experimental and Therapeutic Medicine	Article	This article presents an interview with Dr. Vana Papaevangelou, Professor of Pediatrics at the University of Athens School of Medicine and a member of the counseling committee of the National Public Health Organization which constitutes the operational center for the planning, measures' implementation, and surveillance of COVID-19 in Greece. According to Dr. Papaevangelou, children comprise only 2-6% of COVID-19 cases worldwide and are not "super-spreaders." SARS-CoV-2 is transmitted through droplets, fomites, aerosols, and the fecal-oral route, while there is no strong evidence to support transplacental transmission. Dr. Papaevangelou highlights the epidemiological differences between seasonal influenza and COVID-19 and reports that school closure had no direct impact on disease spread, since children are not the main transmitters of SARS-CoV-2. She says social distancing clearly limited the transmission of SARS-CoV-2. She identifies antivirals (hydrochloroquine, remdesivir) and other agents (dexamethasone, intravenous immunoglobulin (IVIG), monoclonal antibodies) that are able to diminish the human immune reaction responsible for fatal multisystem inflammatory syndromes. She notes that these agents have been rarely needed	This article presents an interview with Dr. Vana Papaevangelou, Professor of Pediatrics at the University of Athens School of Medicine and a member of the counseling committee of the National Public Health Organization in Greece. She highlights the epidemiological differences between seasonal influenza and COVID-19 and discusses the routes of SARS-CoV-2 transmission. She also discusses the importance of social distancing and the ongoing scientific efforts for vaccine development against SARS-CoV-2.	Mammas IN, Theodoridou M, Spandidos DA. COVID-19 and paediatric challenges: An interview with Professor of Paediatrics Vana Papaevangelou (University of Athens School of Medicine). <i>Exp Ther Med</i> . 2020;20(6):296. doi:10.3892/etm.2020.9426.

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					in children with COVID-19, as most cases require only supportive treatment. Finally, she addresses the ongoing scientific efforts for vaccine development against SARS-CoV-2 and indicates that the most promising candidates include vaccines that use viral vectors (ex. ChAdOx1 nCoV-19), while other novel platforms based on DNA or mRNA are also being developed.		
Spain, COVID-19, SARS-CoV-2, pneumonia, hospitalization	30-Oct-20	Pneumonia in hospitalized children during SARS-CoV-2 pandemic. Is it all COVID-19? Comparison between COVID and non-COVID pneumonia	Pediatric Infectious Disease Journal	Brief Report	This study examined the differences between SARS-CoV-2 pneumonia and other pneumonias among children in Spain between March 1-May 15, 2020. All children <16 years of age who were admitted for radiologically-confirmed pneumonia in 2 university hospitals in Madrid were included in the study. Pneumonia was classified as typical or atypical. A total of 111 children were included; median age was 33 months (IQR: 13–82 months; age range not specified); 49.5% were male and 15% had underlying medical conditions. The most common symptoms were fever (106/111; 96.5%), cough (98/111; 88%) and breathing difficulty (63/111; 56.8%). In this series of children admitted with pneumonia, only 20% of cases were attributable to SARS-CoV-2 infection (positive PCR during admission or positive SARS-CoV-2 IgG performed ≥6 weeks after admission). A table summarizes the characteristics of hospitalized children with SARS-CoV-2 pneumonia vs. other pneumonias. Children with SARS-CoV-2 pneumonia were approximately 7 times more likely to have a headache (p=0.005) or asthenia (p=0.003) than children with other pneumonias. Children with SARS-CoV-2 pneumonia were frequently older (median age of 115 months) than children with other pneumonias (median age of 36 months) (p=0.007). Lymphopenia (p=0.047) and thrombocytopenia (p=0.003) were associated with SARS-CoV-2 pneumonia, but increased D-dimer levels were not.	This study examined the differences between SARS-CoV-2 pneumonia and other pneumonias among children <16 years old in Spain between March 1-May 15, 2020. Children with SARS-CoV-2 pneumonia were frequently older and typically presented with headache, vomiting and asthenia. Lymphopenia and thrombocytopenia were often associated with SARS-CoV-2 pneumonia, but increased D-dimer levels were not.	Jimenez-García R, Nogueira J, Retuerta-Oliva A, et al. Pneumonia in hospitalized children during SARS-CoV-2 pandemic. Is it all COVID-19? Comparison between COVID and non-COVID pneumonia [published online ahead of print, 2020 Dec 1]. <i>Pediatr Infect Dis J</i> . 2020;10.1097 doi:10.1097
Vaccines, pharmacology, pregnancy, children, pediatrics, drugs	30-Oct-20	Risk Assessment of therapeutic agents under consideration to treat COVID-19 in Pediatric Patients and Pregnant Women	British Journal of Clinical Pharmacology	Original Research	In this systematic review, the authors aimed to assess the vulnerabilities of pediatric patients and pregnant women to therapeutic strategies used to treat COVID-19. They reviewed the current disease etiology in these populations and the available clinical experience with potential drug and vaccine candidates from December 2019- July 2020. Drug candidates for early consideration of treatment of COVID-19 have been predominantly comprised of repurposed drugs. Clinical trials for 23 repurposed drugs and drug combinations and 9 candidate vaccines were reviewed. 13 of the drugs are currently indicated for use in pediatrics in some age category (newborn through adolescence) for indications other than COVID-19, and 10 of these are indicated for use in pregnant women. However, source data from which safety and or dosing could be extrapolated for use in COVID-19 in sparse. Most vaccine trials exclude both	The authors reviewed the clinical experience available for 23 repurposed drugs or drug combinations and 9 candidate vaccines regarding their use in pregnant women and pediatric patients with COVID-19.	Barrett JS. Risk Assessment of therapeutic agents under consideration to treat COVID-19 in Pediatric Patients and Pregnant Women. <i>Br J Clin Pharmacol</i> . 2020 Oct 30. doi: 10.1111/bcp.14630.

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					children and pregnant women but there are plans to include younger patients in future trials. The authors conclude that in conjunction with more prospective collaboration, plans are evolving to ensure better preparation to address similar situations especially in pediatrics and pregnant women where experience is limited and practice relies heavily on leveraging data from other populations and indications.		
Gestational diabetes, anxiety, physical activity, children, stress, USA	30-Oct-20	Prenatal exposure to gestational diabetes is associated with anxiety and physical inactivity in children during COVID-19	Clinical Obesity	Original Research	In this study, the authors investigated associations between prenatal exposure to gestational diabetes mellitus (GDM) and children's anxiety and physical activity levels during the COVID-19 pandemic. 65 pediatric participants ages 9 to 15 years were recruited from the existing observational BrainChild study in Southern California, USA. The study included one phone/video call visit between April 20- June 26, 2020. Physical activity was assessed using a 24-hours physical activity recall (PAR) with metabolic equivalents (METs) ≥ 3 classified as moderate-to-vigorous physical activity, and METs ≥ 6 classified as vigorous physical activity (VPA). State anxiety was assessed via the State-Trait Anxiety Inventory for Children (STAIC). The 38 GDM-exposed children reported significantly higher anxiety levels and were less likely to engage in any vigorous physical activity (VPA) (5% vs 30%) compared to the 27 GDM-unexposed children. Lower levels of physical activity were significantly associated with higher levels of anxiety. Less engagement in VPA explained 75% of the association between GDM exposure and anxiety levels. The authors conclude that engaging in VPA during stressful periods is associated with reduced anxiety levels, and that children exposed to GDM could especially benefit from engaging in VPA.	The authors examined the associations between prenatal exposure to gestational diabetes mellitus and children's anxiety and physical activity levels during the COVID-19 pandemic. Lower levels of physical activity were associated with higher levels of anxiety and explained 75% of the association between GDM exposure and anxiety levels.	Alves JM, Yunker AG, DeFendis A, Xiang AH, Page KA. Prenatal exposure to gestational diabetes is associated with anxiety and physical inactivity in children during COVID-19. Clin Obes. 2020 Oct 30:e12422. doi: 10.1111/cob.12422.
Pericarditis, neonate, vertical transmission, inflammatory response, Brazil	30-Oct-20	Maternal SARS-CoV-2 infection associated to systemic inflammatory response and pericardial effusion in the newborn: a Case-Report	Journal of the Pediatric Infectious Diseases Society	Case Report	This is a case report of fetal pericarditis following maternal SARS-CoV-2 infection. A 27-year-old gravida 2 woman with an uncomplicated pregnancy presented at 29 weeks' gestation in Brazil with flu-like symptoms, was treated symptomatically, and discharged. Routine fetal echocardiogram later performed at 32 weeks and 4 days gestation revealed significant fetal pericardial effusion with dilation of the vena cava. Delivery was recommended, and the mother received antenatal corticosteroids. Maternal serology was negative for Parvovirus, Epstein-Barr virus, Adenovirus, Influenza A and B, while a rapid serological test for SARS-CoV-2 was positive for both IgM and IgG. Repeat fetal echo 6 days later showed worsening pericardial effusion, and an emergency C-section was performed at 33 weeks in an isolated operating room. The mother wore an N95 mask. Neonatal nasal and oropharynx swabs were collected on day 1 of life, and RT-PCR tests for SARS-CoV-2 were positive while additional infectious workup was negative. The neonate required	The authors present a case of fetal pericarditis following maternal SARS-CoV-2 infection, which required emergent C-section delivery and neonatal intubation. The neonate tested positive for SARS-CoV-2 and gradually improved, with discharge after 22 days of hospitalization.	Lima ARO, Cardoso CC, Bentim PRB, et al. Maternal SARS-CoV-2 infection associated to systemic inflammatory response and pericardial effusion in the newborn: a Case-Report. J Pediatric Infect Dis Soc. 2020 Oct 30:piaa133. doi: 10.1093/jpids/piaa133.

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					intubation and care in the ICU with eventual improvement and discharge at day 22 of life. SARS-CoV-2 testing of the pericardial fluid, amniotic fluid, and placenta were negative. The authors conclude that the neonate likely experienced a severe inflammatory response to the vertically transmitted SARS-CoV-2 virus, resulting in pericarditis.		
COVID-19; Epidemiological characteristics; Low density population; Outcomes; Public health intervention; China	30-Oct-20	Epidemiological Characteristics and Clinical Outcomes of Coronavirus Disease Patients in Northwest China: High-Volume Research From Low Population Density Regions	Frontiers in Medicine	Original Research	The authors conducted a retrospective study of patients diagnosed with novel coronavirus pneumonia (NCP) in Northwestern China, an area with low population density. 617 COVID-19 patients were reported in Northwestern China, and the morbidity and mortality rates were 0.0005% and 1.1%, respectively. The morbidity and mortality rates of COVID-19 patients in the regions with a low population density were lower than those of the national average in China. Morbidity was inversely proportional to population density and distance from Wuhan City. 473 confirmed COVID-19 cases were enrolled, and ages ranged from 1-94 years with a median age of 42 years. 3.2% of patients were children or infants. Two patients were pregnant, and one patient gave birth to a healthy baby with negative results during her disease course. About 17.3% of patients were healthy carriers without any symptoms during their disease course. The median hospitalization time was 16 days, ranging from 2-43 days. The authors determined that age (P = 0.03) and severity status (P < 0.001) were significantly positively correlated with hospitalization time.	The authors conducted a retrospective study of patients with COVID-19 (aged 1-94 years) in Northwestern China. COVID-19-related morbidity and mortality rates were lower in low population density regions than the national average. The authors determined that age (P = 0.03) and severity status (P < 0.001) were significantly correlated with hospitalization time.	Zhu J, Zhang Q, Jia C, et al. Epidemiological Characteristics and Clinical Outcomes of Coronavirus Disease Patients in Northwest China: High-Volume Research From Low Population Density Regions. Front Med (Lausanne). Published 2020 Oct 30. doi:10.3389/fmed.2020.564250
Vertical transmission; SARS-CoV-2; COVID-19; Pakistan; Pregnant women; Infants; Neonates	30-Oct-20	Vertical Transmission of Novel Coronavirus (COVID-19) from Mother to Newborn: Experience from a Maternity Unit, The Indus Hospital, Karachi	Journal of the College of Physicians and Surgeons Pakistan	Letter to the Editor	The authors report a lack of cases of neonates contracting COVID-19 due to mothers testing positive for SARS-CoV-2 infection in a hospital in Pakistan. COVID-19 testing was performed on all mothers prior to normal delivery or C-section, and 66 mothers tested positive between April 27-June 16, 2020. 21 neonates were delivered via spontaneous vaginal delivery, 7 via elective C-section, and 40 via emergency C-section that was carried out under spinal anesthesia. All 67 neonates were tested for SARS-CoV-2 infection by nasopharyngeal swab PCR, and all neonates were negative. All infants remained stable in the COVID isolation ward with their mothers, and mothers breastfed their infants while wearing a face mask. All infants were discharged after 48 hours of life.	The authors report a lack of cases of neonates contracting COVID-19 due to mothers testing positive for SARS-CoV-2 infection in a hospital in Pakistan. 66 mothers tested positive for SARS-CoV-2 infection before delivery, and all 67 neonates delivered tested negative.	Khan MA, Kumar V, Ali SR. Vertical Transmission of Novel Coronavirus (COVID-19) from Mother to Newborn: Experience from a Maternity Unit, The Indus Hospital, Karachi. J Coll Physicians Surg Pak. 2020;30(10):136. doi:10.29271/jcpsp.2020.10.136
Tele-education, birth planning, pregnancy, prenatal distress, anxiety, fears, Turkey	30-Oct-20	Pregnancy and Birth Planning During COVID-19: The Effects of Tele-Education Offered to Pregnant	Midwifery	Original Research	The authors examine pregnancy and birth planning during COVID-19, and the effects of a tele-education offered to pregnant women on prenatal distress and pregnancy-related anxiety. The study participants consisted of 96 pregnant women from a public hospital in east Turkey, divided into an experiment group (n= 48) and a control group (n=48). The participants completed an online survey, which included the Revised Prenatal Distress	This study showed that the tele-education offered to pregnant women on pregnancy and birth planning during COVID-19 decreased their prenatal distress and anxiety levels.	Derya YA, Altıparmak S, Akça E, Gökbulut N, Yılmaz AN. Pregnancy and Birth Planning During COVID-19: The Effects of Tele-Education Offered to Pregnant Women on Prenatal Distress and Pregnancy-Related

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		Women on Prenatal Distress and Pregnancy-Related Anxiety			Questionnaire (NuPDQ) and the Pregnancy-Related Anxiety Questionnaire-Revised 2 (PRAQ-R2) between April 22 - May 13, 2020. An individual tele-education (interactive education and consultancy provided by phone calls, text messages, and digital education booklet) was provided to the pregnant women in the experiment group for one week, whereas no intervention was administered to the control group. The results showed that both groups had similar levels of prenatal distress and pregnancy anxiety before the tele-education. However, the post-test results showed that those in the experiment group had lower anxiety, less fear of giving birth, and fewer worries of bearing a physically or mentally disabled child than the control group, and the difference was statistically significant. These results suggest that tele-education effectively reduced the fears of pregnant women about their infants' health.		Anxiety. Midwifery. 2020:102877. doi:10.1016/j.midw.2020.102877
Overnight camp, serologic test, antibodies, RT-PCR, outbreak	30-Oct-20	COVID-19 Outbreak at an Overnight Summer School Retreat — Wisconsin, July–August 2020	Morbidity and Mortality Weekly Report (MMWR)	Case Report	A COVID-19 outbreak occurred from 2 July to 11 August 2020 at a boy's overnight summer school retreat in Wisconsin USA with 152 high school-aged boys and staff members. All attendees provided a serologic test result within the last 3 months or a negative RT-PCR test result from less than a week before travel. At the retreat, students and counselors did not wear masks or social distance. On 3 July, the index patient who had received a negative RT-PCR experienced a sore throat, cough, and chills and received a positive RT-PCR on 5 July. During 4-7 July, 6 of 11 close contacts of the index patient and 18 additional students reported new onset of mild symptoms. During 5-6 August, 118 (80%) out of 148 attendees received positive serologic testing results. Among 152 attendees, 78 (51%) were confirmed cases and 38 (25%) were probable cases. All cases were mild to moderate with no hospitalizations or deaths. Tables summarize the serologic test results and characteristics of confirmed and probable cases. Since a single student was the likely source of the large-scale outbreak (76% infected with attack rate of 91%), SARS-CoV-2 can spread rapidly in congregate settings. The absence of RT-PCR-confirmed infections among 24 attendees with a positive serologic test before the retreat suggests some protective effect. A comprehensive COVID-19 mitigation plan including pre-arrival quarantine, testing, early identification and isolation of cases, mask use, and infection control is critical for reducing the SARS-CoV-2 transmission.	The COVID-19 outbreak at an overnight summer school retreat documents rapid SARS-CoV-2 spread from a single student to adolescents in a congregate setting. Comprehensive mitigation plans and infection controls are necessary to prevent COVID-19 outbreaks in these settings.	Pray IW, Gibbons-Burgener SN, Rosenberg AZ, et al. COVID-19 Outbreak at an Overnight Summer School Retreat — Wisconsin, July–August 2020. MMWR Morb Mortal Wkly Rep 2020;69:1600–1604. DOI: http://dx.doi.org/10.15585/mmwr.mm6943a4external icon

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Pediatric, adolescents, characteristics, diagnosis, hospitalization, outcomes, seasonal influenza, symptoms	30-Oct-20	Baseline characteristics, management, and outcomes of 55,270 children and adolescents diagnosed with COVID-19 and 1,952,693 with influenza in France, Germany, Spain, South Korea and the United States: an international network cohort study	medRxiv	Preprint (not peer-reviewed)	The authors describe the clinical characteristics and health outcomes of children/adolescents diagnosed or hospitalized with COVID-19 compared to those with seasonal influenza in previous years. They collected data on patients < 18 years old with a clinical diagnosis of COVID-19 or a SARS-CoV-2 positive test between January - June 2020 from 19 databases across the US, Europe, and Asia. The characteristics and outcomes of 55,270 children/adolescents diagnosed (3,693 hospitalized) with COVID-19 were compared to 1,956,358 children and adolescents diagnosed with seasonal influenza in 2017-2019. The results showed that most cases of COVID-19 diagnosis and related hospitalizations were found among children aged < 4 years old. Also, children/adolescents hospitalized with COVID-19 had a higher prevalence of comorbidities than the overall cohort of those diagnosed with COVID-19. The most common COVID-19 symptoms were fever and cough, whereas dyspnea, bronchiolitis, anosmia, and gastro-intestinal symptoms were more common in COVID-19 than influenza. Of note, hospitalization rates were between 5 to 13-fold higher, and 30-day outcomes (including pneumonia, ARDS, and MIS-C) were more frequent among children/adolescents diagnosed with COVID-19 than with influenza. Furthermore, the 30-day fatality rate following a COVID-19 diagnosis or hospitalization in pediatric patients was low.	The authors observed that dyspnea, bronchiolitis, anosmia, and gastro-intestinal symptoms were more frequent in children/adolescents with COVID-19 than those with seasonal influenza. Also, pneumonia, ARDS, and MIS-C were more frequent in pediatric COVID-19.	Duarte-Salles T, Vizcaya D, Pistillo A, et al. Baseline characteristics, management, and outcomes of 55,270 children and adolescents diagnosed with COVID-19 and 1,952,693 with influenza in France, Germany, Spain, South Korea and the United States: an international network cohort study. [published online, 2020 Oct 30]. medRxiv. 2020. doi: https://doi.org/10.1101/2020.10.29.20222083
Italy, stillbirth, lockdown	30-Oct-20	Increase of stillbirth and decrease of late preterm infants during the COVID-19 pandemic lockdown	ADC Fetal and Neonatal Edition	Letter	The objective of the retrospective study addressed in this letter was to analyze perinatal data from the Lazio region in Rome, Italy during the lockdown and to compare these data to data from the same months in 2019. Data containing all non-viable births with gestational age >22 weeks, as well as data were obtained from the Lazio hospital discharge database from March - May, 2020 and compared to data of the same time period in 2019. Results indicate a statistically significant increase in the number of stillbirths, and an increase in full-term births. The authors report a threefold increase in stillbirths over the length of the 2020 data-collection window, but state that it does not seem to be a direct consequence of the COVID-19 pandemic. They instead hypothesize that induced life changes from the lockdown, specifically reduced visits to hospitals for fear of COVID-19, may be the cause (i.e. the postponement or suspension of all medical checks even in pregnant women).	This letter analyzes the increase in stillbirths in the Lazio region in Rome, reporting a threefold increase compared to a similar period in 2019.	De Curtis M, Villani L, Polo A. Increase of stillbirth and decrease of late preterm infants during the COVID-19 pandemic lockdown. Arch Dis Child Fetal Neonatal Ed. 2020 Oct 30:fetalneonatal-2020-320682. doi: 10.1136/archdischild-2020-320682 .

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Pediatric, ophthalmology, disparities	30-Oct-20	Pediatric Eye Care: We Cannot Lose Sight of Its Importance despite the COVID-19 Pandemic	Journal of Binocular Vision and Ocular Motility	Editorial	The authors highlight the impact of the COVID-19 pandemic in routine pediatric care, citing the importance of adequate screening and intervention to reduce the risk of persistent visual impairment. The authors also emphasize importance of intervening during the critical growth period of early childhood to mold and correct visual pathways. Remote-based learnings during the COVID-19 pandemic pose challenges in identifying visual impediments in children, usually seen by teachers, as well as having regular visual screenings that could be provided in schools. Additionally, outreach programs that combat children's eye health disparities are limited in their ability to provide essential vision care. They emphasize the need for novel remote vision-screening tools to provide high-quality vision screening. The authors conclude by providing potential solutions to the provision of pediatric vision care during the pandemic, including remote vision-screening practices, vision-screening applications, and simulation of a clinic vision assessment at home.	The authors highlight the challenges posed to pediatric vision care in the backdrop of the COVID-19 pandemic. Furthermore, they recommend potential practices to ensure adequate provision of pediatric vision care services, such as high-quality remote vision-screening practices, tele-ophthalmology, and simulation of a clinic vision assessment remotely using vision charts provided by healthcare practitioners.	Camhi SS, Shah K, Cavuoto KM. Pediatric Eye Care: We Cannot Lose Sight of Its Importance despite the COVID-19 Pandemic. J Binocul Vis Ocul Motil. 2020 Oct 30:1-3. doi: 10.1080/2576117X.2020.1830677.
apoE4, MIS-C	30-Oct-20	COVID-19, multisystem inflammatory syndrome in children, apoE4, and race	The Journal of Pediatrics	Letter to the Editor	In this letter to the editor, the authors hypothesize that the apolipoprotein E4 (apoE4) genotype may identify children at increased risk of developing MIS-C from infections with the SARS-CoV-2 virus. They state that based on emerging evidence that the apoE4 genotype can predict COVID-19 disease severity in adults, it may also be able to predict children that could develop MIS-C. In previous research, apoE4 has been linked to enhanced innate immune response. Additionally, individuals of African descent may have twice the frequency of the apoE4 allele, and therefore may be more likely to exhibit a stronger innate immune response. The authors connect their hypothesis to data presented by Carter et al, where 8 of 9 black children were diagnosed with MIS-C compared to the 5 of 10 white children in the same study. They suggest that there may be an over-representation of black children diagnosed with MIS-C from severe SARS-CoV-2 infection due to the presence of apoE4.	This letter to the editor explores the connection of apolipoprotein E4 to increased COVID-19 disease severity, especially among children with African descent.	Goldstein MR, Poland GA, Graeber CW. COVID-19, multisystem inflammatory syndrome in children, apoE4, and race. J Pediatr. 2020 Oct 30:S0022-3476(20)31371-8. doi: 10.1016/j.jpeds.2020.10.072.
social media; social network sites; children and adolescents	29-Oct-20	Editorial: Social media use in children and adolescents - on the good or the bad side of the force?	Child and Adolescent Mental Health	Editorial	This editorial highlights a published systematic review on social media use and child/adolescent mental health and provides a public health perspective. Children and adolescents have increasingly used social network sites (SNS) to facilitate social interactions, even more so during the COVID-19 pandemic. In Germany, 85% of adolescents (aged 12-17 years) use social media daily, with an average duration of 166 minutes. Recent studies found that pathological Internet use and increased screen time were associated with worse mental health, including depression, anxiety, and suicide attempts in young people. The relationship between social media use and mental health is not well understood. Given that social media use is considered an	Children and adolescents have increasingly used social network sites (SNS) to facilitate social interactions, especially during the COVID-19 pandemic. This editorial describes the impact of social media use on young individuals and provides a nuanced discussion on the pros and cons of SNS. The	Kaess M. Editorial: Social media use in children and adolescents - on the good or the bad side of the force?. Child Adolesc Ment Health. 2020;25(4):199-200. doi:10.1111/camh.12432

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					indispensable part of many children’s lives, regarding SNS as generally dangerous will not be practical. Research has found that most children/adolescents use social media to help their social development, such as identity and aspirational development and peer engagement. Especially during the current pandemic, SNS allow an important differentiation between “physical” and “social” distancing. The author recommends that parents and schools monitor and support children in virtual social rooms, to help them achieve better media literacy. Like any other type of social life, SNS’s impact depends on content, quality, and the balance between different types of activities and relationships.	author warns against the unilateral judgment of young individuals’ social media use.	
COVID-19 epidemic; SARS-CoV-2; breastfeeding; perinatal management; pregnancy; vertical infection transmission; Italy	29-Oct-20	Safe Perinatal Management of Neonates Born to SARS-CoV-2 Positive Mothers at the Epicenter of the Italian Epidemic	Frontiers in Pediatrics	Original Research	In this cohort study, the authors describe perinatal management of neonates born to SARS-CoV-2-infected mothers (n=15) who delivered at their hospital in Piacenza, Italy from 22 February-23 April 2020. Mothers and offspring were separated only in cases of severe clinical symptoms, and breastfeeding and/or expressed breast milk feeding was encouraged, under strict compliance with appropriate hygiene standards. Only 2 infants were not allowed to have immediate bonding, permanent rooming-in, and direct breastfeeding. All newborns from SARS-CoV-2 positive mothers were tested via nasopharyngeal swab at birth, and again on day 3 and/or day 7. 14 neonates were born at term, and 1 neonate was born at 36 weeks’ gestational age. 2 infants tested positive for SARS-CoV-2 infection but were negative by day 14 of life and remained asymptomatic throughout their infection. The authors conclude that their study suggests that SARS-CoV-2 infection during pregnancy is not associated with worse clinical outcomes compared to non-infected pregnant patients and/or with higher rates of preterm birth and intra-uterine growth restriction. Breastfeeding appears to be safe and protective for the neonate once appropriate preventive measures are adopted.	This cohort study describes perinatal management of neonates born to SARS-CoV-2-infected mothers in Piacenza, Italy from 22 February-23 April 2020. The authors state that their study suggests no worse clinical outcomes in infected pregnant patients than non-infected patients, and breastfeeding appears to be safe and protective for the neonate once strict hygiene measures are adopted.	Biasucci G, Cannalire G, Raymond A, et al. Safe Perinatal Management of Neonates Born to SARS-CoV-2 Positive Mothers at the Epicenter of the Italian Epidemic. <i>Front Pediatr</i> . 2020;8:565522. Published 2020 Oct 29. doi:10.3389/fped.2020.565522
SARS-CoV-2, COVID-19, Iran, review, clinical manifestations, treatment, management	29-Oct-20	Coronavirus Disease 2019: A Brief Review of the Clinical Manifestations and Pathogenesis to the Novel Management Approaches and Treatments	Frontiers in Oncology	Review Article	The authors present an overall review of SARS-CoV-2 with respect to clinical manifestations, pathogenesis, management, and possible future therapeutics. They also focus on unique challenges in treating cancer and pregnant women during the 2020 COVID-19 pandemic. The authors note that the genomic sequence of SARS-CoV-2 is closer to SARS-CoV-1 than to MERS coronavirus (CoV). They review COVID-19 and pregnancy, noting that there is a marked decrease in maternal deaths with COVID-19 in comparison to SARS-CoV-1 and MERS-CoV, as well as no definitive in-utero transmission. Due to the higher frequency of COVID-19 infection and increased mortality in cancer patients, the authors discuss the risks and benefits of delaying treatment or surgery in a variety of cancer types. They also review a variety	The authors present an overall review of SARS-CoV-2 with respect to clinical manifestations, pathogenesis, management, and possible future therapeutics. They also focus on unique challenges in treating cancer and pregnant women during this COVID-19 pandemic.	Kooshkaki O, Derakhshani A, Conradie AM, et al. Coronavirus Disease 2019: A Brief Review of the Clinical Manifestations and Pathogenesis to the Novel Management Approaches and Treatments. <i>Front Oncol</i> . 2020 Oct 29;10:572329. doi: 10.3389/fonc.2020.572329. PMID: 33194671; PMCID: PMC7658542.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					of treatment modalities such as IV gammaglobulin, Abelson kinase inhibitors, anti-viral agents, ACE2 analogues, and chemical drugs with respect to their physiologic effect and results of research studies. They also review various vaccine candidates as preventative agents against COVID-19.		
COVID-19, PCR, diagnosis, children adolescents, infants, clinical outcomes, Turkey	29-Oct-20	A Snapshot of Pediatric Patients with COVID-19 in a Pandemic Hospital [Free Access to Abstract Only]	Klinische Pädiatrie	Original Article	In this case series, the authors evaluated the demographic and clinical features of children (aged 28 days - 18 years) hospitalized under suspicion of COVID-19 between March 12 - May 15, 2020 at a hospital in Istanbul, Turkey. Patients were evaluated in terms of age, gender, travel history, epidemiological history, symptoms, laboratory and radiological findings, treatment, and outcome. Laboratory findings were then directly compared between PCR negative and PCR positive patients. A total of 719 children were examined at outpatient clinics, and 495 were tested for SARS-CoV-2 by PCR. Out of 60 patients hospitalized for suspicion of COVID-19, 43 patients were diagnosed as probable or confirmed COVID-19. 21 of these 43 patients (48.8%) were PCR confirmed. The remaining 22 were diagnosed by epidemiologic history, clinical assessment, and computerized tomography (CT) findings. The median age was 126 months (IQR: 13.25-166.75 months) in PCR positives and 78.5 months (IQR: 51-184 months) in PCR negatives and the youngest patient was a 28-day-old infant. Fewer PCR positive patients experienced leukocytosis than did PCR negative patients (0 vs 5; p<0.05), possibly due to undetected bacterial infections. This was the only statistically significant difference in lab findings between the 2 groups. 19 (44.1%) of the patients had an upper respiratory infection. Although 5 patients had no clinical signs, chest X-ray, or CT revealed pneumonia. The authors consider these findings to be consistent with established literature and conclude that clinical manifestations of COVID-19 are mostly mild in children. They also caution against relying on PCR alone for screening purposes due to errors in sampling technique, low viral loads, and variation in manufacturing.	This study evaluated the demographic and clinical features of children (aged 28 days - 18 years) hospitalized under suspicion of COVID-19 between March 12 - May 15, 2020 at a hospital in Istanbul, Turkey. Consistent with established literature, clinical manifestations of pediatric COVID-19 were mostly mild. However, because few differences in lab findings were observed between PCR negative and PCR positive patients under clinical suspicion for COVID-19, the authors caution against relying on PCR tests alone for screening purposes.	Duramaz BB, Turel O, Korkmaz C, et al. A Snapshot of Pediatric Patients with COVID-19 in a Pandemic Hospital [published online ahead of print, 2020 Oct 29]. Eine Momentaufnahme Pädiatrischer Patienten mit COVID-19 in Einem Pandemiekrankenhaus [published online ahead of print, 2020 Oct 29]. Klin Padiatr. 2020;10.1055/a-1263-1222. doi:10.1055/a-1263-1222
Third trimester of pregnancy; SARS-CoV-2; COVID-19; Midwifery and Nursing strategies; China, breastfeeding, mental health; infection control	29-Oct-20	Midwifery and Nursing Strategies to protect against COVID-19 During the Third Trimester of Pregnancy	Midwifery	Article	This study explored nursing and midwifery interventions among women in their 3rd trimester of pregnancy through a retrospective review of medical records from 35 women with SARS-CoV-2 in their 3rd trimester of pregnancy who were admitted to a hospital in Wuhan, China in January and February 2020. 31 women delivered by C-section and 4 had vaginal births and no complications were reported. IPC measures included adjustments to the maternity ward layout, increased ventilation and disinfection, and the provision of training and PPE for clinical staff. Pregnant women with COVID-19 were strictly isolated, and only 1 family member was allowed to accompany them. The main	This study retrospectively reviewed the medical records of 35 women with SARS-CoV-2 in their 3rd trimester of pregnancy who were admitted to a hospital in Wuhan, China in January and February, 2020. The authors investigated the clinical characteristics COVID-19 in	Liu J, Cao Y, Xu C, et al. Midwifery and nursing strategies to protect against COVID-19 during the third trimester of pregnancy. Midwifery. 2021;92:102876. doi:10.1016/j.midw.2020.102876

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					clinical manifestations of COVID-19 in the 3rd trimester included low-grade fever, cough, myalgia, sore throat, and diarrhea. Symptoms were more likely to develop in severity after delivery. Women were monitored for changes in temperature, bowel movements, fetal movements, vaginal bleeding, and respiratory symptoms. Midwives and nurses encouraged deep breathing, helped them turn, and performed chest percussion sessions to loosen lung congestion. Guidance for women using breast milk banks is provided and recommendations for breastfeeding and collection of breast milk are discussed. The authors also stress the importance of reducing maternal stress by providing updated information on COVID-19, discussing isolation protocols, emphasizing positive information, encouraging communication with the mother's support system, and providing resources for psychological counseling.	pregnancy, the individualized midwifery and nursing care offered, infection prevention and control measures, maternal observations, and psychological care.	
COVID-19; SARS-CoV-2 transmission; children; viral load; China	29-Oct-20	Kindergartens Reopening in the Period of Regular Epidemic Prevention and Control, Beneficial or Harmful?	Current Medical Science	Case Series	In order to analyze the risk of re-opening kindergartens in China, this article discusses the transmission dynamics and viral loads of SARS-CoV-2 in 2 pediatric cases of moderate COVID-19 in Wuhan, China. Patient 1 (female; aged 2 years and 5 months) initially developed fever and dry cough on January 31st, 2020. She was diagnosed with moderate COVID-19 on February 5th according to chest CT and positive rectal nucleic acid swab test. Nucleic acid test of rectal swab on March 5 was still positive and she was subsequently hospitalized. On March 21 her nucleic acid test of rectal swab was negative and she was discharged April 4. Patient 2 (female, aged 2 years and 4 months) ran a fever on February 5th and was diagnosed February 9 with moderate COVID-19 based on chest CT and positive nasopharyngeal nucleic acid test. Her nucleic acid test of rectal swab turned negative on March 26, and she was discharged on April 1. Lab findings and treatments are also summarized. The mean viral load of rectal swabs of the 2 patients were 3.53 log ₁₀ and 5.32 log ₁₀ copies/mL - significantly less than the sufficient amount to isolate the virus - and it took 45 and 39 days for viral shedding, respectively. Both patients were in close contact with family members (including an elderly grandparent, middle-aged parents, and a 7-year old sibling) from the incubation of SARS-CoV-2 to the progression of COVID-19 without any effective protective measures; none of these family contacts became infected. Based on the viral load and epidemiology of these 2 cases, the authors suggest that toddlers with moderate COVID-19 are not likely to spread SARS-CoV-2 to adults and other children.	In order to analyze the risk of re-opening kindergartens in China, this article discusses the transmission dynamics and viral loads of SARS-CoV-2 in 2 pediatric cases (aged 2 years old) with moderate COVID-19 in Wuhan, China between January-April 2020. Based on the viral load measured in fecal samples and the epidemiological manifestations of these 2 cases, the authors suggest that toddlers with moderate COVID-19 are not likely to spread SARS-CoV-2 to adults and other children.	Dong, Q. Q., Qiu, L. R., Cheng, L. M., Shu, S. N., Chen, Y., Zhao, Y., Hao, Y., Shi, H., & Luo, X. P. (2020). Kindergartens Reopening in the Period of Regular Epidemic Prevention and Control, Beneficial or Harmful?. <i>Current medical science</i> , 40(5), 817–821. https://doi.org/10.1007/s11596-020-2257-2

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
children and young people, asthma, social distancing, school closures, COVID-19, SARS-CoV-2, UK	29-Oct-20	Primary care of children and young people with asthma during the COVID-19 era	British Journal of General Practice	Editorial	In this editorial, the authors evaluate the impact of COVID-19 on children and young people (CYP) with asthma in the UK and make recommendations for general practitioners to better protect this population during the pandemic. There is no strong evidence that CYP with asthma are more susceptible to SARS-CoV-2 infection than the general population. However, winter peaks in flu and respiratory infections tend to correspond with higher hospitalizations among children with asthma, and with reduced capacity in pediatric wards and lower flu vaccination rates among children this year may lead to increased risk among this population as schools re-open. Evidence of increased risk of severe COVID-19 among those infected is mixed. Inhaled corticosteroids prescribed for asthma could curb the inflammatory response in patients if they go on to develop COVID-19. Initial international guidance advised that those with asthma were clinically extremely vulnerable. Yet, data from China and South Korea indicate that asthma is not a significant comorbidity for COVID-19 in adults; there is limited data on children to suggest conclusions and low prevalence of asthma in China suggests these data are not generalizable to the UK population. Reductions in traffic and industrial activity have led to reduced air pollutants across the UK which may have provided some protections to asthmatic CYP; however, this effect may be countered by increased exposure to indoor allergens and passive smoke among children in the most deprived areas. The authors recommend general practitioners keep a low threshold for offering face-to-face assessment for CYP with acute asthma symptoms in order to adequately assess oxygen saturation levels, pulse, respiratory rate, and wheezing. They also recommend Personal Asthma Action Plans and diary alerts to follow up on all asthma exacerbations within 48 hours.	In this editorial, the authors evaluate the impact of COVID-19 on children and young people (CYP) with asthma in the UK and make recommendations for general practitioners serving this population. Currently, there is no strong evidence of increased risk of SARS-CoV-2 infection among CYP with asthma, and related to severe COVID-19 risk is mixed. The authors recommend general practitioners continue offering face-to-face assessment for CYP with acute asthma symptoms in order to adequately assess symptom severity. They also recommend Personal Asthma Action Plans and diary alerts to follow up on all asthma exacerbations within 48 hours.	Creese H, Taylor-Robinson D, Saglani S, Saxena S. Primary care of children and young people with asthma during the COVID-19 era. <i>Br J Gen Pract.</i> 2020;70(700):528-529. Published 2020 Oct 29. doi:10.3399/bjgp20X713165
SARS-CoV-2, schools, children, transmission, reopening, cases, hotspots	29-Oct-20	Why Schools Probably aren't COVID Hotspots	Nature	Original Article	According to this article, data gathered worldwide suggests that schools are not hot spots for SARS-CoV-2 infections and that younger children are unlikely spreaders. Despite school and daycare re-openings, SARS-CoV-2 cases did not surge, and most outbreaks only occurred in a small number of people. Regardless of whether transmission rates have been high or low in community settings, cases have not increased due to school and daycare re-openings. More than 65,000 schools in Italy reopened in September 2020 despite increasing rates of SARS-CoV-2 infections, but only approximately 1,200 schools experienced outbreaks. In approximately 93% of these cases, only one infection was reported, and only one high school had a cluster of more than ten infected people. According to a meta-analysis of prevalence studies, schools may not have become hot spots	Despite school and daycare re-openings, SARS-CoV-2 infections did not increase as initially expected in both communities with high transmission rates and low transmission rates. The authors suggest possible reasons why cases have not increased but conclude that much is yet to be understood about why young children are less	Lewis D. Why schools probably aren't COVID hotspots. <i>Nature.</i> 2020;587(7832):17-17. doi:10.1038/d41586-020-02973-3

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					because children under the age of 12-14 years are less susceptible to infection than adults. Furthermore, children ages 0-5 years old are less likely to pass the virus on to others once they are infected. Despite emerging information, it remains unclear why young children are less likely to spread the SARS-CoV-2 infection.	likely to transmit SARS-CoV-2 infections to others.	
COVID-19; neonates; infants; development; face masks	29-Oct-20	The implications of face masks for babies and families during the COVID-19 pandemic: A discussion paper	Journal of Neonatal Nursing	Article	The authors discuss the implications of wearing face masks during the COVID-19 pandemic for development in newborns and infants. The importance of face to face interactions for early attachment between infants and parents within the context of relevant underpinning developmental theory has been highlighted. Mask wearing can also potentially impact relational communication. A mask covering the face may affect the infant's ability to develop facial processing and orientating to another person's face. Face masks could also affect reciprocity and imitation as an infant is unable to visualize the entire facial expression. Infant vocalizations are important for a parent to determine the infant's readiness for interaction and for adjusting their own emotional responses. This may interfere with the parent-infant bond and long-term attachment. Delays or impairments of an infant's cognitive, social-emotional, and/or neurobehavioral development can also occur, leading to difficulties in learning and forming effective relationships later in life. Recommendations for face mask communicative practice with children include talking through the mask, minimizing mask wearing, using a clear mask and when not wearing mask maximizing the facial interaction between parent/caregiver and child. Children can also be taught to learn from looking at the eyes and eyebrows to understand expressions and feelings.	The authors discuss the implications of wearing face masks during the COVID-19 pandemic for development in newborns and infants. A mask covering the face may affect the infant's ability to develop facial processing and orientating to another person's face, and impact reciprocity and imitation. The authors provide recommendations for face mask communicative practice with children.	Green J, Staff L, Bromley P. The implications of face masks for babies and families during the COVID-19 pandemic: A discussion paper. J Neonatal Nurs. 2020. doi:10.1016/j.jnn.2020.10.005.
COVID-19; SARS-CoV-2; dilated cardiomyopathy; heart failure; infant; milrinone; Norway	29-Oct-20	SARS-CoV-2 INFECTION IN AN INFANT WITH SEVERE DILATED CARDIOMYOPATHY	Cardiology in the Young	Case Report	The authors report a case of COVID-19 in Norway in a four-and-a-half-month-old girl with dilated cardiomyopathy due to neonatal enterovirus-myocarditis and treated with diuretics and milrinone for the past four months. After completing a pretransplant diagnostic work-up, she developed mild rhinorrhea, cough, and fever and tested positive for SARS-CoV-2 infection. Her clinical condition was characterized by frequent loose stools, abdominal discomfort and fluctuating fever accompanied by tachycardia and tachypnoea but without the need for supplemental oxygen or other signs of respiratory distress. Cardiac function remained stable during the disease course. Treatment focused on maintaining a normal heart rate and a stable fluid balance. The patient was listed for heart transplantation one week after the cessation of all COVID-19 symptoms. The authors state that this is the first reported case of COVID-19 in an infant with end-stage heart failure. This case illustrates that in children with severe	The authors report a case of COVID-19 in Norway in a four-and-a-half-month-old girl with dilated cardiomyopathy due to neonatal enterovirus-myocarditis. The disease caused fever and gastrointestinal symptoms but only mild respiratory symptoms. This case illustrates that in children with severe underlying disease even a mild SARS-CoV-2 infection may cause constitutional symptoms	Kristoffersen AW, Knudsen PK, Møller T. SARS-CoV-2 INFECTION IN AN INFANT WITH SEVERE DILATED CARDIOMYOPATHY [published online 2020 Oct 29]. Cardiol Young. 2020;1-9. doi:10.1017/S1047951120004060

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					underlying disease even a mild SARS-CoV-2 infection may cause constitutional symptoms that require compound treatment measures to be taken.	that require compound treatment measures to be taken.	
Fetal Inflammatory Response Syndrome; Neonate; SARS-CoV-2; COVID-19; United States	29-Oct-20	Fetal Inflammatory Response Syndrome Associated with Maternal SARS-CoV-2 Infection	Pediatrics	Case Report	This case report aims to demonstrate the occurrence of a fetal inflammatory response syndrome (FIRS) associated with maternal SARS-CoV-2 infection, resulting in neonatal morbidity in Kansas City, USA. The authors present an infant of a 32-year-old SARS-CoV-2-positive mother born prematurely with late-onset fever, thrombocytopenia, and elevated inflammatory markers, all of which are consistent with a systemic inflammatory response. The neonate was tested for SARS-CoV-2 by two nasopharyngeal swabs 24 hours apart, both of which were negative. Although initially in critical condition in the perinatal period, the infant recovered completely prior to discharge. The authors hypothesize that FIRS occurred in response to maternal SARS-CoV-2 infection in the absence of vertical transmission. Even in the absence of vertical transmission, FIRS due to maternal SARS-CoV-2 infection could lead to significant neonatal morbidity. A SARS-CoV-2 associated FIRS should be considered in infants born to mothers diagnosed with COVID-19.	This case report aims to demonstrate the occurrence of a fetal inflammatory response syndrome (FIRS) associated with maternal SARS-CoV-2 infection, resulting in neonatal morbidity in Kansas City, USA. The authors hypothesize that FIRS occurred in response to maternal SARS-CoV-2 infection in the absence of vertical transmission.	McCarty KL, Tucker M, Lee G, Pandey V. Fetal inflammatory response syndrome associated with maternal SARS-CoV-2 infection. <i>Pediatrics</i> . 2020; doi: 10.1542/peds.2020-010132
COVID-19; Pregnancy; Neurodevelopmental disorders; Prenatal exposure; Respiratory infection	29-Oct-20	COVID-19 Infection During Pregnancy and Risk of Neurodevelopmental Disorders in Offspring: Time for Collaborative Research	Biological Psychiatry	Letter to the Editor	Epidemiological studies have found that prenatal exposure to acute respiratory infection is linked to a range of neurodevelopmental disorders which raises concerns for over 100 million women currently pregnant around the world who may be exposed to COVID-19. The mechanisms underlying breakdown in fetal neurodevelopment during maternal infection remains unknown. A number of different mechanisms have been proposed to explain how maternal infection may interfere with brain development in the offspring: 1) systemic allostatic overload with loss of structural and functional placenta integrity, 2) activation of the maternal and fetal immune responses with the production of neuronal antibodies and pro-inflammatory cytokines, and 3) interference in the fetal neurodevelopment by direct brain infection. Large-scale and long-term prospective population-based birth cohort studies of COVID-19-infected and unaffected pregnant women are needed to unravel the complex interactions between maternal infection and risk of neurodevelopmental disorders in offspring.	Large-scale and long-term prospective population-based birth cohort studies of COVID-19-infected and unaffected pregnant women are needed to unravel the complex interactions between maternal infection and risk of neurodevelopmental disorders in offspring.	López-Díaz Á, Ayesa-Arriola R, Crespo-Facorro B, Ruiz-Veguilla M. COVID-19 Infection During Pregnancy and Risk of Neurodevelopmental Disorders in Offspring: Time for Collaborative Research [published online 2020 Oct 29]. <i>Biol Psychiatry</i> . 2020;S0006-3223(20)31916-8. doi:10.1016/j.biopsych.2020.09.011
Neonatology, perinatology, maternal and infant health, breastfeeding, skin-to-skin	29-Oct-20	Multi-centre study showed reduced compliance with the World Health Organization recommendation	Acta Paediatrica	Brief Report	This descriptive, multi-center study assessed the impact of COVID-19 pandemic restrictions on exclusive breastfeeding across 15 hospitals in Spain 13 March-31 May 2020. The authors collected data on breastfeeding, skin-to-skin contact, mother-child separation, and whether a companion was present during birth for deliveries involving SARS-CoV-2-infected mothers (n=242) and their infants (n=248; median gestational age=39	This brief report found that 15 hospitals in Spain did not universally follow COVID-19-pandemic recommendations by UNICEF's Baby Friendly Initiative and the WHO,	Del Río R, Dip Pérez E, Marín Gabriel MÁ. Multi-centre study showed reduced compliance with the World Health Organization recommendations on exclusive breastfeeding during COVID-19. <i>Acta Paediatr</i> .

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		s on exclusive breastfeeding during COVID-19			weeks, IQR: 38-40 weeks). The authors reported that 13 infants tested positive for the virus but were considered to be false positives [no further explanation is given]. 108 infants (43.5%) did not receive skin-to-skin contact, and 114 (45.9%) were separated from their mothers. 39.2% of the singleton births and 42.8% of the twin deliveries had a companion present. A strong correlation was found between the percentage of newborn infants who received exclusive breastfeeding at discharge and the percentage of infants who received skin-to-skin contact ($r = 0.828$), and the percentage of mothers who had a companion present during delivery ($r = 0.833$). A strong negative correlation was found between the percentage of infants receiving exclusive breastfeeding at discharge and the percentage of neonates separated from their mothers at birth ($r = -0.862$). The authors state that this study indicates that pandemic recommendations by the WHO and UNICEF's Baby Friendly Initiative were not universally followed by hospitals, leading to reductions in exclusive breastfeeding. The authors urge hospitals to account for these recommendations when creating institutional COVID-19 policies.	leading to reductions in exclusive breastfeeding. The authors urge hospitals to account for these recommendations when creating institutional COVID-19 policies.	2020;10.1111/apa.15642. doi:10.1111/apa.15642
Delivery, outcomes, pregnancy, vaginal	29-Oct-20	Vaginal delivery in SARS-CoV-2-infected pregnant women in Israel: a multicenter prospective analysis	Archives of Gynecology and Obstetrics	Original Research	This prospective cohort study investigated the deliveries of SARS-CoV-2-infected mothers in 7 hospitals in Israel. The authors collected pregnancy and delivery data on infected pregnant women (n=52) who had singleton deliveries 15 March-4 July 2020. The median gestational age of neonates was 38 weeks, with 16 (30.8%) cases complicated by spontaneous preterm birth. 43 women (82.7%) underwent a trial of labor. 8 women underwent pre-labor cesarean delivery due to obstetric indications, and 1 woman with severe COVID-19 underwent urgent cesarean delivery due to maternal deterioration. Among those who experienced a trial of labor, 39 (90.7%) delivered vaginally, and 4 (9.3%) cases resulted in cesarean delivery. Neonatal RT-PCR nasopharyngeal swabs tested negative in all cases. No infants developed pneumonia, and no maternal or neonatal deaths occurred. The authors suggest that their findings indicate that delivery management among SARS-CoV-2-infected mothers should be based on obstetric indications, potentially reducing the high rates of cesarean deliveries previously reported during the COVID-19 pandemic.	This prospective, multi-center cohort study among SARS-CoV-2-infected mothers in Israel found that vaginal delivery was not associated with neonatal COVID-19 or adverse outcomes. The authors recommend that delivery management among infected mothers should be based on obstetric indications.	Rottenstreich A, Tsur A, Braverman N, et al. Vaginal delivery in SARS-CoV-2-infected pregnant women in Israel: a multicenter prospective analysis. Arch Gynecol Obstet. 2020; doi:10.1007/s00404-020-05854-2

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Mexico, risk, pregnant women	29-Oct-20	COVID-19 mortality among pregnant women in Mexico: A retrospective cohort study	Journal of Global Health	Original Research	The objective of this study was to identify risk factors for the complications and death in women of childbearing age and pregnant women with suspected COVID-19. The cohort study was conducted from the start of the pandemic in Mexico until May 25, 2020 and included data from 19,636 women of childbearing age (13-49 years). 448 (2.5%) of these women tested positive for SARS-CoV-2, and 10 of those women died. The authors state that positive pregnant patients did not have a higher risk of complications or death when compared to controls, but note that the presence of diabetes mellitus and chronic kidney disease increases the risk of death in women of childbearing age, but not particularly in pregnant patients. However, in a bivariate analysis of the data, pregnant patients with a positive test had a higher risk of death than pregnant patients with a negative test (relative risk (RR) = 3.87, 95% confidence interval (CI) = 1.48-10.12). Overall, the authors state that that pregnant patients did not have a higher risk of complications/death due to COVID-19 than non-pregnant patients.	In this article, the authors compare pregnant and non-pregnant patients with COVID-19 in Mexico. They found that there was not a significant difference in the risk of complications/death between the two groups.	Ríos-Silva M, Murillo-Zamora E, Mendoza-Cano O, et al. COVID-19 mortality among pregnant women in Mexico: A retrospective cohort study. J Glob Health. 2020 Dec;10(2):020512. doi: 10.7189/jogh.10.020512.
ACE2, ARDS, MERS, acutely ill, coronavirus, coronavirus disease 2019, maternal morbidity, obstetric management, pandemic, pregnancy, severe acute respiratory syndrome, vertical transmission, virus	29-Oct-20	Care of the pregnant woman with coronavirus disease 2019 in labor and delivery: anesthesia, emergency cesarean delivery, differential diagnosis in the acutely ill parturient, care of the newborn, and protection of the healthcare personnel	American Journal of Obstetrics and Gynecology	Clinical Opinion	In this article, written in March 2020, the authors offer guidance on caring for women with COVID-19 in labor and delivery. They report that pregnant COVID-19 patients may present with atypical features such as the absence of fever. When a COVID-19 RT-PCR test is negative in suspect cases, chest imaging should be considered. The authors remind health care staff to follow current recommendations for hand hygiene and PPE. Enhanced infection control precautions include limiting the number of visitors and care providers in the delivery suite. The authors state that, when a laboring woman has COVID-19, the threshold for C-section should be lower than usual so that infection control procedures can be followed and disease transmission minimized. For C-sections, general anesthesia is discouraged, but when necessary, tracheal intubation should be performed with a cuffed tube, and the airway team should don full PPE with respirators. The article includes an algorithm for care of the acutely ill parturient. Key decisions should be made based on the presence of maternal or fetal compromise, adequacy of maternal oxygenation, and stability of maternal blood pressure. Although vertical transmission is unlikely, there must be measures in place to prevent neonatal infections. The authors suggest that routine birth processes such as delayed cord clamping and skin-to-skin bonding may need to be revised if the mother has COVID-19. Due to limited evidence about breastfeeding and COVID-19 at the time of their writing, the authors suggest only allowing the use of screened donated breast milk from COVID-19 negative mothers.	In this article, written in March 2020, the authors offer guidance on caring for women with COVID-19 in labor and delivery. The authors suggest that routine birth processes such as delayed cord clamping and skin-to-skin bonding may need to be revised in these cases. Due to limited evidence about breastfeeding and COVID-19 at the time of their writing, the authors suggest only allowing the use of screened donated breast milk from COVID-19 negative mothers.	Ashokka B, Loh MH, Tan CH, Su LL, Young BE, Lye DC, Biswas A, Illanes SE, Choolani M. Care of the pregnant woman with coronavirus disease 2019 in labor and delivery: anesthesia, emergency cesarean delivery, differential diagnosis in the acutely ill parturient, care of the newborn, and protection of the healthcare personnel. Am J Obstet Gynecol. 2020 Jul;223(1):66-74.e3. doi: 10.1016/j.ajog.2020.04.005. Epub 2020 Apr 10. PMID: 32283073; PMCID: PMC7151436.

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Pediatric emergency medicine, emergency department, children, Canada, British Columbia	29-Oct-20	Paediatric patients seen in 18 emergency departments during the COVID-19 pandemic	Emergency Medicine Journal	Original Article	The authors analyzed records of children 0-16 years old from 18 emergency departments (ED) in British Columbia, Canada to determine whether pediatric presentations prior and during the COVID-19 pandemic changed and to review acuity compared to similar periods in 2019. The authors compared pre-pandemic (before the first COVID-19 case), early pandemic (after first COVID-19 case) and peak pandemic (during public health emergency) periods. A reduction of 57% and 70% in overall visits was recorded in the children's hospital ED and the general hospitals EDs, respectively. There was a 66.7% reduction in ED visits during the peak COVID-19 period. Average daily visits declined significantly during the peak-pandemic period compared with pre-pandemic period. While absolute admissions were less than in 2019, the authors argue that the increase in admission rate, especially at times of bed conservation for pandemic surge, reflected the fact that children with lower acuity were less likely to present to the ED.	The authors analyzed records of children from 18 emergency departments (EDs) in Canada prior and during the COVID-19 pandemic. During the peak of the pandemic, pediatric ED visits were significantly lower. Among children who presented to the ED, the proportion of serious illness was higher and minor illness lower.	Goldman RD, Grafstein E, Barclay N, et al. Paediatric patients seen in 18 emergency departments during the COVID-19 pandemic [published online 2020 Oct 29]. Emerg Med J. 2020. doi:10.1136/emmermed-2020-210273
Detergent, transmission, Halloween, fomites, children	29-Oct-20	Handwashing and Detergent Treatment Greatly Reduce SARS-CoV-2 Viral Load on Halloween Candy Handled by COVID-19 Patients	mSystems	Observation	The authors reported on fomite transfer of SARS-CoV-2. They enrolled 10 SARS-CoV-2 positive subjects, who were told to handle Halloween candy (individually wrapped) three ways: (i) normal handling with unwashed hands; (ii) deliberate coughing and extensive touching; and (iii) normal handling following handwashing. The authors then used a factorial design to subject the candies to two post-handling treatments: no washing (untreated) and household dishwashing detergent. The authors detected SARS-CoV-2 via RT-qPCR and loop-mediated isothermal amplification (LAMP) in 60% of both normal without handwashing and deliberate coughing cases, but only 10% in candies handled normally with washed hands. The authors observed that washing candy with dishwashing detergent reduced the SARS-CoV-2 load by 62.1%. The authors determined that despite the low risk of transmission of SARS-CoV-2 by fomites, handwashing combined with detergent treatment can lower viral load to near zero. They also determined that the LAMP protocol was over 80% concordant with RT-qPCR. The authors conclude that with appropriate precautions followed by either the candy giver or the receiver, the risk of transmission via this route is low.	During Halloween, SARS-CoV-2 transmission risk via candy fomites is a concern. The authors report that hand-washing practices implemented with detergent treatment can greatly reduce viral load and subsequent transmission of SARS-CoV-2 from infected to uninfected patients.	Salido RA, Morgan SC, Rojas MI et al. Handwashing and Detergent Treatment Greatly Reduce SARS-CoV-2 Viral Load on Halloween Candy Handled by COVID-19 Patients. mSystems. 2020 Oct 29;5(6):e01074-20. doi: 10.1128/mSystems.01074-20. PMID: 33127739.
Australia, guidelines, perinatal care, pregnancy	29-Oct-20	Clinical Care of Pregnant and Post-partum Women with COVID-19: Living Recommendations from the	Aust N Z J Obstet Gynaecol	Taskforce Recommendation	This paper provides updated recommendations regarding care for pregnant and post-partum women as determined by The National COVID-19 Clinical Evidence Taskforce of Australia. Many standard recommendations, for example, promotion of breastfeeding, are not changed but modified by encouraging the use of masks, hand hygiene, and breast cleansing. The taskforce does support the use of dexamethasone for pregnant women	The National COVID-19 Clinical Evidence Taskforce of Australia presents updated specific recommendations for care of the pregnant and post-partum women. Notable	Vogel JP, Tendal B, Giles M, et al; National COVID-19 Clinical Evidence Taskforce. Clinical care of pregnant and postpartum women with COVID-19: Living recommendations from the National COVID-19 Clinical

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		National COVID-19 Clinical Evidence Taskforce			with COVID-19 on supplemental oxygen, the use of prone positioning, and ECMO when indicated. Detailed recommendations are provided regarding venous thrombo-embolism (VTE) prevention. While the use of hydroxychloroquine for treatment is not recommended, the taskforce suggests using other disease modifying medications only within a clinical trial setting.	updates include the use of dexamethasone, prone positioning, ECMO, thrombo-embolism prophylaxis, as well as clarification of COVID-19 disease modifying medications.	Evidence Taskforce. Aust N Z J Obstet Gynaecol. 2020 Oct 29. doi: 10.1111/ajo.13270. Epub ahead of print. PMID: 33119139.
Pediatric, emergency department, census, air communicable infections, lockdown measures, pandemic, SARS-CoV-2	28-Oct-20	SARS-CoV-2 pandemic impact on pediatric emergency rooms: A multicenter study	International Journal of Environmental Research and Public Health	Original Research	The authors present the results of a retrospective cohort multi-center study in Italy comparing number of visits and triage categories in 15 pediatric emergency departments (ED) during the March 9-May 3, 2020 COVID-19 lockdown period, compared to the same period in 2019. Total visits decreased by 81% (52,364 vs 10,112 admissions). Visits for all diagnoses decreased, with a greater decrease seen in airborne communicable diseases (25,462 to 2934) than in non-airborne communicable diseases (26,902 to 7,178; p<0.001). Regarding triage categories, number of ED admissions for red (most severe) cases remained similar (p=0.79), yellow codes (moderately severe) increased (p<0.001), and green codes (less severe) decreased (p<0.001) for both high- and low-COVID-19-incidence regions. The authors speculate that social distancing and simple hygiene measures during the COVID-19 lockdown may have reduced the spread of airborne communicable diseases. The increase in yellow codes may have been related to a delay in seeking primary care, resulting in an ED visit instead.	Pediatric ED visits dramatically decreased during the first COVID-19 lockdown period in Italy. Amidst social distancing and increased hygiene efforts, diagnoses related to airborne communicable diseases decreased more than diseases not related to air spread. A increase in yellow (moderately severe) triage cases may have reflected a delay in seeking primary care.	Matera L, Nenna R, Rizzo V, et al. SARS-CoV-2 Pandemic Impact on Pediatric Emergency Rooms: A Multicenter Study. Int J Environ Res Public Health. 2020 Nov 25;17(23):8753. doi: 10.3390/ijerph17238753. PMID: 33255697; PMCID: PMC7728065.
COVID-19; SARS-CoV-2; children; immunization; vaccines	28-Oct-20	Childhood Immunization and COVID-19: An Early Narrative Review	Frontiers in Public Health	Review	Several studies have found population-level differences in the rate and severity of COVID-19 between countries with and without certain common childhood vaccination policies. This narrative review provides an inclusive view of scientific hypotheses, logical derivation, and early analyses of SARS-CoV-2 infection in children, with a specific focus on currently routine vaccines. Childhood vaccination may provide some immunity to SARS-CoV-2 infection due to protective effects of heterologous immunity, or observational associations of cross-immunity among vaccines and other prior endemic diseases. Immune responses to SARS-CoV-2 in children are different from adults, resulting in differences in levels of severity of symptoms and outcomes in various age groups. Based on the literature, the authors suggest researchers focus clinical investigations on at least 3 specific childhood vaccines for their potential protective role against SARS-CoV-2: BCG (Bacille Calmette–Guérin), MMR (Measles, Mumps, and Rubella), and HEP-A (Hepatitis-A).	This narrative review explores potential protective effects of currently routine childhood vaccinations against SARS-CoV-2 infection. Based on the literature, the authors suggest researchers focus clinical investigations on at least 3 specific childhood vaccines for their potential protective role against SARS-CoV-2: BCG, MMR, and HEP-A.	Beric-Stojsic B, Kalabalik-Hoganson J, Rizzolo D, Roy S. Childhood Immunization and COVID-19: An Early Narrative Review. Front Public Health. 2020;8:587007. Published 2020 Oct 28. doi:10.3389/fpubh.2020.587007

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Pregnancy and COVID-19; Cycle threshold; Feto-maternal outcomes in COVID-19; Vertical Transmission in COVID 19; Maternal mortality and COVID-19; SARS-CoV-2; India	28-Oct-20	Clinical Profile,Viral load(E,RdRP,ORF 1 gene), Feto-maternal outcomes of pregnant women with COVID-19 in a Tertiary care Hospital of India : First 4 weeks experience: retrospective, single-centre descriptive study	Journal of Obstetrics and Gynaecology Canada	Original Research	In this single-center retrospective study, the authors report the clinical course and feto-maternal outcomes of pregnant patients with COVID-19 who received care at a tertiary care hospital in India from 5 May-5 June 2020 (n=57). Data extracted from patients' individual medical records included demographic information, obstetric details, co-morbidities, disease severity, management, and information on neonates (birth weight, Apgar score, and perinatal complications). 45 pregnant patients (78.9%) had mild infection with favorable feto-maternal outcomes. 3 maternal mortalities occurred and were associated with co-morbidities. 5 neonates tested positive for SARS-CoV-2, remained hemodynamically stable, and were subsequently discharged [of note: 1 out of 4 neonates did not receive breastmilk as mother was in ICU]. Fetal distress was the most common indicator for cesarean delivery, which the authors state raises a research question of placental insufficiency in pregnancy during SARS-CoV-2. The report includes a brief discussion on using the Cycle threshold obtained from qRT-PCR, which signifies viral load and degree of infectivity, to modify pregnancy management during SARS-CoV-2 infection. The authors also state the need for further research on long-term outcomes and potential mother-to-child vertical/horizontal transmission. The authors conclude that positive maternal, fetal, and neonatal outcomes of pregnant SARS-CoV-2-infected patients infected during late pregnancy were achieved with intensive, active management, which might be the best practice in the absence of further data.	This single-center retrospective study from India found that most SARS-CoV-2-infected pregnant patients had mild disease and recovered with positive perinatal outcomes, but pregnant patients with co-morbidities may have an increased risk of severe morbidity and mortality. The authors suggest that the qRT-PCR Cycle threshold may be useful for modifying pregnancy management.	Bachani S, Arora R, Dabral A, et al. Clinical Profile,Viral load(E,RdRP,ORF1 gene), Feto-maternal outcomes of pregnant women with COVID-19 in a Tertiary care Hospital of India : First 4 weeks experience: retrospective, single-centre descriptive study. J Obstet Gynecol Can. 2020; doi: 10.1016/j.jogc.2020.09.021
COVID-19; domestic violence; pandemic; child; adolescent; Brazil	28-Oct-20	Violence Against Children and Adolescents: Notification and Alert in Times of Pandemic	Revista Paulista de Pediatria	Article	The authors present a cross-sectional, descriptive study evaluating reports of violence against children and adolescents (0-19 years) before and after adopting social isolation measures during the COVID-19 pandemic. The reports were entered by health professionals into the Information System for Notifiable Diseases in the State of Santa Catarina (southern Brazil). The period before social isolation included 1 January-15 March 2020, while the social isolation period comprised 16 March-31 May 2020. 136 municipalities in Santa Catarina made 1,851 notifications in January-May 2020. These events were characterized as: neglect or abandonment (most frequently reported, n=574); or physical (n=549), psychological (n=198), sexual (n=408) and other violence [frequency not specified] and child labor [frequency not specified]. Reported cases decreased by 55.3% (from 1,192 to 659) in the isolation period. The restructuring of health services, re-directing of health staff to COVID-19 care, and over-burdened health worker teams may have made it difficult for users to access usual services. The fear of contagion, imposed social isolation and restrictions,	The authors present a cross-sectional, descriptive study evaluating health professionals' reports of violence against children and adolescents (0-19 years), before and after adopting social isolation measures during the 2020 COVID-19 pandemic in Brazil. There was a decrease in reported cases in the isolation period, reasons for which are discussed in this article.	Platt VB, Guedert JM, Coelho EBS. VIOLENCE AGAINST CHILDREN AND ADOLESCENTS: NOTIFICATION AND ALERT IN TIMES OF PANDEMIC. Rev Paul Pediatr. 2020;39:e2020267. doi: 10.1590/1984-0462/2021/39/2020267.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					interruption of public transportation, and financial difficulties may have prevented individuals from reporting violence and seeking assistance, thereby leading to the decrease in notifications. Children and adolescents must have accessible, effective, and safe ways to report violence, and communities should provide quick responses to victims during times when children are particularly vulnerable to violence.		
COVID-19; Children; Encephalitis; Neuroimmunology ; Neurological; Pediatric; SARS-CoV-2; vertical transmission	28-Oct-20	A Comprehensive Review of Neurologic Manifestations of COVID-19 and Management of Pre-existing Neurologic Disorders in Children	Journal of Child Neurology	Topical Review Article	Neurologic manifestations of COVID-19 are increasingly recognized in the adult population; however, there are only a few studies describing neurologic manifestations in children. This review discusses the potential for SARS-CoV-2 to invade neural tissue, known neurologic manifestations of COVID-19 in children, current evidence on vertical transmission, and the management of pre-existing pediatric neurologic conditions during the COVID-19 pandemic. Similar to SARS-CoV-1, cellular entry of SARS-CoV-2 depends on the expression of ACE2, which is abundantly expressed in the nervous system. In comparison to the adult population, few neurologic complications of COVID-19 have been reported in the pediatric patients. The authors propose that low expression of ACE2 receptors in the nasal epithelium of children might make them less susceptible to neurologic manifestations of COVID-19. While most manifestations are limited to headaches and loss of taste and/or smell, there are case reports describing more severe neurologic complications such as encephalitis, seizure, and cerebrovascular infarct. Although evidence of vertical transmission remains unclear, ACE2 receptors are present in placental and fetal tissue and expression appears to increase with gestation. Data suggest that vertical transmission can occur toward the end of pregnancy and present with neurologic complications in the neonate. Children with underlying neurologic conditions may be particularly vulnerable to the effects of COVID-19. Expert consensus recommendations are provided for the management of Duchenne and Becker muscular dystrophies, spinal muscular atrophy, and infantile spasm in cases of co-occurring COVID-19.	This review cites specific case studies of neurological manifestations of COVID-19 in children, proposes pathways for SARS-CoV-2 to invade neural tissue, reviews current evidence on vertical transmission, and provides expert consensus recommendations for the management of Duchenne and Becker muscular dystrophies, spinal muscular atrophy, and infantile spasm in cases of co-occurring COVID-19.	Kim Y, Walser SA, Asghar SJ, et al. A Comprehensive Review of Neurologic Manifestations of COVID-19 and Management of Pre-existing Neurologic Disorders in Children [published online, 2020 Oct 28]. J Child Neurol. 2020;883073820968995. doi:10.1177/0883073820968995
COVID-19; Pandemic; Pregnancy; Stress; Validation; Scale; Germany	28-Oct-20	The German version of the pandemic-related pregnancy stress scale: A validation study [Free access to abstract only]	European Journal of Obstetrics & Gynecology and Reproductive Biology	Original research	The study aimed to validate the German version of the Pandemic-Related Pregnancy Scale (PREPS), which was developed in the United States during the COVID-19 pandemic. The questionnaire comprises 3 dimensions: preparedness stress, infection stress and positive appraisal. The authors aimed to translate the questionnaire, validate it, test whether the factor structure of the English PREPS is replicated in their German-speaking population and to compare the German PREPS version to other similar constructs of general pregnancy-related stress and fear of childbirth in order to establish convergent validity. 1179 women	The validation study reports that the German Pandemic-Related Pregnancy Scale (PREPS) demonstrated good psychometric properties and proved to be a useful instrument in assessing pandemic related stress in a pregnant population.	Schaal, N. K., Marca-Ghaemmaghami, P., Preis, H., Mahaffey, B., Lobel, M., & Amiel Castro, R. (2020). The German version of the pandemic-related pregnancy stress scale: A validation study. European journal of obstetrics, gynecology, and reproductive biology, 256, 40–45. Advance online

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					in Germany and 185 women in Switzerland completed the online questionnaire between May 5 - June 29, 2020. All participants were pregnant, > 18 years of age and German speaking. Less than 1% were diagnosed with COVID-19. The authors report the 3 dimensions showed high internal consistency (α range 0.71 to 0.86) and inter-item correlations. The correlations between the PREPS and other psychological factors such as Pregnancy Specific Stress and Fear of Childbirth highlighted the convergent validity. The authors conclude that the German PREPS is a useful instrument for future studies which aim to investigate the impact of pandemic-related stress on birth outcomes and postpartum factors.		publication. https://doi.org/10.1016/j.ejogrb.2020.10.062
COVID-19; education; knowledge; pediatrics; schooling; New Zealand	28-Oct-20	COVID-19: Parent and caregiver concerns about reopening New Zealand schools	Journal of Pediatrics and Child Health	Article	The authors describe a cross-sectional study to investigate the level of knowledge and concern related to COVID-19 and their children in parents and caregivers in New Zealand and to identify their most trusted sources of information. Participants recruited via parenting support and interest groups on Facebook.com were asked to complete a questionnaire from 7-17 May 2020. During this period, schools were open but offering distance learning at home for most students. A small number of students were allowed at school if their parents were essential workers. Of the 1191 study participants (mean age=39.9 yrs, range=20-62 yrs), 721 (60%) expressed some level of worry (14.5% very or extremely worried) that their child would get infected at school. A high proportion (941, 79%) thought it likely or very likely that their child would get infected at school if there were to be widespread community transmission. 828 (80%) of participants said they would vaccinate their child if a newly developed vaccine were available. The most frequently accessed sources of information were the daily press briefings from the Ministry of Health (MoH) (75.1%) and the COVID-19 NZ website (44.4%). Very few used information directly from General Practitioners (8.3%), other health-care professionals (1.2%) or Healthline, a free national health advice phone line (5.9%). The MoH press briefings were seen to be the most useful by 75.1% participants. The findings indicate that despite messaging from multiple trusted sources that transmission in schools was unlikely and the number of COVID-19 cases were extremely low, parents and caregivers were generally fearful for their children acquiring infection in school. This has implications for policy development and public health messaging related to community transmission of COVID-19.	The authors describe a questionnaire-based cross-sectional study to investigate the level of knowledge and concern related to COVID-19 and their children in parents and caregivers in New Zealand and to identify their most trusted sources of information. The findings indicate that despite messaging from multiple trusted sources that transmission in schools was unlikely and the number of COVID-19 cases were extremely low, parents and caregivers were generally fearful for their children acquiring infection in school.	Jefferis E, Lucas N, Walls T. COVID-19: Parent and caregiver concerns about reopening New Zealand schools. J Paediatr Child Health. 2020. doi: 10.1111/jpc.15234.
COVID-19; Extracorporeal Membrane	28-Oct-20	Severe COVID-19 Pneumonia in a 30-Year-Old	The American Journal of Case Reports	Case Report	The authors present a case in Japan of a 30-year-old woman at 36 weeks of gestation who was diagnosed with severe COVID-19 pneumonia after undergoing a C-section and required	The authors present a case in Japan of a 30-year-old woman at 36 weeks of	Takayama W, Endo A, Yoshii J, et al. Severe COVID-19 Pneumonia in a 30-Year-Old Woman in the

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Oxygenation; Puerperal Infection; Pregnant; COVID-19; Japan		Woman in the 36th Week of Pregnancy Treated with Postpartum Extracorporeal Membrane Oxygenation			postpartum extracorporeal membrane oxygenation (ECMO) therapy. Her symptoms started with 1 day of fatigue, followed by intermittent fever and cough for 3 days, and she tested positive for SARS-CoV-2 infection. On day 8 after the onset of symptoms, her respiratory condition worsened, and she developed mild acute respiratory distress syndrome (ARDS). An emergency C-section was performed, and the mother was diagnosed with severe COVID-19 pneumonia. Since her respiratory failure could not be managed by mechanical ventilation, medication, or prone positioning therapy, veno-venous ECMO was initiated. The authors encountered several challenging issues, especially in controlling the coagulation function to maintain ECMO therapy. Nafamostat mesylate and cryoprecipitate were administered to treat the hypercoagulable status and severe hypofibrinogenemia, respectively. Since coagulopathy and her respiratory state improved, the ECMO therapy was terminated. This case suggests that SARS-CoV-2 infection during pregnancy might indeed entail high risk of ARDS and coagulation disorder, and thus would require respiratory support.	gestation who was diagnosed with severe COVID-19 pneumonia and required postpartum extracorporeal membrane oxygenation therapy. This case suggests that SARS-CoV-2 infection during pregnancy might indeed cause high risk of ARDS and coagulation disorder, and thus would require respiratory support.	36th Week of Pregnancy Treated with Postpartum Extracorporeal Membrane Oxygenation. Am J Case Rep. 2020;21. Published 2020 Oct 28. doi:10.12659/AJCR.927521
Vaccines; Common childhood vaccines; BCG; SARS-CoV-2; Egypt	28-Oct-20	Common childhood vaccines do not elicit a cross-reactive antibody response against SARS-CoV-2	PLoS One	Comparative Study	The authors investigated whether BCG and other common childhood vaccines played a role in antibody mediated immune response against COVID-19 by testing whether those vaccines produced cross-reactive neutralizing antibodies against SARS-CoV-2. BCG, Pneumococcal, Rotavirus, Diphtheria, Tetanus, Pertussis, Hepatitis B, Haemophilus influenzae, Hepatitis B, Meningococcal, Measles, Mumps, and Rubella vaccines were tested on mice. All vaccinated animals received booster immunization doses after 3 weeks of the first dose. Serum samples were collected weekly until the 7th week of immunization. A microneutralization assay was performed, and cytopathic effect was recorded. The authors found that none of the childhood vaccines tested in this study elicited an antibody response in vaccinated mice. In contrast, the inactivated SARS-CoV-2 vaccine provided a detectable neutralizing antibody titer as of week 2 post vaccination reaching an average of 6 log ₂ (p-value < 0.05). This titer began to decline at weeks 3 and 4 post vaccination but reached an average of 10 log ₂ , 2 weeks after the mice received the booster dose. An average titer of around 8 log ₂ continued to be observed during weeks 6 and 7 post vaccination. The authors conclude that BCG and common pediatric vaccines do not provide neutralizing antibodies against SARS-CoV-2.	The authors investigated whether BCG and other common childhood vaccines can provoke cross-reactive antibodies against SARS-CoV-2. None of the tested vaccines produced such a response while the positive control inactivated SARS-CoV-2 vaccine provided relatively high neutralizing antibody titers.	Kandeil A, Gomaa MR, El Taweel A, et al. Common childhood vaccines do not elicit a cross-reactive antibody response against SARS-CoV-2. PLoS One. 2020;15(10). Published 2020 Oct 28. doi:10.1371/journal.pone.0241471
Health services research, information technology,	28-Oct-20	Developing new models of care at speed: learning from healthcare	Archives of Disease in Childhood	Original Article	In mid-April 2020, a cluster of patients with PIMS-TS or MIS-C were admitted to one children's hospital in England; this article describes the rapid, system-wide re-configuration of local and network services in response to this novel disease. The authors	This article describes the rapid, system-wide reconfiguration of local and network services in	Cheung CR, Finnemore A, Handforth J, Bohmer R, Christiansen N, Miller O; Evelina London Children's Hospital PIMS-

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pediatric inflammatory		redesign for children with COVID-related multisystem inflammation			analyze this redesign through the lens of health care management science. To conserve limited resources, the team managed demand through clinician education via webinars, clear referral indications, and published network referral pathways—all underpinned by telephone decision-support for clinicians. In the setting of a novel disease, the authors recommend standardized clinical pathways based on clinical consensus, from which all subsequent improvements can then be planned, executed and measured. This hospital incorporated the "Agile" framework, which emphasizes speed and responsiveness, prioritizing the product and the patient over the process. The authors also describe the concept of 'teaming' in their PIMS-TS response: the rapid development of a collaborative approach to solve a complex, changing problem. The hospital instituted twice-daily short, multi-disciplinary, goal-focused digital staff meetings to optimize communication. The authors conclude this article by outlining specific principles relevant to pediatricians and those developing new health care operating models for future unanticipated clinical entities.	England, in response to PIMS-TS or MIS-C. The authors outline transferable principles relevant to pediatricians and those developing new health care operating models for future unanticipated clinical entities.	TS Clinical and Study Group. Developing new models of care at speed: learning from healthcare redesign for children with COVID-related multisystem inflammation. Arch Dis Child. 2020 Oct 28:archdischild-2020-320358. doi: 10.1136/archdischild-2020-320358. Epub ahead of print. PMID: 33115714.
ACE2, vertical transmission, renin-angiotensin pathway, neonates, pregnancy	28-Oct-20	Is highly expressed ACE 2 in pregnant women "a curse" in times of COVID-19 pandemic?	Life Sciences	Review Article	ACE2 serves as an important binding site for SARS-CoV-2, thereby facilitating viral entry into target host cells. This review article discusses possible sources and pathways of SARS-CoV-2 transmission risk pregnancy and the possible role of fetal ACE2 expression. Detailed figures illustrate the renin-angiotensin pathway and the binding of ACE2 to SARS-CoV-2, as well as a table citing evidence of ACE2 distribution in pregnant women and fetal tissue. Fetal ACE2 is involved in myocardium growth, lungs and brain development. ACE2 is highly expressed in pregnant women to compensate pre-eclampsia by modulating angiotensin (1-7) which through vasodilator action helps maintain fluid homeostasis. Very little is known about SARS-CoV-2 involvement in pregnancy, but it might have the potential to interact with fetal ACE2 and enhance SARS-CoV-2 transmission to the fetus. The authors conclude that there is not enough evidence to indicate whether SARS-CoV-2 can cross the placenta and cause intra-uterine infection through vertical transmission. If it can cross the placenta, however, fetal ACE2 may interact with SARS-CoV-2 and increase the potential for fetal morbidity and mortality.	This review article discusses possible sources and pathways of SARS-CoV-2 transmission risk in pregnancy and its possible link with fetal ACE2 expression. The authors conclude that there is insufficient evidence to indicate whether SARS-CoV-2 can cross the placenta.	Dhaundiyal A, Kumari P, Jawalekar S, et al. Is highly expressed ACE2 in pregnant women "a curse" in times of COVID-19 pandemic? LifeSciences. 2020. https://doi.org/10.1016/j.lfs.2020.118676
France, childcare, school closure, viral transmission, pediatric	28-Oct-20	Retrospective assessment of SARS-CoV-2 circulation in two hospital nurseries hosting healthcare	medRxiv	Pre-print (not peer-reviewed)	Evidence as to whether childcare and school closure limits the spread of SARS-CoV-2 is limited, especially because the role of children in transmission remains unclear. To determine the virus circulation during COVID-19 lockdown in France, the authors conducted a retrospective cohort study among requisitioned healthcare workers and staff from hospital childcare centers between May 29-July 2, 2020. The infection attack rate was 6/52	The authors conducted a retrospective cohort study of health workers and staff from hospital childcare centers in France to determine the degree of SARS-CoV-2 circulation.	Penot P, Delaval A, L'Hour F, Frenier A, Harich R. Retrospective assessment of SARS-CoV-2 circulation in two hospital nurseries hosting healthcare workers' children during lockdown in one of the most

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		workers' children during lockdown in one of the most affected French areas			(11.6%) and 8/46 (17.4%) among healthcare workers and childcare staff, respectively. An early epidemic among hospital childcare staff did not affect parents. Out of the 14 infections among healthcare and childcare staff, 12 had a determined source of transmission, mostly traced to colleagues. The authors determined that their assessment of viral circulation among healthcare workers and childcare staff demonstrates that children did not contribute to SARS-CoV-2 spread within these settings.	They determined that children did not contribute to the viral spread within these healthcare or childcare settings.	affected French areas. medRxiv. 2020.10.28.20191981; doi:https://doi.org/10.1101/2020.10.28.20191981
Stroke, sedentary, pediatric	28-Oct-20	Pediatric stroke associated with a sedentary lifestyle during the SARS-CoV-2 (COVID-19) pandemic: a case report on a 17-year-old	Neurological Sciences	Case Report	The authors report the case of a 17-year old male (BMI=18 kg/m ²) with no significant medical history. He developed acute blurry vision, difficulty speaking, right facial droop and right upper and lower extremity weakness, and numbness while playing video games. He was taken to the hospital where his National Institutes of Health Stroke Scale (NIHSS) score was 16., indicative of moderate to severe stroke He tested negative for SARS-CoV-2 and presented normal laboratory serum findings. However, echocardiogram results were consistent with a patent foramen ovale (PFO). A CT angiogram of the head and neck revealed a left P1 segment filling defect, the resolution of which pointed towards the embolic nature of the stroke. He was discharged with an NIHSS score of 3 and prescribed daily aspirin with instructions to follow up with the pediatric cardiology outpatient for PFO closure. The authors speculate the cause of the stroke is an arterial ischemic infarct from a PFO with venous thrombo-embolism precipitated by decreased mobility during the COVID-19 pandemic. The authors used this case to highlight the far-reaching impacts of the pandemic, possibly increasing the risk of stroke among the pediatric cohort due to an increase in a sedentary lifestyle.	The authors report on a case of pediatric stroke in a 17-year old male with no remarkable history of illness. The cause of the stroke was speculated to be an arterial ischemic infarct from a patent foramen ovale with venous thrombo-embolism worsened by decreased mobility during the COVID-19 pandemic.	Lam K, Lee JH, Cheng P et al. Pediatric stroke associated with a sedentary lifestyle during the SARS-CoV-2 (COVID-19) pandemic: a case report on a 17-year-old. <i>Neurol Sci.</i> 2020 Oct 28:1–3. doi: 10.1007/s10072-020-04857-w. Epub ahead of print. PMID: 33113054; PMCID: PMC7592448.
Children, asthma, respiratory infections, emergency presentations, hospital admissions	28-Oct-20	Childhood asthma outcomes during the COVID-19 pandemic: Findings from the PeARL multi-national cohort	medRxiv	Preprint (not peer-reviewed)	This study evaluated the impact of the COVID-19 pandemic on childhood asthma outcomes in 15 countries. This multinational cohort included children (aged 4-18 years) with asthma (n=1054) and non-asthmatic controls (n=505) recruited during the pandemic (defined as after the date of the first fatality due to COVID-19 in each respective country) and compared current disease activity with data available from 2019. During the pandemic, children with asthma experienced fewer upper respiratory tract infections (URTIs) (30.9% vs 81.6%, p<0.001), episodes of pyrexia (17.2% vs 52.4%, p<0.001), emergency visits (11.0% vs 34.4%, p<0.001), hospital admissions (2% vs 13.1%, p<0.001), asthma attacks (9.6% vs 40.7%, p<0.001), and hospitalizations due to asthma (1.2% vs 9.8%, p<0.001), in comparison to 2019. Improved or unchanged asthma control during the pandemic was reported by 90.2% of the participants,	The authors assessed the COVID-19 pandemic's impact on the frequency of respiratory infections, emergency presentations, and hospital admissions in asthmatic versus non-asthmatic children globally. Childhood asthma outcomes were improved generally, and results did not suggest that asthma is a risk factor for COVID-19.	Nikolaos G. Papadopoulos, Alexander G. et al. Childhood asthma outcomes during the COVID-19 pandemic: Findings from the PeARL multi-national cohort. medRxiv 2020.10.27.20219436; doi: https://doi.org/10.1101/2020.10.27.20219436

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					while 65.9% experienced an improvement. 33.2% of children with asthma reported an improvement in control that exceeded the minimal clinically important difference of the test used. Pre-bronchodilatation forced expiratory volume and peak expiratory flow rate of asthma children were also improved during the pandemic. When compared to controls, children with asthma were not at increased risk of lower respiratory tract infections, pyrexia, emergency visits, or hospitalizations during the pandemic. However, an increased risk of URTIs emerged. The authors propose outcomes improved for childhood asthma during the pandemic because of reduced exposure to asthma triggers and increased treatment adherence. The decreased frequency of acute episodes suggests childhood asthma is not a risk factor for COVID-19.		
COVID-19; Immune function; micronutrients; nutrition; Pregnancy outcomes	27-Oct-20	Selected Micronutrients: An Option to Boost Immunity against COVID-19 and Prevent Adverse Pregnancy Outcomes in Pregnant Women: A Narrative Review	Iranian Journal of Public Health	Review	COVID-19 negatively affects the immune system and is linked with adverse pregnancy outcomes such as miscarriage, preterm birth, stillbirth, low birth weight, and intra-uterine growth restriction. These complications may be linked with a deficiency of micronutrients in pregnant women. This review discusses the potential impact of SARS-CoV-2 infection on micronutrient absorption during pregnancy and the role these micronutrients play in immunity and pregnancy outcomes. COVID-19 complications such as diarrhea can cause malabsorption of micronutrients thereby increasing the risk of their deficiency. Both micronutrient deficiencies and poor micronutrient intake can compromise immune function and may increase the risk of pregnancy complications associated with SARS-CoV-2 infection. Vitamins A, C, D, E, and iron, selenium, and zinc are essential for immunocompetency and play a significant role in the prevention of adverse pregnancy outcomes. The article discusses the benefits of each micronutrient, recommended dietary allowances during pregnancy, and natural food sources of each micronutrient. The authors recommend pregnant women ensure adequate micronutrient uptake during the COVID-19 pandemic either through supplements or diet. Recommended foods include fresh vegetables and legumes, fruits, grains (or high fiber cereals), dairy products (milk, yogurt, cheese), lean meats, fish, poultry, and eggs.	Based on the known links between viral infection, micronutrients, immunity, and pregnancy outcomes, this review highlights the role of micronutrients in boosting immunity to reduce or prevent pregnancy complications in SARS-CoV-2 infected women.	Nawsherwan, Khan S, Zeb F, et al. Selected Micronutrients: An Option to Boost Immunity against COVID-19 and Prevent Adverse Pregnancy Outcomes in Pregnant Women: A Narrative Review. Iran J Public Health. 2020;49(11):2032-2043. doi:10.18502/ijph.v49i11.4717
SARS-CoV-2 infection; hospital care; seropositivity, children, staff, testing	27-Oct-20	Prevalence of SARS-CoV-2 infections in a pediatric orthopedic hospital	Pediatric Anaesthesia	Short Report	The authors investigated the prevalence of SARS-CoV-2 infections at the Shriners Hospital for Children in Montreal, Canada, after the implementation of risk-minimizing measures (such as mask-wearing, mandatory temperature checks, reduction in the number of clinical visits, and screening at entrances). Between June 10 -July 27, 2020, asymptomatic children (mean age: 5.6 years) and their guardians (mean age: 47.1 years; n=100), as well	The authors investigated the prevalence of SARS-CoV-2 infections at the Shriners Hospital for Children in Montreal, Canada, after the implementation of risk-	Bardai G, Ouellet J, Engelhardt T, et al. Prevalence of SARS-CoV-2 infections in a pediatric orthopedic hospital. Paediatr Anaesth. 2021 Feb;31(2):247-248. doi: 10.1111/pan.14047.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					as employees of the hospital (mean age: 42.5 years; n=100) were tested for SARS-CoV-2 and their blood samples were drawn for SARS-CoV-2 IgG antibodies (139 females, 60 males). Children and accompanying individuals had one study visit, while hospital employees underwent weekly visits for 5 consecutive weeks. None of the participants had SARS-CoV-2 RNA in saliva samples, but 11% (n=22) were positive for SARS-CoV-2 antibodies [3 pediatric patients, 7 accompanying persons, and 12 hospital employees]. 12 of 22 seropositive individuals (2 children, 4 accompanying adults, and 6 hospital employees) reported symptoms compatible with SARS-CoV-2 infections in the 6 months before testing, with 5 of 11 who previously underwent tests testing positive. SARS-CoV-2 antibodies were found in 15% (3/20) of operating room personnel, 11% (5/44) healthcare workers from other departments, and 11% (4/35) employees without direct patient contact. 11 employees were seropositive at the first study visit, 25% of whom tested negative by the last study visit. Thus, the authors recommend testing children and accompanying adults as well as regular staff testing to prevent transmission to patients.	minimizing measures. The authors found an overall seroprevalence (SARS-CoV-2 IgG antibodies) of 11% in their cohort. They recommend testing children and accompanying adults as well as regular staff testing to prevent transmission to patients.	Epub 2020 Nov 11. PMID: 33111441.
COVID-19; pediatric; surgery; guidelines; India	27-Oct-20	Pediatric Surgery in India amidst the COVID-19 pandemic - Best practice guidelines from Indian Association of Pediatric Surgeons	Journal of Indian Association of Pediatric Surgeons	Article	The authors discuss the best practice guidelines for pediatric surgery in India during the COVID-19 pandemic, from the Indian Association of Pediatric Surgeons. Hospital guidelines should be followed for admission and infection control measures, PPE use, and COVID-19 testing. All pediatric patients admitted for surgery should be tested for SARS-CoV-2, and detailed history and contact tracing should be done for the parents. Inpatient pregnant women should also be tested. Surgery should be performed only if delaying the surgery will increase morbidity, increase the chance of later hospital admission, or increase chances of complication later on. All confirmed and suspected COVID-19 patients should be referred to a COVID-19-designated treatment center. Due to concerns regarding vertical (and possibly trans-placental and in utero) transmission, all newborns should be treated with precautions. Surgical neonates should be provided expressed breast milk from their mothers when feasible, to provide immunity. Rooming-in and kangaroo care should be considered as early as possible. Masking and hand hygiene should be followed, particularly if a patient's mother is suspected to be infected. Minimal post-operative hospital stay should be planned.	The authors discuss the best practice guidelines for pediatric surgery in India during the COVID-19 pandemic, from the Indian Association of Pediatric Surgeons. Hospital guidelines should be followed for admission and infection control policies, PPE use, and COVID-19 testing. The authors recommend that surgical neonates be provided expressed breast milk from their mothers when feasible, to provide immunity.	Sharma S, Saha S. Pediatric Surgery in India amidst the Covid -19 pandemic - best practice guidelines from Indian Association of Pediatric Surgeons. J Indian Assoc Pediatr Surg. 2020;25(6):343-348. doi:10.4103/jiaps.JIAPS_288_20.

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COVID-19; children; Sierra Leone	27-Oct-20	Clinical presentations and management of COVID-19 infected children seen in a district health facility in Kambia, northern Sierra Leone	Pan African Medical Journal	Case series	In this case series, the authors report on 9 children who were SARS-CoV-2 positive via throat swabs by RT-PCR testing identified through contact tracing in Sierra Leone. All 9 children (age range 7 days- 13 years; mean age 69 months) were seen in Kambia and quarantined in the isolation center. 5 of the children were male (55.6%), none had traveled outside Sierra Leone, but all had contacts with a confirmed adult COVID-19 case. 1 patient was a twin delivered to a COVID-19 case mother (the mother died from COVID-19); the twins were tested within 24 hours of delivery; the other twin was negative for SARS-CoV-2. 2 other children, ages 2 months and 13 years, had mothers who were COVID-19 cases. A 7-year-old had a neighbor who was a COVID-19 case, and the other 5 patients all had fathers who had COVID-19. Only the 2-month-old patient presented with a fever but was also found to have a gluteal abscess from an intramuscular injection earlier in the month. 2 children (19 months and 8 years) presented with dry coughs with no respiratory distress. All the other children had no symptoms but were isolated due to the logistics of isolated caregivers. All the children had blood sampling, including testing for HIV, malaria, and blood sugar levels. 1 child (8 years) had relative lymphocytopenia, and the 13-year-old had mild neutropenia; otherwise, all had normal haemoglobin, platelet, and total white blood cell count levels. All the children were negative for HIV. All had normal blood sugar levels. 4 of the children (ages 4, 7, 8, and 13 years) had positive malaria RDT tests on admission and were treated with artemether-lumefantrine. All 9 children were re-tested for SARS-CoV-2 14 days later and had negative RT-PCR results. The authors suggest there are significant implications in malaria-endemic settings due to overlap with COVID-19 symptoms and potential diagnostic dilemmas.	In this case series, the authors report on 9 children who were SARS-CoV-2 positive via throat swabs by RT-PCR testing. All the children were identified through contact tracing by the Sierra Leone COVID-19 surveillance and contact-tracing programme.	Adetola HH, Ishola D, Afolabi MO, et al. Clinical presentations and management of COVID-19 infected children seen in a district health facility in Kambia, northern Sierra Leone. <i>Pan Afr Med J.</i> 2020;37(Suppl 1):28. Published 2020 Oct 27. doi:10.11604/pamj.supp.2020.37.28.26312
SARS-CoV-2, Pediatrics, Kawasaki disease, Coronary artery aneurysms, PICU, USA	27-Oct-20	An unusual inflammatory disease linked to SARS coronavirus-2 in children: are we prepared enough?	Minerva Pediatrica	Letter to the Editor	Although earlier reports suggest SARS-CoV-2 affects children less severely, the authors of this letter warn that emerging clinical complications like PIMS-TS should alert pediatricians and critical care specialists to take precautionary measures should a rise in PIMS-TS cases occur. The authors offer evidence from multiple countries, but mainly focus on pediatric ICU (PICU) capacity in the US context. The Society of Critical Care Medicine reports that 24-hour staffing of pediatric intensivists in PICUs would ensure timely access to care, improve clinical outcomes, prevent inappropriate admissions, and ensure prompt discharge. However, the American Academy of Pediatrics states there is already a shortage of pediatric infectious disease specialists and intensivists due to a lack of medical students pursuing this specialty in the US. The authors warn the existing 'supply-	In this letter to the editor, the authors warn that emerging clinical complications like PIMS-TS should alert pediatricians and critical care specialists to take precautionary measures should a rise in PIMS-TS cases occur. Evidence related to pediatric ICU capacity mainly focuses on the US context. They briefly outline strategies for	Yasmin F, Farhan SA, Ochani RK, Mangi AR, Amanullah MM. An unusual inflammatory disease linked to SARS coronavirus-2 in children: are we prepared enough? [published online, 2020 Oct 27]. <i>Minerva Pediatrica.</i> 2020;10.23736/S0026-4946.20.06023-5. Evidence related to pediatric ICU capacity mainly focuses on the US context. They briefly outline strategies for

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					demand' chain of pediatric subspecialists may be overwhelmed if PIMS-TS is seen in more children. They recommend enhanced use of telemedicine in PICUs, and accelerated training in pediatric critical care medicine for physicians from other specialties. They also provide strategies for dealing with shortages in critical care drugs, respirators, and ventilators. Finally, they call for appropriate international guidelines so that a uniform approach is adopted to manage PIMS-TS, with considerations for potential shortages in resources and specialists.	addressing shortages in both resources and medical personnel in pediatric ICUs in the US and call for universal guidelines for the treatment of PIMS-TS.	
International Classification of Functioning, Disability and Health; physical therapy interventions; ventilatory management; COVID-19 in children and infants; symptoms; radiological signs; China	27-Oct-20	Clinical features and physiotherapy management for Covid-19 in children	Minerva Pediatrica	Special Article / Review Article	The authors reviewed articles published from January 1-March 26, 2020, to assess clinical features of and specific physical therapy interventions performed in children with COVID-19. 16 relevant articles were identified in a search of PubMed/Medline, Scientific Electronic Library Online (SciELO) and Physiotherapy Evidence Database (PEDro). The authors reference the largest review they assessed, of 2143 children (mean age=7 [range not included in this article]) from China with suspected COVID-19. In the Chinese review, 34% of the children had confirmed positive SARS-CoV-2 testing, and most confirmed cases had mild or moderate symptoms. 5% of these symptomatic patients had dyspnea / hypoxemia, and 0.6% progressed to severe disease. The current literature review did not find any specific physical therapy interventions used in children with COVID-19. The authors make future recommendations based on physiotherapy strategies that apply to respiratory system dysfunction from non-COVID-19 disease. These recommendations vary according to whether the infection a) is asymptomatic (recommendations include education, including telehealth), b) involves the upper respiratory tract with non-specific symptoms or mild pneumonia (upper airway clearance techniques, mobilization and early activity), or c) is severe pneumonia (oxygen therapy and non-invasive mechanical ventilation, airway clearance techniques, mobilization and early activity). Finally, for critical cases with respiratory failure, invasive mechanical ventilation, lung recruitment maneuvers, prone positioning, early weaning, airway clearance techniques and mobilization and early activity are emphasized.	A review of the literature available from January-March 2020 on the clinical course of children with COVID-19 found no specific physiotherapy interventions mentioned for this age subset. Potential therapies recommended by the authors include early activity and mobilization, airway clearance techniques and ventilatory management based on the severity of the clinical presentation.	Magalhães PF, Lanza FC, Bernardo Figueiredo B. Clinical features and physiotherapy management for Covid-19 in children [published online 2020 Oct 27]. Minerva Pediatr. 2020. doi:10.23736/S0026-4946.20.06100-9
COVID-19, children, mild course, secondary lymphoid organs, interferon-gamma, secretory Immunoglobulin A, cytotoxic T	27-Oct-20	Can secondary lymphoid organs exert a favorable effect on the mild course of COVID-19 in children?	Acta Oto-Laryngologica	Editorial	The authors of this editorial summarize several theories as to why children under the age of 19 years and without underlying disorders have a milder COVID-19 course. They then describe that the palatine and pharyngeal tonsil tissues – the secondary lymphoid organs that comprise the first immunological defense mechanism for the respiratory system in children – and specifically their role in producing interferon-alpha, are critical for children to mount an immune response to respiratory viral	The authors theorize that the immunological activity of tonsil tissues contributes to many children experiencing a milder COVID-19 course than adults, and that children with more severe	Onal M, Onal O, Turan A. Can secondary lymphoid organs exert a favorable effect on the mild course of COVID-19 in children? [published online 2020 Oct 27]. Acta Otolaryngol. 2020;1-2. doi:10.1080/00016489.2020.1814965

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
lymphocytes, myeloperoxidase, defense mechanism, theory					infections. The authors compare previously published pathological findings in children with tonsillar hypertrophy to those with recurrent tonsillitis. They theorize that decreased local and systemic immunity associated with chronic inflammation of secondary lymphoid organs can be detrimental to mounting an effective anti-viral response, and can cause certain children to contract more severe COVID-19, as is more commonly seen in adults. The authors suggest that further epidemiological studies comparing secondary lymphoid organ structure in children and adults should be conducted.	COVID-19 illness may disproportionately have chronic inflammation of these tissues. They suggest that further epidemiological studies be conducted to characterize the role that secondary lymphoid organs play in the anti-viral immune response.	
COVID-19; COVID-19 prenatal care; outpatient care; outpatient management; pregnancy; United States	27-Oct-20	Protocol-Driven Intensive Outpatient Management of Pregnant Patients With Symptomatic Coronavirus Disease 2019	Open Forum Infectious Diseases	Original Research	This study on pregnant women with symptomatic COVID-19 describes the time from diagnosis to viral clearance and duration of symptoms and identifies predictors of hospitalization in this population, to better understand the safety of monitoring pregnant patients with symptomatic COVID-19 in the outpatient setting. The authors performed a retrospective cohort study of 67 pregnant patients with symptomatic, confirmed COVID-19 at a large, academic medical center in Boston, Massachusetts, USA. 28% of the cohort required acute care given worsening COVID-19 symptoms, and 95% of these women had a telehealth evaluation. 13% (n=9) of the cohort were admitted to the hospital, of which 3 required ICU admission, 2 required ventilatory support, and 2 required delivery. Women with the presenting symptoms of fever, cough, shortness of breath, chest pain, or nausea and vomiting were more likely to require admission. The median duration from initial positive test to RT-PCR viral clearance was 26 days [range: 10-56 days]. Viral clearance was defined as 2 consecutive COVID-19-negative test results performed at least 24 hours apart after the resolution of symptoms. Patients reported symptoms for an average of 17 days [range: 3–45 days]. Disease progression, time to viral clearance, and duration of symptoms did not vary significantly by trimester of infection. This study demonstrates that management of most pregnant women with symptomatic COVID-19 illness can be accomplished in the outpatient setting with intensive and protocol-driven monitoring for symptom progression.	A retrospective cohort study of 67 pregnant patients with symptomatic, confirmed COVID-19 was conducted in Boston, Massachusetts, USA to describe the time from diagnosis to viral clearance and duration of symptoms and identify predictors of hospitalization. The median duration from initial positive test to RT-PCR viral clearance was 26 days [range: 10-56 days], and patients reported symptoms for an average of 17 days [range: 3-45 days]. Women with the presenting symptoms of fever, cough, shortness of breath, chest pain, or nausea and vomiting were more likely to require hospital admission.	Soffer MD, Shook LL, James K, et al. Protocol-Driven Intensive Outpatient Management of Pregnant Patients With Symptomatic Coronavirus Disease 2019. Open Forum Infect Dis. 2020;7(11):ofaa524. Published 2020 Oct 27. doi:10.1093/ofid/ofaa524
Pediatric, Italy, congenital disorders, special care	27-Oct-20	The dark side of COVID-19: The need of integrated medicine for children with special care needs	American Journal of Medical Genetics	Research Letter	Prior to the COVID-19 pandemic, patients in Italy with rare health disorders received multi-disciplinary care in specialty centers, where disease sequelae and comorbidities could be prevented and managed. In Italy, 70% of these patients are children. The COVID-19 outbreak has prevented patients from receiving their usual individualized care from their regular specialized providers; this situation has revealed 3 concerns. First, lack of provider knowledge and experience related to congenital disorders can	These authors use pediatric case examples to demonstrate that, although COVID-19 has a relatively low pediatric mortality rate, the effects of the pandemic and the lack of an integrated	Leoni C, Giorgio V, Onesimo R, Tarani L, Celli M, Selicorni A, Zampino G. The dark side of COVID-19: The need of integrated medicine for children with special care needs. Am J Med Genet A. 2020 Aug;182(8):1988-1989. doi: 10.1002/ajmg.a.61722. Epub

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					lead to severe medical complications. Second, lack of provider experience about clinical management of specific genetic conditions may affect patient outcome. Third, a lack of integrated medicine and communication networks among local health services, primary care providers, and specialists can be dangerous to patient health. The authors include real cases of pediatric patients who have suffered medical complications during the pandemic, to illustrate each of the 3 issues. They close by stating that, although COVID-19 itself has a relatively low pediatric mortality rate, the effects of the pandemic and the lack of an integrated medical system could ultimately increase morbidity and mortality of children with special health care needs. They urge the scientific and political community to improve integrated care strategies going forward.	medical system could increase morbidity and mortality of children with special health care needs. They urge the scientific and political community to improve integrated care strategies going forward.	2020 Jun 24. PMID: 32578344; PMCID: PMC7361344.
pediatric genetics, pediatrician, United States of America	27-Oct-20	Redeployment: Tales of a pediatric geneticist in a COVID-19 combat zone [Free Access to Abstract Only]	American Journal of Medical Genetics	Original Article	This author shares a personal narrative account of her experience as a pediatric geneticist re-assigned to care for adult COVID-19 patients during the pandemic in New York City, United States. She details the touching story of her time with one patient in particular. Her narrative is one example of pediatric care providers who have been asked to care for adults with COVID-19 in the pandemic.	This author shares a personal narrative account of her experience as a pediatric geneticist re-assigned to care for adult COVID-19 patients during the pandemic.	Breilyn MS. Redeployment: Tales of a pediatric geneticist in a COVID-19 combat zone. Am J Med Genet A. 2020 Sep;182(9):2008-2009. doi: 10.1002/ajmg.a.61753. Epub 2020 Jul 14. PMID: 32666585.
pediatric inflammatory multisystem syndrome temporally associated with severe acute respiratory syndrome coronavirus 2, children, United Kingdom, Kawasaki disease, toxic shock syndrome	27-Oct-20	Characteristics of Pediatric Inflammatory Multisystem Syndrome Associated with COVID-19	American Journal of Nursing	Brief Report	In this brief article, the author summarizes a retrospective study on PIMS-TS by Whittaker et al. A total of 58 children (median age 9 years [no range given in this report]) who were hospitalized in the United Kingdom and met the diagnostic criteria for PIMS-TS were enrolled in the study. All patients had persistent fever and variable combinations of sore throat, headache, and abdominal pain. Shock requiring inotropic support occurred in 27 patients, and mechanical ventilation was needed in 25. In total, 78% (n=45) of patients had evidence of current or prior SARS-CoV-2 infection. All patients had evidence of a marked inflammatory state. 3 patterns of disease were identified in the children. One group had persistent fever and elevated levels of inflammatory markers but no features of Kawasaki disease (KD), shock, or organ failure. The second group met the diagnostic criteria for KD. The third had shock and clinical, echocardiographic, and laboratory evidence of myocardial injury. Those with PIMS-TS were generally older and had different clinical and lab features than children who have KD, KD shock syndrome, and toxic shock. In summary, PIMS-TS has a wide range of presenting signs and symptoms and disease severity, and appears to differ from other pediatric inflammatory disorders.	PIMS-TS has a wide range of presenting signs and symptoms and disease severity, and appears to differ from other pediatric inflammatory disorders. This author summarizes a retrospective study on PIMS-TS by Whittaker et al, in order to describe the characteristics of this novel syndrome.	Rosenberg K. Characteristics of Pediatric Inflammatory Multisystem Syndrome Associated with COVID-19. Am J Nurs. 2020 Nov;120(11):1. doi: 10.1097/01.NAJ.0000721968.57773.b2. PMID: 33105230.

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COVID-19; risks; schools; United Kingdom	27-Oct-20	Reducing Covid-19 risk in schools: a qualitative examination of staff and family views and concerns	medRxiv	Pre-print (not peer reviewed)	The authors describe a qualitative study investigating the attitudes of young people, parents, and school staff towards secondary school COVID-19 mitigation measures in the United Kingdom. Children 11-16 years old, parents/carers and school staff were recruited from July-September 2020 using school communication, local community organizations and snowball sampling. Researchers conducted and recorded online/phone interviews with individuals and groups, focusing on social distancing, hand-hygiene and SARS-CoV-2 testing. 13 school staff (school heads/assistant heads, teachers, special educational needs coordinators from 7 schools), 20 parents (19 mothers, 1 father from 10 schools) and 17 young people (age range, 11-16 years; 9 girls, 8 boys from 10 schools, mostly grades 7/8/10) participated in the study. Concerns about COVID-19 risk at school, especially to vulnerable individuals, were outweighed by perceived risks of not returning to school. Some teachers anticipated guilt around being a potential 'spreader'. Participants saw school mitigation measures as an acceptable and pragmatic solution to the impossibility of social distancing, although they anticipated challenges in changing habitual behavior. Participants supported school COVID-19 testing but identified the challenge of data security and stigma. Staff were concerned about unintended consequences of mitigation measures on student behavior, learning, and pastoral care, particularly for those with special needs who may find the measures especially challenging.	The authors describe an interview-based qualitative study investigating the attitudes of young people, parents, and school staff towards secondary school COVID-19 mitigation measures in the United Kingdom. While most participants supported the COVID-19 mitigation measures, there were concerns about unintended consequences on student behavior, learning, and pastoral care, particularly for those with special needs who may find the measures especially challenging.	Lorenc A, Kesten JM, Kidger J. Reducing Covid-19 risk in schools: a qualitative examination of staff and family views and concerns. medRxiv. 2020. doi: 10.1101/2020.10.25.20216937.
Pediatrics, pneumonia, clinical features, serologic testing, China	27-Oct-20	Clinical manifestations and pathogen characteristics in children admitted for suspected COVID-19	Frontiers of Medicine	Original Research	In this retrospective study, the authors sought to characterize the features of COVID-19 that distinguish the disease from pneumonia caused by other pathogens in pediatric patients. They included 97 children with ages ranging <1 year to 6.5 years (excluding newborns) with probable COVID-19 admitted by the emergency department of Wuhan Children's Hospital in Wuhan, China from January 30-March 15, 2020. Confirmed COVID-19 was defined as positive for SARS-CoV-2 nucleic acid by RT-PCR. Of the 97 patients, 13 (13.4%) cases were confirmed COVID-19, 41 cases were found to be infected with other pathogens, and no pathogen was detected in 43 cases. 52 (53.6%) children had one or more co-existing conditions and 15 (15.5%) patients were admitted to the pediatric ICU. The confirmed COVID-19 cases had a higher incidence of diarrhea (5, 38.5%) and abdominal pain (3, 23.1%) than the suspected COVID-19 cases and the non-COVID-19 cases (p = 0.013 and 0.040, respectively). In the 11 confirmed COVID-19 cases, 5 (45.5%) and 7 (63.6%) were positive for IgM and IgG against SARS-CoV-2, respectively. The most frequently detected pathogen was Mycoplasma pneumonia (29, 29.9%). Compared to patients with suspected COVID-19 and patients with	The authors sought to identify features of COVID-19 in pediatric patients that distinguish it from other etiologies of pneumonia. They conclude that it is difficult to distinguish COVID-19 without serologic and nucleic acid testing, however exposure history provides important insight.	Cai X, Jiang H, Zhang S, Xia S, Du W, Ma Y, Yu T, Li W. Clinical manifestations and pathogen characteristics in children admitted for suspected COVID-19. Front Med. 2020 Oct 27:1–10. doi: 10.1007/s11684-020-0820-7.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					non-COVID-19 pneumonia, confirmed COVID-19 cases had significantly higher incidences of exposure to familial cases of COVID-19 (10 (76.9%), $p < 0.01$). The authors conclude that without etiologic analysis with nucleic acid and serological testing, it is difficult to distinguish COVID-19 from other pathogenic causes of pneumonia in children. However, exposure history can provide important insight.		
COVID-19, SARS-CoV-2 transmission, children, adolescents, school re-opening, school closures, social distancing, France	27-Oct-20	Can we safely reopen schools during COVID-19 epidemic?	medRxiv	Pre-print (not peer reviewed)	[The original version of this article was posted online 12 May, 2020. This constitutes a revised version with altered title, text, and added ex-post assessment]. To assess the role of school re-opening on increased ICU occupancy due to COVID-19, the authors simulated scenarios of partial, progressive, or full school re-opening (on 11 May or 8 June, 2020 or combination thereof) through a stochastic age-structured transmission model calibrated to the observed COVID-19 epidemic in the Île-de-France region of France. 4 age classes were considered: 0-11 years, 11-19 years, 19-65 years, and >65 years. The authors found that with pre-schools and primary schools in session starting May 11 (0-11 year age group), ICU occupation would reach at most 72% (95% CI: 62-80%) of capacity if no other school level re-opens, or if middle and high schools re-open in June. Immediately re-opening all schools may overwhelm ICUs. Healthcare system would exceed foreseen capacity (136% [95% CI: 119-151%]) if middle and high schools (11-19 year age group) re-open earlier in May. Priority should be given to pre- and primary schools, whereas full attendance in middle and high schools is not recommended. Large-scale trace and testing are required to maintain the epidemic under control. Ex-post assessment shows that progressive school reopening, limited attendance, and strong adoption of preventive measures contributed to a decreasing epidemic.	This constitutes a revised version of an earlier article published 12, May 2020 with altered title, text, and added ex-post assessment. The authors simulated scenarios of partial, progressive, or full school re-opening in the Île-de-France region of France to predict the impact on ICU occupancy due to COVID-19. The authors recommended priority be given to pre- and primary schools and that middle and high schools delay re-opening.	Di Domenico L, Pullano G, Sabbatini CE, Boëlle P, Colizza V. Can we safely reopen schools during COVID-19 epidemic? medRxiv. doi: 10.1101/2020.05.08.20095521.
Adolescents; Children; COVID-19; caregivers; Mental health intervention; anxiety; depression; USA	27-Oct-20	Using Mixed Methods to Identify the Primary Mental Health Problems and Needs of Children, Adolescents, and Their Caregivers during the Coronavirus (COVID-19) Pandemic	Child Psychiatry & Human Development	Original Article	This mixed-methods exploratory study surveyed caregivers of children and adolescents 1-19 years old in the US between April 20 - July 3, 2020 to capture their families' most prominent mental health (MH) problems and needs during the COVID-19 crisis. Data were gathered on demographics, current living situation, the effects of COVID-19, top MH problems and needs, and symptoms of anxiety and depression based on standardized scales. 133 caregivers from the general population reported top MH problems and needs for themselves and their children (mean age = 8.21 years; SD = 4.94 years). Mean scores for depression and anxiety symptoms among caregivers and their children fell within the range of clinical significance. The majority of caregivers reported clinically significant anxiety (57.14%) and depression (57.14%) scores, at substantially higher rates than in previously	This authors surveyed caregivers of children and adolescents 1-19 years old in the US between April 20 - July 3, 2020 to capture their families' most prominent mental health (MH) problems and needs during the COVID-19 crisis. Mean scores for depression and anxiety symptoms among caregivers and their children fell within the	Fitzpatrick O, Carson A, Weisz JR. Using Mixed Methods to Identify the Primary Mental Health Problems and Needs of Children, Adolescents, and Their Caregivers during the Coronavirus (COVID-19) Pandemic [published online, 2020 Oct 27]. Child Psychiatry Hum Dev. 2020;1-12. doi:10.1007/s10578-020-01089-z

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					reported general population samples (e.g. 23% for anxiety; 9% for depression). Child and adolescent symptoms were positively associated with number of children in the home (p<0.01). Symptoms among caregivers and their children were more pronounced in regions with more lenient COVID-19 restrictions (p<0.01 for internalizing problems; p=0.03 for externalizing problems). According to caregivers, MH services were ranked as the highest need for themselves and their adolescent children (13-19 years old), 2nd highest need for 6–12 year-olds, and 3rd highest need for 1–5 year-olds. Needs related to social interaction were the most common for both 1-5 year olds and 6-12 year olds. Top problems and needs identified for each age group can help inform targeted MH interventions during the COVID-19 pandemic.	range of clinical significance and were more pronounced in regions with more lenient COVID-19 restrictions. Top problems and needs identified for each age group of children can help inform targeted MH interventions.	
chronic granulomatous disease, hematopoietic cell transplantation, stem cell, immunosuppression, immunocompromised, lymphopenia, infant, pediatrics, SARS-CoV-2, COVID-19, United States of America	27-Oct-20	Recovery from COVID-19 in a Child with Chronic Granulomatous Disease and T Cell Lymphopenia	Journal of Clinical Immunology	Case Report/Letter	In this letter to the editor, the authors present the case of SARS-CoV-2 infection in a 12-month-old African American male in St. Louis, USA with X-linked chronic granulomatous disease (CGD), who had received 2 failed hematopoietic cell transplantations (HCT) and was extremely immuno-suppressed. Nasopharyngeal PCR testing was positive for SARS-CoV-2, and C-reactive protein and other inflammatory markers were increased. The infant also had T cell lymphopenia. After being sent home for supportive care, the patient returned a week later with fever, labored breathing, cough, and diarrhea and was admitted to the hospital for monitoring. The infant improved with supportive measures and was discharged after 3 days, following improvement of liver enzymes and cough. The authors speculate that the impaired neutrophil activity in CGD may have protected against the exaggerated inflammatory response and tissue damage observed in severe COVID-19, as this immuno-compromised patient had a mild disease course; however, the patient exhibited delayed viral shedding consistent with his T cell deficiency. The authors state that further studies investigating COVID-19 in immuno-compromised patients will help elucidate COVID-19 pathogenesis, which may help with treatment.	This case report describes mild COVID-19 in a 12-month-old African American male in St. Louis, USA with chronic granulomatous disease (CGD) who had received 2 failed hematopoietic cell transplantations. The authors speculate that the impaired neutrophil activity in CGD may have protected against severe COVID-19-associated inflammatory response; however, the patient exhibited delayed viral shedding consistent with T cell deficiency.	Mantravadi V, Nguyen ST, Morley SC, Bednarski JJ, Kitcharoensakul M, Cooper MA. Recovery from COVID-19 in a Child with Chronic Granulomatous Disease and T Cell Lymphopenia. J Clin Immunol. 2020;1-3. doi:10.1007/s10875-020-00896-2
Breastfeeding, Breast Milk, Infant, SARS-CoV-2, Italy	27-Oct-20	Detection of SARS-CoV-2 in Milk From COVID-19 Positive Mothers and Follow-Up of Their Infants	Frontiers in Pediatrics	Brief Research Report	This study sought to determine whether breast milk is a vehicle for SARS-CoV-2 infection. Milk samples were collected sterilely from 14 breastfeeding mothers between April 1 - July 31 2020 from the Neonatal Care Unit and the Laboratory of Molecular Virology of Turin, Italy. Breast milk was collected via pump or manually, either at home or in the hospital. Mothers were diagnosed with SARS-CoV-2 via RT-PCR assay of nasal and pharyngeal swabs. Newborn follow-up was performed during the first month of life or until the finding of 2 sequential negative swabs. Milk samples were analyzed for presence of SARS-CoV-2	Breast milk samples from 14 SARS-CoV-2 positive mothers in Italy were evaluated as possible vehicles for infant transmission. The authors find no conclusive evidence that breastfeeding exposes	Bertino E, Moro GE, Renzi GD, et al. Detection of SARS-CoV-2 in Milk From COVID-19 Positive Mothers and Follow-Up of Their Infants. Frontiers in Pediatrics. 2020;8. doi:10.3389/fped.2020.597699.

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					RNA via RT-PCR. Positive control was healthy breast milk with exogenous SARS-CoV-2 plasmid added. 13 of 14 milk samples were negative for SARS-CoV-2 RNA. The single positive case is thought to be due to a rare viral shedding event, or potential specimen contamination. 13 of 14 newborns were exclusively breastfed. Although 4 neonates tested positive in their first 48 hours of life, all were negative by 6 weeks. The authors conclude that breastfeeding is safe for SARS-CoV-2 positive mothers, and breast milk does not represent a viable vector for viral transmission.	newborns to additional SARS-CoV-2 risk.	
SARS-CoV-2; COVID-19; pediatric; saliva; nasopharyngeal swab; United States	27-Oct-20	Saliva is a promising alternative specimen for the detection of SARS-CoV-2 in children and adults	medRxiv	Pre-print (not peer reviewed)	The authors describe a study to evaluate and compare prospectively collected paired saliva and nasopharyngeal swabs (NPS) from 300 pediatric and adult participants with unknown COVID-19 status for detection of SARS-CoV-2 by RT-PCR during 8 June-28 August 2020 in the United States. SARS-CoV-2 RNA was detected in 97 individuals, of which 43 (44.3%) were <19 years of age. 62.9% were female while 56.7 % were symptomatic at the time of collection with a median of 10 days between symptom onset and time of collection. Performance of saliva and NPS were compared against the total number of positives regardless of specimen type. The overall concordance for saliva and NPS was 91.0% (273/300) and 94.7% (284/300), respectively. SARS-CoV-2 RNA were detected from both NPS and saliva in 69 patients, from saliva only in 10 patients and NPS only in 18 patients. The positive percent agreement (PPA) for saliva and NPS was 81.4% (79/97) and 89.7% (87/97), respectively when compared to a total number of positive cases identified by RT-PCR. In pediatric patients only, the overall PPA was 79.1% for saliva and 88.4% for NPS collected. In symptomatic and asymptomatic pediatric patients not previously diagnosed with COVID-19, the performances of saliva and NPS were comparable (PPA: 82.4% vs 85.3%). These findings suggest that with lower cost and self-collection capabilities, saliva can be an appropriate alternative sample choice to NPS for detection of SARS-CoV-2 in children and adults.	The authors describe a study to evaluate and compare prospectively collected paired saliva and nasopharyngeal swabs (NPS) from pediatric and adult participants with unknown COVID-19 status for detection of SARS-CoV-2 by RT-PCR. The findings suggest that saliva may be an appropriate alternative sample choice to NPS.	Yee R, Truong T, Pannaraj PS. Saliva is a promising alternative specimen for the detection of SARS-CoV-2 in children and adults. medRxiv. 2020. doi: 10.1101/2020.10.25.20219055.
children; coronavirus; mental health; pandemic effects	27-Oct-20	Children's Mental Health in the Time of COVID-19: How Things Stand and the Aftermath	The Malaysian Journal of Medical Sciences	Review Article	The authors provide an overview of the worldwide impact of the COVID-19 pandemic on children's mental health as of July 2020. The authors identified grief, adjustment disorder, acute stress disorder, post-traumatic stress disorder, mood disorder, psychosis, and suicidal tendency as concerns. Environmental changes, quarantine, school closure, and parenting stress were noted as contributing factors to worsening children's mental health. The authors suggest ongoing monitoring of children's mental health status, talking to children, seeking help, improving	This review article describes the worldwide impact of the COVID-19 pandemic for children's mental health as of July 2020. Contributing factors are noted and next steps are proposed.	Ramadhan, M., Putri, A. K., Melinda, D., et al. (2020). Children's Mental Health in the Time of COVID-19: How Things Stand and the Aftermath. The Malaysian journal of medical sciences: MJMS, 27(5), 196-201.

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					communication, limiting media exposure, and provision of guidance to parents and caregivers as possible next steps.		
Children, MIS-C, Multisystem inflammatory syndrome in children, inflammation, cardiovascular, LVEF, Left Ventricular Ejection Fraction, EF, ejection fraction	27-Oct-20	Cardiac Dysfunction in Multisystem Inflammatory Syndrome in Children: A Call to Action	Journal of the American College of Cardiology	Editorial Comment	Cardiovascular system involvement in MIS-C is common (80-85% of cases) and is a primary determinant of illness severity. Case series have reported depressed Left Ventricular Ejection Fraction (LVEF) in approximately 40 to 60% of patients, and LVEF normalizes in most patients within 1-2 weeks. The authors summarize the current findings on MIS-C-related cardiac dysfunction by focusing on a single-center, retrospective study of patients with MIS-C. In this study, the authors compared 28 MIS-C patients with 20 similar-aged normal control subjects and with 17 patients with classic Kawasaki Disease (KD). This study's strength is its comprehensive echocardiographic evaluation of left and right ventricular systolic and diastolic functions. Compared with control subjects and KD patients, the MIS-C group had lower LVEF and reduced LV systolic strain and strain rate. Most measures of right ventricular systolic function were also worse in the MIS-C group. Abnormalities in myocardial systolic and diastolic function were present even in MIS-C patients with preserved ejection fraction. Patients with elevated BNP or troponin had a greater degree of impairment in systolic and diastolic function. The results are consistent with most case series. Given the LV systolic function's 1-2 weeks recovery period, dysfunction may be secondary to cytokine milieu, systemic inflammation, and acute stress. Multicenter studies with standardized definitions are critical to assess the long-term implications for myocardial health.	Multiple case studies suggest that patients with MIS-C have widespread and significant abnormalities in ventricular systolic and diastolic function. Using only traditional echocardiographic measures such as ejection fraction may underestimate the abnormalities.	Friedman KG, Harrild DM, Newburger JW. Cardiac Dysfunction in Multisystem Inflammatory Syndrome in Children: A Call to Action. J Am Coll Cardiol. 2020 Oct 27;76(17):1962-1964. doi: 10.1016/j.jacc.2020.09.002. PMID: 33092731; PMCID: PMC7572056.
COVID-19, SARS-COV-2	27-Oct-20	COVID-19 associated arterial ischaemic stroke and multisystem inflammatory syndrome in children: a case report	The Lancet Child & Adolescent Health	Case Report	The authors present a case study of a 9-year-old girl who was admitted to the pediatric ICU with a history of high-grade fever, throbbing frontal headache, emesis, and progressive weakness on the right side of her body. The patient tested positive for SARS-CoV-2 in RT-PCR. At the time of admission, she had bilateral non-purulent conjunctivitis, high-grade fever, tachypnea, and hypertension. Her Glasgow Coma Score (GCS) was 11 (E3, V2, M6) with upper motor neuron type right-sided cranial nerve-VII palsy. Differential diagnoses included COVID-19 associated encephalitis or stroke. The laboratory results showed normal blood counts and renal function and elevated CRP, ESR, and D-dimer that are indicative of hyperinflammatory response in MIS-C. The patient deteriorated with worsening GCS, bradycardia, and cardiac arrest on day 3 of PICU admission. Her echocardiography was negative for valvular defect or coronary artery dilation, and ECG, CPK-MB, and troponin I were unremarkable. The CT scan showed multifocal discrete and confluent hypodensities suggestive of acute infarcts, and angiography showed multifocal smooth	The authors describe a case study of a 9-year-old SARS-CoV-2-infected girl with MIS-C symptoms who showed clinical manifestations of acute ischemic stroke. Although MIS-C is rare, clinicians should include SARS-CoV-2 in their differential diagnoses for children presenting with new neurological symptoms, positive inflammatory markers, and suggestive findings.	Tiwari L, Shekhar S, Bansal A, et al. COVID-19 associated arterial ischaemic stroke and multisystem inflammatory syndrome in children: a case reports The Lancet Child & Adolescent Health. 2020. ISSN 2352-4642, https://doi.org/10.1016/S2352-4642(20)30314-X . (http://www.sciencedirect.com/science/article/pii/S235246422030314X)

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					stenosis of intracranial internal carotid arteries and cerebral arteries. Anti-nuclear antibody, vasculitis and varicella profile, and sickle cell screen were negative. The authors provide a table with laboratory results and a CT scan and angiography. Although MIS-C is rare, clinicians should include SARS-CoV-2 in their differential diagnoses for children presenting with new neurological symptoms and positive inflammatory markers.		
Florida, school reopening, remote teaching	27-Oct-20	COVID-19 Infections Following Physical School Reopening	medRxiv	Preprint (not peer-reviewed)	In August-September 2020, following school closures in March-April 2020, some elementary schools and high schools in the United States reopened while many schools decided to teach remotely. The authors aimed to quantify the physical school-reopening risk by examining the daily incidence in Florida. They calculated the exact COVID-19 incidence of elementary school (6-13-years-old) and high school (14-17-years-old) in each county and matched the data with each county's date of school reopening (day 0). In counties teaching physically, the incidence of elementary school children decreased from 10 days before the school reopening to 4 days after reopening followed by a 1.2-fold increase from day 4 to day 20. Similarly, in high school, the incidence decreased from 10 days before the school reopening to Day 1 followed by a 1.3-fold increase until day 20. In counties teaching remotely, the incidence of 6-13-years-old children decreased from 10 days before the school reopening to Day 4, followed by no significant trend. In high school, the incidence decreased from 10 days before the school reopening to Day 6 followed by no significant trend. The daily incidence changes were significantly different from those of reopened schools. Given this trend, the schools that experienced an increase in COVID-19 incidence after reopening, especially high schools, could consider remote learning.	Schools in some counties in Florida teaching physically had a 1.2-fold incidence increase in elementary schools and a 1.3-fold increase in high schools. Schools in these counties, especially high schools, could consider teaching remotely.	Miron O, Yu KH, Wilf-Miron R, et al.COVID-19 Infections Following Physical School Opening. medRxiv 2020.10.24.20218321; doi: https://doi.org/10.1101/2020.10.24.20218321
United Kingdom, asthma, children, respiratory, shielding	27-Oct-20	Evaluation of the impact of shielding to avoid COVID-19 infection on respiratory symptoms in children with severe asthma	Archives of Disease in Childhood	Letter	This letter is written in agreement to a previously published article by Krivec et al: "COVID-19 lockdown dropped the rate of pediatric asthma admissions." The authors of this letter performed a service evaluation of children receiving pediatric respiratory care for asthma at one hospital in the UK, while shielding per National Health Service advice until the end of July 2020. 58 patients and their parents answered questions about how their asthma had been affected by shielding, having shielded for 2 to 5 months. The mean age of respondents was 12 years (range 5–18 years). Comparing their asthma control to the same period in the previous year, 28 (48%) reported better symptom control, 7 (12%) worse control and 23 (40%) no difference. Cited reasons for better asthma control included less infection, less pollen and pollution exposure, and less school and social stress. Reasons for the 7 patients who reported worse asthma control	The authors of this letter performed a service evaluation of children receiving pediatric respiratory care for asthma at one hospital in the UK, while shielding. Overall, per patient report, asthma was much improved during shielding.	Gajaweera H, Oladele D, Connett G. Evaluation of the impact of shielding to avoid COVID-19 infection on respiratory symptoms in children with severe asthma. Arch Dis Child. 2020 Oct 27:archdischild-2020-320498. doi: 10.1136/archdischild-2020-320498. Epub ahead of print. PMID: 33109523.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					included increased seasonal allergic rhinitis in 3 patients (43%) and more indoor allergen exposure in 3 others (43%). Overall, asthma was much improved although shielding precluded the collection of objective measures such as lung function to confirm this. The future challenge will be to maintain the clinical benefits achieved during lock down, as measures are gradually eased and children return to school at a time of year when asthma symptoms are typically more problematic.		
Denmark, antibodies, newborns	27-Oct-20	Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Antibodies at Delivery in Women, Partners, and Newborns	Obstetrics and Gynecology	Original Research	The aim of this study was to investigate the frequency of SARS-CoV-2 antibodies in laboring women, their partners, and their newborns and the association of such antibodies with obstetric and neonatal outcomes. Laboring women and their partners and newborns were recruited from a single hospital in Denmark April 4 - July 3, 2020. Participating women and partners had a pharyngeal swab and blood samples taken, and a blood sample was drawn immediately after birth from the umbilical cord. A total of 1,313 laboring women (72.5% of all women admitted for delivery at the hospital in the study period), 1,188 partners, and 1,206 newborns participated in the study, resulting on a serologic prevalence of 2.6% in women and 3.5% in partners. Additionally, 17 newborns (67%) had SARS-CoV-2 immunoglobulin G (IgG) antibodies, and none had immunoglobulin M antibodies. The authors conclude that there were no associations between SARS-CoV-2 antibodies and obstetric/neonatal complications, but the statistical power for this conclusion was low.	This article explored the prevalence of SARS-CoV-2 antibodies in laboring women, their partners, and their newborns, and concluded that there was no association between the antibodies and obstetric/neonatal complications.	Egerup P, Fich Olsen L, Christiansen AH, et al. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Antibodies at Delivery in Women, Partners, and Newborns. <i>Obstet Gynecol.</i> 2020 Oct 27. doi: 10.1097/AOG.0000000000004199.
Neonate, viral shedding, high viral load, nasopharynx, stool, Netherlands	27-Oct-20	Case Report of a Neonate with High Viral SARSCoV-2 Loads and Long-term Virus Shedding	Journal of Infection and Public Health	Case Report	The authors present a case of a 7-day-old neonate who was hospitalized in the Netherlands with COVID-19 and had a high viral load of SARS-CoV-2. The neonate had been delivered vaginally at term after an uneventful pregnancy and was breastfed. He presented to the hospital with fever, lethargy, and apnea but had no respiratory or gastro-intestinal symptoms. He subsequently tested positive for SARS-CoV-2 RNA with an exceptionally high viral load in nasopharyngeal swab and stool. However, no SARS-CoV-2 RNA was found in urine and cerebrospinal fluid. Furthermore, his father was asymptomatic but had detectable SARS-CoV-2 RNA while his mother tested negative. Expressed breast milk was also tested and returned negative for SARS-CoV-2. However, two maternity nurses tested positive for SARS-CoV-2 and developed symptoms after caring for the patient for one day. The neonate improved clinically after antibiotic treatment for possible pyelonephritis and was subsequently discharged 6 days after admission. Of note, SARS-CoV-2 RNA was detectable in the neonate's nasopharynx until day 19 and in stool until day 42 after symptom onset.	This case report showed a neonate with a high viral load of SARS-CoV-2 in nasopharyngeal secretions and stool swabs with prolonged viral shedding. The neonate recovered completely despite the high viral load, and his mother was unaffected.	Slaats MA, Versteyleen M, Gast KB, et al. Case report of a neonate with high viral SARSCoV-2 loads and long-term virus shedding. <i>Journal of Infection and Public Health.</i> 2020. doi:10.1016/j.jiph.2020.10.013

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Pediatric anesthesia, pediatrics, patient communication, face mask	27-Oct-20	Communication skills with children in paediatric anaesthesia: challenges while wearing a face mask	British Medical Journal Pediatrics	Original research letter	The increased use of face masks during the COVID-19 pandemic has resulted in communication challenges among those working in pediatrics. Mask-wearing may contribute to increased fear and poorer engagement with children in the hospital setting. The author notes that anesthesiology consultants have displayed excellent communication skills that facilitate rapid rapport, cooperation, and trust with the patient. This is especially evident during the induction of anesthesia in children when the anesthesiologist is wearing a face mask. Skilled, dynamic use of storytelling, distraction techniques, vivid imagery, and other hypnotherapeutic techniques are often used. These skills can be taught to and employed by less-experienced anesthesiology trainees to enhance patient engagement and alleviate fear in the operating room. The author recommends healthcare groups set time aside to deliver workshops that address communication skills with children as wearing of face masks will likely continue for the foreseeable future.	In this research letter, the author discusses how increased face mask wearing during the COVID-19 pandemic has resulted in communication challenges for pediatric providers, including anesthesiologists. The author recommends the use of workshops and trainings that emphasize the use of story-telling, distraction, and imagery, for providers communicating with pediatric patients while wearing face masks.	Crowe AL. Communication skills with children in paediatric anaesthesia: challenges while wearing a face mask. BMJ Paediatr Open. 2020 Oct 27;4(1):e000846. doi: 10.1136/bmjpo-2020-000846
Pregnancy, knowledge, attitudes, SES, health insurance, Iran	27-Oct-20	Knowledge and Attitude regarding COVID-19 among Pregnant Women in Southwestern Iran in the Early Period of Its Outbreak: A Cross-Sectional Study	The American Journal of Tropical Medicine and Hygiene	Original Research	This cross-sectional study was conducted on a sample of pregnant women in southwestern Iran between March and April 2020 to evaluate their knowledge and attitudes toward COVID-19. A total number of 540 pregnant women participated in this study, with age ranging from 17 to 49 (median=31) years. The mean gestational age was 27.8 (±8.1) weeks. The mean score of knowledge was 34 (±4.1) out of 43 (with higher scores indicating more knowledge). 44.3% answered more than 80% of the questions correctly. The lowest knowledge score was on serious symptoms making infected patients with COVID-19 refer to hospitals (10.4±1.6, full mark=14). Higher knowledge scores were accordingly associated with marriage duration (p=0.02), area of residence (p=0.001), health insurance coverage (p<0.001), socio-economic status (SES) (p=0.006), and self-rated health status (p=0.003). The majority of pregnant women (90.0%) and their households (85.7%) expressed concern about using preventive measures. Although most respondents were moderately worried about becoming infected, 264 (48.9%) cases reported that they were quite anxious about their newborns being infected and 388 (71.9%) individuals were worried about their mortality due to the infection. The authors recommend health policy-makers focus efforts on educating pregnant mothers to help promote better maternal mental health.	This study in Iran shows that the majority of pregnant women had an acceptable level of knowledge regarding COVID-19 but significant worry concerning their newborns being infected. Results showed a strong correlation between the participants' COVID-19 knowledge and socio-economic status.	Maharlouei N, Asadi N, Bazrafshan K, et al. Knowledge and Attitude regarding COVID-19 among Pregnant Women in Southwestern Iran in the Early Period of Its Outbreak: A Cross-Sectional Study. Am J Trop Med Hyg. 2020 Oct 27. doi: 10.4269/ajtmh.20-0608. Epub ahead of print. PMID: 33124530.
Pregnancy, VEGF, obstetric complications,	27-Oct-20	Comparison of VEGF-A Values between Pregnant	Journal of Medical Virology	Original Article	Given the evidence that COVID-19 increases vascular endothelial growth factors (VEGFs) levels and that VEGF plays a role in placental function and may mediate obstetric complications, the authors sought to compare VEGF-A values between pregnant	The authors compared VEGF-A values between pregnant women with COVID-19 and healthy	Yazihan N, Tanacan A, Erol SA, et al. Comparison of VEGF-A Values between Pregnant Women with COVID-19 and Healthy

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maternal outcomes, Turkey		Women with COVID-19 and Healthy Pregnancies and Its Association with Composite Adverse Outcomes			women with COVID-19 and healthy controls. This prospective case-control study was conducted on women admitted to Ankara City Hospital, Turkey, between June 14 and August 28, 2020. Pregnant women with COVID-19 (n=95) were compared with a control group of healthy pregnant women (n=92) with similar clinical and demographic characteristics. Pre-eclampsia and preterm delivery were the most common obstetric complications in the COVID-19 group. The groups were similar except for obstetric complications which were higher in the COVID-19 group (p=0.02). Comparison of median VEGF-A values between pregnant women with and without COVID-19 according to trimester of pregnancy showed no significant difference between the groups (p>0.05). VEGF-A values were slightly higher in the control group. Comparison of VEGF-A levels between patients with composite adverse outcome and patients without any complication in the pregnant women with COVID-19 group showed similar VEGF-A values (p=0.93). The authors conclude that VEGF-A values are similar between pregnant women with COVID-19 and healthy controls.	controls in Turkey and found no difference in VEGF-A levels between the groups.	Pregnancies and Its Association with Composite Adverse Outcomes. J Med Virol. 2020 Oct 27. doi: 10.1002/jmv.26631. PMID: 33107604.
Ophthalmology, venous thrombo-embolism, CRVO, coagulation	26-Oct-20	Central retinal vein occlusion with COVID-19 infection as the presumptive etiology	Indian Journal of Ophthalmology	Case Report	The authors report a case of a 17-year-old female who presented to a hospital in Mumbai, India with central retinal vein occlusion (CRVO) and a history of confirmed recent COVID-19 infection. On admission, her best-corrected visual acuity was 6/24, N24 in the right eye (OD) and 6/6 in the left eye (OS) on Snellen's chart. Intra-ocular pressure was 16 and 18 mmHg in OD and OS, respectively. On dilated examination, OD showed disc swelling with splinter hemorrhages, and multiple flame-shaped and blot hemorrhages were seen. Optical Coherence Tomography showed neurosensory detachment and cystoid macular edema, and a diagnosis of CRVO was made. No lab abnormalities were detected, however chest CT showed ground glass appearance consistent with COVID-19. RT-PCR for COVID-19 was negative. Given that the patient's mother had recently tested positive and the patient reported symptoms of cough and fever 21 days before presentation, she underwent a SARS-CoV-2 immunoglobulin test, which was positive for IgG. Given the known association of SARS-CoV-2 with venous thrombo-embolic events and the lack of other known etiologies, a presumptive diagnosis of CRVO secondary to COVID-19 infection was made. The authors conclude that eye surgeons should be aware of COVID-19-related thrombo-embolic phenomena as a cause for CRVO.	The authors present a case of a 17-year-old female who presented with central retinal vein occlusion in India after a recent confirmed COVID-19 infection. Given the lack of other etiologies and the known association of COVID-19 with venous thrombo-embolic events, a presumptive diagnosis of CRVO secondary to COVID-19 was made.	Walinjkar JA, Makhija SC, Sharma HR, Morekar SR, Natarajan S. Central retinal vein occlusion with COVID-19 infection as the presumptive etiology. Indian J Ophthalmol. 2020;68(11):2572-2574. doi:10.4103/ijo.IJO_2575_20
Brazil, breastfeeding, COVID-19, SARS-	26-Oct-20	Nursing actions in human milk	Revista Brasileira de Enfermagem	Original Research	This qualitative descriptive study analyzed the actions of Human Milk Bank (HMB) coordinators in Brazil that promoted the continuity of breastfeeding in the COVID-19 pandemic. Data was	This study surveyed Human Milk Bank coordinators in Brazil on	Marchiori GRS, Alves VH, Pereira AV, et al. Nursing actions in human milk banks in times of

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CoV-2, continuity of care		banks in times of COVID-19	(REBEn) Brazilian Journal of Nursing		collected from 5 HMB coordinators through interviews between March – April 2020. The following themes emerged: the use of digital media to educate patients, promoting breastfeeding in the face of a pandemic, the necessity of immediate post-partum education while in the hospital, and the importance of familial support. The authors describe ways in which coordinators reorganized procedures in face of the pandemic. Some nurses provided breastfeeding consultation via a Facebook page to clear up doubts and give guidance. Other strategies include video referrals, WhatsApp messaging, text messaging, and internet referrals. Action plans to promote breastfeeding during the pandemic are described, including guidance at hospital discharge related to breastfeeding and newborn care, education around avoiding the use of formula, bottles, or pacifiers, and encouraging mothers to exercise their right to breastfeed in public spaces.	actions taken to promote breastfeeding continuity during the COVID-19 pandemic. The following themes emerged: use of digital media to educate patients, promoting breastfeeding in the face of a pandemic, the necessity of immediate post-partum education while in the hospital, and the importance of familial support.	COVID-19. <i>Rev Bras Enferm.</i> 2020;73(suppl 2):e20200381. Published 2020 Oct 26. doi:10.1590/0034-7167-2020-0381
Pregnancy, postpartum, depression, anxiety, PTSD, Italy	26-Oct-20	Motherhood in the Time of Coronavirus: The Impact of the Pandemic Emergency on Expectant and Postpartum Women's Psychological Well-Being	Frontiers in Psychology	Original research	This cross-sectional study of 389 Italian expectant mothers and 186 postpartum women aimed to investigate psychological well-being during pregnancy and the first months postpartum during the COVID-19 pandemic in Italy. Participants were recruited through social media to fill-in an online anonymous questionnaire from March 1-May 3, 2020. In addition to demographic questions, participants completed the State-Trait Anxiety Inventory–STAI, Y form, Edinburgh Postnatal Depression Scale–EPDS, Wijma Delivery Expectancy Questionnaire–WDEQ(A), Wijma Delivery Experience Questionnaire–WDEQ(B), and the Perinatal PTSD Questionnaire–PPQ. 64.0% (249) of expectant mothers and 57.7% (98) of postpartum women scored above the clinically significant range for state anxiety, and for trait anxiety 44.0% (171) of pregnant women and 46.2% (86) of postpartum had clinically significant scores. Moreover 34.2% (133) of expectant women and 26.3% (49) of postpartum women had clinically significant levels of depression as measured by the EPDS scale. 16.7% of postpartum cases demonstrated clinical postpartum PTSD. Pregnant women who believed their partner could not be present at childbirth were more likely to suffer from state anxiety [$\chi^2(2, 348) = 15.44, p < 0.001$] and to have intense fear of childbirth [$\chi^2(2, 364)=9.08, p=0.007$]. Pregnant women who believed they would not have access to any form of family or professional support after childbirth were more likely to suffer from state anxiety [$\chi^2(1, 347)=8.01, p=0.025$]. The authors conclude that the pandemic emergency and the restrictions imposed on the population greatly impacted the well-being of pregnant and postpartum women.	The authors assessed the psychological well-being of pregnant and postpartum women during the COVID-19 lockdown in Italy. They found high rates of anxiety and depression, and anxiety was associated with fear of lack of support during and after childbirth.	Molgora S, Accordini M. Motherhood in the Time of Coronavirus: The Impact of the Pandemic Emergency on Expectant and Postpartum Women's Psychological Well-Being. <i>Front Psychol.</i> 2020 Oct 26;11:567155. doi: 10.3389/fpsyg.2020.567155. PMID: 33192847; PMCID: PMC7649390.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
UK, review, testing, PCR, serology, children, PIMS-TS	26-Oct-20	Fifteen-minute consultation: Does this child have COVID-19 (and does it matter)?	British Medical Journal (BMJ)	Review	This review weighs the benefits of various testing policies and methods in identifying SARS-CoV-2 infection and early signs of PIMS-TS in children and provides evidence to help pediatricians make quick and informed decisions. They begin by detailing the case of a 3-year old female patient who presented to an emergency department (ED) with a 2-day history of fever and sore throat but no other concerning clinical features [date and location not specified]. Despite requests for SARS-CoV-2 testing from her parents, the hospital did not recommend testing for non-admitted children. She was later admitted upon return 4 days later presenting with abdominal pain and inability to pass urine. According to the hospital's universal screening policy for admitted children, nasopharyngeal aspirate (NPA) swabs for SARS-CoV-2 were tested via RT-PCR and returned positive. The authors use this example to pose questions regarding current policies to test only children with severe symptoms, and outline 5 alternate testing policies proposed in the UK for consideration. They also discuss various testing methods such as PCR of NPA and fecal samples and serology tests. Although NPA RT-PCR tests have sensitivity ranging from 71-97%, false negatives can be caused by low viral loads in the early and late stages of infection as well as difficulty obtaining adequate samples from young children. The risk of PIMS-TS is low; however, there may be undetected cases of PIMS-TS that mimic other childhood illness and improve with supportive management. The authors favor no particular testing strategy, but stress the importance of balancing early identification of PIMS-TS and over-investigating children. As in all of pediatrics safety netting for patients and families is vital when discharging home cases of PIMS-TS	This review weighs the benefits of various SARS-CoV-2 testing policies and methods in identifying SARS-CoV-2 infection and early signs of PIMS-TS in children and provides evidence to help pediatricians make quick and informed decisions. The authors pose questions regarding current policies to test only children with severe symptoms and outline 5 alternate testing policies proposed in the UK. The authors favor no particular testing strategy, but stress the importance balancing early identification of PIMS-TS and over-investigating children.	Ponmani C, Roland D. Fifteen-minute consultation: Does this child have COVID-19 (and does it matter)? [published online, 2020 Oct 26]. Arch Dis Child Educ Pract Ed. 2020;edpract-2020-320161. doi:10.1136/archdischild-2020-320161
Europe, COVID-19, SARS-CoV-2, PICU, pediatric intensive care unit, Asthma, Bronchopulmonary Dysplasia, Cystic Fibrosis	26-Oct-20	COVID-19 in children with underlying chronic respiratory diseases: Survey results from 174 centres	European Respiratory Journal (ERJ)	Original Article	In this original research study, an expert panel created a survey, which was circulated twice (in April and May 2020) to members of the Paediatric Assembly of the European Respiratory Society (ERS) and via the social media of the ERS. The survey stratified pediatric patients by age groups [age range not specified] and by the following conditions: asthma, cystic fibrosis (CF), bronchopulmonary dysplasia (BPD), and other respiratory conditions. 174 centers responded to at least one survey. There were 945 children with COVID-19 reported, and 86 (9.1%) of these had underlying respiratory diseases. Tables compare data between children with BPD, CF, asthma, and other diseases. Of the 35 children admitted to the pediatric ICU (PICU) for COVID-19, 10 had either BPD, CF, or asthma, and 13 had other health conditions. In contrast to the asthmatic children and the CF patients, all infants with BPD received treatment: oxygen use was reported in 3 children and noninvasive ventilation in 4 infants,	This survey captured information on pediatric patients with SARS-CoV-2 across Europe to determine if children with respiratory comorbidities are at increased risk. In children with asthma and cystic fibrosis, infection with SARS-CoV-2 was well-tolerated with less need for treatment than patients with bronchopulmonary dysplasia and other respiratory conditions.	Moeller A, Thanikkel L, Duijts L, et al. COVID-19 in children with underlying chronic respiratory diseases: survey results from 174 centres. <i>ERJ Open Res.</i> 2020;6(4):00409-2020. Published 2020 Oct 26. doi:10.1183/23120541.00409-2020

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					while 2 received antibiotic treatment and 2 azithromycin. Only 5 children with asthma (out of 49) were admitted to the PICU and 4 needed invasive ventilation. Of the 655 children with age data reported, 61% of children with COVID-19 were > 6 years old and 19% were <1 year old [overall age range/median not provided]. The low numbers of children with comorbid respiratory conditions admitted to hospital suggest that these children are not at increased risk for severe COVID-19; however, a substantial number of children with BPD and respiratory conditions other than asthma and CF required ventilatory support and therefore may benefit from being shielded during the COVID-19 pandemic.		
COVID-19; coronavirus; fractures; pandemic; pediatric orthopedics; pediatric surgery; Finland	26-Oct-20	Reduced Number of Pediatric Orthopedic Trauma Requiring Operative Treatment during COVID-19 Restrictions: A Nationwide Cohort Study	Scandinavian Journal of Surgery	Original Research	These authors sought to evaluate whether the COVID-19 pandemic and associated restrictions was associated with a decrease in pediatric fracture operations and emergency pediatric surgical operations in Finland. They retrospectively analyzed data from all 5 tertiary pediatric surgical/trauma centers in Finland, on operations related to fractures, appendicitis, and acute scrotum in children >16 years old [no age range given, and age discrepancy noted in article], March 1-May 31, 2020. They then compared monthly operation incidence with the corresponding time periods in 2017-2019. Altogether, 1755 patients received the above emergency operations during the entire investigation period. The frequency of all fracture operations reduced most significantly (31%) during March and April 2020 (p=0.03), mostly due to reduction in lower limb trauma operations (p=0.006). Daycare/school (p<0.001) and organized sports (p=0.001) related injuries decreased significantly during the pandemic. The frequencies of appendectomies and scrotal explorations remained unchanged. Since a decrease in the need of trauma operations was observed during the COVID-19 pandemic, the authors suggest that, in the case of future similar public restrictions, the spared resources could be deployed to other clinical areas. However, the need of pediatric surgical emergencies held stable during the COVID-19 restrictions.	These authors performed a retrospective study to determine the relationship between the COVID-19 pandemic and associated restrictions, and pediatric fracture and emergency operations. They found that pediatric fracture operations decreased during the pandemic, but the frequency of other emergency operations did not change.	Raitio A, Ahonen M, Jääskelä M, Jalkanen J, Luoto TT, Haara M, Nietosvaara Y, Salonen A, Pakkasjärvi N, Laaksonen T, Sinikumpu JJ, Syvänen J. Reduced Number of Pediatric Orthopedic Trauma Requiring Operative Treatment during COVID-19 Restrictions: A Nationwide Cohort Study. Scand J Surg. 2020 Oct 26:1457496920968014. doi: 10.1177/1457496920968014. Epub ahead of print. PMID: 33100133.
scrRNA-seq, SARS-CoV-2, COVID-19, vertical transmission, fetal development, pregnancy, China	26-Oct-20	Single-cell expression profiles of ACE2 and TMPRSS2 reveals potential vertical transmission and fetus infection of SARS-CoV-2	Aging	Original Research	Reports on vertical SARS-CoV-2 transmission are conflicting, and the impact of maternal SARS-CoV-2 infection on fetal development is unclear. In this cohort study from China, the authors performed single-cell transcriptomic analysis of placenta and other fetal tissues, and compared findings with those from adults using publicly available datasets. A very small proportion of trophoblast cells expressed the ACE2 gene, suggesting a low probability of vertical transmission of SARS-CoV-2 from mother to fetus during pregnancy. The fetal adrenal gland, heart, kidney, and stomach were susceptible to SARS-CoV-2 infection, as these organs contained cell clusters that expressed high levels of the	This cohort study from China found that the fetal adrenal gland, heart, kidney, and stomach expressed high levels of the ACE2 gene. A high proportion of ACE2-expressing cell clusters in the adrenal gland and kidney also expressed the SARS-CoV-2 co-receptor	Lü M, Qiu L, Jia G, Guo R, Leng Q. Single-cell expression profiles of ACE2 and TMPRSS2 reveals potential vertical transmission and fetus infection of SARS-CoV-2. Aging (Albany NY). 2020;12(20):19880-19897. doi:10.18632/aging.104015

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					ACE2 gene. A higher proportion of ACE2-expressing cell clusters in the adrenal gland and kidney also expressed the SARS-CoV-2 co-receptor TMPRSS2 gene, compared with other organs. ACE2-expressing type II alveolar equivalent cells were absent in fetal lungs, sharply contrasting with adult lungs. The authors conclude that if vertical SARS-CoV-2 infection occurs during pregnancy, infection will likely injure the fetal adrenal gland and kidney, which may harm fetal growth and protection. As ACE2 expression is regulated by various conditions, including oxygen concentration, inflammation, and smoking, the authors suggest clinicians educate pregnant patients on avoiding environmental risk factors, especially during early pregnancy.	TMPRSS2 gene, suggesting that vertical SARS-CoV-2 infection during pregnancy is likely to injure the fetal adrenal gland and kidney.	
COVID-19; Corona Virus; Guideline; Pregnancy	26-Oct-20	An Overview on Guidelines on COVID-19 Virus and Natural and Assisted Reproductive Techniques Pregnancies	International Journal of Fertility & Sterility	Review Article	This article reviews international guidelines for the care of pregnant women during the COVID-19 pandemic. The authors specifically mention patients who have undergone assisted reproductive techniques [although they discuss no unique guidelines for this population]. Reducing the number of face-to-face visits and screening all patients for COVID-19 symptoms and exposure before prenatal visits are recommended. Monitoring for domestic violence and mental health concerns is recommended at all appointments. Outpatient monitoring with a 14-day self-quarantine is suitable for infected women with mild or no symptoms. Pregnant patients with moderate to severe COVID-19 should receive inpatient management, with a minimum target oxygen saturation of 92-95%. For febrile patients, non-COVID-19 causes of fever must be considered. Thrombo-embolic prophylaxis is recommended for most pregnant women hospitalized for COVID-19, and it is important to monitor fluid intake and output, maintain fluid and electrolyte balance, and prevent fluid overload in such patients. In critical illness, corticosteroid administration should be based on the decision of a multi-disciplinary team (MDT). Mild or asymptomatic COVID-19 is not itself an indication for delivery or for C-section. In critically ill pregnant women, an individualized decision should be made about delivery timing by the MDT. General anesthesia for patients with COVID-19 should be avoided when possible. Delayed cord clamping is not contra-indicated with COVID-19, and some guidelines encourage skin-to-skin contact. The authors recommend that infants born to infected mothers be tested for COVID-19 and separated from other neonates. Breastfeeding, with hand hygiene and face masks, is encouraged.	This article reviews international guidelines for the care of pregnant women during the COVID-19 pandemic, including patients who have undergone assisted reproductive techniques.	Pirjani R, Rabiei M, Abiri A, Moini A. An Overview on Guidelines on COVID-19 Virus and Natural and Assisted Reproductive Techniques Pregnancies. Int J Fertil Steril. 2020 Oct;14(3):264-271. doi: 10.22074/IJFS.2020.46230. Epub 2020 Oct 12. PMID: 33098398; PMCID: PMC7604706.

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COVID-19; neonate; necrotizing enterocolitis; pneumatosis intestinalis	26-Oct-20	Necrotizing Enterocolitis-like Pneumatosis Intestinalis in an Infant With COVID-19	Pediatric Infectious Diseases Journal	Case Report	The authors report on a 7-month old male infant who presented to the emergency room with low-grade fever (100.4F), fussiness, poor oral intake, and mild congestion with respiratory distress. He eventually tested positive for SARS-CoV-2 via nasopharyngeal swab. He was readmitted soon after discharge, this time presenting with large volume bloody stools, multiple episodes of emesis, and lethargy. He also displayed a high fever (101.1 F), tachycardia, and elevated levels of alkaline phosphatase (636), D-dimer (1.09), Ferritin (607), as well as transaminitis (ALT 203/AST 403) and persistently positive SARS-CoV-2 testing. He developed lactic acidosis by day 2 of admission, with abdominal imaging depicting the pneumatosis progression to involve the whole colon. He was treated as per the necrotizing enterocolitis (NEC) protocol, with an expansion in antibiotic coverage. His symptoms showed gradual improvement, with a resolution of colonic pneumatosis and oral intake, followed by discharge home. The authors identified abdominal imaging as consistent for pneumatosis intestinalis (PI), similar to NEC. Upon consideration of family history, imaging and laboratory evidence, the authors suggested the possibility of PI and colitis being associated with COVID-19, recommending early antibiotic initiation covering bowel flora, bowel rest, and resuscitation for the initial management of symptoms to avoid surgical interventions.	The authors describe the case of a 7-year old male infant who presented with large volume bloody stools, emesis, and lethargy, followed by symptoms of fever, tachycardia, and abnormal laboratory results. He tested positive for SARS-CoV-2, with no respiratory symptoms. Abdominal imaging also depicted pneumatosis intestinalis, which was resolved using the protocol for necrotizing enterocolitis. The authors determined that the abdominal symptoms were likely associated with COVID-19.	Mehl SC, Whitlock RS, Marcano DC, Rialon KL, Arrington AS, Naik-Mathuria B. Necrotizing Enterocolitis-like Pneumatosis Intestinalis in an Infant With COVID-19. <i>Pediatr Infect Dis J</i> . 2020 Oct 26. doi: 10.1097/INF.0000000000002968. Epub ahead of print. PMID: 33165273.
Pregnancy, maternal outcomes, neonatal outcomes, CT	26-Oct-20	COVID-19 and Adverse Pregnancy Outcome: A Systematic Review of 104 Cases	Journal of Clinical Medicine	Review Article	This systematic review of 11 articles describing 104 cases of COVID-19 infection in pregnancy evaluated the prognosis, clinical characteristics, management, and associated health outcomes from January 1-May 4, 2020. Initial symptoms were present in 74 patients (71.2%) and those most commonly reported were fever (58.6%), cough (30.7%), and dyspnea (14.4%). 52 patients (50.0%) demonstrated abnormal chest CT, and of those with ground glass opacity, 23 (22.1%) were bilateral and 10 (9.6%) were unilateral. The most common treatment for COVID-19 was administration of antibiotics (25.9%) followed by antivirals (17.3%). C-section was the mode of delivery for half of the women (50.0%), although no information was available for 28.8% of the cases. Regarding obstetrical and neonatal outcomes, fetal distress (13.5%), pre-labor rupture of membranes (9.6%), prematurity (8.7%), fetal death (4.8%), and abortion (2.9%) were reported. There were no cases of neonatal infection. The authors found that pregnancy with COVID-19 had worse outcomes compared to that of pregnancy without the disease but did not have enough data to draw a definitive conclusion.	This systematic review of 104 cases of pregnant women with COVID-19 evaluated the prognosis, clinical characteristics, management, and associated health outcomes of the disease in pregnancy.	Abou Ghayda R, Li H, Lee KH, et al. COVID-19 and Adverse Pregnancy Outcome: A Systematic Review of 104 Cases. <i>J Clin Med</i> . 2020 Oct 26;9(11):E3441. doi: 10.3390/jcm9113441.
COVID-19; Medical care pattern; Online	26-Oct-20	Thoughts on the future medical care pattern of	Disaster Medicine and	Original Article	The authors describe the advantages and limitations of utilizing telehealth in China due to the COVID-19 pandemic and provide recommendations for online medical services. Some advantages	The authors describe the advantages and limitations of utilizing telehealth in	Liu H, Wang L. Thoughts on the future medical care pattern of pediatrics in China based on the

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medical services; Telemedicine; Telehealth; Pediatrics; Children; China		paediatrics in China based on the outbreak of COVID-19	Public Health Preparedness		are the number of pediatric outpatients in the majority of medical institutions decreased significantly compared to the early period of the COVID-19 epidemic, reducing risk of SARS-CoV-2 transmission, medical staff burden, and parents' anxiety. Limitations include a lack of standardized procedures, patient concerns of trust and privacy, and the difficulty of performing remote examinations. The authors recommend standardized training and education of medical workers in telehealth, use of qualified online medical platforms, and strict criteria for online medical staff. Additionally, the authors emphasize the use of online channels for consultations, appointments, registration, and payments to avoid risk of infection and to relieve limitations in medical services. The authors argue that the combination of in-person and online medical practices could provide better medical services for children and in similar public emergencies in the future.	China due to the COVID-19 pandemic and provide recommendations for online medical services.	outbreak of COVID-19 [published online ahead of print, 2020 Oct 26]. Disaster Med Public Health Prep. 2020;1-5. doi:10.1017/dmp.2020.413
eye strain; children; India; exercises; quarantine myopia	26-Oct-20	Commentary: Impact of the COVID-19 pandemic on digital eye strain in children	Indian Journal of Ophthalmology	Commentary	Children are growing up in an environment that involves prolonged use of digital devices. The COVID-19 pandemic has increased this burden by encouraging schools to adapt to e-learning platforms. Children now spend an average of 8–12 hours a day on some form of digital device, increasing the digital eye strain (DES) risk with an estimated prevalence between 22.3% and 39.8%. From a previous descriptive study in India, approximately 80% of outpatient visits in India in the pediatric ophthalmology department (March - April 2020 at the start of the lockdown) were refractive errors, of which 79% were for “quarantine myopia.” Accommodative dysfunction in children has also been increasing due to digital device usage. The authors describe three exercises to effectively manage accommodative dysfunction in children. Enforcement of gadget breaks, restriction of online classes with breaks between sessions, promoting (permitted) outdoor activities, encouraging the non-gadget-based “family” time, learning, and entertainment are recommended. Identifying children who are at a higher risk of DES and progression of myopia is essential to manage the conditions appropriately. The authors also recommend a public awareness campaign to improve safety measures, enhance early detection of DES, and promote good eye health measures.	In this commentary, the authors acknowledge the rising cases of digital eye strain (DES) and myopia in the early COVID-19 pandemic. They describe strategies to identify and manage children who are at a higher risk and recommended some specific public awareness campaigns.	Jayadev C, Sarbajna P, Vinekar A. Commentary: Impact of the COVID-19 pandemic on digital eye strain in children. Indian J Ophthalmol. 2020;68(11):2383-2384. doi:10.4103/ijo.IJO_3028_20
SARS-CoV-2, anxiety, depression, parents, children, access, multiple sclerosis, Turkey	26-Oct-20	The Impact of SARS-CoV2 on the Anxiety Levels of Subjects and on the Anxiety and Depression	Multiple Sclerosis and Related Disorders	Original Article	In this study, web-based surveys were distributed to two groups of kids aged 8-18 years, and their parents. One group had 30 kids with multiple sclerosis and the other group had 49 healthy kids that are matched by age and sex. The surveys assessed the impact of SARS-CoV-2 on daily lives of kids and the anxiety level of these kids as well as the anxiety and depression status in their parents. It was found that kids with MS were more greatly	This study showed that children with MS had negative changes in their daily lives, including disruption of routine health checks and higher anxiety levels than healthy	Dilek TD, Boybay Z, Kologlu N, et al. CoV2 on the anxiety levels of subjects and on the anxiety and depression levels of their parents [2020 Oct 26]. Multiple Sclerosis Related Disorders. 2020;47:102595.

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		Levels of their Parents			impacted with negative changes in their daily lives and experiences higher anxiety levels compared to healthy kids during the pandemic.	children during the COVID-19 pandemic.	doi:10.1016/j.msard.2020.102595
Pronation, convalescent plasma, pregnancy	26-Oct-20	Prone positioning and convalescent plasma therapy in a critically ill pregnant woman with COVID-19	pronation, convalescent plasma, COVID-19, SARS-CoV-2, pregnancy	Case Report	This case report describes the treatment of a 34-year-old SARS-CoV-2-infected patient at 27.4 weeks of pregnancy. The patient was admitted to an emergency room in Palermo, Italy in June 2020 with severe respiratory failure and following a recent international flight. The patient was admitted to the ICU, where she was intubated and began invasive mechanical ventilation. A multi-disciplinary team of neonatologists, gynecologists, and pulmonologists was assembled, and the patient started pronation using supports and pads to prevent aortocaval compression. Convalescent plasma therapy was administered without complications, and the patient's antibody response to the virus increased over several days. On hospital day (HD) 17, the infant was delivered via C-section at 30.1 weeks gestational age and admitted to the neonatal-ICU after testing negative for SARS-CoV-2. The mother and infant ultimately discharged on HD 42. While the authors state that this case study does not prove the efficacy of pronation or plasma treatment, they believe these therapies, combined with other treatments, influenced the patient's and infant's outcomes. The authors emphasize the importance of close multi-disciplinary co-operation in ensuring the best maternal and fetal care.	In this case report, a 34-year-old SARS-CoV-2-infected patient at 27.4 weeks of pregnancy was treated using convalescent plasma and pronation. The authors believe these therapies, combined with other treatments and inter-departmental co-operation, influenced the positive outcomes of the patient and her neonate.	Donzelli, M, Ippolito, M, Catalisano, G, et al. Prone positioning and convalescent plasma therapy in a critically ill pregnant woman with COVID-19. Clin Case Rep. 2020; 00: 1– 7. doi: 10.1002/ccr3.3426
China, children, respiratory infection, face masks	26-Oct-20	Children wearing facemasks during the COVID-19 pandemic has reduced pressure on paediatric respiratory departments	Acta Paediatrica	Perspective	In this brief piece, the author reports a sharp drop in pediatric respiratory patients in 2020, in a number of Chinese hospitals. He suspects this trend is due to children's face mask use during the COVID-19 pandemic, since wearing masks can protect children from other respiratory diseases as well as COVID-19. The article recommends that doctors and parents ask children to wear masks whenever there is a high incidence of respiratory infections, including COVID-19. The author states that a positive outcome of the pandemic has been the instilling of good infection control habits in children.	This author reports a sharp drop in pediatric respiratory patients in 2020, in a number of Chinese hospitals. He suspects this trend is due to children's face mask use during the COVID-19 pandemic.	Yu X. Children wearing facemasks during the COVID-19 pandemic has reduced pressure on paediatric respiratory departments. Acta Paediatr. 2020 Oct 26. doi: 10.1111/apa.15639. Epub ahead of print. PMID: 33107095.
Breast milk, breastfeeding, neonates, infants, immunity, IgA, IgG, IgM, antibodies, USA	26-Oct-20	Robust and specific secretory IgA against SARS-CoV-2 detected in human milk	iScience	Article	The SARS-CoV-2 immune response in human milk has not yet been examined, though protecting infants and young children from COVID-19 is critical for limiting community transmission and preventing serious illness. This study analyzed breast milk samples from 15 donors in the US previously infected with COVID-19, 3-4 weeks after symptoms had decreased and tested for antibody (Ab) binding to the SARS-CoV-2 Spike protein. All samples exhibited significant Immunoglobulin (Ig)-A reactivity to the full Spike, while 80% showed significant IgA and secretory Ab binding to the receptor binding domain (RBD), indicative of a dynamic immune response. Additionally, 67% of samples showed	This report details the findings regarding SARS-CoV-2-reactive Immunoglobulin (Ig)-A, IgG, IgM, total secretory antibodies in 15 breast milk samples obtained from donors in the US previously infected with COVID-19, 3-4 weeks after symptoms had decreased.	Fox A, Marino J, Amanat F, Krammer F, et al. Robust and specific secretory IgA against SARS-CoV-2 detected in human milk. ISCIENCE. 2020. doi: https://doi.org/10.1016/j.isci.2020.101735.

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					IgG and/or IgM binding to RBD. IgA and secretory Ab titers were highly correlated, indicating most IgA to be secretory IgA. Overall, these data indicate that a robust IgA-dominant immune response in human milk after infection should be expected in a significant majority of mothers. The authors point to the possibility of using extracted milk Ab as a COVID-19 therapy, as it is unique to the IgG-dominant convalescent plasma being tested currently, and a lower dose of Ab would likely be needed for efficacy. A much larger sample size and long-term follow-up study is needed to better understand the time-course of SARS-CoV-2 immunity in milk, as well as whether a typical response is truly protective for breastfed infants.	Results show a snapshot of a dynamic immune response in human milk, which may have implications for the therapeutic use of extracted milk antibodies to treat COVID-19 and raises questions about possible protective effects for breastfed infants.	
Vertical transmission, Brazil, neonatal, antibodies	26-Oct-20	Vertical transmission of SARS-CoV-2 from infected pregnant mother to the neonate detected by cord blood real-time polymerase chain reaction (RT-PCR)	Pediatric Research	Correspondence	The authors discuss the case of a 32-year old mother G2P1 with gestational diabetes and SARS-CoV-2 infection in Brazil. She developed SARS-CoV-2 symptoms on April 24, 2020 and went into preterm labor at 34.0 weeks' gestation. She delivered a male neonate (2130g) on April 26, 2020, and nasal and oropharyngeal swabs tested positive for SARS-CoV-2 on the day of delivery. Samples from the umbilical cord and neonatal skin swabs tested positive for SARS-CoV-2 immediately after birth. The neonate's chest X-ray was comparable to mild respiratory distress syndrome, depicting diffuse granular opacities without typical pulmonary condensation. There was a progressive improvement of respiratory conditions in the first 24 hours of life. By the second day, the neonatal oropharyngeal swab tested negative, and IgG and IgM were negative on days 4 and 9 of life. The authors suggest the routine use of RT-PCR testing on cord blood be used for parent counselling and further studies on perinatal morbidity.	The authors present the case of a possible vertical transmission of SARS-CoV-2 from an infected mother to a neonate. The neonate was delivered prematurely and tested positive for SARS-CoV-2 by skin swabs and umbilical cord blood analysis with a chest X-ray indicative of respiratory distress syndrome. There was progressive improvement in respiratory conditions and subsequent negative IgG, IgM, and SARS-CoV-2 tests.	Rebello CM, Fascina LP, Annicchino G et al. Vertical transmission of SARS-CoV-2 from infected pregnant mother to the neonate detected by cord blood real-time polymerase chain reaction (RT-PCR). <i>Pediatr Res.</i> 2020 Oct 26. doi: 10.1038/s41390-020-01193-9. Epub ahead of print. PMID: 33106558.
Children, concerns, pediatrics	26-Oct-20	Additional Concerns Regarding Children With Coronavirus Disease 2019-Reply	JAMA Pediatrics	Comment and Response	The authors of a systematic review (Castagnoli et al., 2020) reply to published comments on the limitations of their study. They explain that in their analysis, most children with COVID-19 presented with mild symptoms, and recovered uneventfully. However, 1 infant had a severe presentation and was successfully treated with intensive care, and 1 death was reported. The research occurred over a brief 3-month period (from December 1, 2019, to March 3, 2020), and the articles were observational designs and came mainly from Chinese reports because European and US studies in children with COVID-19 were not available at the time. Despite these limitations, accumulating literature confirmed their main findings, showing that children and adolescents appeared the least at-risk population for developing critical disease. Also, as a confirmation of the broad spectrum of disease caused by SARS-CoV-2, children presenting with a MIS-C	In this article, the authors respond to criticism regarding their systematic review (Castagnoli et al., 2020) and state that based on available evidence at the time of their study, most children with COVID-19 presented with mild symptoms with rare adverse outcomes. They reference an updated systematic review in progress that will help fully characterize clinical and	Castagnoli R, Licari A, Marseglia GL. Additional Concerns Regarding Children With Coronavirus Disease 2019—Reply. <i>JAMA Pediatr.</i> Published online October 26, 2020. doi:10.1001/jamapediatrics.2020.2940

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					are also being reported. This syndrome, with features similar to Kawasaki disease, underscores the need for a better understanding of SARS-CoV-2 infection's pathophysiology in children. The authors also state that they are working on an updated systematic review to fully characterize the clinical and immunologic features of pediatric COVID-19.	immunologic features of pediatric COVID-19.	
Breastfeeding, infant, guidelines	26-Oct-20	Best Practices for COVID-19–Positive or Exposed Mothers—Breastfeeding and Pumping Milk	JAMA Pediatrics	Original Research	The authors of this article provide breastfeeding guidelines for mothers diagnosed with COVID-19. Authors stated the experts do not know for certain if mothers with COVID-19 can spread the virus to their infants through breastmilk, but it is unlikely based on current information. Women who have had COVID-19 have high amounts of antibodies to the virus in their breast milk, which coat the inside of infants' noses and mouths, helping to block infection. Two sets of guidelines were outlined: a) if a breastfeeding mother has tested positive for COVID-19 and b) if a woman is breastfeeding and has been exposed to/is at high risk of contracting the virus. For the first instance, the authors recommend washing hands before and after handling the infant, to wear a mask during breastfeeding or pumping, and if possible, having someone who is not infected feed the infant pumped breast milk. For the second scenario, the authors recommend immediately changing clothes upon returning home, working with supervisors to limit high-risk situations, and isolating from the infant while proving milk if the infant has risk factors. The authors recognize that this advice may change as more information is discovered, but for now they state that protecting breastfeeding and breast milk is best.	This article gives specific breastfeeding guidelines a) if a breastfeeding mother has tested positive for COVID-19 and b) if a woman is breastfeeding and has been exposed to/is at high risk of contracting the virus.	Sullivan SE, Thompson LA. Best Practices for COVID-19–Positive or Exposed Mothers—Breastfeeding and Pumping Milk. JAMA Pediatr. Published online October 26, 2020. doi:10.1001/jamapediatrics.2020.3341
Hospital admissions, Children, healthcare utilization, inpatients, outpatients, Czech	26-Oct-20	COVID-19 Pandemic in the Czech Republic: Substantial Decline of the Demand for Pediatric Healthcare Services	Klinische Pädiatrie	Original Research	The authors analyzed the number of pediatric inpatients/outpatients and the spectrum of inpatients before and during the COVID-19 pandemic. They first performed a multi-center retrospective analysis of inpatients and outpatients from pediatric departments in 9 regional Czech hospitals in 4 consecutive months (January, February, March, and April) in 2019 and 2020. In 2020, there is a notable decline in admitted patients compared to 2019, with January having the highest number (n=1760) and April having the lowest number (n=842). The same trend was observed in outpatients. Additionally, the authors analyzed clinical reports at the Department of Pediatrics of the Motol University Hospital to identify the spectrum of hospitalized patients during March 2019 (reference period) and March 2020 (pandemic period). The authors observed a 25% decline of all inpatients during the pandemic. They attributed such a decline to the reduction in urgent admissions and infectious diseases due to COVID-19 hygiene measures. On the other hand, an increasing trend in planned admissions was observed contrary to the	The authors compared the number of pediatric inpatients/outpatients and the spectrum of inpatients before and during Covid-19 pandemic in Czech. Compared to a similar period in 2019, the authors found a notable a decline in number of inpatients and outpatients during the pandemic. They attributed the decline in inpatients to the reduction in urgent admissions and infectious diseases due to Covid-19 hygiene measures.	David J, Sibikova M, Amaratunga SA, Lebl J. COVID-19 Pandemic in the Czech Republic: Substantial Decline of the Demand for Pediatric Healthcare Services. Klin Padiatr. 2020 Oct 26. English. doi: 10.1055/a-1268-9211. Epub ahead of print. PMID: 33105512.

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					authors' expectations. The authors concluded that the main reason for the decline in the number of inpatients is the decrease in acute admissions.		
COVID-19; pregnancy; neonate; gestational diabetes; Italy	25-Oct-20	Management of gestational diabetes in women with a concurrent severe acute respiratory syndrome coronavirus 2 infection, experience of a single center in Northern Italy	International Journal of Gynecology and Obstetrics	Original Research	In this retrospective study, the authors evaluated whether the COVID-19 pandemic can further complicate pregnancies and if the protocol used for gestational diabetes (GD) pregnancies is also applicable to patients who have contracted a SARS-CoV-2 infection during pregnancy. Between March 1 - April 30, 2020, all pregnant women with GD and concomitant COVID-19 admitted to a hospital in Italy were analyzed (n=6; mean age=32.9 ± 5.6 years). 33% were of white racial origin, 67% non-white. All patients were diagnosed with COVID-19 during the third trimester of pregnancy. 2 women were asymptomatic, and 4 were symptomatic. 33.3% of women received treatment with insulin. None of the patients required intensive care or mechanical ventilation. No complications were found among the neonates. COVID-19 was not found to worsen the prognosis of patients with GD or neonate. The authors concluded that glycemic monitoring, diet therapy, and insulin, when needed, are sufficient for good metabolic control and favorable maternal and fetal outcomes.	In this retrospective study, the authors evaluated whether the COVID-19 pandemic can further complicate pregnancies, and if the protocol used for gestational diabetes (GD) pregnancies is also applicable to patients who have contracted a SARS-CoV-2 infection during pregnancy. COVID-19 was not found to worsen the prognosis of patients with GD or neonate. Glycemic monitoring, diet therapy, and insulin, when needed, are sufficient for good metabolic control and favorable maternal and fetal outcomes.	D'Ambrosi F, Rossi G, Soldavini CM, et al. Management of gestational diabetes in women with a concurrent severe acute respiratory syndrome coronavirus 2 infection, experience of a single center in Northern Italy. Int J Gynaecol Obstet. 2021;152(3):335-338. doi:10.1002/ijgo.13434.
HIV; SARS-CoV-2; neonate; pregnancy; vertical transmission; transplacental transmission; West Indies	25-Oct-20	A Case of a Newborn Baby Girl Infected with SARS-CoV-2 Due to Transplacental Viral Transmission	The American Journal of Case Reports	Case Report	Vertical transmission of SARS-CoV-2 remains controversial. This case report details SARS-CoV-2 infection in a female neonate in the West Indies born to a 31-year-old G2P2 woman with a past medical history of HIV and type A2 gestational diabetes who had tested positive for SARS-CoV-2 via nasopharyngeal swab 2 days earlier. Initial examination of the neonate was normal; however, the patient was admitted to the neonatal ICU and started on prophylactic oral zidovudine due to maternal infection. The infant tested positive for SARS-CoV-2 via nasopharyngeal swab 24 hours after delivery. Though the neonate continued to test positive through 7 days old, she fed and grew appropriately and remained asymptomatic until she was discharged from the neonatal ICU on day 10. The authors state that SARS-CoV-2 can likely overcome the placental barrier through its high affinity for ACE-2 expressed in the placenta and fetal organs. Though few cases of potential trans-placental transmission exist, suggesting that the placenta sufficiently protects the fetus in most cases, the authors argue that clinicians should be suspicious of vertical transmission when a neonate tests positive for SARS-CoV-2 even after strict infection control protocols are followed during delivery.	This case report details the apparent trans-placental SARS-CoV-2 infection of a neonate born to a 31-year-old SARS-CoV-2-infected mother with a past medical history of HIV and A2 gestational diabetes. The authors argue that clinicians should be suspicious of vertical transmission when a neonate tests positive for SARS-CoV-2 even after strict infection control protocols are followed during delivery.	Majachani N, Francois JLM, Fernando AK, et al. A Case of a Newborn Baby Girl Infected with SARS-CoV-2 Due to Transplacental Viral Transmission. Am J Case Rep. 2020;21:e925766. Published 2020 Oct 25. doi:10.12659/AJCR.925766

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Psychological factors, adolescent, education, online, Turkey, Denmark	25-Oct-20	Social and Psychiatric Effects of COVID-19 Pandemic and Distance Learning On High School Students: A Cross-Sectional Web-Based Survey Comparing Turkey and Denmark	medRxiv	Preprint (not peer reviewed)	This study analyzed the effects of both the COVID-19 pandemic and distance learning on the social and psychological status of high school students in Turkey, with special emphasis on whether attending public or private school systems had an effect. As a control group, the authors studied high school students from Denmark, which has significant socio-cultural and economical differences and a different approach to the pandemic compared to Turkey. From July 3 to August 31, 2020, the authors sent out a web-based questionnaire via social media to high school students from Turkey and Denmark. Of the 565 Turkish (mean age±SD: 16.5±1 years, 63% female) and 92 Danish (mean age±SD: 17.7±1 years, 76% female) students, 47.6% of students attended public schools in the Turkish group, whereas in the Danish group 98.9% students attended public schools. Findings showed that adolescents from both countries have been severely affected by the pandemic and its related restrictions, and the participants expressed negative views about distance education. Even though there were several socio-economic inequalities among students, there were no significant differences regarding their psychological status and opinion about distance learning, indicating a global worsening of emotional status during the COVID-19 pandemic.	This study showed that adolescents from Turkey and Denmark have been severely affected by the COVID-19 pandemic and its related restrictions. In a web-based questionnaire, participants expressed negative views about distance education, with no significant differences despite several socio-economic inequalities.	Seyahi LS, Ozcan SG, Sut N, et al. Social and Psychiatric Effects of COVID-19 Pandemic and Distance Learning On High School Students: A Cross-Sectional Web-Based Survey Comparing Turkey and Denmark. [published online 2020 Oct 25]. medRxiv. doi: 10.1101/2020.10.21.20217406.
Severe acute respiratory syndrome coronavirus 2, Coronavirus disease 19, Kawasaki disease, Multi-system inflammatory syndrome in children, Microvasculature	24-Oct-20	Microvasculature dysfunction as the common thread between atherosclerosis, Kawasaki disease, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)-associated multi-system inflammatory syndrome in children	European Journal of Cardio-Thoracic Surgery	Editorial	In this article, the authors compare atherosclerosis, Kawasaki disease (KD), and MIS-C in children. MIS-C cases were reported mostly in older children who are resistant to IV immunoglobulins (IVIG) and can induce various symptoms, while KD largely affects children <5 years old who are responsive to IVIG and primarily induces vasculitis—in the form of stenosis, calcific sclerosis, and aneurysm. Both KD and atherosclerosis are initiated in the vasa vasorum, progressing in an “outside-in” manner—from adventitial vasa vasorum towards the lumen. Autopsy studies reveal that SARS-CoV-2 affects blood microvasculature through micro-thrombosis and endothelitis in pulmonary vessels, which impairs systemic microcirculatory function via ACE-2 receptors, thereby inducing atherosclerosis. It is important to determine cardiovascular or cerebrovascular disease risk in patients with COVID-19. Maintaining microvascular integrity by using anti-oxidant, anti-inflammatory, and anti-thrombotic treatment is important. The authors also highlight the important role of neutrophil extra-cellular traps (NETs), a newly recognized thrombotic component in all 3 diseases that could cause micro-thrombi and atherosclerotic plaque formation. Understanding NETs may lead to novel strategies to treat KD patients, especially for those resistant to immunoglobulin. Potential therapeutic	The authors compare atherosclerosis, Kawasaki disease, and MIS-C in children. The authors highlight the important role of neutrophil extracellular traps (NETs), a newly recognized thrombotic component in all 3 diseases that could cause microthrombi and atherosclerotic plaque formation.	Boyle EC, Haverich A. Microvasculature dysfunction as the common thread between atherosclerosis, Kawasaki disease, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)-associated multi-system inflammatory syndrome in children. Eur J Cardiothorac Surg. 2020;58(6):1109-1110. doi:10.1093/ejcts/ezaa367

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					approaches to prevent NET formation are currently under investigation.		
COVID-19; cancer; children; Iran	24-Oct-20	War on two fronts: Experience of children with cancer and their family during COVID-19 pandemic in Iran	Journal of Pediatric Nursing	Article	This qualitative study investigates the perspectives of children with cancer and their families in Iran during the COVID-19 pandemic. 21 participants, including 5 children (receiving cancer treatment as inpatients/outpatients; age range = 13-15 years), 13 mothers and 1 father (all parents of children ages 2-14 years), and 3 pediatric oncology nurses at the Central Pediatrics Hospital in Tehran, were selected by purposive sampling and interviewed via telephone [date not specified]. Using thematic analysis, the following themes were identified: 1) the unfamiliar threat of COVID-19 and strategies to address this fear, 2) feelings of isolation amidst social/emotional distancing, and 3) care system confusion and decreased quality of care. The high mortality rates, high rate of transmissibility, and inadequate knowledge of the virus have led to increased anxiety, particularly for families of children with weaker immune systems. With the pandemic's prolongation, participants inevitably altered their attitude from panic and complete alertness and developed strategies to adapt to the new situation. Restrictions such as physical separation and limited social interaction have led to feelings of restlessness, loneliness, and boredom in sick children. Children and family's needs are no longer prioritized in the care system due to concentration on COVID-19 prevention, which creates additional stress and worries. Overall, children with cancer and their families emphasized that the pandemic has overburdened them as they continue to live a life of uncertainty.	This qualitative study investigates the perspectives of children with cancer and their families in Iran during the COVID-19 pandemic through telephone interviews. Using thematic analysis, the following themes were identified: 1) the unfamiliar threat of COVID-19 and strategies to address this fear, 2) feelings of isolation amidst social/emotional distancing, and 3) care system confusion and decreased quality of care. Overall, children with cancer and their families emphasized that the pandemic has overburdened them as they continue to live a life of uncertainty.	Mirlashari J, Ebrahimpour F, Salisu WJ. War on two fronts: Experience of children with cancer and their family during COVID-19 pandemic in Iran. J Pediatr Nurs. 2020;57:25-31. doi:10.1016/j.pedn.2020.10.024.
Women, labor force, parents, unemployment, gender-equality, USA	24-Oct-20	Estimating the immediate impact of the COVID-19 shock on parental attachment to the labor market and the double bind of mothers	Review of Economics of the Household	Original Research	In this article, the author examines the impact of the COVID-19 shutdown in the USA, which led to an unanticipated shift in work environments and childcare responsibilities, on the labor supply of parents. Monthly panel data was collected from the Integrated Public Use Microdata Series, Current Population Survey (IPUMS-CPS), a monthly survey administered to approximately 60,000 households assessing economic activity, education, demographics, and program participation. Data was assessed for January-May of 2019 and 2020. March 12th, 2020 was used as the cutoff in the model to describe states with early pandemic closures (schools, businesses, etc). In the immediate response to the pandemic, there was no short-term impact on detachment from the labor force. There was no significant difference for women or men, nor were there any significant differences between mothers or fathers in early and late closure states. There was no effect of early closures on unemployment. Women in early closure states were 31.8% more likely to stop working the prior week compared with women in late closure states. There	The author examines the impact of the COVID-19 shutdown in the USA on the labor supply of parents. In this model, women were more likely to have stopped working in states with early pandemic closures (before March 12) compared with women in late closure states (after March 12), while there was no difference for men. The author concludes this finding likely indicates a disproportionate distribution of dual	Heggeness ML. Estimating the immediate impact of the COVID-19 shock on parental attachment to the labor market and the double bind of mothers. Rev Econ Househ. 2020 Oct 24:1-26. doi: 10.1007/s11150-020-09514-x.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					was no statistically significant difference for men. Mothers of school age children in early closure states were much more likely to take leave from work than women in general. The author concludes that a gender-equal labor market requires that we acknowledge the double bind of mothers and the dual responsibilities disproportionately distributed toward women.	responsibilities (e.g. childcare) toward women.	
COVID-19; Multisystem Inflammatory Syndrome in Children; MIS-C; Children; SARS-CoV-2; Mucocutaneous disease; New York, USA	24-Oct-20	Mucocutaneous Disease and Related Clinical Characteristics in Hospitalized Children and Adolescents with COVID-19 and MIS-C	Journal of the American Academy of Dermatology	Original Research	This descriptive cohort study looks at Mucocutaneous disease in children and the prognosis with SARS-CoV-2/MIS-C. The study, based in Cohen's Children Hospital of New York (USA), follows 31 patients diagnosed with SARS-CoV-2 and/or MIS-C between May 11 and June 5, 2020. The report has low statistical power and is intended for hypothesis generation and descriptive research. The study population included children < 18 years with confirmed diagnosis of SARS-CoV-2 and/or MIS-C with fever >24 hours, clinically severe illness requiring hospitalization, multisystem organ involvement, no alternative plausible diagnosis, or exposure to a person with SARS-CoV-2. Patients were divided into 4 groups: COVID-19 with Mucocutaneous disease (median age 5 years; IQR 1.75-10 years); COVID-19 without Mucocutaneous disease (median 10 years; IQR 7.25-16 years); MIS-C with Mucocutaneous Disease (median 8 years, IQR 7-10 years); and MIS-C without Mucocutaneous Disease (median age 10.5 years; IQR 10-13 years). Participants received consecutive skin examinations for rashes indicative of mucocutaneous disease related to COVID-19. Rashes were classified based off morphology and location by two raters. COVID-19 and MIS-C patients with a rash had less frequent pediatric ICU admissions, mechanical ventilation, respiratory issues and shorter length of hospital stays. All children with a rash had involvement of the face. One patient had potential coagulopathy via vessel involvement through endothelial cell infection of their kidney or lung, which warrants further investigation into this previously unique adult phenomenon. Rash in children with MIS-C and COVID-19 appears to indicate a less severe clinical course and warrants further study.	In this descriptive cohort study of COVID-19 pediatric patients in New York (USA), Mucocutaneous Disease is classified based on morphology and assessed for relevance to COVID-19 and MIS-C prognosis. Rash appears to indicate a less severe clinical course, but further research is required due to the low statistical power of this investigation.	Rekhtman S, Tannenbaum R, Strunk A, et al. Mucocutaneous disease and related clinical characteristics in hospitalized children and adolescents with COVID-19 and MIS-C. J Am Acad Dermatol. 2020. doi: https://doi.org/10.1016/j.jaad.2020.10.060 .
Maternal health; skilled birth attendance; out of pocket expenditures; economic evaluation; Nigeria	24-Oct-20	Utilization cost of maternity services for childbirth among pregnant women with COVID-19 in Nigeria's epicenter	International Journal of Gynaecologica l Obstetrics	Original Research	The authors compared the delivery costs for 9 women who had delivered with COVID-19 at the largest teaching hospital in Lagos, Nigeria, to pre-COVID-19 costs. The women ranged in age from 22-40 years with a median age of 33 years and all delivered between 1 April- 21 August 2020. The utilization costs were calculated for each family, which included facility-based fees and household fees for travel and other expenditures. The charges ranged from \$494 U.S. dollars (USD) for vaginal delivery with mild COVID-19 to \$4,553 USD for one woman who had an emergency C-section and severe COVID-19. Even with the facility covering	This study provided a comparison of delivery costs pre-COVID-19 and during COVID-19 at the largest teaching hospital in Lagos, Nigeria. Costs had doubled or tripled depending on the route of delivery and the severity of the disease. Even with cost	Banke-Thomas A, Chigozie Makwe C, Balogun M, Bukola Afolabi B, Amaogechukwu Alex-Nwangwu T, Anawo Ameh C. Utilization cost of maternity services for childbirth among pregnant women with COVID-19 in Nigeria's epicenter [published online ahead of print, 2020 Oct

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					some costs, the out-of-pocket expenditures ranged from \$228 USD to \$1,517 USD. For this one setting, new costs doubled (for vaginal delivery) or tripled (for C-section) in comparison to average costs for pregnant women pre-COVID-19. These costs are prohibitive for most families in Nigeria and the authors are concerned for women delaying care-seeking during delivery due to costs associated with COVID-19 treatment. The single most significant facility-based cost was PPE, followed by oxygen for women with COVID-19. The authors note the gap in PPE supply chains and suggest governments look into this problem soon. Limitations from the study are that only 9 patients were represented from only one hospital. However, the authors state that urgent measures need to be taken to ensure pregnant women are not locked out of the healthcare system due to COVID-19 related cost barriers.	exemptions and donations the cost is prohibitive to delivery at the hospital for many.	24]. Int J Gynaecol Obstet. 2020;10.1002/ijgo.13436.
Breast feeding, lactation, advocacy, equity, infants	24-Oct-20	Breastfeeding Support in the Time of COVID-19	Journal of Perinatal and Neonatal Nursing	Perspective	In this article, the author summarizes current recommendations on breast feeding for women infected with COVID-19 from expert consensus groups including the WHO, CDC, and American Academy of Pediatrics. All of the recommendations support the option of breast feeding with proper infectious control precautions, and warn against the harms of interrupted breast feeding such as decreased infant protection against infectious disease, reduced access to safe infant feeding alternatives during an emergency (eg. formula shortages), overburdening of an already overwhelmed healthcare system to care for separated infants, and negative impacts on maternal physical and mental health from separation. The author feels that it is an ethical and professional obligation of health providers to ensure that all breast/chest feeding families have equitable access to human milk and high-quality, low-cost, easily accessible remote lactation support options. In addition, the author poses that healthcare organizations and providers have a responsibility to disseminate clear and consistent communication regarding the safety and importance of human milk and breast/chest feeding during a pandemic and actively work to dismantle the spread of misinformation.	The author summarizes current expert recommendations on breast feeding for confirmed COVID-19 positive mothers, and advocates for access to lactation support services and clear, consistent communication about breast feeding during the pandemic.	Demirci JR. Breastfeeding Support in the Time of COVID-19. J Perinat Neonatal Nurs. 2020 Oct/Dec;34(4):297-299. doi: 10.1097/JPN.0000000000000521.
Turkey, anxiety, high-risk pregnancy	24-Oct-20	DOES HAVING A HIGH-RISK PREGNANCY INFLUENCE ANXIETY LEVEL DURING THE COVID-19 PANDEMIC?	European Journal of Obstetrics & Gynecology and Reproductive Biology	Original Research	The aim of this study was to analyze the changing level of anxiety during COVID-19 pandemic in pregnant women, with and without high-risk indicators separately, in a tertiary care center serving also for COVID-19 patients, in the Ankara, Turkey. The Spielberger State-Trait Anxiety Scale questionnaire (STAI-T) and Beck Anxiety Inventory were validated in Turkish and were given to a total of 446 outpatient women, with high-risk pregnancies as study group and normal pregnancies as control group. Results indicated that there was a statistically significant difference between STAI-T	The authors assess the levels of anxiety in pregnant women with and without high -risk pregnancies during the COVID-19 pandemic. They concluded that high-risk pregnant women experience increased	Sinaci S, Ozden Tokalioglu E, Ocal D, et al. Does having a high-risk pregnancy influence anxiety level during the covid-19 pandemic? European Journal of Obstetrics & Gynecology and Reproductive Biology. 2020. doi: https://doi.org/10.1016/j.ejogrb.2020.10.055 .

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					scores in mothers with and without high-risk pregnancies ($p < 0.05$), as well as an increased prevalence of anxiety during the COVID-19 pandemic in high-risk pregnant women. The scores of Trait Anxiety (56.38), State Anxiety (52.14), Beck Anxiety (43.94) were statistically higher during the pandemic in those hospitalized at least once ($p < 0.05$). The authors conclude that pregnant women, especially those with high-risk pregnancies, require routine anxiety and depression screening and increased psychosocial support during the COVID-19 pandemic.	anxiety when compared to the control pregnant women.	
Anosmia, ageusia, pediatric, Turkey	24-Oct-20	Olfactory bulb magnetic resonance imaging in SARS-CoV-2-induced anosmia in pediatric cases	International Journal of Pediatric Otorhinolaryngology	Case Report	The authors present three cases of children with COVID-19 accompanied with different symptoms and anosmia and/or ageusia, which self-resolved within 5 days in Istanbul, Turkey. Three-dimensional constructive interference in steady state was used as a cranial neuro-imaging tool. The MRIs of cases were evaluated by an experienced pediatric neuroradiologist. Case 1 (13-year old female) reported a headache and breathing problems, and subsequently tested positive for SARS-CoV-2 as well as viral pneumonia. Her acute loss of olfactory function had improved by day 4 of admission without any additional treatment. Case 2 (13-year old male) presented with fever and anosmia, with negative influenza A/B tests. A CT scan of his thorax revealed bilateral patchy ground-glass opacities. Case 3 (13-year old male) presented with fever, weakness, chest pain and headache. He was evaluated as moderate to severe COVID-19 pneumonia intensified in lung basal due to bilateral consolidation areas and round-glass appearance. Resistant fever and desaturation in room air ($SpO_2 = 88\%$) prompted his shift to the ICU, with subsequent MRI imaging being inconclusive. No pathological findings were detected with MRI in the three cases. To gain a better understanding of SARS-CoV-2 related taste/smell impairment in the pediatric population, the authors proposed large studies with objective testing methods.	In this case study, the authors presented three pediatric cases of SARS-CoV-2 infection, which was accompanied with anosmia and/or ageusia. MRI imaging of the olfactory bulb revealed no pathological findings. The authors recommended large-scale objective studies to further understand the SARS-COV-2 related taste/smell impairments.	Hatipoglu N, Yazici ZM, Palabiyik F et al. Olfactory bulb magnetic resonance imaging in SARS-CoV-2-induced anosmia in pediatric cases. International Journal of Pediatric Otorhinolaryngology, Volume 139, 2020,110469, ISSN 0165-5876,
Hematology, thrombosis	24-Oct-20	Are children with SARS-CoV-2 infection at high risk for thrombosis? Viscoelastic testing and coagulation profiles in a case series of pediatric patients	Pediatric Blood & Cancer	Brief Report	The authors report an increase in D-dimer and maximum clot firmness (MCF) on rotational thrombo-elastometry (ROTEM), indicating hypercoagulability in children with SARS-CoV-2 infection. Data were collected retrospectively for pediatric patients admitted to a Children's Hospital in New York, USA between April 13-29, 2020, with varying severity of illness associated with SARS-CoV-2. There was an increase in evidence for clot strength in ROTEM parameters of EXTEM (extrinsic pathway) and FIBTEM (fibrinogen activity) MCF. The investigators further noted the increase in fibrinogen, D-dimer, and C-reactive protein in children under 21 years of age, suggesting a highly inflammatory state, in addition to lymphopenia and increased prothrombin time. However, despite developing a comparable	The authors report on hematologic findings from children with SARS-CoV-2 infection. They determined an increase in D-dimer, maximum clot firmness, and C-reaction protein suggest a high inflammatory state.	Al-Ghafry M, Aygun B, Appiah-Kubi A, et al. Are children with SARS-CoV-2 infection at high risk for thrombosis? Viscoelastic testing and coagulation profiles in a case series of pediatric patients. Pediatr Blood Cancer. 2020 Dec;67(12):e28737. doi: 10.1002/pbc.28737. PMID: 33098753.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					hypercoagulable state to adults, there was no increase in mortality or symptomatic thromboembolic events observed. The authors highlighted the correlation between fibrinogen, D-dimers, or visco-elastic testing or its predictive value in assigning risk for thrombosis on prophylactic anticoagulation in children. They also suggest the usage of ROTEM testing to determine hypercoagulability states in the pediatric cohort.		
Pediatric, laboratory findings, discharge criteria	24-Oct-20	Clinical features, laboratory findings and persistence of virus in 10 children with coronavirus disease 2019 (COVID-19)	Biomedical Journal	Original Article	In this retrospective single-center cohort study, the authors enrolled pediatric patients with COVID-19 infection from Huangshi Maternal and Children's Hospital in Hubei, China, from January 1-March 11, 2020. Of the 10 children recruited (infected from family clusters), 2 were asymptomatic, 1 had mild symptoms, and 5 had moderate symptoms. Fever, nasal congestion, and nasal discharge were observed, in addition to elevated levels of lactate dehydrogenase (LDH) and a-hydroxybutyrate (a-HBDH) dehydrogenase observed in 6/8 patients. Abnormalities of radiological data were observed in 5 patients. In 2 cases, oropharyngeal swabs were reversed to positive tests after testing negative. Additionally, in 2 cases, the oropharyngeal swabs tested negative while the rectal swabs tested positive. The authors recommended the potential use of LDH and a-HBDH as clinical biomarkers; however, their practical clinical significance requires further examination. They also challenged the current discharge guidelines by assessment of rectal swabs for SARS-CoV-2 before discharging patients.	The authors conducted a retrospective single-center cohort study to determine the clinical and laboratory findings of 10 children with SARS-CoV-2 disease. From findings the authors suggested the usage of lactate dehydrogenase and alpha-hydroxybutyrate as biomarkers, due to their elevated levels in patients positive for SARS-CoV-2 infection. Additionally, they challenged the current practices for discharging positive patients, citing evidence for transmission of SARS-CoV-2 through the digestive tract and higher positive virologic rate provided in stool samples.	Jiang H, Cheng H, Cao Q et al. Clinical features, laboratory findings and persistence of virus in 10 children with coronavirus disease 2019 (COVID-19), Biomedical Journal. 2020, ISSN 2319-4170,
Multisystem inflammatory syndrome, pediatrics, emergency department, Michigan	24-Oct-20	Multisystem inflammatory syndrome in children associated with novel coronavirus SARS-CoV-2: Presentations to a pediatric emergency department in Michigan	The American Journal of Emergency Medicine	Original Article	The SARS-CoV-2 is a respiratory virus of the coronavirus family responsible for a global pandemic since December 2019. More than 35 million people have been affected by COVID-19, with more than one million deaths worldwide. Michigan was one of the top three states in the United States that was severely affected by the SAR-CoV-2 pandemic with more than 7000 deaths in adults and greater than 145,000 confirmed infections. However, compared to adults, the majority of children until recently were either asymptomatic or had a mild illness with SARS-CoV-2. Recently, a rare but potentially serious presentation associated with SARS-CoV-2 called multisystem inflammatory syndrome in children (MIS-C) has been recently reported and the Centers for Disease Control (CDC) released a case definition for the same. The authors reported the clinical and laboratory presentations and outcomes of 34 children with MIS-C who were	The authors describe the presentations of children to a pediatric emergency department in Michigan and the associations they have seen between multisystem inflammatory syndrome and COVID-19. The information presented will aid clinicians with early recognition, evaluation and management of MIS-C in the emergency department.	Sethuraman U, Kannikeswaran N, Ang J et al. Multisystem inflammatory syndrome in children associated with novel coronavirus SARS-CoV-2: Presentations to a pediatric emergency department in Michigan. Am J Emerg Med. 2020. doi:10.1016/j.ajem.2020.10.035

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					evaluated within a 12 week period at a pediatric emergency department of single institution in Michigan. These cases presented approximately three weeks after the peak of adult SAR-CoV-2 related deaths occurred in the state. While many children presented with clinical characteristics similar to incomplete Kawasaki disease (KD), they also exhibited certain unique features which differentiated MIS-C from KD.		
Risk factors, severe, pregnancy, obesity, ethnicity, comorbidities, risk factors, Italy	24-Oct-20	Assessing risk factors for severe forms of COVID-19 in a pregnant population: A clinical series from Lombardy, Italy [Free Access to Abstract Only]	International Journal of Gynecology and Obstetrics	Brief Communication	This study was an extended cohort of a previous prospective, multicenter study, which included women with SARS-CoV-2 infection who were admitted during pregnancy or in the immediate postpartum period to seven COVID-19 hub hospitals in Lombardy, Italy, between February 23 and May 20, 2020. The authors aimed to investigate whether ethnicity and comorbidities played a role in the severity of the COVID-19 outbreak in Lombardy. They analyzed data from 250 pregnant patients admitted at any gestational age or within the third postpartum day with SARS-CoV-2 diagnosed by RT-PCR of nasopharyngeal swabs. The results showed that 98 women (39.2%) were asymptomatic, 110 (44.0%) had mild symptoms, and 42 (16.8%) had severe COVID-19 infection requiring respiratory support, 9 of whom (3.6%) were admitted to the ICU. Of the 250 patients, 67 (26.8%) had pre-gestational comorbidities. Of note, the risk of severe COVID-19 disease was higher in obese women (RR 1.9; 95% CI 1.1–3.2). Furthermore, obesity was significantly associated with non-white ethnic groups (P<0.0005). Other comorbidities, including gestational diabetes and hypertension, were not statistically significant for severe infection in this population of pregnant patients. There were no maternal deaths observed in this cohort.	Findings from this study showed that in pregnant women with either asymptomatic, non-severe, or severe SARS-CoV-2 infection, obesity was the primary determinant of severe COVID-19 illness.	Di Martino D, Chiaffarino F, Patanè L, et al. Assessing risk factors for severe forms of COVID-19 in a pregnant population: A clinical series from Lombardy, Italy [published online, 2020 Oct 24]. Int J Gynaecol Obstet. 2020;doi:10.1002/ijgo.13435
Neonates, clinical characteristics, infection, outcomes, symptoms, meta-analysis	24-Oct-20	Characterization of neonates born to mothers with SARS-CoV-2 infection: review and meta-analysis	Pediatrics & Neonatology	Review Article	The authors describe the clinical characteristics and outcomes of neonates born to mothers with SARS-CoV-2 infection. They performed a systematic literature search to identify published reports, which investigated neonates born to SARS-CoV-2 positive mothers using PubMed, Google Scholar, and Web of Science up to June 6, 2020. They analyzed 32 peer-reviewed studies involving 261 neonates born to 258 mothers, predominantly from China (n=19). The results showed that most neonates (80.4%) born to infected mothers had no clinical abnormalities and symptoms in infected neonates were mostly mild. The most commonly described symptoms were dyspnea in 11 of 26 neonates (42.3%) and fever in 9 of 47 neonates (19.1%). Of the 120 neonates tested for SARS-CoV-2, 12 (10%) neonates showed positive test results (95% CI 0.066 to 0.190); however, swabs from vaginal secretions, breast milk, cord blood, and placenta were negative. Furthermore, 60 of 130 (46.2%) neonates were	The authors observed that most neonates born to SARS-CoV-2 infected mothers had a mild clinical course or were unaffected by the infection, suggesting that the risk of vertical transmission is low.	Neef V, Buxmann H, Rabenau HF, Zacharowski K, Raimann FJ. Characterization of neonates born to mothers with SARS-CoV-2 infection: review and meta-analysis. Pediatrics & Neonatology. 2020. doi:10.1016/j.pedneo.2020.10.001

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					admitted to the NICU for immediate isolation or intensive care treatment, and 132 of 160 (82.5%) neonates were discharged from the hospital.		
Diagnosis, neonatology, vertical transmission, India	24-Oct-20	COVID-19 in Neonates: A Call for Standardized Testing [Free access to abstract only, no doi]	Indian Pediatrics	Review	In this review, the authors summarize relevant literature about the incidence and outcomes of neonatal COVID-19 and call for a universal and uniform testing strategy for exposed neonates. The limited evidence on neonatal COVID-19 suggests that vertical transmission of SARS-CoV-2 is rare, and most neonates seem to acquire the infection postnatally through respiratory droplets and contact. Testing neonates with perinatal or postnatal exposure to COVID-19 infection plays a vital role in the early diagnosis, management, and institution of infection prevention measures, thereby cutting off the chain of epidemic transmission. A recent National Neonatology Forum of India COVID-19 conference and a nationwide online survey pointed to substantial variation in neonatal testing strategies. The authors anticipate that a standardized testing strategy will facilitate better management and safer infection prevention measures among all units offering neonatal care.	This review summarizes the relevant literature about the incidence and outcomes of neonatal COVID-19 and calls for a universal and uniform testing strategy for exposed neonates. The authors anticipate that a standardized testing strategy will facilitate better management and safer infection prevention measures.	Sivanandan S, Chawla D, Kumar P, et al. COVID-19 in Neonates: A Call for Standardized Testing. Indian Pediatr. 2020;5097475591600254.
SARS-CoV-2; social media; handwashing; behavioral predictors; COVID-19; pandemic	23-Oct-20	Social media use as a predictor of handwashing during a pandemic: Evidence from COVID-19 in Malaysia	Epidemiology and Infection	Short Paper	In this study, the authors conducted a survey of 674 (51.4% female, 47% without children in the household) adults in Malaysia between May 2-8, 2020 to identify key demographic and behavioral predictors for targeting public health guidelines on social media. [Age range and median not reported.] Increased time on social media was positively associated with handwashing for males with >3 children (for those with 3 children: b = 0.09, 95% CI: 0.02 to 0.17, p=0.010), but negatively associated for men with no children (b=-0.09; 95% CI: -0.16 to -0.02; p=0.007). More time spent on social media was significantly linked only for females with 1 child (b=0.05, 95% CI: 0.01 - 0.09, p=0.028), with marginal significance (p<0.10) for those with 0 or 2 children, and with no significance for women with >3 children. Identifying gender as a predictor for handwashing, the authors found that the number of children negatively predicts handwashing for males who do not use social media (b=-0.22, 95% CI: -0.39 to -0.05, p=0.010), and positively predictive for those who do (b=0.21, 95% CI: 0.09 to 0.34, p=0.001). For females, the number of children was not a predictor for handwashing. The authors suggest the incorporation of social media use into predictive models of human behavior and compliance during the pandemic, especially to identify people vulnerable to COVID-19 (e.g., young adults and those with co-morbidities) for targeting health communication campaigns, especially via social media to increase the effectiveness of handwashing in these groups.	In this article, the authors identified gender as a key predictor in the association between social media use and handwashing, with significant associations for men with 0 or >3 children, but not for men with 1-2 children in their households. For females, the association between social media use and handwashing was only significant for females with 1 child. Having identified the significant positive association between age and handwashing, the authors recommended targeting public health messaging via social media to younger individuals, as well as those with co-morbidities.	Zhang SX, Graf-Vlachy L, Looi KH, Su R, Li J. Social media use as a predictor of handwashing during a pandemic: evidence from COVID-19 in Malaysia. Epidemiol Infect. 2020 Oct 23;148:e261. doi: 10.1017/S0950268820002575. PMID: 33092675; PMCID: PMC7653491.

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Children, pediatrics, home care, community health houses, Italy	23-Oct-20	Home Management of Children With COVID-19 in the Emilia-Romagna Region, Italy	Frontiers in Pediatrics	Original Research	To evaluate the role of community health houses (CHHs, which provide home care) in the management of children with COVID-19 in Emilia-Romagna, Italy, the authors assessed 1,009 children with suspected SARS-CoV-2 infection from March 1-April 15, 2020 (median age 9.5 years (range 0–19 years)). 194 children (19.2%) were positive for SARS-CoV-2 by RT-PCR. The majority (583, 58%) were tested at home by CHHs, while 426 (42%) were tested at the hospital. Patients managed in the hospital had a lower median age than those managed at home (2 vs. 12 years, $p < 0.001$). Exposure to family with SARS-CoV-2 was more frequent among those managed at home (82% vs. 46%, $p < 0.05$). Clinical findings were similar between the children at home and those in the hospital. Chest radiographs and blood exams were performed more often for hospital patients than for those at home (20 and 44% vs. 1 and 3%, respectively, $p < 0.05$). Only 1 of the children managed at home (0.7%) required hospitalization. The authors conclude that since children often have mild or asymptomatic infection, children with COVID-19 can be successfully managed at home, at least in places where CHHs are available, thus avoiding hospital admission and reducing the load on hospitals.	The authors assessed the role of home health care provided by community health houses in the management of children with COVID-19 in Italy. Those tested and managed at home had similar clinical findings and less interventions than those hospitalized, with only 1 requiring hospitalization. The authors conclude that children with COVID-19 can often be successfully managed at home, reducing hospital burden.	Vergine G, Fantini M, Marchetti F, et al; COVID-19 Pediatric Working Group (RERCOped). Home Management of Children With COVID-19 in the Emilia-Romagna Region, Italy. <i>Front Pediatr.</i> 2020 Oct 23;8:575290. doi: 10.3389/fped.2020.575290.
Pregnancy, stress, social support, restrictions, Ireland	23-Oct-20	Differences in levels of stress, social support, health behaviours, and stress-reduction strategies for women pregnant before and during the COVID-19 pandemic, and based on phases of pandemic restrictions, in Ireland	Women and Birth	Original Research	This study aimed to examine differences between antenatal stress, social support, health behaviors, and stress-reduction strategies of Irish women pregnant before and during the pandemic, and to examine differences in these outcomes at different stages of pandemic-related restrictions in Ireland. A cross-sectional electronic survey design, including closed and open-ended questions, was collected before and during the COVID-19 pandemic (May, 2019- February, 2020 and June 16-July 17, 2020). 445 pregnant women 19-46 years (mean 33.78, SD = 4.27) and between 4-41 weeks pregnant (mean = 26.99, SD = 9.34) were included in the analysis. Women pregnant during the pandemic reported lower perceived social support ($p < 0.005$), including support from a significant other ($p = 0.006$), friends ($p < 0.005$) and family ($p = 0.003$), than women pregnant before the pandemic. There were no significant differences in stress in health behaviors ($p=0.028$) but women reported higher stress and less physical activity during the pandemic (mean difference = -1.19 (95% CI: -2.27 to -1.3 with lower scores indicating higher stress). No differences were observed between phases of pandemic-related restrictions for any outcome. The authors concluded that pregnant women in Ireland experienced significantly lower perceived social support from all sources during the pandemic, and a non-significant increase in stress.	In this study, women pregnant during the COVID-19 pandemic in Ireland reported lower perceived social support, including support from a significant other, friends and family, than women pregnant before the pandemic.	Matvienko-Sikar K, Pope J, Cremin A, Carr H, Leitao S, Olander EK, Meaney S. Differences in levels of stress, social support, health behaviours, and stress-reduction strategies for women pregnant before and during the COVID-19 pandemic, and based on phases of pandemic restrictions, in Ireland. <i>Women and Birth.</i> 2020 Oct 23.

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SARS-CoV-2, neonatal, case series, nosocomial, community acquired, COVID-19, Spain	23-Oct-20	Neonatal Infection Due to SARS-CoV-2: An Epidemiological Study in Spain	Frontiers in Pediatrics	Original Research Article	The authors present a case series of 40 neonatal SARS-CoV-2 infections in Spain during the COVID-19 pandemic, April 2 - May 18, 2020. The cases included 26 community-acquired and 14 nosocomial infections confirmed by PCR testing. Of the community-acquired cases, the median age at diagnosis was 17 days (median 11.5-26.5 days), 2 (8%) were preterm, and 15 (58%) were male. 85% (22/26) of the community-acquired cases required hospital admission; 19 were admitted for COVID-19 symptoms and 3 asymptomatic patients were admitted for other reasons. In the community-acquired group, mothers were the main source of SARS-CoV-2 infection (61.5%). Of the nosocomial-acquired cases, the median age at diagnosis was 14.5 days (7.2 - 43 days), 8 (57%) were preterm and 10 (71%) were male. Mothers (43%) and health professionals (43%) were the main possible sources of infection in the nosocomial cases. 5/14 nosocomial-acquired cases were asymptomatic and detected by the study of close contacts Clinical manifestations for both groups included upper respiratory tract infections, febrile syndrome, apnea, acute gastro-enteritis, and dehydration. Chest X-rays were done in 20 patients and less than half (40%) were abnormal. The most severe cases included preterm neonates or those with co-morbidities. ICU admission was required in 20% of cases. Only one patient in the entire series required positive pressure ventilation. Repeat PCR testing done in 18 cases was negative without exception. No deaths were reported.	This review of 40 neonatal COVID-19 infections, 26 community-acquired and 14 nosocomial, is the largest series of neonatal cases in Spain at the time of its writing. Preterm infants and those infants with co-morbidities had the most severe clinical courses.	Fernández Colomer B, Sánchez-Luna M, de Alba Romero C, et al. Neonatal Infection Due to SARS-CoV-2: An Epidemiological Study in Spain. <i>Front Pediatr.</i> 2020 Oct 23;8:580584. doi: 10.3389/fped.2020.580584. PMID: 33194912; PMCID: PMC7644848.
COVID-19; SARS-Co-2; antenatal stress; cortisol; neonate; physiological stress; pregnancy; prenatal stress; psychological well-being	23-Oct-20	The COVID-19 Pandemic Can Impact Perinatal Mental Health and the Health of the Offspring	Behavioral Sciences	Editorial	The COVID-19 outbreak represents a massive source of stress for women and their infants during the perinatal period. This editorial briefly describes the short- and long-term detrimental effects of the COVID-19 pandemic on the mental health of pregnant women. An evolutionary perspective suggests that an environment with high levels of stress can prepare the developing fetus to adapt to the extreme circumstances that the child will be exposed to after their birth. Hence, high exposure to stress may not only affect the mental health of the pregnant woman, but may also impact the development of her child. Sources of increased maternal stress include isolation, limited movement, economic difficulties, work disruptions, increased childcare burden, heightened risk of intimate partner violence, reduced antenatal and postnatal appointments, visitor restrictions during delivery, and changes associated with breastfeeding recommendations. The authors recommend universal screening among pregnant women for mental health issues at every stage of pregnancy and postpartum. The absence of validated psychological measures to assess pandemic-related stress among pregnant women has resulted in the development	This editorial briefly describes the short- and long-term detrimental effects of the COVID-19 pandemic on the mental health of pregnant women and the subsequent impact of maternal stress on fetal development. The authors describe current efforts to assess the psychological impact of the pandemic on pregnant women and provide recommendations for further study.	Caparros-Gonzalez RA, Ganho-Ávila A, Torre-Luque A. The COVID-19 Pandemic Can Impact Perinatal Mental Health and the Health of the Offspring. <i>Behav Sci (Basel).</i> 2020;10(11):E162. Published 2020 Oct 23. doi:10.3390/bs10110162

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					of new high-standard and cross-cultural measures. Wide-reaching projects focusing on the psychological impact of the COVID-19 pandemic on pregnancy are described, including the COVID-19 and Perinatal Experiences Study. Future research efforts should prioritize identifying protective and risk factors and to develop interventions for maternal mental health during the COVID-19 pandemic.		
COVID-19; SARS-CoV-2; offspring; pregnancy; prevention; treatment	23-Oct-20	Novel Coronavirus SARS-CoV-2 (COVID-19) and Pregnancy: A hypothetical view [Free Access to Abstract Only]	Endocrine, Metabolic, and Immune Disorders Drug Targets	Review	This review explores the transmission, severity, and complications of SARS-CoV-2 infection during pregnancy. SARS-CoV-2 infection during early pregnancy might increase the risk of stress, panic, and anxiety. The author hypothesizes that SARS-CoV-2 infection and increased maternal stress may disturb the maternal immune system and cause neuro-developmental disturbances in fetal development, depending on the infection's severity and intensity. Evidence of vertical transmission of the virus is limited. The author offers several control strategies for infection during pregnancy, including treatments (medicinal plants, antiviral therapy, cellular therapy, and immunotherapy), nutrition uptake, prevention, and other recommendations. The author asserts that maintaining maternal safety during pregnancy, delivery, and breastfeeding is important for healthy infant development, and therefore urges international and national organizations to use data and insights from this pandemic to prepare for future pandemics and times of disaster.	This review explores the transmission, severity, complications of SARS-CoV-2 infection during pregnancy. The author asserts that maintaining maternal safety during pregnancy, delivery, and breastfeeding is important for healthy infant development, and offers several recommendations for control of SARS-CoV-2 infection during pregnancy.	Ahmed Rg. Novel Coronavirus SARS-CoV-2 (COVID-19) and Pregnancy: A hypothetical view. Endocr Metab Immune Disord Drug Targets. 2020; doi:10.2174/1871530320666201023124843.
Emotional response, physical activity, anxiety, screen time, stay at home, USA	23-Oct-20	Associations between Affect, Physical Activity, and Anxiety Among US Children During COVID-19	medRxiv	Preprint (not peer reviewed)	This study investigated how emotional responses (positive and negative affect), physical activity (PA), and sedentary behaviors related to anxiety levels among US children during the COVID-19 “stay-at-home” order. 82 healthy, appropriately-developing children (63% girls, mean age 11.84 years, range 9-15 years) with no history of psychiatric, neurological, or other significant medical disorders were recruited from the existing BrainChild cohort in California, USA. 64 children completed 2 virtual visits during April 22 – July 29, 2020, with all schools being closed for in-person instruction from April 22 – May 29, 2020. Children completed 24-hour PA recalls, the state portion of the State-Trait Anxiety Inventory for Children, and a shortened 10-item Positive and Negative Affect Schedule for Children. Findings showed that: (1) state-anxiety scores were more than 5 standard deviations greater than values from healthy pediatric populations prior to the pandemic; (2) children with higher positive affect and who reported more time in PA reported less state-anxiety; (3) sedentary and leisure screen time were positively correlated with negative affect. The authors suggest that maintaining positive affect, engaging in PA, and limiting leisure screen time may be important for child mental health during stressful periods.	This US study examined the relationship among emotional regulatory responses (measured with positive and negative affect scores), anxiety, and physical activity (PA) levels of children during the COVID-19 pandemic. The findings suggest that maintaining positive affect, engaging in PA, and limiting leisure screen time may be important for child mental health during stressful periods.	Alves JM, Yunker AG, DeFendis A, et al. Associations between Affect, Physical Activity, and Anxiety Among US Children During COVID-19. [published online 2020 Oct 22]. medRxiv. doi: 10.1101/2020.10.20.20216424.

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COVID-19 Pandemic; payment models; health reform; pediatric; primary care; United States	23-Oct-20	The Role of COVID-19 in Transitioning to a Better Pediatric Payment Model	Journal of the American Academy of Pediatrics	Original Article	The authors describe the effect of the COVID-19 pandemic on the fiscal status of pediatric primary care practices in the United States. Fewer in-person pediatric primary care visits have reduced fee-for-service revenue for such practices, leading to staff furloughs and practice closures. The authors note that while severe cases of COVID-19 in children are rare, children are at increased risk of undetected mental health disorders, lead poisoning, poor nutrition, lack of physical activity, and child abuse amidst the pandemic. A risk-based global capitation model is proposed as one alternative to the fee-for-service model, but success of this model is limited to large networks with broad risk pools. The authors propose a blend of per-member-per-month and fee-for-service payments for independent pediatric practices as a more sustainable payment model, given fluctuations in patient visits. Benefits of this model are explained, including adaptation of team-based care, integrated behavioral health, population health activities, and improved care coordination.	This article describes fiscal challenges of pediatric primary care practices amidst the COVID-19 pandemic in the United States. The authors propose a blend of per-member-per-month and fee-for-service payments for independent pediatric practices.	Lee MA, Sprecher E, Vernacchio L. The Role of COVID-19 in Transitioning to a Better Pediatric Payment Model [published online ahead of print, 2020 Oct 23]. Pediatrics. 2020;e2020008672. doi:10.1542/peds.2020-008672
coronavirus, cesarean delivery, COVID-19, team-based care, protocol, USA	23-Oct-20	Operating Room Guide for Confirmed or Suspected COVID-19 Pregnant Patients Requiring Cesarean Delivery	American Journal of Perinatology	Clinical Opinion	This article describes a clinical practice protocol to help labor and delivery (L&D) units care for confirmed or suspected COVID-19 patients requiring C-section, based on the authors' experience in a hospital in the United States. The authors stress that mode of delivery should be dictated by usual obstetric practice, rather than COVID-19 status. On their L&D unit, patients with COVID-19 are placed in negative pressure rooms when possible. A nurse performs pre-operative assessment and facilitates video conferencing between the patient and the medical team prior to surgery. Regional rather than general anesthesia is preferred for patients with COVID-19. If general anesthesia is indicated, rapid sequence induction and intubation, as well as a filter on the patient breathing circuit, are recommended. The operating room (OR) should be fully decontaminated after C-sections for COVID-19 patients. The authors recommend frequent drills to assure that all team members know their respective roles. The authors' approach minimizes staff present in the OR and limits air movement and OR door opening, thereby reducing risk of COVID-19 exposure to uninfected patients and health care staff.	This article describes a clinical practice protocol to help labor and delivery (L&D) units care for confirmed or suspected COVID-19 patients requiring C-section, based on the authors' experience in a hospital in the United States.	Gonzalez-Brown VM, Reno J, Lortz H, Fiorini K, Costantine MM. Operating Room Guide for Confirmed or Suspected COVID-19 Pregnant Patients Requiring Cesarean Delivery. Am J Perinatol. 2020 Jun;37(8):825-828. doi: 10.1055/s-0040-1709683. Epub 2020 Apr 9. PMID: 32274771; PMCID: PMC7356078.
breastfeeding, breast milk, postpartum, neonatal, proteomics, lipidomic, metabolomics	23-Oct-20	Omics study reveals abnormal alterations of breastmilk proteins and metabolites in puerperant women with COVID-19	Signal Transduction and Targeted Therapy	Letter to the Editor	Alterations to breast milk components due to viral infection reflect physiological changes in mothers and also affect neonatal immunity and metabolism. These authors discuss whether breast milk production is affected by COVID-19, and whether breastfeeding is safe when mothers have COVID-19. They collected colostrum samples within 3 days after delivery from 4 women with COVID-19 and 2 healthy postpartum women, all of whom delivered by C-section. All symptoms in the women with COVID-19 were mild. Serological and viral RNA tests were	In this study, proteomics and metabolomics uncovered significant alterations of breast milk proteins and metabolites associated with COVID-19. The authors suggest that feeding such breast milk with deficiency of	Zhao Y, Shang Y, Ren Y, Bie Y, Qiu Y, Yuan Y, Zhao Y, Zou L, Lin SH, Zhou X. Omics study reveals abnormal alterations of breastmilk proteins and metabolites in puerperant women with COVID-19. Signal Transduct Target Ther. 2020

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					negative for SARS-CoV-2 in all milk samples. The authors then used proteomics, lipidomics, and metabolomics analyses to profile the milk samples. Lipid profiles were not significantly different between COVID-19 and healthy samples. Testing indicated mild alterations of milk proteins in COVID-19 patients. The alterations occurred in proteins involved in immune response, inflammation, and metabolism, and most of these proteins were down-regulated with COVID-19. Metabolic changes in the COVID-19 samples included alterations in aminoacyl-tRNA biosynthesis, tryptophan metabolism, and aromatic amino acid metabolism. The alterations of milk components may be related to mothers' physiological responses to COVID-19, or caused by a SARS-CoV-2-mediated impact on milk production and/or secretion by mammary glands. Additionally, COVID-19 may affect the bacterial microbiome, thereby altering the bacterial metabolites secreted in milk. The authors suggest that feeding such breast milk with deficiency of immune-related components may not be conducive to establishing immune defense in the early life of neonates.	immune-related components may not be conducive to establishing immune defense in the early life of neonates.	Oct 23;5(1):247. doi: 10.1038/s41392-020-00362-w. PMID: 33097684; PMCID: PMC7581689.
Italy, pediatric, telehealth, telemedicine, rehabilitation, neurology, parents	23-Oct-20	Italian parents welcomed a telehealth family-centred rehabilitation programme for children with disability during COVID-19 lockdown	Acta Paediatrica	Brief Report	Suspending educational and rehabilitation services during 2020 COVID-19 lockdowns has increased the burden for parents of children with special health care needs. Telehealth can maintain continuity of care and support rehabilitation outcomes. The authors discuss one neurology and psychiatry unit in Northern Italy that established a telehealth program in April 2020, during lockdown. The program included parental support and child rehabilitation sessions, conducted by the children's existing providers. The authors enrolled 36 parents of patients with neurological conditions in a study to evaluate parental perceptions of the program's effectiveness. The parents received an online survey 6 weeks after the program started. Their children had a mean age of 5.8 years (range 1-15 years), and a variety of diagnoses. More than 80% of the parents reported child growth and development benefits, and up to 40% rated the online program at least as effective as routine care. Most reported increased feelings of engagement (92%) and perceived support (86%) for their role in childcare. Reported challenges with the program were Internet connection issues (19%), web literacy gaps (17%), and difficulties following the instructions (22%). These findings suggest that an emergency program that provides continuity of care and support with remote rehabilitation interventions may benefit both children and parents. However, educational and policy investments are needed to optimize the benefits of telehealth programs during the COVID-19 pandemic.	The authors surveyed parents of children in a telehealth program, established by a neurology and psychiatry unit in Northern Italy in April 2020, during COVID-19 lockdown. Findings suggest that a program providing continuity of care and support with remote rehabilitation interventions may benefit both children and parents, but educational and policy investments are needed to optimize the benefits of telehealth programs.	Provenzi L, Grumi S, Gardani A, Aramini V, Dargenio E, Naboni C, Vacchini V, Borgatti R; Engaging with Families through On-line Rehabilitation for Children during the Emergency (EnFORCE) Group. Italian parents welcomed a telehealth family-centred rehabilitation programme for children with disability during COVID-19 lockdown. Acta Paediatr. 2020 Oct 23. doi: 10.1111/apa.15636. Epub ahead of print. PMID: 33098116.

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China; COVID-19; Children; Adolescents; Mental health	23-Oct-20	Mental Health Response for Children and Adolescents During the COVID-19 Outbreak in China	Psychiatry Research	Letter to the Editor	The authors describe how the COVID-19 pandemic poses a threat to the mental health of children and adolescents and describes measures among the government, the Ministry of Education, and academic institutions in China to address the mental health demands. The COVID-19 outbreak was unexpected, and children and adolescents are particularly prone to anxiety and worry in the face of unexpected events. Quarantine may have led to symptoms of posttraumatic stress disorder, anxiety, and depression, in addition to behavioral problems. With changes in learning and teaching practices, worry about the quality and effectiveness of studying could become a chronic stressor. The Chinese government took effective measures to safeguard the mental health of children and adolescents during COVID-19, including the provision of a hotline and online psychological consulting services, a free self-help handbook, and free mental health lectures. The Chinese Ministry of Education launched the “Disrupted Classes, Undisrupted Learning” policy, which aimed to improve learning flexibility. The Capital Normal University in Beijing, China launched a psychological intervention program for children and adolescents to identify high risk individuals, offer psychological support through hotlines, organize professional training, and provide psychological and behavioral interventions.	The authors describe how the COVID-19 pandemic poses a threat to the mental health of children and adolescents and describes measures among the government, the Ministry of Education, and academic institutions in China to address the mental health demands.	Wang J, Li Z, Zhou Y, Xiao J. Mental health response for children and adolescents during the COVID-19 outbreak in China. Psychiatry Research. 2020;294. doi:10.1016/j.psychres.2020.113530
Pregnancy, coagulation, thromboprophylaxis, Turkey	23-Oct-20	Thromboprophylaxis in Covid-19 Positive Pregnant Women	Southern Clinics of Istanbul Eurasia	Original Research	This retrospective cross-sectional study conducted from March 10 -July 1, 2020 in Turkey assessed a hospital's approach to preventing thrombo-embolic events for pregnant women diagnosed with COVID-19. Socio-demographic features, laboratory values, imaging findings, hospitalization, length of hospital stay, use of thromboprophylaxis, anticoagulant dosage and duration were examined. In addition, maternal, fetal, and neonatal outcomes were assessed, and patient histories were reviewed for thrombophilia risk factors. A total of 18 pregnant women were included with a mean age of 28.90±5.26 years (range 18–41 years). Laboratory results revealed high CRP levels (11/18), lymphocytopenia (10/18) and increased neutrophil percentage (14/18). CT showed ground glass opacities in 3 of 8 patients and mild fibrotic changes in 5 patients. Thromboprophylaxis was provided to 9/14 of the hospitalized patients for an average duration of 7.1 days (range 1–14 days). The most common medication used was low molecular weight heparin (LMWH) at a dose of 40 mg once per day. In a patient with suspected pulmonary embolism, 60 mg of enoxaparin was used twice per day. Maternal, fetal, and hemorrhagic complications were not observed. There were no other thrombo-embolic events that occurred. The authors conclude that it may	The authors review their use of thromboprophylaxis in pregnant women diagnosed with COVID-19 in Turkey, and conclude that it may be beneficial to start low molecular weight heparin treatment in pregnant patients with COVID-19, especially those with moderate disease.	Koyuncu K, Sakin Ö, Aktaş HA, Şahin K, Aygün T, Anğın AD, Kale A. Thromboprophylaxis in Covid-19 Positive Pregnant Women. Southern Clinics of Istanbul Eurasia. 2020 Sep 1;31(3).

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					be beneficial to start LMWH treatment in pregnant patients with moderate COVID-19.		
Pregnancy, preterm birth, California, USA	23-Oct-20	Preterm birth rates for racial and ethnic groups during the COVID-19 pandemic in California	American Journal of Obstetrics and Gynecology	Research Letter	The authors sought to assess the impact of the COVID-19 pandemic on preterm birth rates in a large racially diverse population in California, USA during the peak months of the pandemic (April - July 2020). They compared these four months to the same four-month period aggregated over the prior four years (2016-2019) using logistic regression models. Preterm birth rates using standard categories were unchanged during the pandemic period except the 28+0 to 31+6 weeks gestation subset which showed a modest increase (OR 1.11; 95%CI 1.03-1.20). This was driven primarily by the Hispanic/Latinx population. The overall rate of preterm birth (<37 weeks) was unchanged for all race/ethnicity categories. No changes in preterm birth rates were noted when analyzed by payer, region, or a combination with race/ethnicity. The authors conclude that these findings underscore the need for caution in assessing the impact of the pandemic in small populations and over short time periods.	The authors assessed the rates of preterm birth in a large, diverse population in California comparing 4 months of the pandemic with pre-pandemic years. The overall rate of preterm birth was unchanged for all race/ethnicity categories.	: Main EK, Chang S-C, Carpenter AM, Wise PH, Stevenson DK, Shaw GM, Gould JB, Preterm birth rates for racial and ethnic groups during the COVID-19 pandemic in California, American Journal of Obstetrics and Gynecology (2020), doi: https://doi.org/10.1016/j.ajog.2020.10.033
Renal function, disease severity, children, Indonesia	23-Oct-20	Covid-19 in children: is there any correlation with renal function and severity of the disease?	medRxiv	Preprint (not peer-reviewed)	Few studies have investigated kidney manifestations in the pediatric population with COVID-19. The authors analyze the renal characteristics of SARS-CoV-2-infected pediatric patients from March to August 2020 in Bandung, Indonesia. The authors measured the median glomerular filtration rate (eGFR) of 16 children (median age 5.16-years-old, n=10 for females, n=6 for males) with COVID-19. 5 out of 16 patients had congenital abnormalities. The authors provide tables summarizing the patients' demographic data, clinical characteristics, laboratory, and radiologic findings. The patients were classified into two groups based on the disease severity, and those hospitalized in the pediatric intensive care unit (PICU) were considered severe. 6 out of 16 patients were asymptomatic while the rest had fever, cough, or shortness of breath. 3 patients were critically ill and treated at the PICU, and one died. The severe group experienced thrombocytopenia (p=0.049) and elevated CRP (p=0.030) compared to the non-severe group. Although the eGFR in the severe group appeared to be lower compared to the non-severe it was not statistically significant (p=0.521). Two out of three children with severe COVID-19 were males. The factors related to sex-differential COVID-19 outcomes are not known. Pediatric nephrologists should be aware of kidney involvement in severe COVID-19.	Severe SARS-CoV-2 infection tends to affect the kidney in the pediatric population, which is manifested as a decreased glomerular filtration rate. Significantly high CRP and thrombocytopenia were observed in severe SARS-CoV-2.	Rachmadi D, Widiasta A, Sukandar H, et al. Covid-19 in children: is there any correlation with renal function and severity of the disease? medRxiv 2020.10.20.20216440; doi: https://doi.org/10.1101/2020.10.20.20216440
Disability pediatric rehabilitation, children, school,	23-Oct-20	School reopening during COVID-19 pandemic: Considering	Journal of Pediatric Rehabilitation Medicine	Short communication	In this article, the authors addressed the concern for students with disabilities regarding school reopening, with a focus on the US context. For children with disabilities who receive special education services, access to in-person education, and other	The authors addressed the concern for students with disabilities regarding school reopening,	Joline E B, Lainie K H, Susan D A, Amy J H, Robert R, Maurice G S. School reopening during COVID-19 pandemic: Considering

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
education, health equity, USA		students with disabilities			school resources are particularly important. To appropriately plan and accommodate children with disabilities, the authors recommended prioritizing safety, allowing adherence to the Individuals with Disabilities Education Act, and preserving essential school staff. They provided an outline describing the importance of Individual Education Plans and 504 plans, their relation to the COVID-19 pandemic, and recommendations for children with disabilities. The authors suggested obtaining input from key school stakeholders (e.g. parents, teachers, children, paraprofessionals, school therapists, school nurses, bus drivers, janitorial staff), medical and public health professionals to ensure access for all students. They also provided a rationale and framework for policymakers at the school board, state, and federal levels to ensure this vulnerable population is not further disadvantaged by school re-entry in the 2020–2021 school year. The COVID-19 pandemic presents opportunities to promote inclusion and equity in the education of all children.	identified key school stakeholders, and provided a rationale and framework for US policymakers at different levels. The authors argue that the COVID-19 pandemic presents opportunities to promote inclusion and equity in all children's education.	students with disabilities [published online ahead of print, 2020 Oct 21]. J Pediatr Rehabil Med. 2020;10.3233/PRM-200789. doi:10.3233/PRM-200789
Pulmonary embolism, multi-system inflammatory syndrome in children, thromboembolism , United States	23-Oct-20	Bilateral pulmonary emboli in a teenager with positive SARS-CoV-2 antibody	Pediatric Pulmonology	Article	This article describes the case of a 15-year-old obese female (weight 105 kg, BMI 34.29 kg/m ²) in the United States with bilateral pulmonary emboli leading to cardiovascular collapse in the setting of a positive SARS-CoV-2 IgM antibody test. The patient, who had a past medical history of asthma, underwent a laparoscopic appendectomy 3 days prior to admission and presented to an emergency department with shortness of breath and 2 episodes of syncope. She was bradycardic followed by multiple episodes of cardiac arrest, and computed tomography (CT) angiography revealed multiple bilateral pulmonary emboli in the secondary and tertiary branches of the pulmonary arteries and potential thrombus in the superior vena cava. Although SARS-CoV-2 PCR was negative, SARS-CoV-2 IgM antibody was positive during hospitalization. Catheter-directed thrombolysis for 24 hours provided resolution of bilateral pulmonary emboli on CT angiography within 3 days. Thrombo-embolic phenomena (particularly pulmonary emboli) have been described in adult patients with SARS-CoV-2 infection but have been less evident in children. This case suggests catheter-directed thrombolysis can be used as a definitive therapy in pediatric patients with pulmonary embolus, hemodynamic instability, and COVID-19.	This article describes the case of a 15-year-old obese female in the US with bilateral pulmonary emboli leading to cardiovascular collapse in the setting of a positive SARS-CoV-2 IgM antibody test. Evidence suggests that catheter-directed thrombolysis can be used as a definitive therapy in pediatric patients with pulmonary embolus, hemodynamic instability, and COVID-19.	Kotula JJ, Balakumar N, Khan D, Patel B. Bilateral pulmonary emboli in a teenager with positive SARS-CoV-2 antibody. Pediatr Pulmonol. 2020. doi: 10.1002/ppul.25132.
Children, adolescent, odds ratio, positive, laboratory confirmed, Mexico	23-Oct-20	Predictors of Laboratory-positive COVID-19 in Children and Teenagers	Public Health	Original Research	The authors conducted a cross-sectional analysis of a prospective cohort study to identify factors predicting laboratory-positive COVID-19 in pediatric patients with acute respiratory symptoms. They analyzed children (aged under 12 years old) and adolescents (12-15 years old) with laboratory-confirmed SARS-CoV-2 and symptoms onset from February to April 2020 in Mexico. The results showed that of the 1,849 patients analyzed, COVID-19 was	The authors observed that older age, personal history of obesity, residing in low population areas, and household contact with a COVID-19 case were associated with increased	Murillo-Zamora E, Aguilar-Sollano F, Delgado-Enciso I, Hernandez-Suarez CM. Predictors of laboratory-positive COVID-19 in children and teenagers. Public Health. 2020. doi:10.1016/j.puhe.2020.10.012

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					confirmed in 15.9%. Of note, patients with laboratory-confirmed COVID-19 were older (6.5±5.7 vs. 5.3±5.2 years old, p < 0.001), were more likely to reside in localities with a population-size below 15,000 inhabitants (48.0% vs. 38.2%, p< 0.001) and showed a higher obesity prevalence (5.8% vs. 2.6%, p = 0.003). Furthermore, confirmed cases showed a higher prevalence of self-reported household contact with a case (29.6% vs. 14.1%, p < 0.002) within 14 days before the onset of acute illness. Non-severe respiratory symptoms also reduced the odds of laboratory-confirmed COVID-19 in pediatric patients.	odds of laboratory-confirmed positive SARS-CoV-2 test results in pediatric patients.	
Pregnancy, maternal outcomes, preterm labor, disease severity	23-Oct-20	Clinical manifestations and maternal outcomes of COVID-19 in pregnancy: A systematic review	Asian Journal of Pharmacy and Pharmacology	Review Article	The aim of this review article was to summarize existing evidence of clinical presentation, symptoms and maternal outcomes of SARS-CoV-2 throughout pregnancy. Science Direct, PubMed, and Google Scholar were searched from January 1 to June 30, 2020 and 25 articles summarizing 410 pregnant women with COVID-19 were included. The maternal death rate was 1.7% in this review. Overall, the authors found that SARS-CoV-2 infection in pregnant women has comparable clinical manifestations and intensity of disease as it does in non-pregnant women. About one third of pregnant women received antiviral medications and about one quarter received antibiotics. Preterm delivery was the most common complication reported, exceeding 50% in several studies, followed by premature rupture of membranes. 80.8% delivered via C-section, while 19.2% delivered via normal vaginal delivery.	The authors reviewed 25 articles of 410 pregnant women with SARS-CoV-2 and found a maternal death rate of 1.7%. The clinical manifestations and disease severity were similar to that of non-pregnant women, however many studies reported increased rates of preterm labor and premature rupture of membranes.	Thamir Ahmed F, Thamer Ahmed D. Clinical manifestations and maternal outcomes of COVID-19 in pregnancy: A systematic review. Asian J. Pharm. Sci. 2020; 6(4):279-283. https://doi.org/10.31024/ajpp.2020.6.4.4
Epileptic seizures; chloroquine sulfate; coronavirus; epileptic malaise	22-Oct-20	COVID-19 infection in known epileptic and non-epileptic children: What is the place of chloroquine sulfate? (a case report)	PanAfrican Medical Journal (PAMJ)	Case Report	The authors report 3 cases of seizures in children with COVID-19 in Benin. The first case is a 14-year-old SARS-CoV-2-positive boy with a history of epilepsy who presented with loss of consciousness (LOC) and 9 episodes of generalized tonic-clonic seizures (GTCS). His physical examination suggested septic shock and status epilepticus. Electroencephalography (EEG) indicated multi-focal epilepsy. The second case, an 11-year-old SARS-CoV-2-positive patient, presented with dyspnea, tachycardia, and GTCS with LOC after 1 week of chloroquine treatment. The third case is a 16-year-old SARS-CoV-2-positive boy who developed Bravais Jacksonian clonic seizures of the right hemicorps and LOC after 4 days of chloroquine treatment. He was diagnosed with rolandic paroxysm focal epilepsy. Brain CT scan and EEG for the second and third patients were normal. In all cases, laboratory examinations revealed elevated inflammatory markers. Possible mechanisms for seizures include interactions between the SARS-CoV-2 and glial tissue receptors, and slow brain micro-circulation, indicated by inflammatory marker accumulation and absence of brain damage. Chloroquine sulfate was stopped for these patients due to its pro-convulsive effect via GABAergic neuro-	This is a report of 3 seizure cases in children aged 11, 14, and 16 years old with COVID-19 in Benin. Seizures might be induced by the SARS-CoV-2 virus, or by chloroquine medication through GABAergic neuro-transmission inhibition.	Atakla HG, Noudohounsi ACWH, Barry LF, et al. COVID-19 infection in known epileptic and non-epileptic children: what is the place of chloroquine sulfate? (a case report). Pan Afr Med J. 2020;37:177. doi:10.11604/pamj.2020.37.177.26066

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					transmission inhibition. Further research is needed to confirm the mechanism of seizures in COVID-19 and the involvement of chloroquine sulfate in epileptogenesis.		
COVID-19, psychological resilience, post-traumatic symptoms, family well-being, Italy	22-Oct-20	Stuck Outside and Inside: An Exploratory Study on the Effects of the COVID-19 Outbreak on Italian Parents and Children's Internalizing Symptoms	Frontiers in Psychology	Original Research	The COVID-19 outbreak and the subsequent lockdown have profoundly impacted families' daily life, challenging their psychological resilience. This study aimed to investigate the immediate psychological consequences of the pandemic on parents and children, in northern and central Italy, focusing on internalizing and post-traumatic symptoms. An online survey was administered between 16 April- 07 May 2020 to 721 parents of at least one child aged between 6 and 18 years (mean age 10.08 years \pm 2.52 years). 4 tables and figures present participant characteristics, regression analyses, T-values, and variance. Multiple regression analyses showed that specific demographic characteristics (i.e., sex and age) and psychological factors of children and parents, such as fear of contagion and the opportunity to think about possible secondary positive effects of the pandemic, had a predictive value on the presence of internalizing symptoms of both parents and children. Moreover, parents' behaviors during the lockdown period (i.e., employment status and sport practiced) were significantly related to their own internalizing symptoms; these symptoms, in turn, had a strong and positive predictive value on children's internalizing problems. Results also showed that internalizing symptoms of parents and children were significantly higher during the COVID-19 pandemic than before it started. These findings highlight the need to provide parents with support to take care of their psychological wellbeing and help their children coping with the direct and indirect effects of the pandemic.	This study aimed to investigate the immediate psychological consequences of the pandemic on parents and children, in northern and central Italy, focusing on internalizing and post-traumatic symptoms. These findings highlight burden placed on families during the pandemic and indicate the need to provide parents with support to take care of their psychological wellbeing and to help their children with coping.	Crescentini C, Feruglio S, Matiz A, et al. Stuck Outside and Inside: An Exploratory Study on the Effects of the COVID-19 Outbreak on Italian Parents and Children's Internalizing Symptoms. <i>Front Psychol.</i> 2020;11:586074. Published 2020 Oct 22. doi:10.3389/fpsyg.2020.586074
COVID-19; health-related quality of life; intervention measures; mental health; pediatric medical staff; China	22-Oct-20	Health-Related Quality of Life and Influencing Factors of Pediatric Medical Staff During the COVID-19 Outbreak	Frontiers in Public Health	Original Research	This cross-sectional study assessed the health-related quality of life (HRQoL) of pediatric medical staff in China during the COVID-19 pandemic. A survey covering 5 health status domain subscales (physical functioning, social functioning, emotional functioning, cognitive functioning, and worry associated with the COVID-19 pandemic) was completed electronically by 2970 pediatric medical staff members from February 13-17, 2020 in 29 provinces in China. The associations among overall and domain-specific HRQoL, demographic characteristics, and COVID-19 pandemic-specific experiences were assessed. Males had a higher emotional functioning score than females (73.2 vs 70.9 out of 100 possible points, $p = 0.046$), but males had a lower social functioning score than females (72.5 vs. 75.9 out of 100, $p = 0.001$). Younger age (< 30 years) was associated with higher scores in all domains and for the summary score ($p < 0.001$), except for worry associated with the COVID-19 pandemic. Those	The authors evaluated the health-related quality of life (HRQoL) of pediatric medical professionals in China in February 2020. Associations among HRQoL, demographic factors, and COVID-19 pandemic-specific experiences were evaluated. Overall, the study demonstrated the impact of the COVID-19 pandemic on the health status of pediatric medical professionals.	Huang F, Yang Z, Wang Y, et al. Health-Related Quality of Life and Influencing Factors of Pediatric Medical Staff During the COVID-19 Outbreak. <i>Front Public Health.</i> 2020;8:565849. Published 2020 Oct 22. doi:10.3389/fpubh.2020.565849

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					with an education level of Master or above had lower functioning in all domains and lower overall summary score compared to those with education of Bachelor and below ($p < 0.001$). Respondents who had treated patients with confirmed or suspected SARS-CoV-2 infection had lower functioning in all domains and a lower summary score when compared to providers who had not ($p < 0.001$). The study demonstrates how the COVID-19 pandemic has affected the overall and domain-specific HRQoL of pediatric medical professionals.		
Africa, herd immunity, vaccine, routine immunizations	22-Oct-20	Sustaining routine childhood immunisations during COVID-19 in Africa	Journal of Paediatrics and Child Health	Commentary	During the COVID-19 pandemic, 17 African countries have suspended routine childhood immunization or are currently of unknown status. In 6 months, this could cost between 3 (lower bound) and 84 (upper bound) lives of under-5-year-old per excess COVID-19 death. The authors created two predictive models, low-impact and high-impact, to estimate the impact of suspended childhood immunization on children's lives. The lower-bound number is derived from a low-impact scenario in which 1) herd immunity will protect unvaccinated children to some degree (excluding measles), and 2) post-COVID-19 catch-up immunization campaigns will vaccinate some children. The upper-bound high-impact scenario assumes that the cohort of unvaccinated children are at equal risk to the unvaccinated population, and these children remain susceptible until 5 years of age. The models used established estimations for the deaths averted per vaccination (pre-COVID), each country's vaccination coverage rate, and the Reed–Frost epidemic model to estimate the excess COVID-19 risk. In all 54 countries, the benefit of continuing immunizations outweighs the COVID-19 risk. For example, five clinic visits for the expanded program on immunization (EPI) could be associated with an excess of 8,300 deaths in the household from COVID-19; however, suspending these immunizations could cause 701,828 deaths of currently under-5-year-olds. Therefore, vaccination should be continued with the appropriate use of PPE, good hygiene, and physical distancing measures.	According to the epidemic models created by the authors, the benefit of childhood immunizations outweighs the COVID-19 risk. Vaccination should be continued with the appropriate use of PPE, good hygiene, and physical distancing measures.	Sustaining routine childhood immunisations during COVID-19 in Africa. Journal of Paediatrics and Child Health. doi:https://doi.org/10.1111/jpc.15228
intussusception, SARS-CoV-2, COVID-19, infant, Spain, China, England, Pakistan, India	22-Oct-20	Global Reports of Intussusception in Infants With SARS-CoV-2 Infection	Pediatric Infectious Disease Journal	Brief Report	Symptoms of COVID-19 in children have included nausea, vomiting, diarrhea, and abdominal pain. These authors reviewed published case reports and found that from January to July 2020, intussusception was reported in 5 infants 4–10 months of age (median, 8 months), each from a different country, who had laboratory-confirmed SARS-CoV-2 infection. All 5 infants presented with currant jelly stool and at least 1 other abdominal symptom, and none presented with respiratory symptoms. 4 infants recovered but the fifth infant progressed to a critical illness and death. The authors suggest that infants with	These authors report 5 cases of infants who had intussusception with SARS-CoV-2 infection. More investigation is needed to determine whether intussusception is part of the clinical spectrum of COVID-19 in infants or a coincidental finding among	Giovanni JE, Hrapcak S, Melgar M, Godfred-Cato S. Global Reports of Intussusception in Infants With SARS-CoV-2 Infection. <i>Pediatr Infect Dis J</i> . 2020 Oct 22. doi: 10.1097/INF.0000000000002946. Epub ahead of print. PMID: 33105341.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					symptoms of intussusception be tested for viral pathogens, including SARS-CoV-2, especially if they have a history of SARS-CoV-2 exposure or signs and symptoms of COVID-19. Additionally, pediatric health care providers should consider intussusception in the differential diagnosis of gastro-intestinal symptoms in an infant with SARS-CoV-2 infection. More investigation is needed to determine whether intussusception is part of the clinical spectrum of COVID-19 in infants or a coincidental finding among infants with SARS-CoV-2 infection.	infants with SARS-CoV-2 infection.	
Pediatric, PIMS, inflammatory, MIS-C, multisystem, Kawasaki disease, Poland	22-Oct-20	Pediatric Inflammatory Multisystem Syndrome (PIMS) Did Occur in Poland during Months with Low COVID-19 Prevalence, Preliminary Results of a Nationwide Register	Journal of Clinical Medicine	Article	Pediatric inflammatory multisystem syndrome (PIMS) is a new entity in children, likely associated with previous SARS-CoV-2 infection. This study aimed to investigate the nature of inflammatory syndromes in Poland (a country with low COVID-19 prevalence) and to perceive the emergence of PIMS in Poland. The study launched a nationwide survey on May 25, 2020 on inflammatory syndromes in children, to collect retrospective (since March 4, 2020) and prospective data. Anonymized patient data from 34 pediatric hospitals from all over the country were extracted from electronic and paper records and collected through an online form developed for that purpose. In this article, the authors reported 39 children (median age 3.1 years, IQR 1.4-6.6 years) with inflammatory conditions, including 9 confirmed PIMS cases, diagnosed during March 4 - July 28, 2020. They were stratified according to age (<5 and ≥5 years) and COVID-19 status. Findings showed that 34 children (87%) had Kawasaki disease diagnosed, of which 7 had tested positive for SARS-CoV-2. Overall 9 children had COVID-19 confirmation, and they developed lower lymphocyte counts, platelet counts and sodium levels, and higher C-Reactive Protein and ferritin levels compared to 12 children who tested negative for SARS-CoV-2. This is, to the authors' knowledge, the first report of a PIMS register from a country with a low COVID-19 prevalence and proves that PIMS may emerge in any area involved in the COVID-19 pandemic.	This study from Poland is, to the authors' knowledge, the first nationwide register of pediatric inflammatory diseases from a country of low COVID-19 prevalence and proves that PIMS may emerge in any area involved in the COVID-19 pandemic.	Okarska-Napierała M, Ludwikowska KM, Szenborn L, Dudek N, Mania A, Buda P, Książyk J, Mazur-Malewska K, Figlerowicz M, Szczukocki M, Kucińska B, Werner B, Stopyra L, Czech A, Berdej-Szczot E, Gawlik A, et al. Pediatric Inflammatory Multisystem Syndrome (PIMS) Did Occur in Poland during Months with Low COVID-19 Prevalence, Preliminary Results of a Nationwide Register. J Clin Med. 2020 Oct 22;9(11):3386. doi: 10.3390/jcm9113386.
coronavirus disease 2019, COVID-19, obstetric management, pregnancy, SARS-CoV-2	22-Oct-20	Management of Pregnancy during the COVID-19 Pandemic	Global Challenges	Review	This review explores COVID-19's impact on all aspects of pregnancy management, from conception to postpartum. The authors provide detailed procedures and precautions for pregnant women with suspected COVID-19, including RT-PCR swab and serology diagnostic tests, and low-dose chest CT scans for women in endemic areas. The authors cite several studies demonstrating limited negative impacts of chest CT on fetuses, indicating that these scans should be safe during pregnancy. The review also discusses recommended treatments for infected pregnant women, including general care. Remdesivir, hydroxychloroquine, oseltamivir, and zanamivir may be safely used in pregnant patients, though data is limited, and clinicians	This review includes recommendations for clinician management of pregnancy in infected and uninfected patients during the COVID-19 pandemic. The authors include discussions of pregnancy-safe COVID-19 treatments, pregnancy-specific COVID-19 prevention strategies, and suggestions for virtual	Wu D, Fang D, Wang R, Deng D, Liao S. Management of Pregnancy during the COVID-19 Pandemic. Glob Chall. 2020 Oct 22:2000052. doi: 10.1002/gch2.202000052. Epub ahead of print. PMID: 33173591; PMCID: PMC7645978.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					should continue to carefully monitor patients for adverse effects if prescribing these medications during pregnancy. The authors also discuss daily pregnancy management for uninfected women, such as using masks, personal and home hygiene, and self-protection in hospitals during medical visits and delivery. Women and neonates should be isolated in individual rooms after delivery, regardless of infection status. The authors recommend that clinicians provide online consultation, telemedicine, and remote fetal heart rate monitoring throughout pregnancy and urge providers to schedule physical appointments only when necessary.	adaptations to routine care.	
USA; Adolescents; youth; COVID-19	22-Oct-20	Prevalence of COVID-19 in Adolescents and Youth Compared with Older Adults in States Experiencing Surges	medRxiv	Pre-print (not peer reviewed)	The authors used data from 6 US states to determine the prevalence of SARS-CoV-2 infection in adolescents (10-19 years old) and youth (15-24 years old) compared to older adults (65 years and older). Many earlier studies had found older adults to be the most susceptible. Data from Florida, Tennessee, Missouri, Utah, Kansas, and South Dakota met the criteria set by the authors of a 1-month surge in SARS-CoV-2 cases of at least 100% over the previous 7-day average and having age tabulated data that were not combined. The data used was between July 4 and September 4, 2020, when all 6 states experienced surges. The authors then calculated prevalence, percentage of cases observed in a given age group divided by the percentage of cases expected, and percentage deviation. Prevalence of SARS-CoV-2 was statistically greater among youth and adolescents in all 6 states than in older adults ($p < 0.00001$). Prevalence rates for the separate age groups of youths and adolescents were further tabulated. This study suggests that prevalence rates are much higher in youth and adolescents than previously thought. This is possibly due to schools being open and allowing for increased contacts and increasing testing availability from previous studies conducted in other places. The authors use this new information to stress the need to delay school openings and, when not possible, make mask-wearing and distance a requirement in school settings.	A statistical review of SARS-CoV-2 prevalence rates across 6 US states of adolescents (aged 10-19 years) and youth (aged 15-24 years) compared with older adults' rates (65 years and older). The study shows a greater estimated prevalence of the virus in both youths and adolescents than older adults. The authors stress the concern for schools reopening and the potential for further spread of SARS-CoV-2 as youth and adolescents are potential spreaders of the virus.	Romain BT, Schneiderman M, Geliebter A. Prevalence of COVID-19 in Adolescents and Youth Compared with Older Adults in States Experiencing Surges. medRxiv. Preprint posted online October 22, 2020. doi: https://doi.org/10.1101/2020.10.20.20215541
COVID-19, Lung ultrasound, Pediatrics, Pneumonia, Spain	22-Oct-20	Lung ultrasound findings in pediatric patients with COVID-19	European Journal of Pediatrics	Original Article	Lung ultrasound (LUS) has been a key tool in the management of patients with COVID-19-related lung injury. This study describes LUS findings in 16 children (<18 years old) who tested positive for SARS-CoV-2 via PCR or IgG/IgM assay and were admitted to a pediatric hospital in Barcelona, Spain [time period not specified]. Patients were divided into two groups depending on the presence of respiratory symptoms. LUS results were categorized into four degrees according to Soldati scores (S scores); score 0: normal lung sliding, regular pleural line and A-lines; score 1: vertical artifacts, pleural line indented with several B-lines; score	This study describes lung ultrasound (LUS) findings in 16 children (<18 years old) who tested positive for SARS-CoV-2 and were admitted to a pediatric hospital in Barcelona, Spain. Results indicate LUS could be used to quickly assess the severity of	Guitart C, Suárez R, Girona M, et al; KIDS-Corona study group, Kids Corona Platform. Lung ultrasound findings in pediatric patients with COVID-19. Eur J Pediatr. 2020 Oct 22:1–7. doi: 10.1007/s00431-020-03839-6. Epub ahead of print. PMID: 33089388; PMCID: PMC7577846.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					2: broken pleural line with dark consolidation areas; score 3: large regions of white lung. Presence and type of consolidation were also described. The median age was 11 years old (IQR 2.8–12 years). 4 children (25%) required admission to the ICU and 6 patients (37.5%) presented with respiratory symptoms. Most of them showed S scores of 2 and subpleural consolidations were observed in 4 cases (66.6%). 10 patients (62.5%) presented with non-respiratory symptoms and LUS showed S scores from 0-2. 3 (30%) were diagnosed with MIS-C and LUS showed S scores of 2 with bilateral pleural effusion. The authors highlight the utility of LUS for the management of children with COVID-19 with or without respiratory symptoms. Results indicate LUS could be used to quickly assess the severity of COVID-19 induced pneumonia, track the evolution of the disease during follow-up, and identify patients at risk of respiratory failure. Images of findings and tabled distributions of patients' clinical features are provided.	COVID-19 induced pneumonia in children, track the evolution of the disease during follow-up, and identify patients at risk of respiratory failure.	
murine typhus, MIS-C, SARS-CoV-2, children	22-Oct-20	Murine Typhus Outbreak Presenting as Multisystem Inflammatory Syndrome in Children During SARS-CoV-2 Pandemic	The Pediatric Infectious Disease Journal	Brief Report	These authors report the clinical courses of 6 previously healthy children with no sick contacts, who presented to a hospital in the United States in May 2020. All had clinical and laboratory signs of systemic inflammation, with normal cardiac enzymes and normal echocardiograms. All had negative SARS-CoV-2 PCR testing and negative serum IgG. Despite not fulfilling the CDC MIS-C case definition at the time, 5 of 6 patients received IV immunoglobulin for presumed MIS-C. Additional history revealed that all patients had exposure to dogs, some with flea infestations. 4 of 6 patients then received doxycycline for presumed murine typhus. All 6 had complete resolution of symptoms and improvement in inflammatory markers. Serology demonstrated that all had elevated IgM and either negative or low IgG titers specific for Rickettsia typhi, and positive convalescent serologies in 4 of 6 patients reinforced the diagnosis of acute murine typhus. In light of the existing diagnostic and treatment uncertainty regarding MIS-C, the authors conclude that clinicians should use multi-disciplinary collaboration and maintain a broad differential when evaluating patients for MIS-C, as antibiotic-susceptible infections such as murine typhus may present similarly. Cognitive biases and analytic errors may contribute to under-diagnosis of antibiotic-treatable infections, while leading to unnecessary administration of other medications.	In light of the existing diagnostic and treatment uncertainty regarding MIS-C, the authors conclude that clinicians should use multi-disciplinary collaboration and maintain a broad differential when evaluating patients for MIS-C, as antibiotic-susceptible infections such as murine typhus may present similarly.	Alamarat Z, Pérez N, Wootton S, Kamdar A, Smith K, Heresi GP, Chang M. Murine Typhus Outbreak Presenting as Multisystem Inflammatory Syndrome in Children During SARS-CoV-2 Pandemic. <i>Pediatr Infect Dis J.</i> 2020 Oct 22. doi: 10.1097/INF.0000000000002947. Epub ahead of print. PMID: 33060516.
Indonesia; COVID-19; dengue; Multisystem inflammatory syndrome in	22-Oct-20	A fatal course of multiple inflammatory syndrome in children	ID Cases	Case Study	The authors present a case study of one 6-year-old male presenting to an Indonesian pediatric Emergency Department (ED) after 5 days of fever and abdominal pain. The boy lived in an area of Indonesia with endemic dengue and had no known exposure to COVID-19 despite living in an overly crowded area.	The authors present a case study of a 6-year old boy in Indonesia presenting to a pediatric Emergency Department with septic	Somasetia, DH, Malahayati, TT, Andriyani, FM, et al. A fatal course of multiple inflammatory syndrome in children co-infection with dengue: A case report from

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children; septic shock		coinfected with Dengue. A case report from Indonesia			The authors report that the patient had MIS-C as seen in other pediatric COVID-19 cases. The confounding factor for this case study was a co-infection with dengue. The patient had evidence of infection with SARS-CoV-2 based on antibody testing; however, the PCR for SARS CoV-2 was negative. His dengue infection was reactive for IgM anti-dengue, and he presented with unusual dengue infection manifestations. The authors use this case study to warn of the severe complications associated with MIS-C, stating that MIS-C should be a differential diagnosis for all children presenting with a fever of more than 3 days. Lab values, as well as the chest x-ray, are available in the article.	shock after 5 days of fever and abdominal pain. The patient was found to have COVID-19 and dengue, which led to a MIS-C diagnosis.	Indonesia. ID Cases. 2020. https://doi.org/10.1016/j.idcr.2020.e01002 . Journal pre-proof: Accepted 22 Oct. 2020. Accessed 5 Nov. 2020.
Pregnancy, severe disease, immunology, coagulation China	22-Oct-20	Immunity and Coagulation/Fibrinolytic Processes may Reduce the Risk of Severe Illness in Pregnant Women with COVID-19	American Journal of Obstetrics and Gynecology	Original Research	This retrospective study of 539 adult patients with COVID-19 was conducted from Jan 11- April 1, 2020 in Wuhan, China. 36 pregnant women with COVID-19 were included and an additional 36 pregnant women without COVID-19 were recruited as controls. The immune characteristics of severe and critical illness were differentiated from mild and moderate illness in patients with COVID-19 and analyzed using a machine learning algorithm. Additionally, major differences between pregnant women with COVID-19 and age-matched non-pregnant women with severe/critical COVID-19, paired with pregnant women without COVID-19, were explored to identify specific physiological features of pregnant women with COVID-19. The pregnant women with COVID-19 demonstrated similar immune response (increased IL-6 level and lymphocytopenia) with the non-pregnant women with severe/critical COVID-19. No severe/critical COVID-19 cases occurred among pregnant women in the current study. The coagulation fibrinolysis index (prothrombin time and D-dimer) showed remarkable differences between pregnant women with COVID-19 and non-pregnant women with severe/critical COVID-19, with pregnant women demonstrating higher levels (P<0.05). The authors conclude that these differences may be protective against severe disease for pregnant women.	In this retrospective study, the authors assessed immune characteristics of patients with COVID-19 and compared pregnant women with and without COVID-19. They conclude that the differences in coagulation/fibrinolysis in pregnancy may be protective for pregnant women with COVID-19 and help prevent the development of severe illness.	Zhong Y, Cao Y, Zhong X, et al. Immunity and Coagulation/Fibrinolytic Processes may Reduce the Risk of Severe Illness in Pregnant Women with COVID-19, American Journal of Obstetrics and Gynecology (2020), doi: https://doi.org/10.1016/j.ajog.2020.10.032
Pregnancy, universal testing, asymptomatic, screening, obstetrics, Slovenia	22-Oct-20	Usefulness of COVID-19 screen-and-test approach in pregnant women: an experience from a country with low COVID-19 burden	Journal of Perinatal Medicine	Original Research	This retrospective study aimed to determine the usefulness of universal testing of asymptomatic women admitted to obstetric units in Slovenia, a population with a low SARS-CoV-2 burden (As of July 30, 2020, the cumulative incidence of COVID-19 cases in Slovenia was 101.64 per 100,000 populations, among European countries with the lowest reported COVID-19 burden). From April 1- May 16, 2020, pregnant women scheduled for planned procedures, including C-section, induction of labor, and scheduled hospitalization at the Department of Perinatology, University Medical Center Ljubljana, Slovenia, were screened for SARS-CoV-2 infection using a nasopharyngeal swab and SARS-	The authors retrospectively reviewed universal testing of asymptomatic pregnant women admitted to the hospital in Slovenia, where there was a low burden of SARS-CoV-2. They conclude that universal testing is of limited utility	Šterbenc A, Premru Sršen T, Lučovnik M, et al. Usefulness of COVID-19 screen-and-test approach in pregnant women: an experience from a country with low COVID-19 burden. J Perinat Med. 2020 Oct. doi: 10.1515/jpm-2020-0368 .

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		[Free Access to Abstract Only]			CoV-2 RT-PCR as well as a symptom questionnaire. 202 (76.2%) of scheduled admissions were tested for SARS-CoV-2 one day prior to admission. All tested negative for SARS-CoV-2 RNA, regardless of having COVID-19-compatible signs or symptoms (n=28) or not (n=174). The authors conclude that in a population with a low SARS-CoV-2 burden, usefulness of universal testing of pregnant women before admission to the hospital is limited.	in populations with low viral burden.	
vertical transmission; perinatal; neonatal; neonate; SARS-CoV-2, COVID-19	22-Oct-20	Congenital SARS-CoV-2 Infection in a Neonate With Severe Acute Respiratory Syndrome [Free Access to Abstract Only]	The Pediatric Infectious Disease Journal	Case Study	In this case study, the authors describe a case of vertical transmission of SARS-CoV-2. Though SARS-CoV-2 is mainly transmitted through droplets, other transmission mechanisms have been hypothesized, including vertical transmission. In this case, vertical transmission was responsible for the SARS-CoV-2 infection of a preterm neonate born to an infected mother, confirmed by the presence of the virus in the neonatal blood, nasopharyngeal and oropharyngeal swabs collected in the first half an hour of life. The neonate presented with acute respiratory distress, similar to the findings in severely affected adults. The authors assert that this case highlights the importance of pregnancy, labor, and neonatal period surveillance of affected mothers and their newborns.	This case study describes the vertical transmission of SARS-CoV-2 in a preterm neonate born to an infected mother. The authors assert that this case highlights the importance of pregnancy, labor, and neonatal period surveillance of affected mothers and their newborns.	Correia CR, Marçal M, Vieira F, et al. Congenital SARS-CoV-2 Infection in a Neonate With Severe Acute Respiratory Syndrome. <i>Pediatr Infect Dis J</i> . 2020;10.1097/INF.0000000000002941. doi:10.1097/INF.0000000000002941
PIMS-TS, MIS-C, Multisystem Inflammatory Syndrome in Children, Kawasaki Disease, KD, hyperinflammatory syndrome	22-Oct-20	Pediatric Inflammatory Multisystem Syndrome Temporally Associated with SARS-CoV-2: a New Challenge amid the Pandemic	SN Comprehensive Clinical Medicine	Literature Review	The authors describe the epidemiology, PIMS-TS clinical manifestation, and proposed mechanism of PIMS based on case studies. PIMS-TS appeared to occur among children of all racial and ethnic backgrounds, especially of African ancestry, in contrast with Kawasaki Disease (KD) that mostly affects East-Asian ethnicity. PIMS-TS mainly affects children of older age groups (9-15-years-old) compared with typical KD (2-5-years-old). PIMS-TS is likely to be post-infectious immunologically mediated pathogenesis. The majority of patients often tested positive for the SARS-CoV-2 antibody yet tested negative for nasopharyngeal RT-PCR, supporting that PIMS-TS might not be an acute COVID-19 infection. The authors describe the potential genetic susceptibility of a particular ethnic group such as increased ACE-2 receptors expression in African and Asian children. Physicians should suspect PIMS-TS in children experiencing unexplained fever, inflammatory signs, and laboratory results with a history of COVID-19 exposure. More than 50% of PIMS-TS patients predominantly had gastro-intestinal symptoms compared to KD. Both KD and PIMS-TS have very similar laboratory abnormalities; however, PIMS-TS patients tend to have higher D-dimer and ferritin levels. Myocardial dysfunction in PIMS-TS patients is thought to be caused by the post-viral immunological reaction. The authors provide tables summarizing demographic characteristics of PIMS-TS patients, case definitions for PIMS-TS,	In contrast with Kawasaki Disease, PIMS-TS appears to occur in children at an older age with mainly gastro-intestinal symptoms, hemodynamic instability, and myocardial dysfunction. The post-viral immunological reaction is postulated to be the underlying mechanism of this syndrome.	Lawrensia S, Henrina J, Wijaya E, et al. Pediatric Inflammatory Multisystem Syndrome Temporally Associated with SARS-CoV-2: a New Challenge amid the Pandemic. <i>SN Compr Clin Med</i> . 2020 Oct 22:1-9. doi: 10.1007/s42399-020-00602-8. Epub ahead of print. PMID: 33106783; PMCID: PMC7578591.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					and a flowchart describing clinical manifestations and characteristics of PIMS-TS.		
Clinical manifestations, human coronaviruses, children	22-Oct-20	Human coronaviruses SARS-CoV, MERS-CoV, and SARS-CoV-2 in children	Journal of Pediatric Nursing	Article	This article reviews the present understanding of SARS-CoV-2 in comparison with MERS-CoV and SARS-CoV in terms of prognosis, epidemiology, prevention, transmission, and treatment in children and compares manifestations of COVID-19 in the pediatric and adult population. Current reports suggest that children are just as affected by SARS-CoV-2 as adults but with milder symptoms, lower disease severity, and lower mortality [no age-specific data for children were discussed]. Pediatric COVID-19 patients usually have a better prognosis; however, underlying conditions like malnutrition, congenital heart disease, and hydronephrosis might make children susceptible to severe COVID-19. Lymphocyte counts in adult COVID-19 patients decrease significantly, while they increase beyond the normal range in most children. COVID-19 may cause an inflammatory reaction in some children known as MIS-C, appearing 2-4 weeks after infection and affecting the heart, lungs, kidneys, brain, skin, eyes, or gastro-intestinal tract. Although similar to Kawasaki disease, it appears to be a distinct syndrome. While there is documented data about the vertical transmission of SARS-CoV and MERS-CoV, there is not enough evidence to make conclusions about the vertical transmission of SARS-CoV-2. Cited studies that tested for SARS-CoV-2 RNA in the breast milk, amniotic fluid, and umbilical cords of infected mothers produced negative results in all samples.	This article reviews the present understanding of SARS-CoV-2 in children in terms of prognosis, epidemiology, prevention, transmission, and treatment. These are presented in comparison with findings in the adult population and characteristics of other coronaviruses (SARS-CoV and MERS-CoV).	Aleebrahim-Dehkordi E, Soveyzi F, Deravi N, et al.. Humancoronaviruses SARS-CoV, MERS-CoV, and SARS-CoV-2 in children. J Pediatr Nurs. 2020. https://doi.org/10.1016/j.pedn.2020.10.020
Pediatric, PIMS, USA	22-Oct-20	Fatal Cerebral Edema in a Child with COVID-19	Pediatric Neurology	Case Report	The authors present the case of a 7-year old child, who had rapid neurological deterioration, diffuse cerebral edema, and brain death secondary to pediatric multi-inflammatory syndrome (PMIS) in the USA. The child presented with fever, emesis, and abdominal pain. His parents had tested positive for COVID-19 a month prior, and the patient tested positive upon admission. The child developed severe neck pain and hemorrhage, and his condition deteriorated with eventual absence of brainstem reflexes. After intubation, his CT scans revealed greater grey-white matter differentiation in the brain and cerebral edema, with lab results being consistent with severe inflammation. He had high intercranial pressure (76 mm Hg), which remained refractory despite aggressive medical therapy. Subsequently, his neurologic exam became consistent with brain death, and his family elected to withdraw life-sustaining treatment. Pathology slides were consistent with diffuse cerebral edema in grey and white matter. SARS-CoV-2 was not detected on cerebrospinal fluid and brain parenchyma. The authors cited the over-production of pro-inflammatory cytokines causing vascular injury,	The authors report a case of a 7-year old with COVID-19 who had presented with fever, emesis, and abdominal pain, his condition deteriorated rapidly causing brain death secondary to PMIS. The authors cited the over-production of pro-inflammatory cytokines as being a possible cause for the cerebral edema. They recommended close monitoring and administration of anti-inflammatory therapies to children with suspected pediatric multi-	Kim MG, Stein AA, Overby P, et al. Fatal Cerebral Edema in a Child with COVID-19, Pediatric Neurology: October 22, 2020. doi: https://doi.org/10.1016/j.pediatrneurol.2020.10.005

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					cell death, and greater vascular permeability, which could account for cerebral edema. They conclude by recommending considerations of close monitoring and administration of anti-inflammation therapies to children with suspected PMIS and neurologic symptoms.	inflammatory syndrome and neurologic symptoms.	
Antibodies, vertical transmission, passive immunity	22-Oct-20	Possible vertical transmission and antibodies against SARS-CoV-2 among infants born to mothers with COVID-19: A living systematic review	Journal of Medical Virology	Review	Current evidence on vertical transmission of SARS-CoV-2 and natural passive immunity among exposed newborns is limited and varies, posing a challenge for preventive interventions. This systematic review was conducted to determine the likelihood of vertical transmission among infants and whether antibodies against SARS-CoV-2 are generated among infants vertically exposed, but who tested negative for SARS-CoV-2. 33 out of 517 identified articles (5.8%) published December 1, 2019 to May 18, 2020 met the inclusion criteria. To control for other possible modes of transmission, studies were included only if infants were not breastfed before samples were taken, the mother wore an N-95 during delivery, and the infant was immediately separated from the mother to a negative pressure room. Overall, 6.3% (13/205; 95%CI: 3.0%-9.7%) of the infants tested positive for SARS-CoV-2 at birth. 6 out of 33 studies (18.8%) reported on immunoglobulin G/M (IgG/IgM) against SARS-CoV-2. IgG/IgM were detected in 90% infants (10/11; 95%CI: 73.9%-107.9%) who tested negative for SARS-CoV-2. The median antibody levels detected were 75.49AU/mL (range: 7.25AU/mL-140.32AU/mL) and 3.79AU/mL (range: 0.16AU/mL-45.83AU/mL), p = 0.0041 for IgG and IgM, respectively. These results reveal a low possibility of vertical transmission of COVID-19 and the presence of antibodies against SARS-CoV-2 among infants who tested negative for SARS-CoV-2 suggests possible passive immunity.	This systematic review of literature published from December 2019 to May 2020 showed a low likelihood of vertical transmission among infants born to COVID-19 positive mothers. Of the infants vertically exposed but negative for SARS-CoV-2, 90% showed antibodies against SARS-CoV-2.	Bwire GM, Njiro BJ, Mwakawanga DL, Sabas D, Sunguya BF. Possible vertical transmission and antibodies against SARS-CoV-2 among infants born to mothers with COVID-19: A living systematic review. J Med Virol. 2020 Oct 22. doi: 10.1002/jmv.26622. Epub ahead of print. PMID: 33090535.
Transmission rate, schools, mitigation, simulation models, Canada	22-Oct-20	COVID-19's unfortunate events in schools: mitigating classroom clusters in the context of variable transmission	medRxiv	Pre-print (not peer reviewed)	In this article, the authors use stochastic individual-based simulations to explore the control of transmission clusters in classrooms. The authors used crowdsourced data available through Covid Écoles Québec to inform their underlying simulation framework. They considered two sources of transmission heterogeneity: individual variation in infectiousness and variability in how effective a particular environment/activity combination is for transmitting COVID-19. They also included the potential for pre- and a-symptomatic transmission and for transmission outside of an identified set of close contacts. Additionally, they modeled transmission in both an elementary school and a high school environment. Four different protocols when students become symptomatic or receive a positive test result were also explored. The authors found that even very small heterogeneities in the combinations tested result in highly variable transmission cluster sizes in the classroom setting, with	The authors of this article use a statistical modeling method to analyze transmission of COVID-19 in schools. Based on their results, they propose approaches for mitigating the contributions to transmission rate.	Tupper P., Colijn C. COVID-19's unfortunate events in schools: mitigating classroom clusters in the context of variable transmission. medRxiv. 2020. doi:10.1101/2020.10.20.20216267

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					clusters ranging from 1 to 20 individuals in a class of 25. The majority of exposures have led to no additional reported cases, which is indicated by clusters of size 1, however, there was a tail of larger clusters. This data was consistent with a model of transmission where infectiousness is variable, and the distribution of secondary cases is overdispersed. The authors concluded that details of the contact patterns are less important for the cluster sizes and roles of mitigation than the variation in transmission. They also argued that many workplaces may be well represented by their model and conclusions.		
Pediatric, gastrointestinal, PICU, symptoms, severity, Spain	22-Oct-20	COVID-19 Gastrointestinal Manifestations Are Independent Predictors of PICU Admission in Hospitalized Pediatric Patients	The Pediatric Infectious Disease Journal	Brief Reports	The authors' objective was to describe COVID-19 gastro-intestinal (GI) manifestations of hospitalized pediatric patients. They conducted a multicenter, descriptive, observational study of pediatric patients (between 1 month and 18 years old) admitted with COVID-19 to 15 hospitals in Spain from March 1 to June 3, 2020. Patients were diagnosed by SARS-CoV-2 RT-PCR of nasopharyngeal swabs or clinical suspicion plus positive ELISA IgG or IgM for SARS-CoV-2. The results showed that of the 101 patients analyzed, 57% had GI symptoms. Also, 14% had GI symptoms as the first manifestation of the disease, while 25 patients showed GI symptoms in the absence of respiratory symptoms. Of note, patients admitted to the PICU had a higher frequency of digestive symptoms, headache, myalgia, and rashes, as well as higher CRP, PCT, ferritin, and AST values. Furthermore, after adjusting for age, gender, immunosuppressive therapy, and previous underlying conditions, patients with GI symptoms had a higher risk of PICU admission (OR 5.90, 95% confidence interval: 1.67–20.83, P= 0.006).	Findings from this study showed that COVID-19 pediatric patients with GI symptoms had a higher risk of PICU admission. The authors suggest that GI symptoms are predictive of disease severity in COVID-19 pediatric patients admitted to hospitals.	Gonzalez Jimenez D, Velasco Rodríguez-Belvis M, Ferrer Gonzalez P, et al. COVID-19 Gastrointestinal Manifestations Are Independent Predictors of PICU Admission in Hospitalized Pediatric Patients [published, 2020 Oct 22]. <i>Pediatr Infect Dis J</i> . 2020;doi:10.1097/INF.0000000000002935
Pregnancy, myocardial injury, cardiology, mortality, Dominican Republic	22-Oct-20	New-Onset myocardial injury in COVID-19 Pregnant Patients: A Case Series of 15 Patients	American Journal of Obstetrics and Gynecology	Original Research	The authors present a case series of 15 pregnant patients with COVID-19 who developed myocardial injury at a single tertiary care hospital in the Dominican Republic from March 20 to June 30, 2020. Of 154 pregnant patients diagnosed with COVID-19, 15 (9.7%) developed myocardial injury. The patients' mean age and gestational age were 29.87 ± 5.83 years and 32.31 ± 3.68 weeks, respectively. 66.7% of patients presented with shortness of breath and 16.3% with palpitations. All patients were admitted to the ICU, and 86.6% needed intubation. Myocardial injury was confirmed with highly elevated troponin and pro-BNP concentrations. Additionally, all patients developed left ventricular dysfunction demonstrated by an echocardiogram with a mean left ventricular ejection fraction of 37.67 ± 6.4%. Two patients that presented with palpitations passed away a few days after admission, giving a 13.3% mortality rate attributed to malignant arrhythmias.	The authors present a case series of 15 pregnant patients with COVID-19 who developed myocardial injury. The most common presenting symptoms were shortness of breath and palpitations and the mortality rate was 13.3%.	Mercedes BR, Serwat A, Naffaa L, et al. New-Onset myocardial injury in COVID-19 Pregnant Patients: A Case Series of 15 Patients. <i>Am J Obstet Gynecol</i> . 2020 Oct 21:S0002-9378(20)31206-0. doi: 10.1016/j.ajog.2020.10.031.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Children, viral loads, VL, PCR cycle threshold, Ct, asymptomatic, symptomatic	22-Oct-20	Comparison of upper respiratory viral load distributions in asymptomatic and symptomatic children diagnosed with SARS-CoV-2 infection in pediatric hospital testing programs	Journal of Clinical Microbiology	Original Research	The role of asymptomatic children infected with SARS-CoV-2 in disease transmission is critical to inform the decision-making process in reopening schools and daycare centers. The authors studied 0-17-years-old asymptomatic (n=339) and symptomatic (n=478) children who tested positive for SARS-CoV-2 at nine children's hospitals in the United States and Canada from March to July 2020. They characterized SARS-CoV-2 viral loads (VL) in upper respiratory samples in asymptomatic and symptomatic children that were divided into 4 age brackets (0-4, 5-9, 10-13, 14-17 years). The authors assessed the PCR cycle threshold (Ct) values and estimated VL from the subjects' nasopharyngeal or oropharyngeal samples. The median adjusted Ct value in asymptomatic children was higher (8.6) compared to symptomatic children (-1.7) (p<0.0001) with differences of similar magnitude across the age brackets. Median estimated VL in asymptomatic children [2.0x10 ³ copies/mL] were lower than that of asymptomatic children [1.3x10 ⁷ copies/mL] (p<0.0001), and all age brackets had differences of similar magnitude. These differences were consistent across all institutions and were not affected by sex or ethnicity. The authors provide tables summarizing the estimated risk for being in the lowest Ct quartile and the highest VL quartile, and graphs comparing the Ct values and VL. The timing of infection might impact the viral load distribution among asymptomatic children, and the authors caution against using low sensitivity diagnostic tests.	Upper respiratory viral loads in SARS-CoV-2-infected asymptomatic children are significantly lower than those in symptomatic children although the authors found outliers. The authors' findings underscore that the timing of diagnostic testing relative to initial infection is critical to assess the viral loads accurately.	Kociolek LK, Muller WJ, Yee R, et al. Comparison of upper respiratory viral load distributions in asymptomatic and symptomatic children diagnosed with SARS-CoV-2 infection in pediatric hospital testing programs. J Clin Microbiol. 2020 Oct 22;JCM.02593-20. doi: 10.1128/JCM.02593-20. Epub ahead of print. PMID: 33093026.
Cord blood, neonatal, vertical transmission, hematogenous spread, nasopharynx	22-Oct-20	In Utero SARS-CoV-2 Infection	Journal of the Pediatric Infectious Diseases Society	Case Report	The authors present a case of neonatal infection with viral RNA in cord blood that supports in-utero transmission of SARS-CoV-2 and provides insight into hematogenous spread from mother to fetus. The patient is a 2414-gram male delivered at 34 weeks gestation by a mother diagnosed with SARS-CoV-2 infection 14 hours before delivery. The mother presented to the hospital with cough symptoms for one-week, vaginal bleeding/cramping, and underwent C- section due to HELLP syndrome and history of prior C- section. During the hospitalization, the mother and all healthcare personnel wore appropriate PPE. The neonate was healthy, admitted to the NICU, and the mother elected not to breastfeed or provide breast milk. The infant had no contact with family members until day of life (DOL) 7 when his mother had recovered. The neonate's umbilical cord blood, nasopharyngeal swabs, urine, and placental tissue were tested for SARS-CoV-2. The results showed that the neonate's nasopharyngeal swabs were negative for SARS-CoV-2 at 24 hrs of life but positive at 49 hours. Furthermore, the authors found SARS-CoV-2 RNA in umbilical cord blood and the neonate's DOL 2 urine. However, both serum and plasma from cord blood were seronegative for	This study's findings showed the presence of SARS-CoV-2 RNA in umbilical cord blood and in newborn urine and nasopharynx. The authors suggest that these findings provide evidence of in-utero hematogenous transmission of SARS-CoV-2 and that newborn nasopharyngeal secretions may not contain detectable virus until after 48 hours.	Von Kohorn I, Stein SR, Shikani BT, et al. In Utero SARS-CoV-2 Infection [published online, 2020 Oct 22]. J Pediatric Infect Dis Soc. 2020;piaa127. doi:10.1093/jpids/piaa127

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					IgM and IgG antibodies against SARS-CoV-2. Also, placental tissue was negative for SARS-CoV-2 RNA. The infant continued to be asymptomatic, was discharged on DOL 8, and remained healthy through the first month of life.		
COVID-19, alternative treatment, lectin pathway, infants, children, adolescents, immunology	21-Oct-20	The Influence of the Lectin Pathway of Complement Activation on Infections of the Respiratory System	Frontiers in Immunology	Review	Complement activation may prevent a variety of respiratory infections, but also can exacerbate tissue damage or contribute to adverse side effects. In this review, the authors discuss associations of factors specific for complement activation via the lectin pathway (LP) with infections of the respiratory system from birth to adulthood and relate these findings to SARS-CoV-2 infection. The most extensive data concern mannose-binding lectin (MBL) which together with other collectins (collectin-10, collectin-11) and the ficolins (ficolin-1, ficolin-2, ficolin-3) belong to pattern recognition molecules (PRM) specific for the LP. Reports have demonstrated associations of MBL deficiency with an increased susceptibility to various infections in newborns, and older children/adolescents as well as enhanced susceptibility to perinatal pneumonia. MBL dysfunction also modifies disease course in infants 6-17 months. Low concentrations of ficolin-2 were reported to increase susceptibility to respiratory infections in children and teenagers (age range 1–16 years, mean 8.9 years) in the context of rhinitis/asthma. Extensive investigations concerning the lectin pathway and SARS-CoV-2 infection should be considered as they may result in elaboration of treatment strategies.	This review discusses complement activation via the lectin pathway with infections of the respiratory system, from birth to adulthood, and relates these findings to SARS-CoV-2 infection. Mannose-binding lectin deficiency has been associated with increased susceptibility to infections in newborns and older children/adolescents. The authors recommend extensive investigations concerning the lectin pathway and SARS-CoV-2 infection.	Świerzko AS, Cedzyński M. The Influence of the Lectin Pathway of Complement Activation on Infections of the Respiratory System. <i>Front Immunol.</i> 2020;11:585243. Published 2020 Oct 21. doi:10.3389/fimmu.2020.585243
COVID-19; mental health; physical activity; social isolation; China	21-Oct-20	Association between Physical Activity and Mood States of Children and Adolescents in Social Isolation during the COVID-19 Epidemic	International Journal of Environmental Research and Public Health	Original Research	In this cross-sectional study, the authors examined the association among children's social isolation during the COVID-19 pandemic, physical activity level, and mood state. The sample consisted of 9979 children with an average age of 11.65 years (age range 9-14 years) in Yan'an, China. The children completed questionnaires during one week in March 2020 on physical activity (International Physical Activity Questionnaire Short Form, IPAQ-SF) and mood state (Profile of Mood States, POMS) for the previous 7 days. Results indicated that the mean time spent on moderate-to-vigorous physical activity was 23.19 minutes per day. Children with moderate or high levels of physical activity had lower mood disturbance compared to those with low physical activity ($p < 0.05$). There were also significant differences in physical activity between grade levels and between sexes, with older children reporting more activity than younger children ($p < 0.01$), and boys having less vigorous activity than girls ($p < 0.01$). The authors indicate that physical activity levels of participants were lower than in studies prior to the COVID-19 pandemic, when children participated in recreational sports and had a	This study explored the associations among social isolation amidst the COVID-19 pandemic, mood state, and physical activity level for school-aged children in China. Physical activity and mood state declined overall when compared to levels prior to the COVID-19 pandemic, and children with moderate or high levels of physical activity had lower mood disturbance.	Zhang X, Zhu W, Kang S, Qiu L, Lu Z, Sun Y. Association between Physical Activity and Mood States of Children and Adolescents in Social Isolation during the COVID-19 Epidemic. <i>Int J Environ Res Public Health.</i> 2020;17(20):7666. Published 2020 Oct 21. doi:10.3390/ijerph17207666

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					minimum of 160 minutes of school physical education classes per week.		
COVID-19; SARS-CoV-2; Spain; acro-ischemic lesions; chilblain; exanthem; immunohistochemistry; pernio; skin; viral diseases.	21-Oct-20	Suspected COVID-19-related reticulated purpura of the soles in an infant	Pediatric Dermatology	Case report	This is a case report of an infant girl, aged one month and 29 days, with a peculiar reticulated purpuric eruption on her soles. She presented with mild nasal congestion for 3 weeks without any history of other diseases, trauma, or drug or heat exposure. Laboratory findings were within normal limits, and PCR in oropharyngeal and nasopharyngeal swabs for SARS-CoV-2 was negative. A skin biopsy of the lesion was performed and showed dilated superficial dermal vessels lined by swollen endothelial cells and significant red cell extravasation. For SARS-CoV-2 immunohistochemistry, the authors found cytoplasmic granular positivity for SARS-CoV-2 spike protein in the cytoplasm of endothelial cells and epithelial cells of eccrine glands and a minimal perivascular lymphocytic infiltrate, mostly composed by CD3+ mature T cell. Direct viral-induced endothelial damage could be the first step in the inflammatory and vaso-occlusive reaction, which is known to be elicited by SARS-CoV-2 infection. However, a definite causative link remains to be established. The authors attached the clinical and pathological microscopic pictures to the article. On telephone follow-up, her mother reported that the lesions gradually faded and eventually resolved 2 weeks after the diagnosis. The patient had an excellent outcome without specific therapy.	This is a case report of an infant girl, aged 1 month and 29 days, with a peculiar reticulated purpuric eruption on her soles, with positive immunohistochemistry for SARS-CoV-2 in the endothelia of dermal blood vessels. The patient had an excellent outcome without specific therapy.	Andina, D., Colmenero, I., Santonja, C., et al. (2020). Suspected COVID-19-related reticulated purpura of the soles in an infant. Pediatric dermatology. Advance online publication. https://doi.org/10.1111/pde.14409
Children, CT, lung findings, imaging, China	21-Oct-20	Overview of chest involvement at computed tomography in children with coronavirus disease 2019 (COVID-19)	Pediatric Radiology	Original Research	This retrospective study assessed the chest CT findings of COVID-19 infection in 201 children in Wuhan, China, with a median age of 6 years (range 3 hours to 15 years). Retrospective chart review occurred for patients admitted from January 15- March 20, 2020. All children had a diagnosis of COVID-19 based on a positive RT-PCR test and epidemic history. All 201 children underwent lung CT scan with 59.2% (119/201) showing positive CT findings: 82.4% (98/119) in the symptomatic group and 17.6% (21/119) in the asymptomatic group. Single lesions accounted for 24.4% (29/119) of CT findings, multiple lesions accounted for 75.6% (90/119) and multiple lesions in both lungs accounted for 50.4% (60/119). Multiple lesions were more commonly identified in the symptomatic group. The main imaging findings were ground-glass opacities in 69.7% (83/119) and consolidation in 37.0% (44/119). The duration of hospitalization ranged from 4 to 34 days, with a mean of 13.2±5.9 days. Fifteen of 87 (7.2%) patients with lung lesions showed complete lesion absorption, and 42/87 (48%) improved within a mean of 9.1 (SD 3.2) days.	This retrospective study highlights the CT imaging findings in 201 children ages 3 hours to 15 years infected with SARS-CoV-2 in Wuhan, China. More than half demonstrated findings on CT with the most common findings being ground-glass opacities and consolidation.	Peng X, Guo Y, Xiao H, et al. Overview of chest involvement at computed tomography in children with coronavirus disease 2019 (COVID-19). <i>Pediatr Radiol</i> . 2020 Oct 21:1–9. doi: 10.1007/s00247-020-04826-7.
Germany, breast milk,	21-Oct-20	Pasteurization Inactivates SARS-	Pediatrics	Research Brief	These authors raise concerns of possible SARS-CoV-2 transmission via breast milk, but they also acknowledge the significant benefits of breast milk and breastfeeding. Therefore,	These authors explored the inactivation of SARS-CoV-2 in human milk by	Conzelmann C, Groß R, Meister TL, Todt D, Krawczyk A, Dittmer U, Stenger S, Münch J,

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breastfeeding, pasteurization		CoV-2 Spiked Breast Milk			they explored the inactivation of SARS-CoV-2 in human milk by pasteurization, to reduce the risk of viral transmission while preserving the milk's beneficial properties. Milk samples were obtained from 5 healthy human donors in Germany. The authors spiked 5 different SARS-CoV-2 isolates from Germany, France and the Netherlands into breast milk samples or medium controls, and either incubated them for 30 minutes at room temperature, or performed standard holder pasteurization at 63°C. Residual infectivity was defined as tissue culture infectious dose 50 (TCID50) upon titration. All 5 SARS-CoV-2 isolates remained infectious in the milk samples that were incubated at room temperature. Of note, in each milk sample and independent of the viral strain, there was a 40.9 - 92.8% decrease of viral titers compared to the medium control. The authors postulate that this might indicate an anti-viral property of milk. With pasteurization, no residual infectivity was detected in any of the samples. Thus, human breast milk potentially containing infectious SARS-CoV-2 can be efficiently inactivated using standard holder pasteurization.	pasteurization, to reduce the risk of viral transmission while preserving the milk's beneficial properties. They found that human breast milk potentially containing infectious SARS-CoV-2 can be efficiently inactivated using standard holder pasteurization.	Steinmann E, Müller JA, Pfaender S. Pasteurization Inactivates SARS-CoV-2 Spiked Breast Milk. <i>Pediatrics</i> . 2020 Oct 21:e2020031690. doi: 10.1542/peds.2020-031690. Epub ahead of print. PMID: 33087554.
COVID-19; atopic dermatitis; children; contact dermatitis; hand eczema; Denmark	21-Oct-20	Increased occurrence of hand eczema in young children following the Danish hand hygiene recommendation s during the COVID-19 pandemic	Contact Dermatitis	Article	The authors describe a study to examine the occurrence and point prevalence of hand eczema in children attending daycare as a consequence of intensive hand hygiene regimen implemented due the COVID-19 pandemic following reopening on 15 April, 2020 in Denmark. The following guidelines were issued by the Danish Health Authorities: children were instructed to wash their hands for 45-60 sec with water and soap at least every 2 hours and specifically upon arrival at daycare, before and after meals, after toilet visits, after coughing/sneezing in the hand, and whenever hands were visibly dirty. 1667 daycare centers were contacted and asked to forward an electronic questionnaire designed to explore the occurrence of dry skin and hand eczema to parents of attending children. Among 6858 children (0-7 yrs, mean=3.4 yrs, SD=1.37 yrs; 50.3% boys, 49.7% girls) included in the survey, 12.1% (95% CI: 11.3–12.9%) had hand eczema before reopening of daycare centers while 38.3% (95% CI: 37.1–39.4%) reported hand eczema after the children returned to daycare. Of the children who never had hand eczema, 28.6% (95% CI: 27.4–29.7%) developed hand eczema after returning to daycare. The risk of hand eczema was significantly associated with atopic dermatitis (adjusted OR 2.22, 95% CI: 1.91–2.59), female gender (adjusted OR 1.42, 95% CI: 1.26–1.60), older age (adjusted OR 1.79, 95% CI: 1.59–2.03), and the frequency of handwashing (adjusted OR 4.00, 95% CI: 1.43–11.67 for number of handwashes>21/day relative to 6 handwashes/day). The findings show that a high proportion of young children rapidly developed	The authors describe a study to examine the occurrence and point prevalence of hand eczema in children attending daycare as a consequence of intensive hand hygiene regimen implemented due the COVID-19 pandemic following reopening in Denmark. The findings show that a high proportion of young children rapidly developed hand eczema following the implemented hygiene regimen, indicating a need for prophylactic skin care in this group.	Simonsen AB, Ruge IF, Quaade AS. Increased occurrence of hand eczema in young children following the Danish hand hygiene recommendations during the COVID-19 pandemic. <i>Contact Dermatitis</i> . 2020. doi: 10.1111/cod.13727.

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					hand eczema following the implemented hygiene regimen, indicating a need for prophylactic skin care in this group.		
Children, ultrasound, imaging, diagnostic tools, sensitivity, Turkey	21-Oct-20	Diagnostic Value of Lung Ultrasonography in Children with COVID-19	Pediatric Pulmonology	Original article	This prospective, multi-center study conducted from April- May 2020 at 4 pediatric hospitals in Ankara-Turkey aimed to assess the diagnostic utility of lung ultrasound (LUS) in 40 children with confirmed COVID-19. Both symptomatic and asymptomatic patients < 18 years (median age 10.5 (range 0.4-17.8) years) were evaluated at the time of admission to the hospital. Bedside LUS was performed by a single pediatric pulmonologist who was unaware of symptoms. Chest X-ray and CT were performed according to physician discretion without knowledge of the LUS results. In 29 (72.5%) patients, LUS showed normal A-line pattern with sliding lung, B line patterns were observed in 11 (27.5%) patients, thickened pleural line was visualized in 2 (5%) patients, and subpleural consolidation was detected in 4 (10%) patients. LUS confirmed the diagnosis of pulmonary involvement in 10 out of 12 patients with positive CT findings; while chest X-ray was normal in 7 out of 10. LUS demonstrated normal lung patterns for 15 out of 16 patients who had normal CT features. The sensitivity and the area under the ROC curve (AUC) identified by the chest X-ray and LUS tests were compared and statistically significantly different, with LUS having higher sensitivity and AUC curve (p-value 0.016 and 0.001 respectively). Chest X-ray had higher rates of false-negative results for pulmonary involvement (75%) whereas for LUS it was 16.7%. The authors conclude that LUS is a useful diagnostic tool for children with COVID-19.	This article assessed the diagnostic utility of lung ultrasound in children with COVID-19, and found that it had a higher sensitivity than chest X-ray and confirmed 10 of 12 patients with lung findings on CT. The authors conclude LUS is a useful diagnostic tool for children with COVID-19.	Hizal M, Aykac K, Yayla BCC, et al. Diagnostic Value of Lung Ultrasonography in Children with COVID-19. <i>Pediatr Pulmonol</i> . 2020 Oct 21. doi: 10.1002/ppul.25127.
Pregnancy; COVID-19; SARS-CoV2; inflammatory bowel disease; vertical transmission	21-Oct-20	Management of Pregnant Inflammatory Bowel Disease Patients During the COVID-19 Pandemic	Journal of Crohn's and Colitis	Supplement Article	The rapid emergence of COVID-19 is particularly concerning for vulnerable groups such as pregnant women with inflammatory bowel disease (IBD). In this paper the authors answer relevant questions that can be encountered in daily clinical practice when caring for pregnant women with IBD during the current COVID-19 pandemic. Pregnant IBD patients should be considered at high risk for COVID-19. Immunological changes such as attenuation of cell-mediated immune responses take place during pregnancy, making pregnant women more susceptible to infections from intracellular pathogens such as viruses. No data are available about harm to the fetus caused by COVID-19 in the 1st trimester, but a significant rate of preterm births and deliveries by C-section have been reported in pregnant women with COVID-19. While there is a possibility of vertical transmission, there is currently insufficient evidence to support this hypothesis. Care for pregnant women with IBD often requires continued immunosuppressive maintenance medication, which may also	In this paper, the authors answer relevant questions that can be encountered in daily clinical practice when caring for pregnant women with inflammatory bowel disease (IBD) during the current COVID-19 pandemic. The authors recommend all hospitalized pregnant IBD patients admitted for COVID-19 receive anti-coagulant prophylaxis, in addition to those without confirmed COVID-19.	De Lima-Karagiannis A, Juillerat P, Sebastian S, et al. Management of Pregnant Inflammatory Bowel Disease Patients During the COVID-19 Pandemic. <i>J Crohns Colitis</i> . 2020 Oct 21;14(Supplement_3):S807-S814. doi: 10.1093/ecco-jcc/jjaa125. PMID: 33085970.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					influence susceptibility to viral infections. In the non-pregnant population, active IBD has been associated with COVID-19 pneumonia and mortality risk, independent of corticosteroid use. Although evidence is limited, the authors suggest this effect may be seen in the pregnant population as well. Pregnant and postpartum women, IBD patients, as well as patients with severe COVID-19 independently have an increased venous thrombo-embolic (VTE) risk; however, no data are available on VTE risk in pregnant IBD patients who develop COVID-19. The authors recommend all hospitalized pregnant IBD patients admitted for COVID-19 receive anti-coagulant prophylaxis, in addition to those without confirmed COVID-19.		
Anxiety, chronic diseases, coping, depression, parent stress, resilience, self-efficacy, work stress, United States	21-Oct-20	High Levels of Stress Due to the SARS-CoV-2 Pandemic among Parents of Children with and without Chronic Conditions across the USA	Children	Original Article	The authors conducted a survey to describe stress levels, anxiety, and depression of 628 parents of either healthy children or children with chronic physical or mental conditions from the USA during the COVID-19 pandemic. Stressors due to community restrictions during the pandemic were high: the vast majority of families practiced social distancing, over half of parents lost their job or had reduced income, 42% transitioned to working from home and 3 out of 4 children were schooled at home/online. Overall stress levels were in the moderate range for all parents, but parents of children with chronic conditions reported more stress than those without chronic conditions. Pandemic-related stress was higher in parents of children with chronic physical conditions compared to parents of children with mental health conditions or parents of healthy children. Parents of healthy children and children with chronic conditions reported mild to moderate levels of depression and anxiety. Stress levels, anxiety and depression were significantly higher in parents who take care of children with chronic physical or mental conditions compared to parents of healthy children.	The authors conducted a survey to describe stress levels, anxiety, and depression of 628 parents of either healthy children or children with chronic physical or mental conditions from the USA during the COVID-19 pandemic. Stress levels, anxiety and depression were significantly higher in parents who took care of children with chronic physical or mental conditions compared to parents of healthy children.	A L van Tilburg M, Edlynn E, Maddaloni M, van Kempen K, et al. High Levels of Stress Due to the SARS-CoV-2 Pandemic among Parents of Children with and without Chronic Conditions across the USA. <i>Children (Basel)</i> . 2020;7(10):E193. Published 2020 Oct 21. doi:10.3390/children7100193
Schools, education, rapid result tests, screening, children	21-Oct-20	The Missing Piece — SARS-CoV-2 Testing and School Reopening	The New England Journal of Medicine (NEJM)	Perspective	This perspective article explores the benefits and challenges of SARS-CoV-2 test screening in US schools. Because an estimated 40% of COVID-19 cases are asymptomatic and 50% of transmissions occur from asymptomatic persons, the authors assert that testing is critical for school reopening plans. SARS-CoV-2 testing presents at least 3 challenges for schools: access to testing, lag time in receiving results, and logistical difficulties in responding to positive cases. K-12 schools must rely on public health departments or private contractors to access tests, and school districts may face financial barriers in providing tests to students and staff. Disparities among communities in testing access and lag times exacerbate preexisting inequities among schools, causing schools that cannot quickly obtain test results to disproportionately rely on extended quarantines. Response	This perspective article explores the benefits and challenges of SARS-CoV-2 test screening in US schools. The authors urge state and local governments to formulate concrete plans for mass testing in K-12 schools and advocate for COVID-19 relief packages to include funding for providing schools with rapid SARS-CoV-2 tests.	Rafiei Y, Mello MM. The Missing Piece — SARS-CoV-2 Testing and School Reopening. <i>N Engl J Med</i> . 2020; doi: 10.1056/NEJMp2028209

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					planning to positive tests is logistically daunting, as schools may need to deliver remote education to a fluctuating volume of students on short notice. The authors urge state and local governments to assist schools by formulating concrete plans for mass testing. The authors also advocate for future federal COVID-19 relief packages to include funding for providing rapid SARS-CoV-2 tests to schools (Kindergarten to 12 th grade).		
Children, pediatric, MIS-C, Multi-inflammatory Syndrome in Children, Kawasaki Disease, KD, SARS-CoV-2 Spike Protein, S protein, superantigen, cytokine storm, T-cell receptor, France	21-Oct-20	Multisystem Inflammatory Syndrome in Children in the United States	The New England Journal of Medicine	Correspondence	The series of correspondence among the authors reveal the temporal trend of MIS-C and COVID-19 outbreak in France and the United States. The French authors present a graph summarizing the temporal distribution of COVID-19 hospitalizations and MIS-C. MIS-C cases sharply decreased 3 to 4 weeks after the COVID-19 cases decreased in France. This trend is highly suggestive of an adaptive immunity's role in inducing the post-infectious disease. Similarly, the MIS-C cases in the United States decreased as the percentage of SARS-CoV-2 positive tests decreased in May 2020. However, the United States has had sustained high SARS-CoV-2 transmission since the end of June 2020. Countries with uncontrolled pandemic can expect MIS-C to remain an important and common pediatric problem. Some authors from the United States speculate on the SARS-CoV-2 superantigen's role in inducing MIS-C and the cytokine storm in adults. They have found that the SARS-CoV-2 spike (S) protein contains a superantigen-like region similar to that of staphylococcal enterotoxin B, which is similar to toxic shock syndrome pathogenesis. The editor argues that a superantigen-mediated mechanism is unlikely because MIS-C develops several weeks after the infection. He believes the development of acquired immunity to SARS-CoV-2 is more likely to be associated with MIS-C.	MIS-C is most likely a postinfectious condition, and the countries with uncontrolled pandemic can expect MIS-C to remain an important and common pediatric problem. Given the delay of MIS-C development following SARS-CoV-2 infection, MIS-C is likely to occur as acquired immunity to SARS-CoV-2 develops.	Belot A, Levy-Bruhl D; French Covid-19 Pediatric Inflammation Consortium. Multisystem Inflammatory Syndrome in Children in the United States. N Engl J Med. 2020 Oct 21;383(18):10.1056/NEJMc2026136#sa1. doi: 10.1056/NEJMc2026136. Epub ahead of print. PMID: 33085852.
SARS-CoV-2, pregnancy, Portugal	21-Oct-20	Systematic screening for SARS-CoV-2 in pregnant women admitted for delivery in a Portuguese maternity [Free Access to Abstract Only]	Journal of Perinatal Medicine	Article	The burden of undocumented SARS-Cov-2 infections in Portuguese pregnant women is unknown. This study reports the results of routine SARS-CoV-2 testing implemented from March 19th - May 4th, 2020 of all pregnant women admitted for delivery to a tertiary hospital in Portugal, along with maternal age, parity, gestational age at delivery and mode of delivery. Maternal age ranged between 17 and 45 years (mean age of 32.5 years). Of 184 included patients, 11 women (6%) were positive for SARS-CoV-2 via PCR test of nasopharynx and oropharynx swabs. Of these, only 2 (12%) reported symptoms at admission. No cases of newborn SARS-CoV-2 infection were detected. Although in the epicenter of the most affected region in Portugal, the authors report a lower rate of positive cases than other cohorts which they attribute to the effects of rigorous social confinement in Portugal beginning March 18, 2020. The high	An observational study conducted from 19th March - May 4th, 2020 in a tertiary hospital in Portugal reports the results of routine SARS-CoV-2 testing of pregnant women admitted for delivery. Of those who tested positive, 82% were asymptomatic, indicating a need for universal screening rather than symptom-based screening	Figueiredo R, Tavares S, Moucho M, Ramalho C. Systematic screening for SARS-CoV-2 in pregnant women admitted for delivery in a Portuguese maternity. J Perinat Med. 2020 Oct 21. doi: 10.1515/jpm-2020-0387. Epub ahead of print. PMID: 33085639.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					proportion of asymptomatic infection (82%) among positive cases highlights the importance of universal laboratory screening for all women admitted for delivery as opposed to symptom-based screening.	among pregnant women admitted for delivery.	
Pediatric, acute lower respiratory disease, ALRD	21-Oct-20	Low impact of SARS-CoV-2 infection among paediatric acute respiratory disease hospitalizations	Journal of Infection	Correspondence	In this study, the authors described the clinical, microbiological, and epidemiological characteristics of children requiring admission with an acute lower-respiratory disease (ALRD) during the SARS-CoV-2 pandemic in Barcelona, Spain during the pandemic peak (weeks 11-20) in 2020. Of the 110 patients, 7 were SARS-CoV-2 positive and older in comparison to the SARS-CoV-2 negative group (Median age: 16.9 years; IQR: 11.7-17.7). Only two patients had co-morbidities in the SARS-CoV-2 positive group. This was unlike the SARS-CoV-2 negative group, where respiratory and neurologic conditions were common (44% and 13% respectively). Pneumonia was the main diagnosis in 6/7 patients, with an absence of bronchospasm. 1/29 infants diagnosed with bronchiolitis were SARS-CoV-2 positive, with lower leukocytes, lymphocytes, neutrophils, and platelet counts and higher creatinine levels. Hospital stay was longer in the SARS-CoV-2 positive group (11 days vs 3 days, p=0.024). The authors identify the study design as the primary limitation of the study due to heterogeneous testing. Human rhinovirus/enterovirus was determined to be the primary detection (11/32), with no differences in PICU admission rates. Thus, it was concluded that most of the ALRD episodes identified during the period were not related to SARS-CoV-2 infection, the latter of which was mainly found causing pneumonia in older children.	The authors report clinical, epidemiological, and microbiological findings of children requiring admission with an acute lower-respiratory disease (ALRD) during the SARS-CoV-2 pandemic. They determined that there were no differences in PICU admission rates between SARS-CoV-2 positive and negative children. Additionally, they identify a majority of ALRD events as not being associated with SARS-CoV-2, which was primarily associated with pneumonia in older children.	Mele M, Henares D ,Pino R, et al. Low impact of SARS-CoV-2 infection among paediatric acute respiratory disease hospitalizations. Journal of Infection (2020), doi: https://doi.org/10.1016/j.jinf.2020.10.013
Breast milk, RT PCR, Holder pasteurization	21-Oct-20	Bench Research, Human Milk, and SARS-CoV-2	Pediatrics	Commentary	In this commentary article, the authors discuss a study published by Conzelmann et al. in the October 2020 issue of Pediatrics, which examined whether Holder pasteurized human milk (milk heated to 62.5 degrees Celsius for 30 minutes) can inactivate SARS-CoV-2. Conzelmann et al. “spiked” expressed breast milk samples (n=5) with different SARS-CoV-2 isolates, conducted Holder pasteurization, and assessed viral infectivity in tissue culture. Holder pasteurization effectively inactivated SARS-CoV-2. Viral titer decreased by 40.9-92.8% in human milk compared to the control medium, confirming human milk’s unique antiviral properties. The authors of this commentary note that while these findings are important, SARS-CoV-2 is unlikely to infect human milk, as only 5% of mammary gland epithelial cells express ACE2, the cellular receptor for SARS-CoV-2, and none of these cells co-express ACE2 with SARS-CoV-2 co-receptors. The presence of SARS-CoV-2 RNA in breast milk does not indicate infectivity, as viral RNA isolated from breast milk in several studies was unable to replicate by established culture methods. The authors	This commentary discusses a recent study by Conzelmann et al., which found that Holder pasteurization successfully inactivated SARS-CoV-2. The authors note that while Holder pasteurization is useful for human donor milk, SARS-CoV-2-infected mothers should continue directly breastfeeding their infants, as SARS-CoV-2 is unlikely to successfully infect breast milk.	Furman L and Noble L. Bench Research, Human Milk, and SARS-CoV-2. Pediatrics. 2020; doi: 10.1542/peds.2020-033852

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					conclude that while Holder pasteurization is important in human donor milk during the pandemic, it also reduces antibodies directed against SARS-CoV-2, and SARS-CoV-2-infected mothers should continue directly breastfeeding their infants if well enough to do so.		
COVID-19; mental health; quality of life; children; adolescents	20-Oct-20	Mental Health and Quality of Life in Children and Adolescents During the COVID-19 Pandemic-Results of the Copsy Study	Deutsches Ärzteblatt International	Original Research	The authors examined the mental health and quality of life of children (n = 1040, ages 7-17, mean age 14.3 years) in Germany from May 26 to June 10, 2020, of the COVID-19 pandemic by interviewing parents and children. 71% (95% CI [68-74]) of children felt burdened by restrictions to social contacts during the COVID-19 pandemic. 65% (95% CI [62-68]) thought that school was more exhausting than before the COVID-19 pandemic, 27% (95% CI [24-30]) reported having more arguments, and 39% (95% CI [36-42]) of children felt that their relationships with friends had deteriorated due to reductions in personal contact. Parents reported that arguments with children were escalated more often during the COVID-19 pandemic. Furthermore, children reported lower health-related quality of life during the pandemic (40%, 95% CI [37-43]) compared to before the pandemic (15%, 95% CI [13-17]). The authors noted that reductions in social contacts during the COVID-19 pandemic were associated with reductions in the quality of life and mental wellbeing of children and adolescents. Group-specific and easy-access services for prevention and health promotion are needed to protect and preserve the mental health of children and adolescents during crises such as the COVID-19 pandemic.	This article examined the mental health and quality of life of children in Germany during the COVID-19 pandemic. The authors noted that reductions in social contacts during the COVID-19 pandemic were associated with reductions in the quality of life and mental wellbeing of children and adolescents. Group-specific and easy-access services for prevention and health promotion are needed to protect and preserve the mental health of children and adolescents during crises such as the COVID-19 pandemic.	Ravens-Sieberer U, Kaman A, Otto C, et al. Mental Health and Quality of Life in Children and Adolescents During the COVID-19 Pandemic-Results of the Copsy Study. Dtsch Arztebl Int. 2020;117(48):828-829. doi:10.3238/arztebl.2020.0828
COVID-19; fertility treatments; live births; recession; economic crisis; natality	20-Oct-20	2008 financial crisis vs 2020 economic fallout: How COVID-19 might influence fertility treatment and live births	medRxiv	Preprint (not peer-reviewed)	The authors examined annual natality, in vitro fertilization (IVF) cycle activity, and live births in the United States from 1999 to 2018 to determine the reduction in IVF cycles and live births after the 2008 financial recession. This data was then imputed into quantitative modeling to predict reduction in cycles and live-births for 2020-2023, after the COVID-19 pandemic-related recession. The results demonstrated that the 2008 financial crisis was followed by a 4-year plateau in fertility treatments with 53,026 (95% CI 49,581 to 56,471) fewer predicted IVF cycles and 16,872 (95% CI 16,713 to 17,031) fewer predicted IVF live births. Reduction in IVF cycles was greater in women <35 years old (15.8%; 95% CI 1.0 to 27.8) compared to women >40 years (6.5%; 95% CI -9.0% to 18.1%). If a similar scale of economic recession occurred after the pandemic compared to the 2008 financial crisis, this would be associated with 67,286 (95% CI 61,686 to 73,086) fewer IVF cycles between 2020 and 2023 and 25,143 (95% CI 22,408 to 27,877) fewer predicted IVF live births. This decline would be primarily driven by the economic recession,	This article examined the decline in in vitro fertilization (IVF) cycles and live births following the 2008 financial crisis in the United States, and used the data to predict decline in IVF live births following the recession during the COVID-19 pandemic. The authors predict 67,286 fewer IVF cycles and 25,143 fewer IVF live births between 2020 and 2023, if the scale of the economic recession is similar to 2008.	Gromski PS, Smith, Andrew D. A. C., et al. 2008 financial crisis vs 2020 economic fallout: How COVID-19 might influence fertility treatment and live births. medRxiv. 2020. doi:10.1101/2020.10.18.20214650.

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					with short-term clinic closures making only a minor contribution. The authors note that the results support a predicted decline in live birth rates from IVF in the United States, contributing to already-existing declines in the fertility rate.		
MIS-C, pediatrics, inflammation, children, mortality	20-Oct-20	Multisystem Inflammatory Syndrome in Children, the Real Disease of COVID-19 in Pediatrics - A Multicenter Case Series From Al-Ahsa, Saudi Arabia	Cureus	Case Series	In this case series of 10 patients <14 years (range 1-13 years) of age who presented to hospitals in Al-Ahsa, Saudi Arabia with MIS-C from June 1-July 30, 2020, the authors summarize clinical presentations, complications, and outcomes. 9 (90%) were positive for SARS-CoV-2 by RT-PCR or antibody testing. Gastro-intestinal involvement was found in all 10 patients (100%) while 30% had cardio-vascular involvement. Regarding laboratory investigations: 4 (40%) patients had leukocytosis and 5 (50%) showed lymphopenia. All 10 patients (100%) developed acute anemia, while 4 patients (40%) developed thrombocytopenia. 2 patients (20%) developed abnormal renal function while 7 patients (70%) had high liver enzymes. Most patients developed electrolyte imbalances: 9 (90%) hyponatremia, 8 (80%) hypocalcemia, and 4 (40%) hypokalemia. All patients (100%) developed significant hypo-albuminemia. The majority of patients (90%) had elevations in inflammatory markers. 7 (70%) of the patients developed an abnormal coagulation profile. 3 patients (30%) had left ventricular dysfunction and pericardial effusion, but no coronary-artery aneurysms were documented. 7 patients (70%) had an abnormal abdominal ultrasound (US) with either ascites or mesenteric adenitis. 10 patients (100%) received intensive care, 2 (20%) received mechanical ventilation, 5 (50%) received vasoactive support. Anti-viral treatment (favipiravir) was given to 7 patients (70%) and all patients received heparin, antibiotics, IV immune globulin, and steroids. 8 (80%) survived and 2 (20%) died.	The authors present 10 cases of MIS-C in pediatric patients in Saudi Arabia during the COVID-19 pandemic, all of whom were <14 years of age. All patients had gastro-intestinal symptoms and developed acute anemia, while a majority (90%) experienced elevations in inflammatory markers and electrolyte abnormalities. All patients received intensive care, 20% received mechanical ventilation, and 50% required vasoactive support. 80% of patients survived.	Almoosa ZA, Al Ameer HH, AlKadhem SM, Busaleh F, AlMuhanna FA, Kattih O. Multisystem Inflammatory Syndrome in Children, the Real Disease of COVID-19 in Pediatrics - A Multicenter Case Series From Al-Ahsa, Saudi Arabia. Cureus. 2020;12(10):e11064. Published 2020 Oct 20. doi:10.7759/cureus.11064
MIS-C; neurology; COVID-19, pediatric, BDNF	20-Oct-20	Multisystem Inflammatory Syndrome Associated With COVID-19 With Neurologic Manifestations in a Child: A Brief Report	The Pediatric Infectious Disease Journal	Report	The authors report a 4-year-old girl with MIS-C in Brazil admitted to the PICU with high fever, vomiting, skin rash, fatigue, and myalgia. Nearly 4 weeks before admission, the patient had exhibited flu-like symptoms and a low-grade fever but tested negative for SARS-CoV-2 infection during PICU admission. However, she presented with shock, Kawasaki-like symptoms, neurologic dysfunction, a cytokine storm, and decreased levels of blood brain-derived neurotrophic factor (BDNF) after admission. She was subsequently intubated for hemodynamic support. A cerebrospinal fluid sample obtained on day 7 revealed pleocytosis (25 cells, 94% lymphocytes) and increased protein (102mg/dl). She was therefore started on antibiotics and Acyclovir. Rapid hemodynamic improvement was observed, and dobutamine treatment was tapered within 16 hours. A chest CT performed on day 6 showed consolidation and ground-glass	The authors report a 4-year-old girl with MIS-C in Brazil admitted to the PICU with shock, Kawasaki-like symptoms, neurologic dysfunction, a cytokine storm, and decreased blood levels of brain-derived neurotrophic factor (BDNF) after admission. She subsequently recovered after intubation and treatment. The authors raise concerns about	De Paulis M, Oliveira DBL, Vieira RP, et al. Multisystem Inflammatory Syndrome Associated With COVID-19 With Neurologic Manifestations in a Child: A Brief Report. <i>Pediatr Infect Dis J.</i> 2020;39(10):e321-e324. doi:10.1097/INF.0000000000002834

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					attenuation in the right lung. The patient was given intravenous immunoglobulin 2g/Kg, and she continued to improve clinically. The patient was subsequently extubated on day 8 and discharged on day 23 after full recovery. The authors raise concerns about severe and potentially lethal COVID-19 symptoms in children with MIS-C and hypothesize that SARS-CoV-2 infection dampens BDNF synthesis and release and subsequently causes neurologic symptoms. The authors suggest that neurological symptoms observed in this case should be further explored in COVID-19 patients.	severe and potentially lethal COVID-19 symptoms in children with MIS-C and hypothesize that SARS-CoV-2 infection dampens BDNF synthesis and release and subsequently causes neurologic symptoms.	
homelessness; youths; COVID-19	20-Oct-20	The Urgent and Growing Needs of Youths Experiencing Homelessness During the COVID-19 Pandemic	Journal of Adolescent Health	Editorial	The authors stress the need to increase knowledge on how the COVID-19 pandemic has affected the most vulnerable adolescents and young adults [no specific ages are given], including how it has affected their trajectory of education, housing, food security, and employment. Homeless youths and young adults are increasingly vulnerable due to having no parents or guardians to shelter in place with. The authors reference a recent study that found that homeless youths are aware of COVID-19 and that the vast majority take measures to reduce the risk of being infected or transmitting the infection, including using PPE when made available. However, at the same time, these homeless youths face increased obstacles in meeting basic needs, increased emotional distress, increased substance use, and are more likely to have their educational or vocational trajectories interrupted. Youths reported that their financial and living situations could be incompatible with staying safe during the pandemic. Structural racism, homophobia, transphobia, and sexism lead to disparate homelessness rates and negative outcomes, while mortality in disadvantaged groups has been higher due to COVID-19. Services for youths should be funded proportionally to their presence in the homeless population. There is an urgent need to understand better the pandemic's effect on homeless youth's health, well-being, education, housing, and vocational goals.	Homeless youth are at a disadvantage during the COVID-19 pandemic due to a lack of safe housing and a decline in access to basic human needs. A recent study found that these homeless youths are aware of the dangers of COVID-19 and take precautions to prevent infection and or transmission of the virus when PPE is made available to them.	Auerswald CL, Adams S, Lightfoot M. The urgent and growing needs of youths experiencing homelessness during the COVID-19 pandemic. <i>Journal of Adolescent Health</i> . 2020;67(4):461-462. doi: https://doi.org/10.1016/j.jadohealth.2020.07.026 .
COVID-19, parenting, family well-being, quarantine, Australia	20-Oct-20	From "It Has Stopped Our Lives" to "Spending More Time Together Has Strengthened Bonds": The Varied Experiences of Australian	Frontiers in Psychology	Original Research	This qualitative study in Australia evaluated the impact of COVID-19 on family life. Parents of children aged 0–18 years (mean age 8.6 years old, SD 5.2 years) were recruited via social media between April 8 and April 28, 2020. Participant demographics are described. 6 themes were derived from the data: "Boredom, depression and suicide: A spectrum of emotion," "Families are missing the things that keep them healthy," "Changing family relationships: The push pull of intimacy," "The unprecedented demands of parenthood," "The unequal burden of COVID-19," and "Holding on to positivity." The findings reveal novel insights into how the initial stages of the COVID-19 social	This study uses a qualitative approach to understand the impact of COVID-19 on family life in Australia. The findings reveal novel insights into how social restriction/isolation measures impacted Australian families, pointing to substantial	Evans S, Mikocka-Walus A, Klas A, et al. From "It Has Stopped Our Lives" to "Spending More Time Together Has Strengthened Bonds": The Varied Experiences of Australian Families During COVID-19. <i>Front Psychol</i> . 2020;11:588667. Published 2020 Oct 20. doi:10.3389/fpsyg.2020.588667

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		Families During COVID-19			restriction/isolation measures impacted Australian families, pointing to substantial mental health, parenting and relationship burdens. Although experiences were varied, with some families even flourishing under the restrictions, the predominant message expressed by families was hardship and loss. Given the extent of mental health and other challenges reported herein, many families are likely to need ongoing support.	mental health, parenting and relationship burdens and the need for resources to address these problems.	
Children, OCD, anxiety, depression, symptom severity, Denmark	20-Oct-20	The immediate effect of COVID-19 pandemic on children and adolescents with obsessive compulsive disorder	BMC Psychiatry	Original Research	The aim of this study was to examine the impact of COVID-19 on a population of children and adolescents diagnosed with obsessive compulsive disorder (OCD) in Denmark. The first sample, referred to as the clinical group, consisted of 65 children/adolescents (7–21 years) newly diagnosed with OCD. The second sample of 37 children/adolescents (7–21 years) referred to as the survey group, were identified through the Danish OCD Association and had been diagnosed years prior and completed primary treatment for OCD. Questionnaires were sent between April–May, 2020 and assessed quality of life and symptom severity during the pandemic. The total score for change in symptom severity ranged from – 10 to 10, with 0 indicating no overall change and positive scores indicating worsening of symptoms. In the clinical group, 29 (44.6%) reported mean symptom worsening of +3.21 (SD = 1.78). A total of 21 (32.3%) reported a worsening of anxiety, and 22 (33.8%) of depressive symptoms. In the survey group, 27 (73%) reported mean symptom worsening of +4.19 (SD = 2.62). 20 (54.1%) reported a worsening of anxiety and 16 (43.2%) reported a worsening of depressive symptoms. In the clinical group, symptom worsening was most pronounced in younger participants, in those with earlier age of onset, and those with a predisposition to ADHD. The authors conclude that the increased symptom severity suggests a relationship between the fear of COVID-19 and the severity of the OCD symptoms.	The authors assessed the relationship between changes in OCD symptom severity and the COVID-19 pandemic in Denmark and found that both newly diagnosed and previously treated children/adolescents with OCD reported a worsening of their symptoms during the pandemic.	Nissen JB, Højgaard DRMA, Thomsen PH. The immediate effect of COVID-19 pandemic on children and adolescents with obsessive compulsive disorder. BMC Psychiatry. 2020 Oct 20;20(1):511. doi: 10.1186/s12888-020-02905-5.
COVID-19; giant urticaria; acral peeling; children; Italy	20-Oct-20	Giant Urticaria and Acral Peeling in a Child with COVID-19	The Journal of Pediatrics	Article	The authors describe the case of a healthy 6-year-old girl in Italy who presented with pruritic skin eruptions on the sixth day of isolation from her mother who was suffering from a mild form of COVID-19 with ageusia and a single febrile episode [date not specified]. The following day the child developed fever (that lasted only 24 hrs) and pharyngodinia. Nasal swab for SARS-CoV-2 (molecular and antigen tests) was positive. After admission, skin examinations revealed fleeting urticarial lesions lasting <24 hours and migrant appearance with polycyclic contours consistent with the diagnosis of acute viral giant urticaria. 2 days after the onset of the skin lesions, a desquamation of the distal phalanges of the hands and feet appeared with cyanosis of the apical portion of the nail bed. No cardiac or respiratory abnormalities or signs	The authors describe the case of a healthy 6-year-old girl in Italy who presented with pruritic skin eruptions on the sixth day of isolation from her mother who was positive for COVID-19. The child was later confirmed positive for SARS-CoV-2 by molecular antigen tests. This case highlights the importance of recognizing	Rotulo GA, Signa S, Rosina S. Giant Urticaria and Acral Peeling in a Child with COVID-19. J. Pediatr. 2020. doi:https://doi.org/10.1016/j.jpeds.2020.10.039.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					suggestive of Kawasaki disease were evident. Antihistamine therapy was given for symptomatic relief, with resolution of skin symptoms within 4 days. This case highlights the importance of recognizing skin manifestations as the first presenting sign of COVID-19 before the onset of fever in pediatric cases.	skin manifestations as the first presenting sign of COVID-19 before the onset of fever in pediatric cases.	
COVID-19, women, childbirth, experiences, anxiety, hypertension, depression, United States	20-Oct-20	Experiences of Women Who Gave Birth in US Hospitals During the COVID-19 Pandemic	medRxiv	Preprint (not peer-reviewed)	The authors conducted a study to describe the experiences of women who gave birth in a US hospital during the COVID-19 pandemic between March and July 2020 and to identify characteristics associated with a COVID-19 diagnosis. They surveyed 885 women aged ≥18 years regarding their delivery experiences via social media (Facebook and Instagram). Their results showed that 22.5% of women reported hypertension, 33.8% reported anxiety, 18.6% reported depression, and 1.13% reported being diagnosed with COVID-19. Also, 61% of women reported inadequate support for childbirth, and 20.5% reported that they did not feel safe giving birth in the hospital. Of note, women diagnosed with COVID-19 were more likely to be of Asian race, have a C-section, not have a birth partner present, and discontinue breastfeeding < 6 weeks.	Findings from this cross-sectional survey of women who gave birth during the early phase of the COVID-19 pandemic in the US showed that women reported high levels of anxiety, depression, and hypertension. Also, most women reported inadequate support in labor, and a relatively high number reported that they did not feel safe giving birth in a hospital during the COVID-19 pandemic.	Mollard E, Wittmaack, A. Experiences of women who gave birth in US hospitals during the COVID-19 pandemic. [published online, 2020 Oct 20]. medRxiv. 2020. doi: https://doi.org/10.1101/2020.10.15.20213504
COVID-19; polio; children; Afghanistan	20-Oct-20	Polio in Afghanistan: The Current Situation amid COVID-19	The American Journal of Tropical Medicine and Hygiene	Article	The authors discuss the current polio situation in Afghanistan amid the COVID-19 pandemic. Polio is a deadly and highly contagious viral disease that has been paralyzing many children in Afghanistan. Mass polio vaccination campaigns have proven to be very effective, resulting in a > 99% decrease in the total number of worldwide cases, from an estimated 350,000 in 1988 to 33 in 2018. In 2020, only 2 countries remain endemic to polio – Afghanistan and Pakistan. There has been an increase in polio cases in Afghanistan with 34 confirmed cases reported in 2020 as of August 1, compared to 29 in the previous year. Cases have also emerged in three provinces, Balkh, Herat, and Badakhshan, which had not reported any cases in the past 5 years. After an initial lockdown, many businesses have been allowed to resume, but the mass polio vaccination campaign implemented by the Global Polio Eradication Initiative (a public-private partnership comprising six organizations—the WHO, the U.S. CDC, UNICEF, Rotary International, the Bill & Melinda Gates Foundation, and the Global Alliance for Vaccines and Immunizations) remains suspended as of 1 August, 2020 in a move to use polio resources in the fight against COVID-19 and to prevent vaccinators from getting infected. New cases of polio will surge if endemic regions remain unvaccinated or inaccessible. To curb the further spread of polio, Afghanistan needs to resume nationwide house-to-house vaccination as restrictions due to COVID-19 are loosened.	The authors discuss the current polio situation in Afghanistan amid the COVID-19 pandemic. New cases of polio will surge if endemic regions remain unvaccinated or inaccessible. To curb the further spread of polio, Afghanistan needs to resume nationwide house-to-house vaccination as restrictions due to COVID-19 are loosened.	Ahmadi A, Essar MY, Lin X. Polio in Afghanistan: The Current Situation amid COVID-19. Am J Trop Med Hyg. 2020;103(4):1367-1369. doi: 10.4269/ajtmh.20-1010.

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COVID-19; SARS-CoV-2; Rheumatic diseases; Children; Spain; Corticosteroids	20-Oct-20	COVID-19 in children with rheumatic diseases (RD) in the spanish national cohort EPICO-AEP	medRxiv	Pre-print (not peer reviewed)	The authors conducted a study of 498 children <18 years old in Spain diagnosed with COVID-19 to describe the prevalence of patients with rheumatic diseases (RD) and their complications. 72.9% of all children were hospitalized, and 52.6% of all children had a symptomatic COVID-19 disease. 13.7% of hospitalized children were admitted to the ICU, and 1.1% of hospitalized children died. 2.2% of hospitalized children presented RD, and the median age was 12.1 years (IQR 8.3-14.5 years). The admission diagnosis related with COVID-19 for hospitalized children with RD were febrile syndrome and/or upper respiratory infection in 4 cases and pneumonia in 4 cases. Although the general outcome was favorable, 1 patient died and 2 had thrombotic complications. Most of the children with RD received prednisone, which has been considered a drug that confers an increased risk of severe COVID-19 in adults with RD. The authors argue that the data seems to support that active RD and corticosteroid treatment may be risk factors for COVID-19 related hospitalization in the pediatric population as well as in adults.	The authors conducted a study of 498 children in Spain hospitalized with COVID-19 and found that children with rheumatic diseases accounted for 2.2% of hospitalizations. The authors argue that active disease and the use of corticosteroids could be considered risk factors in the pediatric population as well as in adults.	Calvo C, Remesal A, Murias S, et al. COVID-19 in children with rheumatic diseases (RD) in the spanish national cohort EPICO-AEP. medRxiv. Published online January 1, 2020. doi:10.1101/2020.10.17.20214296
COVID-19, SARS-CoV-2, intensive care unit admission, morbidity, pregnancy, preterm birth, Turkey	20-Oct-20	Pregnancy worsens the morbidity of COVID-19 and this effect becomes more prominent as pregnancy advances	Turkish Journal of Obstetrics and Gynecology	Original Research	These authors reviewed records from 4 hospitals in Turkey, to investigate pregnancy outcomes and compare the clinical characteristics of COVID-19 in pregnant and age-matched non-pregnant women. The subjects included 188 pregnant patients and 799 non-pregnant women admitted between 11 March and 30 June 2020 with confirmed COVID-19. The median age of all patients was 31±12 (range 18-45) years. Rates of oxygen support (10.1% vs 4.8%; p<0.001), ICU admission (3.2% vs 0.6%; p=0.009), presence of fever (12.8% vs 4.4%; p<0.001), tachypnea (7.0% vs 2.4%; p=0.003) and tachycardia (16.0% vs 1.9%; p<0.001) were more frequent in pregnant women than in non-pregnant women. Pregnancy was strongly associated with the need for oxygen support [relative risk (RR), 2.125; 95% confidence interval (CI): 1.25-3.60] and admission to the ICU (RR, 5.1; 95% CI: 1.57-16.53) compared with non-pregnant women. 14.4% of the pregnant women had co-morbidities. 60 of the 188 pregnant women (31.9%) delivered while hospitalized for COVID-19; 11 (18.3%) had vaginal deliveries and 49 (81.7%) had C-sections. Of these 60 deliveries, 40 (66.7%) were <37 weeks gestation. None of the RT-PCR tests received from all neonates delivered from mothers with COVID-19 were positive. In this study, pregnancy worsened the morbidity of COVID-19 and this effect increased with gestational age, but pregnancy did not worsen the COVID-19 mortality rate.	These authors investigated pregnancy outcomes and compared the clinical characteristics of COVID-19 in pregnant and age-matched non-pregnant women. In this study, pregnancy worsened the morbidity of COVID-19 and this effect increased with gestational age, but pregnancy did not worsen the COVID-19 mortality rate.	Tug N, Yassa M, Köle E, Sakin Ö, Çakır Köle M, Karateke A, Yiyit N, Yavuz E, Birol P, Budak D, Kol Ö, Emir E. Pregnancy worsens the morbidity of COVID-19 and this effect becomes more prominent as pregnancy advances. Turk J Obstet Gynecol. 2020 Sep;17(3):149-154. doi: 10.4274/tjod.galenos.2020.38924. Epub 2020 Oct 2. PMID: 33072417; PMCID: PMC7538816.

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fever, SARS-CoV-2, infants, United States of America	20-Oct-20	Presence and Duration of Symptoms in Febrile Infants With and Without SARS-CoV-2 Infection	The Pediatric Infectious Disease Journal	Original Research	In this prospective cohort study, the authors conducted phone interviews with parents and treating physicians, to compare the presence and duration of symptoms in febrile infants ≤60 days old with and without SARS-CoV-2 infection. They included infants evaluated at one hospital in the USA from 1 March to 15 May 2020. Medical records were also reviewed at least 6 weeks after each index visit to assess for the development of MIS-C. Of 40 febrile infants screened, 33 (83%) had SARS-CoV-2 testing completed, and of those, 23 (70%) were prospectively enrolled. Median age was 41 days (IQR: 18–50 days). 7 of the 23 enrolled infants tested positive for SARS-CoV-2, while 16 tested negative. There were no infants with bacteremia, bacterial meningitis or severe outcomes. No therapies targeting COVID-19 were given. Overall, clinical presentations of infants with and without SARS-CoV-2 frequently overlapped, with longer length of cough and nasal congestion among the SARS-CoV-2-positive infants. The authors conclude that the course of SARS-CoV-2 illness in febrile but otherwise well infants is similar to that for other viral respiratory illnesses.	In this prospective cohort study in the United States, the authors compared the presence and duration of symptoms in febrile infants ≤60 days old with and without SARS-CoV-2 infection. Clinical presentations of infants with and without SARS-CoV-2 frequently overlapped, with longer length of cough and nasal congestion among the SARS-CoV-2-positive infants.	McLaren SH, Dayan PS, Zachariah P, McCann TA, Lubell TR. Presence and Duration of Symptoms in Febrile Infants With and Without SARS-CoV-2 Infection. <i>Pediatr Infect Dis J</i> . 2020 Nov;39(11):e372-e374. doi: 10.1097/INF.0000000000002858. PMID: 33075219.
Childhood live vaccines, BCG, measles-containing-vaccine, MCV, healthcare access and quality index, HAQI, COVID-19 testing, vaccine coverage	20-Oct-20	Association between live childhood vaccines and COVID-19 outcomes: a national-level analysis	medRxiv	Preprint (not peer-reviewed)	Trained immunity from vaccines may provide heterologous protection from SARS-CoV-2 and might explain the heterogeneity of mortality rates among different age groups and countries. The authors conducted an ecological study of 140 countries through July 2020 using national-level data to investigate the effect of higher coverage of childhood live vaccines (BCG or measles-containing-vaccine (MCV)) on COVID-19-related mortality. The authors constructed multiple linear regression models to predict the effect of vaccination on COVID-19 related deaths while controlling for known confounders, national healthcare systems' characteristics. Since these characteristics are highly correlated with the Healthcare Access and Quality Index (HAQI), they used the index as an additional predictor in their models. BCG and MCV were associated with reduced COVID-19 deaths, and the association remained only for BCG after adjusting for HAQI. MCV did not modify the BCG and COVID-19 deaths association. The magnitude of the BCG coverage and COVID-19 deaths association increased as a function of HAQI. Possible explanations include either 1) health system heterogeneity is masking the true relationship between BCG coverage and COVID-19 outcomes or 2) another unmeasured confounder correlated with BCG coverage is confounding the association. Several healthcare system metrics such as COVID-19 testing frequency and life expectancy were inversely associated with vaccine coverage yet positively associated with COVID-19 death reports. The authors provide tables summarizing relationships among healthcare	While live vaccine coverage such as BCG and measles-containing vaccine and COVID-19 outcomes are associated, the authors found a strong correlation between the vaccine coverage variables and the COVID-19 testing rate, Healthcare Access and Quality Index, and life expectancy. Population-level associations between vaccination and COVID-19 related deaths may be confounded by differential healthcare infrastructure and unmeasured confounders.	Ogimi C, Qu P, Boeckh M, et al. Association between live childhood vaccines and COVID-19 outcomes: a national-level analysis. medRxiv [Preprint]. 2020 Oct 20:2020.10.17.20214510. doi: 10.1101/2020.10.17.20214510. PMID: 33106815; PMCID: PMC7587835.

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					metrics with HAQI, BCG index 2005, and COVID-19-related mortality.		
Pediatricians, telemedicine, Israel	20-Oct-20	The future of telemedicine visits after COVID-19: perceptions of primary care pediatricians	Israel Journal of Health Policy Research	Original Research	The authors aimed to assess telemedicine use by Israeli pediatricians before and after the first lockdown of the COVID-19 pandemic and to elucidate how they foresee telemedicine as a medical practice in the post-pandemic era. The authors conducted a survey of 169 pediatricians in May 2020, soon after the end of the first lockdown was announced, and analyzed Maccabi administrative data on telemedicine use before, during, and after the first lockdown. Reported daily use of all technologies increased during the COVID-19 lockdown. The daily use of text messages, pictures, videoconferencing increased from 24%, 15%, and 1% of pediatricians from before COVID-19 to 40%, 40%, and 12% of pediatricians during the lockdown. After the pandemic, the projected use of text messages and pictures/video clips will fall to 27% and 26% of pediatricians. Maccabi administrative data indicated an increase in phone visits and a decrease in in-person visits during the lockdown compared to pre-lockdown. One month after the end of the lockdown, there was a return to the baseline level of in-person visits and a sustained increase in phone visits. The study indicated that the use of telemedicine technologies by primary care pediatricians increased substantially during the first COVID-19 lockdown and that pediatricians expected these levels will recede after the pandemic.	In this article, the authors assessed telemedicine use by Israeli pediatricians before and after the first lockdown of the COVID-19 pandemic using survey data. They found an increase of telemedicine use during the lockdown and pediatricians expect these levels will recede after the pandemic.	Grossman Z, Chodick G, Reingold SM, Chapnick G, Ashkenazi S. The future of telemedicine visits after COVID-19: perceptions of primary care pediatricians. <i>Isr J Health Policy Res.</i> 2020;9(1):53. Published 2020 Oct 20. doi:10.1186/s13584-020-00414-0
Pregnancy, breastfeeding, postpartum, maternal health, mental health, lockdown, Italy	20-Oct-20	The COVID-ASSESS Dataset - COVID19 related Anxiety and Stress in pregnancy, postpartum and breastfeeding during lockdown in Italy	Data in Brief	Data Article	In order to examine the mental health and COVID-19 related concerns of women who were either pregnant, breastfeeding or caring for newborns or infants during lockdown in Italy, the authors conducted a cross-sectional online survey known as the COVID-ASSESS questionnaire. Data was collected in 2 phases between March - May 2020. Eligible participants (n=2448) were over 18 years old and either currently pregnant (1307; 53%) or gave birth after January 1st, 2019 and in postpartum or breastfeeding period (1141; 47%). Data were collected on sociodemographic and clinical information (previous losses, history of psychological disorders), birth expectations before and after COVID-19, concerns related to the pandemic, perception of media and health professionals' information and communication on COVID-19, and psychopathological assessment (anxiety, post-traumatic stress and general psychopathology). The authors only report the sociodemographic and clinical characteristics of the sample but provide open access to the entire raw dataset. These data are free to use for scientific research, provided that research proposals are shared and discussed beforehand with the authors.	This article provides a general description and access to raw data of an online survey conducted in Italy of the mental health and COVID-19 related concerns of women who were either pregnant, breastfeeding, or caring for newborns or infants during lockdown. The authors only report the sociodemographic and clinical characteristics of the sample but provide open access to the entire raw dataset for free use.	Ravaldi C, Vannacci A. The COVID-ASSESS dataset - COVID19 related anxiety and stress in pregnancy, postpartum and breastfeeding during lockdown in Italy. <i>Data Brief.</i> 2020;33:106440. doi:10.1016/j.dib.2020.106440

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Children, hyperinflammation, MIS-C, multisystem inflammatory syndrome in children, Kawasaki, KD, cytokine storm	20-Oct-20	New Insights on COVID-19's Hyperinflammation in Children	The Journal of the American Medical Association (JAMA)	News & Analysis	MIS-C, a rare, life-threatening hyper-inflammatory syndrome that some children develop after COVID-19 is distinct from Kawasaki disease according to a team of European scientists. While most children with COVID-19 experience mild or no symptoms, some develop MIS-C about 4 to 6 weeks after their infection. The investigators studied the immune responses of 41 children with mild COVID-19, 13 children who had MIS-C, and 28 children who were treated for Kawasaki Disease (KD) before the pandemic. The results revealed that the MIS-C inflammatory response is distinct from the cytokine storm seen in adults with severe COVID-19 and from hyper-inflammation in children with KD. Patients with MIS-C had less interleukin-17A-mediated inflammation and distinct autoantibodies compared to the children who had KD. The findings lay the groundwork for future studies on MIS-C pathogenesis and for the development of optimal treatments to mitigate the cytokine storm.	MIS-C inflammatory response is distinct from hyper-inflammation in children with Kawasaki disease. The study findings lay the groundwork for future studies on the MIS-C mechanism.	Kuehn BM. New Insights on COVID-19's Hyperinflammation in Children. JAMA. 2020 Oct 20;324(15):1489. doi: 10.1001/jama.2020.20151. PMID: 33079162.
Emergency, childhood, primary care, secondary care, mortality, care utilization, lockdown, Scotland	20-Oct-20	Indirect effects of the COVID-19 pandemic on paediatric health-care use and severe disease: a retrospective national cohort study	medRxiv	Preprint (not peer-reviewed)	This national retrospective cohort study examined national data for emergency childhood primary and secondary care utilization (ages 0-14 years) following national lockdown on March 23, 2020, in Scotland. For all observations, the lockdown period was compared to equivalent dates in 2016-2019. The authors identified 273,455 unscheduled primary care attendances; 462,437 emergency department attendances; 54,076 emergency hospital admissions; 413 pediatric ICU (PICU) emergency admissions; and 415 deaths during the lockdown study period and equivalent dates in previous years. Rates of emergency presentations fell during the lockdown in comparison to previous years (primary care: OR 0.36, 95% CI 0.35-0.37, p < 0.001; secondary care: OR 0.56, 95% CI 0.55 to 0.57, p < 0.001). Emergency PICU admissions for children requiring invasive mechanical ventilation also fell (OR 0.52, 95%CI 0.37-0.73, p < 0.001). Clinical severity scores did not suggest children presented with more advanced disease. The greatest reduction in PICU admissions was for diseases of the respiratory system (by 77%); those for injury, poisoning or other external causes were equivalent to previous years. Mortality during lockdown did not change significantly, even after stratifying by age. Overall, national lockdown led to a reduction in pediatric emergency care utilization, without associated evidence of severe harm.	The analysis of national data shows a reduction in pediatric emergency care-seeking utilization (ages 0-14 years) that occurred as a consequence of the societal lockdown measures in Scotland. These measures do not appear to have been associated with evidence of severe harm to children.	Williams TC, MacRae C, Swann O, et al. Indirect effects of the COVID-19 pandemic on paediatric health-care use and severe disease: a retrospective national cohort study. medRxiv 2020. doi: https://doi.org/10.1101/2020.10.15.20212308

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Peak period, preterm birth, pregnancy, prediction, hospital operations, IUFD, New York, USA	20-Oct-20	The Impact of Perinatal SARS-CoV2 Infection During the Peripartum Period	American Journal of Obstetrics & Gynecology MFM	Research Letter	The authors aimed to assess the impact of SARS-CoV2 on the delivery and postpartum services in a single health system in New York City, USA, during the peak of COVID-19 from March 25 to May 15, 2020. They retrospectively identified 180 SARS-CoV-2 positive pregnant women admitted to the hospital and compared adverse outcomes of intra-uterine fetal demise (IUFD) \geq 22 weeks gestation and preterm birth before 37 weeks gestation during the peak COVID-19 pandemic period in March 25-May 15, 2020, with low prevalence months of January and June 2020. The results showed that the preterm birth rate in SARS-CoV2 positive pregnant women was 8.2% compared to 7.5% among SARS-CoV2 negative mothers in the comparative period of January and June 2020 ($p=0.74$). Furthermore, there were 14 IUFDs during the peak pandemic period, which was not statistically different from the 15 IUFDs during January and June 2020 ($p=1$). Of note, all IUFDs occurred before arrival to the hospital, and none were attributed to SARS-CoV2 infection by the clinical teams. Although three neonates tested positive for SARS-CoV2, none demonstrated illness consistent with COVID-19.	Findings from this study showed that there was no increase in preterm birth or stillbirth rates related to SARS-CoV2 infection in pregnant women. The authors suggest that the rate of SARS-CoV2 infection in the pregnant population is predictable, based on the prevalence of COVID-19 in the community.	Janssen O, Thompson M, Milburn S, et al. The Impact of Perinatal SARS-CoV2 Infection During the Peripartum Period. American Journal of Obstetrics & Gynecology MFM. 2020:100267. doi:10.1016/j.ajogmf.2020.100267
Gastrointestinal, pediatric, fecal nucleic acid, respiratory, meta-analysis	20-Oct-20	Gastrointestinal Symptoms and Fecal Nucleic Acid Testing of Children with 2019 Coronavirus Disease: A Systematic Review and Meta-analysis	Scientific Reports	Original Research	The authors conducted a study to understand the clinical manifestations and incidence of gastro-intestinal (GI) symptoms of COVID-19 in children and discuss the importance of fecal nucleic acid testing. They searched the PubMed, Web of Science, Embase, Johns Hopkins University published data, and the Chinese databases CNKI, Wanfang, and Chongqing Weipu for studies on GI symptoms and fecal nucleic acid detection in pediatric COVID-19 patients (no age range) from January 1 to August 10, 2020. 46 studies met inclusion criteria (most of which were retrospective cohort series), with most studies from China, the United States, and Europe. The results showed that the most common GI symptoms in children with COVID-19 were vomiting and diarrhea, with a total incidence of 17.7%. However, the prevalence of GI symptoms in other countries (21.1%, 95% CI 16.5–25.7%) was higher than in China (12.9%, 95% CI 8–17.7%). Also, the positive rate of fecal nucleic acid tests in COVID-19 children was relatively high, at 85.8%. Additionally, 71.2% were still positive for fecal SARS-CoV-2 nucleic acid after respiratory tract specimens turned negative. Of note, one study found that the longest interval between the respiratory tract specimens turning negative and fecal specimens turning negative exceeded 70 days.	The authors observed that gastro-intestinal symptoms in pediatric COVID-19 patients are relatively common, and most patients were still positive for fecal SARS-CoV-2 nucleic acid after respiratory specimens returned negative. The authors suggest that fecal viral nucleic acid-negative status be considered one of the pediatric COVID-19 discharge criteria, especially in high-risk areas.	Wang JG, Cui HR, Tang HB, Deng XL. Gastrointestinal symptoms and fecal nucleic acid testing of children with 2019 coronavirus disease: a systematic review and meta-analysis. Sci Rep. 2020;10(1):17846. Published 2020 Oct 20. doi:10.1038/s41598-020-74913-0

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Teleradiology, ultrasound, obstetrics, Canada	20-Oct-20	Telerobotic ultrasound to provide obstetrical ultrasound services remotely during the COVID-19 pandemic	Journal of Telemedicine and Telecare	Original Research	This paper describes the authors' experience of providing remote obstetrical ultrasound (US) services using a telerobotic US system in an isolated northern Canadian community during the COVID-19 outbreak. Using a telerobotic US system, a sonographer 605 km away from the patients' location remotely controlled the probe and settings. 21 exams were performed from April 30 - June 4, 2020 including limited first-, second- and third-trimester exams (n = 11) and complete second-trimester exams (n = 10). Of 11 limited obstetrical exams, images were adequate in 9 (81%) cases, adequate with some reservations in one (9%) case and inadequate in one (9%) case. Additionally, of 10 second-trimester complete obstetrical exams, images were adequate in 2 (20%) cases, adequate with some reservations in 3 (30%) cases and inadequate in 5 (50%) cases. The authors conclude that this telerobotic US mechanism may be used to answer clinical questions related to fetal viability and fetal presentation.	This paper describes the experience of using a remote telerobotic ultrasound system to assess foetal viability in an isolated area in northern Canada.	Adams SJ, Burbridge B, Chatterson L, et al. Telerobotic ultrasound to provide obstetrical ultrasound services remotely during the COVID-19 pandemic. J Telemed Telecare. 2020 Oct 20:1357633X20965422. doi: 10.1177/1357633X20965422.
Pediatric cases, children, Colombia	20-Oct-20	Clinical and Epidemiologic Analysis of COVID-19 Children Cases in Colombia PEDIACOVID [Free Access to Abstract Only]	The Pediatric Infectious Disease Journal	Original Study	In this article, the authors studied the demographic characteristics and clinical presentations of the COVID-19 pediatric population (<18 years) in Colombia using a nationwide register. The authors conducted a retrospective analysis of a cohort of 5062 patients <18 years old, representing 9.2 % of the total confirmed cases (n=54,971) in the country from the start of the pandemic till June 16, 2020. The authors studied the relationship between children's age and their clinical presentations. They found that age was statistically significantly higher in the asymptomatic and mild cases than in deceased, severe, and moderate cases (F = 16.08, P < 0.001). Additionally, using post-hoc analysis, the authors found that the age of patients managed at home (9.39 years) and those recovered (9.3 years) was significantly higher than those in the intensive care unit (4.9 years), in-hospital (6.1 years), or deceased (2.9 years).	The authors highlight that children in advanced states (deceased, severe, and moderate) are significantly younger than those in milder states (asymptomatic and mild) in Colombia.	Bolaños-Almeida CE, Espitia Segura OM. Clinical and Epidemiologic Analysis of COVID-19 Children Cases in Colombia PEDIACOVID. Pediatr Infect Dis J. 2020 Oct 20. doi: 10.1097/INF.0000000000002952. Epub ahead of print. PMID: 33093428.
Mental health, parents, children, economic impact, United States	20-Oct-20	COVID-19 and Parent-Child Psychological Well-being	Pediatrics	Original Research	This study investigates the hypothesis that the COVID-19 crisis has worsened parents' and children's psychological well-being. Daily survey data were collected between February 20 - April 27, 2020, from 645 hourly service workers with young children (aged 2-7) in a large US city. Additionally, a one-time survey subsample (n = 561) about the crisis's effects was conducted between March 23 and April 26, 2020. Statistical models indicated that the frequency of parent-reported daily negative mood increased significantly since the onset of the crisis. Additionally, many families have experienced hardships due to the pandemic, including job loss, income loss, caregiving burden, and illness. Further analysis revealed that both parents' and children's well-being in the post-crisis period was strongly associated with the number of crisis-related hardships that the family experienced.	The authors assess whether the current pandemic crisis has worsened the psychological well-being of both parents and children. They state that both subject groups' well-being is directly linked to the number of crisis-related hardships the family has experienced due to COVID-19.	Gassman-Pines A, Ananat EO, Fitz-Henley J 2nd. COVID-19 and Parent-Child Psychological Well-being. Pediatrics. 2020 Oct;146(4):e2020007294. doi: 10.1542/peds.2020-007294.

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					The authors highlight the severe immediate impacts of the COVID-19 crisis on vulnerable families. They urge for immediate increase in social support and additional interventions addressing families' economic and mental health needs. Additionally, they recommend that pediatricians screen for mental health problems among the children in their practice, with particular attention to children whose families are vulnerable to the crisis's economic and disease aspects.		
Drug resistant epilepsy, ketogenic diet, telemedicine, tele-neurology, WhatsApp, parent satisfaction, pediatric, social support network	20-Oct-20	Telemedicine, drug-resistant epilepsy, and ketogenic dietary therapies: A patient survey of a pediatric remote-care program during the COVID-19 pandemic [Free Access to Abstract Only]	Epilepsy and Behavior	Original Research	The authors present the results of a survey to assess parent satisfaction with the management of ketogenic diet therapies (KDTs) through telemedicine using WhatsApp during the COVID-19 pandemic beginning in March 2020 at two hospitals in Argentina. 54 parents of children on KDTs for drug-resistant epilepsy (DRE) were surveyed on 13 questions about their experience with team management of KDTs via communication through WhatsApp. The authors observed that, overall, parent satisfaction with management was 96%. The main benefits were the ability to initiate or follow-up on KDTs during COVID-19, less travel, the convenience of consults from home, team decision making, less absenteeism from work, and economic reasons. The medical teams' response in emergencies, analyzing lab results, and adjusting diets were also viewed positively. Furthermore, the availability of a social support network of parents through a WhatsApp group was considered useful by most respondents.	The authors present the results of a survey showing high parental satisfaction with the management of ketogenic diet therapies (KDTs) through telemedicine communication via WhatsApp. The authors suggest that WhatsApp offers a free, safe, and readily available telemedicine tool for managing children with DRE on KDTs.	Semprino M, Fasulo L, Fortini S, et al. Telemedicine, drug-resistant epilepsy, and ketogenic dietary therapies: A patient survey of a pediatric remote-care program during the COVID-19 pandemic. <i>Epilepsy & Behavior</i> . 2020;112:107493. doi:10.1016/j.yebeh.2020.107493
Children, pediatrics, delays in care, appendicitis, emergency	19-Oct-20	Delayed presentation and sub-optimal outcomes of pediatric patients with acute appendicitis during the COVID-19 pandemic	Journal of Pediatric Surgery	Original Research	In this retrospective review, the authors compared patients treated for acute appendicitis at a single hospital in New York City, USA, during the 2020 COVID-19 pandemic from March 1-May 31, 2020 (n= 48) to patients treated during the same period in 2019 (n=41). The median patient age was 13.15 years in 2019 and 11.07 years in 2020 (range 3.2-18.91 years). The results showed that the duration of symptoms before presentation was significantly longer in patients treated during the pandemic than in 2019 (median 2 days vs. 1 day, p = 0.003). The median heart rate on presentation was also higher in patients in 2020 than in 2019 (median heart rate: 101 vs. 91 beats per minute, p = 0.040). Suspicion for perforation on imaging was noted in 20 (41.7%) patients in 2020 compared to 4 (9.8%) in 2019 (p < 0.001). Similarly, intra-abdominal abscess was diagnosed in 13 (27.1%) patients in 2020 compared to 3 (7.3%) in 2019 (p = 0.025). Patients treated during the pandemic had higher rates of non-operative treatment (25.0% vs 7.3%, p = 0.044), longer hospital length of stay (p = 0.001), and longer duration of symptoms (p = 0.004). The authors concluded that pediatric patients with acute appendicitis during the peak of the COVID-19 pandemic had higher rates of delayed presentation to their institution, with	In this retrospective review, children with acute appendicitis presenting to a hospital in New York City during the 2020 COVID-19 pandemic were compared to those who presented before the pandemic in 2019. During the pandemic, the authors observed a longer duration of symptoms before presentation, more severe illness on presentation (higher heart rates, more significant percentage of perforation and intra-abdominal abscess), and longer duration of hospital stay.	Gerall CD, DeFazio JR, Kahan AM, et al. Delayed presentation and sub-optimal outcomes of pediatric patients with acute appendicitis during the COVID-19 pandemic [published online, 2020 Oct 19]. <i>J Pediatr Surg</i> . 2020;doi:10.1016/j.jpedsurg.2020.10.008

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					more severe illness and suboptimal outcomes than patients presenting in 2019.		
COVID-19; Eastern and Southern Africa; health; well-being; children; young people	19-Oct-20	Beyond the disease: Contextualized Implications of the COVID-19 Pandemic for Children and Young People Living in Eastern and Southern Africa	Frontiers in Public Health	Perspective	The authors highlight specific challenges faced in Eastern and Southern Africa (ESA) for children and young people (CYP) (24 years or younger) during the COVID-19 pandemic. ESA is an area that has fragile health systems, socio-economic inequalities, and ongoing public health crises. Mitigation measures to limit the spread of COVID-19 has created consequences for CYP in ESA. Medical care for disadvantaged CYP living with HIV and tuberculosis is threatened as clinics close and access to medications is harder. The authors stress the need to consider multi-month prescriptions to account for closures. Disruptions in immunization schedules will put many at risk for future outbreaks of preventable diseases, and planning is needed to prioritize those unvaccinated during this time. Stay-at-home orders limit CYP's social, financial, educational, and physical well-being by restricting access to friends, employment, schooling, and exercise. Specific attention must be given to marginalized CYP to prevent violence, human rights abuses against LGBTI youth, children-headed households, sex-workers, and other stigmatized youths. Access to social services, condoms, and support should be essential during the lockdowns to prevent further worsening of CYP vulnerabilities. Due to the loss of jobs and school closures, food insecurity is another crucial aspect to consider during the pandemic, and innovative ways to address this must be considered. The authors suggest creative ideas on how to deal with the unintended consequences of COVID-19 lockdowns on CYP.	The COVID-19 pandemic and mitigation measures to stop the spread of the virus have created specific challenges for children and young people (CYP) living in Eastern and Southern Africa. Continued access to healthcare, education, financial opportunities, and food must prioritize at-risk CYP to prevent further marginalization. The authors present actionable initiatives to combat these concerns.	Govender K, Cowden RG, Nyamaruze P, Armstrong RM, Hatane L. Beyond the Disease: Contextualized Implications of the COVID-19 Pandemic for Children and Young People Living in Eastern and Southern Africa. Front Public Health. 2020;8:504. Published 2020 Oct 19. doi:10.3389/fpubh.2020.00504
COVID-19; Telemedicine; caregivers; pediatrics; physical examination; rehabilitation; telehealth; telerehabilitation; virtual visit; USA	19-Oct-20	Pediatric telerehabilitation medicine: Making your virtual visits efficient, effective and fun	Journal of Pediatric Rehabilitation Medicine	Article	The aim of this paper is to provide pediatric rehabilitation medicine providers a comprehensive guide to help make pediatric tele-rehabilitation medicine visits efficient, effective, and fun during the COVID-19 pandemic. The authors address: 1) pre-visit preparations for the patient/caregiver and the provider, 2) tips and tricks for virtual physical exams, and 3) potential assessment tools for virtual gait and spasticity evaluations. With guidance on patient- or caregiver-performed physical exam maneuvers, the authors provide a starting point for standardizing and maintaining the essential components of the physical exam. Furthermore, the authors provide documentation templates outlining typical virtual physical exams for a child and an infant. Pediatric tele-rehabilitation medicine provides an opportunity to deliver timely patient- and family-centric rehabilitation care while maintaining physical distancing and reducing potential COVID-19 exposure for patients, their caregivers, and medical providers.	The authors provide pediatric rehabilitation medicine providers a comprehensive guide to pediatric tele-rehabilitation visits during the COVID-19 pandemic. The authors address: 1) pre-visit preparations for the patient/care giver and the provider, 2) tips and tricks for virtual physical exams, and 3) potential assessment tools for virtual gait and spasticity evaluations.	Rabatin AE, Lynch ME, Severson MC, Brandenburg JE, Driscoll SW. Pediatric telerehabilitation medicine: Making your virtual visits efficient, effective and fun [published online ahead of print, 2020 Oct 19]. J Pediatr Rehabil Med. 2020;10.3233/PRM-200748. doi:10.3233/PRM-200748

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COVID-19; infection control measures; hospital management; pregnant women; China	19-Oct-20	The Prevention and Control Experience of Maternal Health Care from Chengu, China During the COVID-19 Epidemic	Risk Management and Healthcare Policy	Perspectives	In Chengdu, the capital city of Sichuan Province in China, several management measures have proven to be effective in preventing SARS-CoV-2 infection among pregnant women. In the early stages of the outbreak, the city of Chengdu formulated and issued guidance for maternal health services, including IPC measures for in-person visits, support for transitioning to telehealth, and guidance for which visits should be done in person and when. The city also began collecting basic information on pregnant women returning from high-risk areas and countries, which was reported on a daily basis. A group of experts in Obstetrics, Pediatrics and Hospital Infection Management supervised the implementation of COVID-19 health care services for pregnant women in primary care institutes. Then, a list of health institutes approved to provide health services for confirmed and suspected COVID-19 cases (including negative pressure wards, delivery rooms, and operating rooms) was compiled and announced to the public. All inpatients in health facilities of Chengdu, including maternity hospitals, were screened for SARS-CoV-2 via RT-PCR test to limit the spread of the virus. The management of suspected COVID-19 cases at Chengdu Women's and Children's Central Hospital is also described and illustrated by flowchart. At the time of this article there had been no reported cases of SARS-CoV-2 infection among pregnant women in Chengdu. Even as cases remain low, the authors recommend these prevention and control measures remain in place to prevent the spread of SARS-CoV-2 from those visiting from higher-risk areas.	This article details the infection prevention and control measures taken by the city of Chengdu in China to prevent SARS-CoV-2 infection among pregnant women. The authors also describe the management of suspected COVID-19 cases at Chengdu Women's and Children's Central Hospital, illustrated by a flowchart.	Li C, Tang L, Luo Y, et al. The Prevention and Control Experience of Maternal Health Care from Chengu, China During the COVID-19 Epidemic. Risk Manag Healthc Policy. 2020;13:2213-2217. Published 2020 Oct 19. doi:10.2147/RMHP.S261821
Quarantine; isolation; child; infant; hospitalization; ethics; COVID-19; Singapore	19-Oct-20	Don't Leave Me Alone! Ethics of Quarantine and Isolation in Young Children	Pediatrics and Neonatology	Perspective	The authors present case reports of 3 young children (ages 8 months, 1 year, and 2 years) separated from their parents in pediatric hospital units to quarantine after a COVID-19 diagnosis in the family unit. Care arrangements that were provided to each patient are described, including implications for the health of the family unit; emotional, psychological, and physical health of the infant or young child; and parental autonomy. The need to balance these factors with societal needs in a pandemic scenario is discussed. An ethical framework decision tree is provided for use in making determinations for the isolation of young children from adult family members.	This article describes the care arrangements for 3 young children in Singapore that were isolated from their adult family members and placed in pediatric hospital units due to COVID-19 diagnosis in the family. The authors discuss ethical dilemmas in these circumstances and provide a decision tree for determining whether to isolate young children in similar situations.	Zain A, Sinnathamby AS, Aishworiya R, Chan SM, Biswas A. Don't leave me alone! ethics of quarantine and isolation in young children. Pediatrics & Neonatology. 2020;61(6):573-576. http://www.sciencedirect.com/science/article/pii/S1875957220301674. doi: https://doi.org/10.1016/j.pedneo.2020.10.004.

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Pakistan, children, SARS-CoV-2, COVID-19, Kawasaki disease, MIS-C	19-Oct-20	Kawasaki Disease-Like Features in 10 Pediatric COVID-19 Cases: A Retrospective Study	Cureus	Original Research	This article from Pakistan details an illness similar to Kawasaki disease (KD) in pediatric patients with SARS-CoV-2, including the complications, laboratory investigations, treatment strategies used during hospital stay, and outcomes. The authors conclude that KD and COVID-19 have considerable overlap in signs and symptoms in pediatric patients. The authors searched the electronic database of the 2 pediatric units of Mayo Hospital, Lahore, Pakistan, for children (0-16 years) who had been admitted to the ward between April - July 2020 and tested positive for SARS-CoV-2 via RT-PCR. 10 pediatric cases were found. 6 tables detail patient characteristics, KD features, signs and symptoms of patients, complications, hospital investigations and treatment strategies. Ages ranged from 4 months to 11 years (mean: 6 years). Of the 10 patients, 8 (80%) were boys. Criteria for KD were met in all of them (100%), with a complete presentation in 5 (50%). Fever (100%), conjunctival and oral cavity changes (90%), and rash (80%) were the most common features. 7 (70%) patients required admission to a critical care unit, but no mortality occurred. The clinical spectrum of COVID-19 symptoms in children is yet to be defined, and no guidelines have been established regarding screening of SARS-CoV-2-positive pediatric patients for KD. Lack of timely diagnosis and management of concurrent KD can prove detrimental.	This article from Pakistan details an illness similar to Kawasaki disease (KD) in pediatric patients (0-16 years) with SARS-CoV-2 from April – July 2020. The authors conclude that KD and COVID-19 have considerable overlap in signs and symptoms in pediatric patients. Lack of timely diagnosis and management of concurrent KD and COVID-19 could be very detrimental to pediatric patients.	Falah NU, Hashmi S, Ahmed Z, et al. Kawasaki Disease-Like Features in 10 Pediatric COVID-19 Cases: A Retrospective Study. Cureus. 2020;12(10):e11035. Published 2020 Oct 19. doi:10.7759/cureus.11035
acute appendicitis, COVID-19, children, pediatric, New York, USA	19-Oct-20	Reply to letter to the editor regarding New York's COVID-19 shelter-in-place and acute appendicitis in children	Journal of Pediatric Surgery	Letter to the Editor	This letter serves as a reply to comments made by Hassoun et al. (2020) regarding the author's observational study on acute appendicitis in children during stay-at-home orders in New York, USA (Kvasnovsky et al., 2020). The author points out that due to varying rates of COVID-19 and access to care across the New York area, as well as frequent transfers within and across hospital networks, it has been difficult to track cases and efficiently allocate resources. Furthermore, they were unable to compare patient volumes in their pediatric emergency department during the pandemic to prior years because of the need to expand admissions criteria to patients >30 years old to help offload the burden of nearby adult hospitals. They admit that they would hesitate to generalize their observations during this 5-week period to explain the underlying etiology of acute appendicitis in children because of possible differences in care-seeking behavior among families during the COVID-19 pandemic. They suggest more comprehensive studies of pediatric patients presenting with acute appendicitis including all hospitals within a region to help provide a clearer picture of trends related to appendicitis and rates of perforation during the COVID-19 pandemic.	In this letter, the author of a New York (USA) study on pediatric acute appendicitis during the COVID-19 pandemic replies to comments on the limitations of their study. Because of the changes to admissions criteria and care-seeking behavior at the author's site, they propose more comprehensive research of acute appendicitis in children across all hospitals within a region to more accurately compare trends to previous years.	Kvasnovsky CL. Reply to letter to the editor regarding New York's COVID-19 shelter-in-place and acute appendicitis in children [published online ahead of print, 2020 Oct 19]. J Pediatr Surg. 2020;doi:10.1016/j.jpedsurg.2020.10.010

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COVID-19; maternity care; immunization; India	19-Oct-20	Maternal and child healthcare in India during COVID-19 pandemic	Midwifery	Editorial	The authors discuss the impact of the COVID-19 pandemic on maternal and child healthcare in India. Provision of antenatal, intrapartum, and postnatal care has been significantly hindered due to restriction of movement, fear of getting infected, and lack of healthcare providers due to their deployment in COVID-19 hospitals. Many private health facilities are shut due to fear of transmission. Several government hospitals have been re-designated to only admit COVID-19 patients. Healthcare services for children, particularly immunization services, have also been significantly disrupted. The irregularity in immunization services among children may increase the risk of life-threatening diseases, including diarrhea, diphtheria, measles, and polio. Moreover, socio-economic vulnerabilities exacerbate the risk of infectious diseases. The economic shock caused by COVID-19 and subsequent prolonged lockdown may compel poorer families to reduce the expenditure on healthcare and nutritious foods, aggravating the high burden of malnutrition and mortality in children. In this unprecedented crisis, central and state governments should work together actively. Migrant women returning to their home states should be offered essential maternity services and nutrition. As the country is preparing to ease lockdown and restrictions on movement, rebooting and regenerating basic antenatal and postnatal healthcare services could provide necessary safeguards for healthcare staff, women and their companions. Remote postnatal contacts, if appropriate, could be a viable option to reduce risk of infection. In the long run, the public healthcare system needs to be strengthened to offer uninterrupted maternity care services during pandemics.	The authors discuss the impact of the COVID-19 pandemic on maternal and child healthcare in India. Provision of antenatal, intrapartum, and postnatal care has been significantly hindered, as well as child healthcare and immunization services. Central and state governments should work together actively to ensure provision of in person and remote essential maternal and child healthcare services.	Paul P, Mondal D. Maternal and child healthcare in India during COVID-19 pandemic. 2020; 92: 102865. doi:10.1016/j.midw.2020.102865
sexual health, reproductive health, maternal health, newborn health, COVID-19	19-Oct-20	A call to action: Documenting and sharing solutions and adaptations in sexual, reproductive, maternal and newborn health care provision during the COVID-19 pandemic	Sexual and Reproductive Health Matters	Original Article	These authors are writing on behalf of the Global Study of Maternal Health Provision during the COVID-19 Pandemic (MATCO) Solutions and Adaptations working group. Beyond the direct effects on women and newborns, the COVID-19 pandemic has caused negative indirect effects on the provision of sexual, reproductive, maternal and newborn health. The authors list several examples of these effects, including routine separation of newborns from COVID-19 positive mothers, lack of support for breastfeeding, and denial of abortion care. COVID-19 has led to challenges, but has also resulted in local, context-specific, and adapted solutions. However, the authors state that these innovative solutions must be better documented and shared internationally. They discuss 3 dimensions of solutions: those that allow the continuation of safe care during the COVID-19 pandemic, those that address problems created by the COVID-19 response, and those that provide better preparation and response to future emergencies. They request that anyone with	These authors are writing on behalf of the Global Study of Maternal Health Provision during the COVID-19 Pandemic (MATCO) Solutions and Adaptations working group. They state that innovative solutions to sexual, reproductive, maternal and newborn health care provision during the pandemic must be documented and shared, and they include a form and website for doing so.	Benova L, Sarkar ND, Fasehun LO, Semaan A, Affun-Adegbulu C. A call to action: Documenting and sharing solutions and adaptations in sexual, reproductive, maternal and newborn health care provision during the COVID-19 pandemic. Sex Reprod Health Matters. 2020 Oct 19:1-5. doi: 10.1080/26410397.2020.1838054. Epub ahead of print. PMID: 33073726.

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					solutions or ideas to share submit them on the form found at tinyurl.com/COVID19adaptations . Submitted ideas and information may be found at http://www.covidadaptations.org/		
Type 1 Diabetes, children, Sweden	19-Oct-20	Effect of COVID-19 pandemic on treatment of Type 1 diabetes in children	Acta Paediatrica	Brief Report	The author describes a study to estimate the effects of the COVID-19 pandemic on treatment of pediatric Type 1 Diabetes (T1D) in Sweden. Data for children aged <18 years registered in the national database, SWEDIABKIDS for Jan-July 2018, 2019 and 2020 were compared. Between 2019 and 2020, the proportion of patients was found to be similar for low HbA1c – HbA1c<52 mmol/L (47%, 95% CI 45.8-48.2% vs 47.4%, 95% CI 46.2-48.8% respectively) and HbA1c<57 mmol/L (67.5%, 95% CI 66.4-68.6% vs 68.1%, 95% CI 67-69.2% respectively). The proportion of patients with HbA1c>70 mmol/mol indicating an increased risk of complications was also similar between 2019 and 2020 (6.7%, 95% CI 6.1-7.3% vs 6%, 95% CI 5.4-6.6% respectively), as were cholesterol <4.5mmol/L (94.4%, 95% CI 93.6-94.8% vs 96.9%, 95% CI 96.5-97.3% respectively) and LDL <2.5 mmol/L (73.4%, 95% CI 70-76% vs 75.9%, 95% CI 73.5-78.3% respectively) proportions. These findings indicate that there is no deterioration of HbA1c or blood lipids in pediatric T1D patients due to the impact of the pandemic (replacement of ordinary healthcare visits by telemedicine). The use of modern technical devices such as insulin pumps (70.1% users, 95% CI 69-71.2% in 2020 vs 67.2% users, 95% CI 66.1-68.3% in 2019) and glucose sensors (96.9% users, 95% CI 96.5-97.3% in 2020 vs 94.4% users, 95% CI 93.6-94.8% in 2019) have also not been affected.	The author describes a study to estimate the effects of the COVID-19 pandemic on treatment of pediatric Type 1 Diabetes (T1D) in Sweden. No deterioration of HbA1c, blood lipids or use of medical devices was found due to pandemic.	Ludvigsson J. Effect of COVID-19 pandemic on treatment of Type 1 diabetes in children. Acta Paediatr. 2020. doi: 10.1111/apa.15627.
Pregnancy, maternal outcomes, preterm birth, C-section, vertical transmission, China	19-Oct-20	Pregnant women with COVID-19 and risk of adverse birth outcomes and maternal-fetal vertical transmission: a population-based cohort study in Wuhan, China	BMC Medicine	Original Research	In this population-based retrospective cohort study based on the Maternal and Child Health Information System (MCHIMS) of Wuhan, China, the authors sought to evaluate the relationship between SARS-CoV-2 infection during later pregnancy and risk of adverse birth outcomes including preterm birth, low birth weight, premature rupture of membranes (PROM), neonatal asphyxia, and C-section. All pregnant women with singleton live births recorded from January 13-March 18, 2020, were included. Out of 11,078 pregnant women, 65 were confirmed with COVID-19 (0.57%). No deaths occurred from confirmed cases or their newborns. Compared to pregnant women without COVID-19, pregnant women with COVID-19 had an increased risk of preterm birth (OR 3.34, 95% CI 1.60–7.00) and C-section (OR 3.63, 95% CI 1.95–6.76). There was no statistical difference in low birth weight, neonatal asphyxia, and PROM. Among newborns born to mothers with confirmed COVID-19, none tested positive for SARS-CoV-2. This study suggests that COVID-19 during the later pregnancy is associated with an increased risk of adverse birth	This population-based retrospective cohort study in Wuhan, China evaluated the relationship between SARS-CoV-2 infection in later pregnancy and risk of adverse birth outcomes. Pregnant women with COVID-19 had a higher odds of preterm birth and C-section delivery.	Yang R, Mei H, Zheng T, Fu Q, et al. Pregnant women with COVID-19 and risk of adverse birth outcomes and maternal-fetal vertical transmission: a population-based cohort study in Wuhan, China. BMC Med. 2020 Oct 19;18(1):330. doi: 10.1186/s12916-020-01798-1.

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Passive immunity, vertical transmission	19-Oct-20	Passive Immunity in Newborn from SARS-CoV-2 Infected Mother	Journal of Medical Virology	Case Report	<p>outcomes but provides little evidence for vertical transmission of SARS-CoV-2.</p> <p>This case report discusses anti-SARS-CoV-2 passive immunity in a neonate born to an asymptomatic mother with anti-SARS-CoV-2 immunoglobulin (Ig)G and IgM. A low-risk 34-year-old woman at 37 weeks of pregnancy was admitted to an Italian hospital due to premature rupture of membranes. Serological tests showed anti-SARS-CoV-2 IgG and IgM, and nasopharyngeal swabs were positive. A healthy male neonate was vaginally delivered 26 hours after admission. Delayed cord-clamping and skin-to-skin contact were allowed, breastfeeding was encouraged with the use of hand hygiene and maternal masking, and the crib was placed almost 2 meters away from the mother. The neonate was negative for SARS-CoV-2 via nasopharyngeal swab tests performed at Days 2, 3, and 5 after birth; however, anti-SARS-CoV-2 IgG antibodies were present in serum, indicating passive immunity delivered from the mother to the neonate. The infant was negative for these antibodies at 6 weeks of age. The authors state that this case suggests trans-placental passage of specific antibodies from the mother to the fetus. The authors urge more expansive SARS-CoV-2 screening in pregnant women and serological tests of the placenta, amniotic fluid, cord blood, breast milk, and neonatal serum in cases of positive results.</p>	This case report discusses anti-SARS-CoV-2 passive immunity in an uninfected neonate born to an asymptomatic mother, suggesting trans-placental passage of specific antibodies from the mother to the fetus. The authors urge broader SARS-CoV-2 screening in pregnant women and serological tests of tissues involved in fetal and neonatal development.	Cavaliere AF, Marchi L, Aquilini D, et al. Passive Immunity in Newborn from SARS-CoV-2 Infected Mother. J Med Virol. 2020;10.1002/jmv.26609. doi:10.1002/jmv.26609
Pancreatitis, United States	19-Oct-20	Pancreatitis in Pediatric Patients with COVID-19	Journal of the Pediatric Infectious Diseases Society	Article	<p>The authors describe 3 pediatric cases in the United States with SARS-CoV-2 infection and pancreatitis [dates not specified]. Case 1 is of a 15-year-old obese male presented to the emergency department with non-bloody, non-bilious vomiting, worsening epigastric abdominal pain, and fever that began on the day of presentation. He reported a week of nasal congestion, anosmia, and ageusia. He was diagnosed with acute pancreatitis while RT-PCR testing was confirmed positive for SARS-CoV-2. Case 2 was of a 11-year-old male with peri-umbilical abdominal pain and poor oral intake for 2 days. He also reported headache, chills, tactile fever, intermittent hematochezia and epistaxis of 8 days prior to presentation. He was diagnosed with appendicitis and pancreatitis but also tested positive for SARS-CoV-2 antibodies, confirmed by RT-PCR. Case 3 was that of a 16-year-old female with a previous history of pancreatitis who presented with nausea and epigastric abdominal pain radiating to her back for 3 days. She was unable to tolerate food or liquids and reported having a fever and slight cough a week prior to presentation. She was tested to be positive for SARS-CoV-2. Although it is difficult to rule out other possible etiologies for pancreatitis in the 3 patients, the timeline of diagnosis with COVID-19 and pancreatitis appears to have a temporal association. Providers should</p>	The authors describe 3 pediatric cases in the United States that suggest a temporal association between SARS-CoV-2 infection and pancreatitis	Samies NL, Yarbrough A, Boppana S. Pancreatitis in Pediatric Patients with COVID-19. J Pediatric Infect Dis Soc. 2020;piaa125. doi:10.1093/jpids/piaa125.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					consider SARS-CoV-2 in their differential diagnoses when managing patients with extra-pulmonary symptoms including gastro-intestinal symptoms.		
Surgery outcome, perioperative, pediatric	19-Oct-20	Favorable perioperative outcomes for children with SARS-CoV-2	The British Journal of Surgery	Research Letter	To better understand the surgical risks for children with SARS-CoV-2, the authors summarized outcomes in children from CovidSurg who had surgery between January 1 - April 30, 2020. CovidSurg is a multicenter, observational, international cohort study of surgical patients with SARS-CoV-2 infection confirmed within 7 days before or 30 days after surgery. Of the 5,388 patients in CovidSurg within this timeframe, 88 children aged ≤ 16 years were identified from 52 hospitals in 21 countries. 56 (63.6%) patients were boys. Diagnosis of SARS-CoV-2 was preoperative in 48 (56%). Most children underwent emergency surgery (89%). Benign disease was the most frequent indication for surgery (81%) followed by trauma (11%) and cancer (8%). Overall, the 30-day postoperative mortality rate in children was 1.1% (1/88). Pulmonary complications occurred in 13.6% (12/88). Findings suggested that the surgical risks in children with SARS-CoV-2 were much lower than in adults, mirroring the lower morbidity of SARS-CoV-2 infection seen in children. The authors argued that routinely postponing surgical procedures in children during the COVID-19 pandemic may risk substantial “collateral damage” to children’s health from unnecessary delays in surgical care. Further study is required to determine whether less restrictive surgical rationing policies should be considered for children in the event of a second or prolonged COVID-19 pandemic wave.	The authors summarized outcomes of 88 children aged ≤ 16 years who were infected with SARS-CoV-2 and had surgery between January 1- April 30, 2020 in a multicenter, observational, international cohort study, CovidSurg. They concluded that the surgical risks in children with SARS-CoV-2 were much lower than in adults.	Nepogodiev D. Favourable perioperative outcomes for children with SARS-CoV-2. Br J Surg. 2020 Oct 19. doi: 10.1002/bjs.12038.
Breastfeeding, neonates, NICU, breast milk, USA	19-Oct-20	Longitudinal Survey of COVID-19 Burden and Related Policies in U.S. Neonatal Intensive Care Units	American Journal of Perinatology	Short Communication	The authors performed a series of cross-sectional surveys sent to 368 neonatal ICUs (NICUs) in the US across 4 periods between March and August 2020, assessing the burden of COVID-19 and policies introduced (i.e. infant isolation from mothers with suspected or confirmed COVID-19, breastfeeding approaches, and universal screening of expectant mothers). In total, 266 unique NICUs responded with 69 responding to all 4 surveys, 50 to 3, 53 to 2, and 94 to 1 survey. Confirmed COVID-19 in NICU-admitted infants was rare, with prevalence rising from 0.03% to 0.44% across the 4 survey rounds. A minority of sites allowed mothers with suspected or confirmed COVID-19 to breastfeed directly; 27 (17%) and 34 (21%) in rounds 2 and 3, respectively, but by round 4, this had increased to 69 (47%). For the last 3 surveys, use of any maternal breastmilk (expressed and direct) was consistent (88-89%) but direct breastfeeding increased while feeding with expressed breast milk decreased. Sites reported a variety of policies regarding infant isolation, with physical isolation from the mother for 14 days and discharge to an	This longitudinal survey of neonatal ICUs across the US found a low burden of COVID-19, but significant secondary effects to maternal-infant bonding and breastfeeding success. Changes in policies over time allowing more mothers with COVID-19 to room in and directly breastfeed their infants appear to have evolved in response to novel data and guideline development.	Ahmad KA, Darcy-Mahoney A, Kelleher AS, Ellsbury DL, Tolia VN, Clark RH. Longitudinal Survey of COVID-19 Burden and Related Policies in U.S. Neonatal Intensive Care Units. Am J Perinatol. 2020 Oct 19. doi: 10.1055/s-0040-1718944. Epub ahead of print. PMID: 33075846.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					alternate caregiver the most common. However, the number of facilities allowing infants to room in with mothers increased from 23 (14%) to 74 (50%). These results indicate that the secondary effects of maternal COVID-19, even when asymptomatic, could substantially affect maternal–infant bonding and long-term breastfeeding success. However, changes in policies appear to have evolved in response to novel data and guidelines.		
Placenta, histopathology, asymptomatic, United States	19-Oct-20	COVID-19 Infection and Placental Histopathology in Women Delivering at Term	American Journal of Obstetrics and Gynecology	Original Research	The aim of this study was to determine whether COVID-19 in at-term patients, including women without COVID-19 symptomatology, is associated with increased placental injury compared to a cohort of COVID-19 negative controls. A retrospective cohort study was performed at NYU Winthrop Hospital, New York March 31 - June 17, 2020 in which the placental histopathological findings of COVID-19 patients (n=77) who delivered a singleton gestation at term were compared to a control group of at-term patients without COVID-19 (n=56). The authors found that COVID-19 cases were more likely to have evidence of fetal vascular mal-perfusion (32.5% (25/77) vs. 3.6% (2/56), p<0.0001) and villitis of unknown etiology (20.8% (16/77) vs. 7.1% (4/56), p=0.030). These findings persisted in a subgroup analysis of asymptomatic COVID-19 cases compared to COVID-19 negative controls. All neonates of mothers with COVID-19 tested negative for SARS-CoV-2 by PCR. The authors conclude that increased placental histopathological abnormalities were present in at-term patients admitted to their facility.	In studying the histopathology of at-term women admitted to a hospital in New York, the authors found an increased prevalence of placental histopathological abnormalities in COVID-19 patients.	PATBERG ET, ADAMS T, REKAWEK P, et al. COVID-19 infection and placental histopathology in women delivering at term. <i>Obstet Gynecol.</i> 2020. http://www.sciencedirect.com/science/article/pii/S0002937820311947 . doi: https://doi.org/10.1016/j.ajog.2020.10.020 .
Pandemic, children and adolescents, welfare system and at-risk families, psychological wellbeing, health-related quality of life	19-Oct-20	Psychological Wellbeing of Vulnerable Children During the COVID-19 Pandemic	Psicothema	Original Article	The authors administered a questionnaire to determine the psychological impact of the COVID-19 pandemic on 459 children and adolescents in Spain from two settings: (a) the Spanish welfare system under different alternative care modalities: children in residential care and foster or kinship families; and (b) the prevention system: children from vulnerable at-risk families who still live with their parents but receive help to prevent separation. The Strengths and Difficulties Questionnaire (SDQ) and KIDSCREEN-10 index, a Health Related Quality of Life Questionnaire (HRQoL) were used to assess general mental health and wellbeing. SDQ and KIDSCREEN-10 scores were compared for children and adolescents between the welfare and prevention systems, but no differences were found in general mental health and wellbeing. Children and adolescents in both systems had similar mental health outcomes during the COVID-19 pandemic. The children and adolescents in the welfare and prevention systems scored significantly lower on the SDQ, indicating worse psychological health than the Spanish general population assessed in 2017 prior to the COVID-19 outbreak. Additionally, there were no statistically significant differences in	The authors administered a questionnaire to determine the psychological impact of the COVID-19 pandemic on 459 children and adolescents in Spain. The children and adolescents in the study had worse psychological wellbeing than those in the 2017 Spanish reference before the COVID-19 outbreak, but quality of life remained the same.	Vallejo-Slocker L, Fresneda J, Vallejo MA. Psychological Wellbeing of Vulnerable Children During the COVID-19 Pandemic. <i>Psicothema.</i> 2020;32(4):501-507. doi:10.7334/psicothema2020.218

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					HRQoL between the COVID-19 pandemic and 2017, so COVID-19 did not have a statistically significant effect on HRQoL of children and adolescents in the welfare and prevention systems. The authors concluded that it is necessary to monitor the mental health status of children to identify risk factors and prevent possible problems from the COVID-19 pandemic and other disease outbreaks.		
Vertical transmission, breast milk, perinatal outcomes, neonatal outcomes, pregnancy	19-Oct-20	Clinical manifestation, outcomes in pregnant women with COVID-19 and the possibility of vertical transmission: a systematic review of the current data	Journal of Perinatal Medicine	Systematic Review	Systematic reviews of perinatal outcomes associated with COVID-19 have been done; however, as of June, 2020 none included the risk of neonatal infection or indicators such as intubation and ICU admission. This systematic review included 36 studies published between 1 December 2019 - 10 June, 2020 to investigate the clinical manifestations, laboratory tests, clinical outcomes, and perinatal outcomes of pregnant women with COVID-19 and the possibility of vertical transmission. The most common symptoms were fever (64.78%), cough (59.81%) and shortness of breath or dyspnea (23.86%). 88.73% of patients demonstrated typical COVID-19 signs on chest CT or X-ray. Intubation was carried out in 35.87% of patients, and 4.95% of mothers were admitted to the ICU, where the rate of maternal death was <0.01% and that of premature delivery was 25.32%. The rate of low birth weight (<2,500 g) was 30.65% and that of Neonatal ICU (NICU) admission was 24.41%. Positive nasopharyngeal swabs or sputum from newborns was <0.01% and the rate of SARS-CoV-2 positivity in cord blood, amniotic fluid, cervical or vaginal secretions and breast milk was zero; 6 of the included studies specifically tested breast milk for SARS-CoV-2. These results indicate vertical transmission from mother to child is unlikely.	This systematic review of perinatal outcomes of pregnant women with COVID-19 found fever, cough, shortness of breath and dyspnea to be the most common symptoms, with typical imaging manifestations. Risk of intubation, ICU admission, and premature delivery were high. No evidence of SARS-CoV-2 presence in cord blood, amniotic fluid, cervical or vaginal secretions and breast milk was found, indicating vertical transmission from mother to child is unlikely.	Han Y, Ma H, Suo M, et al. Clinical manifestation, outcomes in pregnant women with COVID-19 and the possibility of vertical transmission: a systematic review of the current data. J Perinat Med. 2020 Oct 19. doi: 10.1515/jpm-2020-0431. Epub ahead of print. PMID: 33068387.
COVID-19, Fulminant myocarditis, Left ventricular dysfunction, Hypotension, Atrial Fibrillation, USA	18-Oct-20	Fulminant myocarditis and atrial fibrillation in child with acute COVID-19	Journal of Electrocardiology	Case Report	This is a case report of fulminant myocarditis and atrial fibrillation (AFib) in a 15-year-old girl with COVID-19 in the U.S. in June 2020. The patient presented with headaches, vomiting, fatigue, fever, tachycardia, and hypotension without previous significant medical history. Her laboratory results were positive for SARS-CoV-2 via PCR, with increased N-terminal pro b-type natriuretic peptide (pro-NT BNP), inflammatory markers, and high sensitivity troponin concentration. Her echocardiogram showed severe left ventricular dysfunction without atrial or ventricular dilation. The authors include figures of the patient's electrocardiographs. The patient was treated with milrinone, epinephrine, IV immune globulin, methylprednisolone, and low molecular weight heparin. Additional medications included the IL-1 receptor antagonist, anakinra. After treatment with cardioversion and amiodarone infusion for the AFib with rapid ventricular conduction, the patient did well without any recurrence. AFib can lead to acute decompensation in children with marginal ventricular function	This is a case report of fulminant myocarditis and atrial fibrillation (AFib) in a previously healthy 15-year-old girl with COVID-19 in the U.S. The patient's condition improved without any recurrence after treatment for her AFib and rapid ventricular conduction.	Kohli U, Meinert E, Chong G, Teshner M, Jani P. Fulminant myocarditis and atrial fibrillation in child with acute COVID-19. Journal of Electrocardiology. Published online October 2020:50022073620305719. doi:10.1016/j.jelectrocard.2020.10.004

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					and enhance the risk of thrombo-embolism. Although the optimal anti-coagulation strategy in patients with COVID-19 and atrial arrhythmias is unknown, the authors administered low dose aspirin and low molecular weight heparin. Research on the ideal duration of anti-coagulation should be systematically evaluated to inform future clinical recommendations.		
COVID-19, children, adolescents, rheumatic disease, juvenile idiopathic arthritis, immunosuppressive treatment, Turkey	18-Oct-20	The frequency and clinical course of COVID-19 infection in children with juvenile idiopathic arthritis	Clinical and Experimental Rheumatology	Letter to the Editor	This letter highlights 2 main questions among clinicians treating children with rheumatic diseases: 1) Are patients being treated for rheumatic diseases on biologic treatment at increased risk for severe disease course of COVID-19 due to their conditions and/or treatments? 2) Should the treatment strategies be changed? The authors of this letter summarize the results of a web-based survey administered between 16 April - 15 May 2020 investigating the clinical and laboratory findings of patients with juvenile idiopathic arthritis seen at their rheumatology center in Turkey. The study population included 345 patients (female 60.6%, median age 12.1 years, range: 1.6–23.6 years). 8 patients had contact histories with confirmed COVID-19 cases. 6 of these were on biological disease-modifying anti-rheumatic drugs (bDMARDs), 1 was on conventional DMARDs (cDMARDs) and 1 was being followed without treatment. 4 of these patients took a SARS-CoV-2 PCR test and 2 were positive. Due to the limited sample size, it is difficult to compare patients on bDMARDs and cDMARDs for the incidence rate of COVID-19. Only 2 patients were positive for SARS-CoV-2 (both under bDMARDs treatment), which is a rate consistent with the 1.5% positivity reported in patients with liver transplantation or receiving chemotherapy. Despite the immunosuppressive treatment, these 2 patients developed neither severe COVID-19 nor required hospitalization. Previous studies of children with rheumatic diseases on bDMARDs reported no positive cases among 54 and 123 patients. These preliminary data do not suggest increased risk of SARS-CoV-2 infection or severe COVID-19 among this patient group or support a need for ceasing or altering treatments.	The authors summarize the results of a web-based survey administered between 16 April - 15 May 2020 investigating the clinical and laboratory findings of patients with juvenile idiopathic arthritis seen at their rheumatology center in Turkey. They also collected data on SARS-CoV-2 PCR results and contact history with confirmed cases. Based on these results and evidence from previously reported studies, they conclude there is not enough evidence to suggest these patients are at increased risk of SARS-CoV-2 infection of severe COVID-19 and that immunosuppressive treatments do not necessarily need to be ceased or altered during the COVID-19 pandemic.	Yildiz M, Haslak F, Adrovic A, et al. The frequency and clinical course of COVID-19 infection in children with juvenile idiopathic arthritis [published online, 2020 Oct 18]. Clin Exp Rheumatol. 2020;
COVID-19; Children; Intensive care; Pandemic; Pediatric critical care; Pediatrics; Public health; Italy	18-Oct-20	Unplanned and medical admissions to pediatric intensive care units significantly decreased during COVID-19 outbreak in Northern Italy	European Journal of Pediatrics	Short Communication	These authors evaluated the impact of the COVID-19 outbreak on pediatric ICU (PICU) admissions in Northern Italy, using data from the Italian Network of Pediatric Intensive Care Units Registry. They included all patients admitted to 4 PICUs from 8-weeks-before to 8-weeks-after 24 February 2020 (the first Italian lockdown decree), and those admitted in the same period in 2019. They computed incidence rate differences between pre- and post-COVID-19 periods in 2020 (IRR-1), as well as between the post-COVID-19-period and the same period in 2019 (IRR-2). During the 2020 16-week period, a total of 443 patients were admitted, compared to 558 patients in the 2019 cohort. The	These authors evaluated the impact of the COVID-19 outbreak on pediatric ICU (PICU) admissions in Northern Italy. They found that unplanned and medical PICU admissions significantly decreased during the COVID-19 outbreak compared to pre-COVID-19 and to the same	Sperotto F, Wolfler A, Biban P, Montagnini L, Ocagli H, Comoretto R, Gregori D, Amigoni A; Italian Network of Pediatric Intensive Care Unit Research Group (TIPNet). Unplanned and medical admissions to pediatric intensive care units significantly decreased during

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					median age was 0.9 years in the 2019 cohort (IQR 0.1–5.0), and 1.2 years (IQR 0.2–5.9) in the 2020 cohort ($p = 0.103$). The number of PICU admissions significantly decreased during the COVID-19 outbreak compared to before the outbreak, and compared to the same period in 2020 (IRR-1 0.63 [95%CI 0.50–0.79]; IRR-2 0.70 (95%CI 0.57–0.91)). Unplanned and medical admissions decreased (IRR-1 0.60 (95%CI 0.46–0.70); IRR-2 0.67 (95%CI 0.51–0.89); and IRR-1 0.52, (95%CI 0.40–0.67); IRR-2 0.77 (95%CI 0.58–1.00), respectively). Intra-hospital, planned, and surgical admissions did not significantly change. Patients admitted for respiratory failure decreased (IRR-1 0.55 (95%CI 0.37–0.77); IRR-2 0.48 (95%CI 0.33–0.69)). The authors conclude that unplanned and medical PICU admissions significantly decreased during the COVID-19 outbreak compared to pre-COVID-19 and to the same period in 2019, especially those for respiratory failure.	period in 2019, especially those for respiratory failure.	COVID-19 outbreak in Northern Italy. Eur J Pediatr. 2020 Oct 18:1–6. doi: 10.1007/s00431-020-03832-z. Epub ahead of print. PMID: 33070224; PMCID: PMC7568687.
Pediatric surgery, Appendectomy, France	18-Oct-20	The role of a pediatric tertiary care center in avoiding collateral damage for children with acute appendicitis during the COVID-19 outbreak	Pediatric Surgery International	Original Research	This article aimed to evaluate the impact of the COVID-19 pandemic-related lockdown on the management and outcomes of children with acute appendicitis. A retrospective analysis of the severity of appendicitis and outcomes of children treated for acute appendicitis from January 20 - May 11, 2020, in France. Two time periods were considered for analysis, before and after the nationwide lockdown. Results indicated that the number of acute appendicitis increased by 77% during the lockdown, and generally, those treated were older than pre-pandemic (11.1 vs. 8.9 years, $p = 0.003$). Less children had previously consulted a general practitioner (15% vs. 33%, $p = 0.028$), and more children were transferred from other hospitals (52% vs. 31%, $p = 0.043$). Additionally, there was no difference in the length of stay, rate of postoperative intra-abdominal abscess, emergency room visits, and re-admissions between both periods. The authors concluded that the management and outcome of children with appendicitis remained the same during the lockdown period.	In assessing the differences in care for pediatrics with appendicitis in France, the authors of this paper found an increase in the total amount of pediatric appendicitis cases, but treatment and management remained the same.	Montalva L, Haffreingue A, Ali L, et al. The role of a pediatric tertiary care center in avoiding collateral damage for children with acute appendicitis during the COVID-19 outbreak. Pediatr Surg Int. 2020 Oct 18:1–9. doi: 10.1007/s00383-020-04759-0.
COVID-19 signs and symptoms, COVID-19 presentation, children, adolescents, children and young people	18-Oct-20	Systematic review of reviews of symptoms and signs of COVID-19 in children and adolescents	medRxiv	Pre-print (not peer-reviewed)	This paper presents a systematic review of reviews to determine the presentation of COVID-19 in children and adolescents (aged <20 years). Authors included reviews or meta-analyses of symptoms or signs of laboratory-confirmed COVID-19 in children and young people, published on or before October 9, 2020, which included 18 reviews encompassing 1325 studies. 8 were considered high quality, 7 were medium quality and 3 were low quality. They predominantly focused on hospitalized children and adolescents. Fever and cough were the most common symptoms, and the proportions of each ranged from 46-64.2% and 32-55.9%, respectively. Other symptoms that were present at rates of 10-20% included vomiting, diarrhea, and abdominal pain, fatigue,	This systematic review of reviews, including 18 reviews encompassing 1325 studies, summarizes the presentation of confirmed COVID-19 in children and adolescents (aged <20 years). The authors conclude that the most common symptoms of proven COVID-19 in	Viner RM, Ward J, Hudson L, et al. Systematic review of reviews of symptoms and signs of COVID-19 in children and adolescents. 2020. doi:10.1101/2020.10.16.20213298

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					and myalgia. The proportion of children who were asymptomatic in the studies ranged from 14.2-42%. The authors conclude that the most common symptoms of proven COVID-19 in children and young people are fever and cough. Inclusion of less common symptoms in case definitions (rhinorrhea, sore throat, diarrhea, and vomiting) is likely to reduce specificity and is not recommended.	children and young people are fever and cough.	
parent stress; resilience; social support; Italy	17-Oct-20	Parenting-Related Exhaustion During the Italian COVID-19 Lockdown	Journal of Pediatric Psychology	Original Research	The aim of this study was to assess the psychological impact of the COVID-19 pandemic on parents in Italy. An online questionnaire was provided in April 2020 to 1,226 parents (89% mothers, mean age 39.13 ± 6.77 years) with at least one child ages 0-13 years. The participants were recruited through social media and snowball sampling on WhatsApp. The questionnaire assessed demographics, particular COVID-19 experiences, emotional exhaustion, resilience, social connections, and psychological distress amidst the lockdown. Multiple regression analysis was performed to determine associations between risk or protective factors and parenting-related exhaustion. Of those in the sample, 26% (n=319) had a significant friend or relative infected with SARS-CoV-2, with 9% (n=111) experiencing a death of a significant friend or relative. 84% (n=1,034) had a clinically alarming level of distress as measured by the General Health Questionnaire-12 tool. Significant parenting-related exhaustion was experienced by 17% (n=208) of those in the sample, with predictors including psychological distress (p < 0.001), lower parental resilience (p < 0.001), motherhood (p < 0.001), fewer perceived social connections (p < 0.001), being single (p < 0.05), having a child with special needs (p < 0.01), having a larger number of children (p < 0.001), and having younger children (p < 0.01). The authors note the findings may have implications for children's well-being and can be used to structure parental support programs during the COVID-19 pandemic.	The authors of this study surveyed parents in Italy to assess the psychological impact of the COVID-19 pandemic amidst the April 2020 lockdown. 84% of those surveyed had an alarming measure of distress, with 17% reporting significant parent-related exhaustion. These findings may have implications for children's well-being and can be used to structure parental support programs during the COVID-19 pandemic.	Marchetti D, Fontanesi L, Mazza C, Di Giandomenico S, Roma P, Verrocchio MC. Parenting-Related Exhaustion During the Italian COVID-19 Lockdown. J Pediatr Psychol. 2020;45(10):1114-1123. doi:10.1093/jpepsy/jsaa093
Ethics (see Medical Ethics); Health policy; Health services administration & management; Pediatrics.	17-Oct-20	The Birkenhead drill suggests 'women and children first': government and society's reversal of the drill during the COVID-19 pandemic, left children last and cannot be allowed to continue	Postgraduate Medical Journal (PMJ)	Commentary	This article argues that the approach to managing the COVID-19 pandemic has been amoral when viewed through the lens of the Birkenhead drill, which states that in a time of crisis, the weakest and most vulnerable should be prioritized. Taking this to women and children, the author notes that pandemic planning has not prioritized children, providing the examples of re-opening pubs before schools after COVID-19 closures, and lack of significant investments in children's services and women's health. The authors also note that children have had to make more sacrifices than adults regarding school, social life, health care, and overall welfare during the COVID-19 pandemic, despite being at less risk than adults for COVID-19 itself. Potential ways to remedy the	This article argues that the approach to managing the COVID-19 pandemic has been amoral when viewed through the lens of the Birkenhead drill, which states that in a time of crisis, the weakest and most vulnerable should be prioritized. The authors state that children have not been prioritized in the pandemic response,	Brierley J, Larcher V. The Birkenhead drill suggests 'women and children first': government and society's reversal of the drill during the COVID-19 pandemic, left children last and cannot be allowed to continue [published online ahead of print, 2020 Oct 17]. Postgrad Med J. 2020;postgradmedj-2020-137991. doi:10.1136/postgradmedj-2020-137991

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		[Free Access to Abstract Only]			ethical issue include addressing poverty, systemic racism, climate change, and pollution.	despite bearing more sacrifices and facing lower risk from COVID-19 when compared with adults.	
COVID-19, Pediatric, Preoperative preparation, Screening, Malaysia	17-Oct-20	Early experience with universal preoperative and pre-procedural screening for COVID-19 in low-risk pediatric surgical patients requiring general anesthesia	Pediatric Surgery International	Original Article	In order to decrease the risk of viral transmission to health care workers during aerosol-generating procedures such as intubation, many medical centers have instituted pre-procedural screening for COVID-19. In this cross-sectional study, the authors report their experience with universal pre-operative and pre-procedural screening for COVID-19 in low-risk children requiring general anesthesia, from 17 March to 31 May 2020 at one institution in Malaysia. Patients were considered "low-risk" if they had no COVID-19 symptoms, no history of recent travel or mass gatherings, and no known contacts with COVID-19. Once deemed "low-risk," testing was performed by SARS-CoV-2 RT-PCR, with confirmation by nucleic acid sequencing. All patients were followed up 14 days post-swab. Of the 66 children (median age 4.5 years, range 4 days–16.8 years) eligible for the study, 39 (60%) were male and infants (1–12 months) formed the largest age group (n=24, 36%). None were positive for SARS-CoV-2. On 14-day follow-up, none had COVID-19 symptoms. In this study, all low-risk asymptomatic children with no history of COVID-19 contact tested negative on universal screening. Larger studies are required to ascertain the role of screening prior to procedures done under general anesthesia.	These authors report their experience with universal pre-operative and pre-procedural screening for COVID-19 in low-risk children requiring general anesthesia. In their small cross-sectional study in Malaysia, all asymptomatic children with no history of COVID-19 contact tested negative on universal screening.	Sii CKS, Lee JA, Nah SA. Early experience with universal preoperative and pre-procedural screening for COVID-19 in low-risk pediatric surgical patients requiring general anesthesia. <i>Pediatr Surg Int.</i> 2020 Dec;36(12):1407-1411. doi: 10.1007/s00383-020-04760-7. Epub 2020 Oct 17. PMID: 33068142; PMCID: PMC7568455.
Telehealth, web-based education, perinatal care, antenatal care, pregnancy	17-Oct-20	Supporting perinatal women in the context of the COVID-19 emergency: can web-based antenatal education classes make it possible?	Journal of Reproductive and Infant Psychology	Editorial	In this editorial, the authors describe the goals of antenatal education and the current evidence for web-based counseling during pregnancy in light of the COVID-19 pandemic. There has been a growing interest in delivering antenatal care and education by e-health, however the effects of web-based antenatal care intervention on maternal wellbeing have not been widely investigated. In a study of a web-based antenatal care and education system consisting of 4 modules (web-based maternity health records, antenatal health education, self-management journals, and infant birth records), women reported significantly reduced pregnancy stress, improved self-efficacy, and increased satisfaction with antenatal care. The authors propose that web-based antenatal education classes are a fitting response to the need to offer support to pregnant women in a context that reduces the spread of COVID-19. However, given there are few studies into the effectiveness, efficiency, equity and appropriateness of these small web classes, the authors advocate for future research to investigate the perinatal skills and empowerment acquired by pregnant women who participate.	The authors share current evidence regarding web-based perinatal education classes in light of the need to support pregnant women in a setting that reduces spread of COVID-19. They call for future research to evaluate the effectiveness, efficiency, equity, and appropriateness of these online programs.	Grussu P, Quatraro RM, Jorizzo GJ. Supporting perinatal women in the context of the COVID-19 emergency: can web-based antenatal education classes make it possible? <i>J Reprod Infant Psychol.</i> 2020 Nov;38(5):471-473. doi: 10.1080/02646838.2020.1834261.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Emergencies, infant, intubation, neonatology, pediatric, Philadelphia, USA	17-Oct-20	Airway emergency management in a pediatric hospital before and during the COVID-19 pandemic	International Journal of Pediatric Otorhinolaryngology	Original Research	This article describes the Neonatal-Infant Emergency Airway Program established to improve medical responses, communication, equipment usage, and outcomes for all infants requiring emergent airway interventions at a neonatal ICU (NICU) in Philadelphia, USA and discusses how this program enabled rapid response to COVID-19 regulations. All patients admitted to the NICU from 2008 to 2019 were included in this study [ages not provided]. The program consisted of a multidisciplinary airway response team, pager system, and emergency equipment cart. Specialist response times, equipment utilization, and outcomes were recorded. Since 2008, mean specialist response times decreased from 5.9 ± 4.9 min (2008–2012, mean ± SD) to 4.3 ± 2.2 min (2016–2019, p=0.12), and the number of incidents with response times >5 min decreased from 28.8 ± 17.8% (2008–2012) to 9.3 ± 11.4% (2016–2019, p=0.04). Multidisciplinary involvement in this program also enabled rapid and effective changes in response to COVID-19 regulations; universal NICU admission screening, standardized upper and lower respiratory tract sampling for intubated patients, enabled rapid identification of all COVID-19-positive patients. Given the likelihood of an aerosol-generating procedure at each emergency event, personnel were limited, and all staff present wore fit-tested N95 masks, eye protection, and gowns and gloves, included in separate carts brought to all airway emergency events. Video laryngoscopic intubation was strongly preferred for these patients, as this allowed the greatest physical distance between the patient and providers.	This article describes how an airway safety program for neonates and infants enhanced tracking and resource utilization at a children's hospital in Philadelphia (USA) both before and during the COVID-19 pandemic. Subspecialist response times and equipment availability were streamlined as a result of this program, enabling rapid and effective changes in response to COVID-19 regulations.	Thom CS, Deshmukh H, Soorikian L, Jacobs I, Fiadjoe JE, Liou J. Airway emergency management in a pediatric hospital before and during the COVID-19 pandemic. <i>Int J Pediatr Otorhinolaryngol</i> . 2020 Oct 17;139:110458. doi: 10.1016/j.ijporl.2020.110458. Epub ahead of print. PMID: 33130467.
Extracorporeal membrane oxygenation (ECMO), neonates, ARDS, pregnancy, USA	17-Oct-20	Maternal-Neonatal Dyad Outcomes of Maternal COVID-19 Requiring Extracorporeal Membrane Support: A Case Series	American Journal of Perinatology	Original Article	This case series describes the maternal and fetal outcomes of 2 pregnant women (ages 27 and 43 years) presenting to a university hospital in the US with acute respiratory distress syndrome (ARDS) secondary to COVID-19. Both of these critically ill pregnant women had preexisting conditions that may have increased the risk for more severe ARDS due to COVID-19. They both required extracorporeal membrane oxygenation (ECMO), had a preterm delivery, and recovered with no clinical sequelae. Intubation was required in both neonates; extubation occurred within 1 and 5 days after birth. Neonatal outcomes were within the realm of expected for prematurity except for coagulopathy. There was no evidence of vertical transmission to the neonates, who both tested negative via RT-PCR of nasopharyngeal swab. These cases demonstrate that ECMO is a feasible treatment in pregnant women with severe COVID-19 and that delivery can be performed safely on ECMO with no additional risk to the fetus.	This case series described 2 critically ill pregnant women in the US with acute respiratory distress syndrome due to COVID-19 requiring extracorporeal membrane oxygenation (ECMO) and resulting in premature delivery. ECMO was found to be a feasible treatment and should be considered a viable option during pregnancy and the postpartum period.	Douglass KM, Strobel KM, Richley M, et al. Maternal-Neonatal Dyad Outcomes of Maternal COVID-19 Requiring Extracorporeal Membrane Support: A Case Series. <i>Am J Perinatol</i> . 2020 Oct 17. doi: 10.1055/s-0040-1718694. Epub ahead of print. PMID: 33069171.
Influenza, diabetes,	17-Oct-20	Seasonal flu and COVID-19	Diabetic Medicine	Letter	In this letter from the Italian Society for Pediatric Endocrinology and Diabetes, the authors discuss specific seasonal flu and	This letter from the Italian Society for Pediatric	Scaramuzza AE, Rabbone I, Maffei C, et al. Seasonal flu and

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pediatrics, adolescents, Italy		recommendations for children, adolescents and young adults with diabetes			COVID-19 recommendations for children, adolescents, and young adults with diabetes. Young people with diabetes (YPD) should take all preventative measures to minimize contagion, including proper diabetes maintenance, social distancing, face mask use, and adequate hygiene and sanitation. Seasonal influenza vaccination is recommended regardless of health status. If YPD have a fever for 2 or more days, a nasopharyngeal swab test for SARS-CoV-2 is recommended. Oral dexamethasone, a corticosteroid, may be useful for YPD requiring mechanical ventilation. For YPD hospitalized with COVID-19 not requiring mechanical ventilation, low oxygen support levels and tight glycemic control are highly recommended. If YPD experience hyperglycemia and no measures work to keep blood glucose in range, or if they experience overwhelming vomiting, an emergency department should be consulted. While pediatric diabetic patients usually do not have severe COVID-19 or influenza symptoms, the authors urge nasopharyngeal swab testing if YPD display any COVID-19 or flu-like symptoms.	Endocrinology and Diabetes contains seasonal flu and COVID-19 recommendations for children, adolescents, and young adults with diabetes. While pediatric diabetic patients usually do not have severe COVID-19 or influenza symptoms, the authors urge nasopharyngeal swab testing if young people with diabetes display any COVID-19 or flu-like symptoms.	COVID-19 recommendations for children, adolescents and young adults with diabetes. Diabetic Medicine. 2020. doi:10.1111/dme.14427
Netherlands, COVID-19, adolescent, parenting, ecology, behavior, affect	16-Oct-20	Does the COVID-19 pandemic impact parents' and adolescents' well-being? An EMA-study on daily affect and parenting	PLOS One	Original Research	Due to the COVID-19 outbreak in the Netherlands and resulting social distancing measures, families have been forced to stay at home as much as possible. Adolescents and their families may be particularly affected by this forced proximity. In this study, the authors investigated if the COVID-19 pandemic affected the positive and negative affect of parents (age range 36.25-71.04 years) and adolescents (age range 14.66-19.01 years) and parenting behaviors (warmth and criticism). Daily reports on affect and parenting were gathered during 14 consecutive days in 2018-2019 and during the pandemic, 14–28 April 2020. Analyses showed that parents' negative affect increased ($p = 0.016$) but differences in adolescents' negative and positive affect were not significant ($p = 0.532$ and $p = 0.940$). Intolerance of uncertainty, and any pandemic related characteristics (i.e. living surface, income, relatives with COVID-19, hours of working at home, helping children with school, and contact with COVID-19 patients at work) were not linked to the increase of parents' negative affect during COVID-19. Individuals and families differed to what extent the COVID-19 pandemic influenced their affect and (perspective of) parenting behavior. Each parent and adolescent could benefit from a different coping strategy, as 'one size does not fit all'. Policy makers and healthcare professional should focus on easily accessible and safe ways to increase online contact for all ages and layers of society.	In this study from the Netherlands, the authors investigated if the COVID-19 pandemic affected positive and negative affect of parents and adolescents and parenting behaviors. Analyses showed that parents' negative affect increased but this was not the case for adolescents' negative affect, positive affect and the perception of parenting behavior.	Janssen LHC, Kullberg MJ, Verkuil B, et al. Does the COVID-19 pandemic impact parents' and adolescents' well-being? An EMA-study on daily affect and parenting. <i>PLoS One</i> . 2020;15(10):e0240962. Published 2020 Oct 16. doi:10.1371/journal.pone.0240962
Spain, vaccine, cross-reactive immunity,	16-Oct-20	Potential Cross-Reactive Immunity to	Frontiers in Immunology	Original Research	This article explores the possibility of cross-reactive immunity to SARS-CoV-2 acquired from pediatric vaccinations as well as exposure to common human pathogens, and the potential role	This article explores the possibility of cross-reactive immunity to SARS-CoV-2	Reche PA. Potential Cross-Reactive Immunity to SARS-CoV-2 From Common Human Pathogens

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
epitope, SARS-CoV-2		SARS-CoV-2 From Common Human Pathogens and Vaccines			<p>this could play in both the pathology and protection against COVID-19. To accomplish this, the author sought out peptide matches to SARS-CoV-2 (identity \geq 80%, in at least eight residues) in the proteomes of 25 human pathogens (obtained from the GenBank) and vaccine antigens (obtained from Proteomics Identification Database) in Spain. The author then predicted T and B cell reactivity to identify potential cross-reactive epitopes. Results indicated that viruses subjected to pediatric vaccinations, as well as common viruses such as rhinovirus, respiratory syncytial virus, influenza virus, and several herpes viruses, do not contain cross-reactive epitopes with SARS-CoV-2, suggesting they do not provide any general protection against COVID-19. However, the author found that combination vaccines for treating diphtheria, tetanus, and pertussis (DTP vaccine) were significant sources of potential cross-reactive immunity to SARS-CoV-2. Based on this finding, the author hypothesizes that children may well be protected from SARS-CoV-2 through cross-reactive immunity elicited by DTP vaccination, supporting testing in the general population.</p>	elicited by pediatric vaccines and found that the combination DTP vaccine provided some cross-reactive immunity. Therefore, the author suggests testing this hypothesis in the general population	and Vaccines. Front Immunol. 2020 Oct 16;11:586984. doi: 10.3389/fimmu.2020.586984.
Practice guidelines, pediatric neuropsychology, COVID-19, pandemic, telehealth, tele-neuropsychology, ethics, United States	16-Oct-20	"How to" operate a pediatric neuropsychology practice during the COVID-19 pandemic: Real tips from one practice's experience	Child Neuropsychology	Article	<p>This paper aims to provide pediatric neuropsychologists with suggested processes and procedures to continue to provide neuropsychology services during the COVID-19 global pandemic. The guidelines are based on review of available literature and scientific and professional knowledge, including consultation with national collaborators and professional organizations in the USA. With consideration of ethics, equity, and assessment validity, the authors provide suggestions for a) modifying practices around seeing patients during COVID-19, b) tele-health for the pediatric neuropsychologist, c) safety standards and requirements, and d) working with special populations (e.g., Autism Spectrum Disorder, bilingual populations, immunocompromised patients, and acute inpatient assessment). The authors summarize the multi-faceted tasks pediatric neuropsychologists are faced with in maintaining and rebuilding practice in the context of a global pandemic and describe how to deliver high-quality care while managing clinician and patient safety in the context of a pandemic.</p>	The authors provide suggestions for a) modifying practices around seeing patients during COVID-19, b) tele-health for the pediatric neuropsychologist, c) safety standards and requirements, and d) working with special populations (e.g., Autism Spectrum Disorder, bilingual populations, immunocompromised patients, and acute inpatient assessment).	Loman M, Vogt E, Miller L, et al. "How to" operate a pediatric neuropsychology practice during the COVID-19 pandemic: Real tips from one practice's experience [published online ahead of print, 2020 Oct 16]. Child Neuropsychol. 2020;1-29. doi:10.1080/09297049.2020.1830962
COVID-19 pandemic; Children; Medical education; Psychophysical wellbeing; Residents; SARS-	16-Oct-20	How pediatric resident's life has changed during the COVID-19 pandemic	Italian Journal of Pediatrics	Letter to the Editor	<p>The authors describe the impacts of the COVID-19 pandemic on pediatric residency education and training, daily practice, and psychosocial wellbeing of residents in a pediatric clinic in Italy. Due to the urgent need to share experiences and transfer knowledge on the management of COVID-19, residents attended online courses and meetings. Residents were split into two teams to limit the risk of infection. The "clean" team was dedicated to patient care in oncology, neonatal intensive care, and inpatient</p>	The authors describe the impacts of the COVID-19 pandemic on pediatric residency education and training, daily practice, and psychosocial wellbeing of residents in a pediatric clinic in Italy. Residents	Votto M, De Filippo M; Pediatric Residents of the University of Pavia, Italy. How pediatric resident's life has changed during the COVID-19 pandemic. Ital J Pediatr. 2020;46(1):156. Published 2020 Oct 16. doi:10.1186/s13052-020-00920-6

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
CoV-2 infection, italy					pediatrics. The “COVID-dedicated” team worked in the pediatric emergency department and COVID inpatient unit. The psychophysical wellbeing of 22 residents was assessed using Beck’s Depression Inventory (BDI) to evaluate potential development of depressive disorders. BDI scores range from 0–63, with scores of 1–10 indicating normal mood disturbances, 11–16 mild mood disturbance, 17–20 borderline clinical depression, 21–30 moderate depression, 31–40 severe depression, and > 40 extreme depression. The mean BDI value for “COVID-dedicated” team was 4.5 (range: 0-18) and for the “clean” team was 6 (range: 0-15). No significant differences in depressive symptoms were reported between “COVID-dedicated” and “clean” teams. COVID-19 can represent a training tool and a challenge for pediatric residents to improve their skills and take part in an ongoing process of knowledge.	were split into “clean” and “COVID-dedicated” teams to limit the risk of infection, and the authors found no significant differences in depressive symptoms between “COVID-dedicated” and “clean” teams.	
COVID-19, Pediatric, Ambulatory, Antibiotic, United States of America	16-Oct-20	Impact of the COVID-19 Pandemic on Infectious Diagnoses and Antibiotic Use in Pediatric Ambulatory Practices	Journal of the Pediatric Infectious Diseases Society	Original Research	These authors report that social distancing, masking, and telemedicine use during the COVID-19 pandemic has decreased transmission of many viral respiratory illnesses. To evaluate this phenomenon, they performed a pre-post study comparing diagnoses and antibiotic prescription rates for children pre-pandemic (P1, 1 March - 15 May 2019) and early in the pandemic (P2, 1 March - 15 May 2020) at one medical center in the United States. Specific methods and sample characteristics are described in a supplementary report. The total number of pediatric medical encounters decreased in P2 compared to P1 (7,010 vs. 16,671, p<0.001). The percent of encounters for infectious diagnoses was lower in P2 (4,267/7,010, 60.8%) vs. P1 (11,412/16,671, 68.5%) (p <0.001), especially for respiratory diagnoses. The percent of encounters with an antibiotic prescription was lower in P2 than P1 for all encounters (P2: 2,240/7,010 [32%]; P1 6,373/16,671 [38.2%], p< 0.001), and among encounters with infectious diagnoses (P2: 1,324/2,943 [45%]; P1: 3,941/7,471 [52.8%], p<0.001). The authors conclude that COVID-19 social distancing measures decreased transmission of viral illnesses and secondary bacterial infections, thereby decreasing pediatric in-person medical encounters, infectious diagnoses, and antibiotic prescribing.	In this pre-post study at a medical center in the United States, the authors concluded that COVID-19 social distancing measures have decreased transmission of viral illnesses and secondary bacterial infections, thereby decreasing pediatric in-person medical encounters, infectious diagnoses, and antibiotic prescribing.	Katz SE, Spencer H, Zhang M, Banerjee R. Impact of the COVID-19 Pandemic on Infectious Diagnoses and Antibiotic Use in Pediatric Ambulatory Practices. J Pediatric Infect Dis Soc. 2020 Oct 16:piaa124. doi: 10.1093/jpids/piaa124. Epub ahead of print. PMID: 33064837.
SARS-CoV-2; Myocarditis; Kawasaki disease; Adolescent; COVID-19; Serbia	16-Oct-20	Kawasaki-like disease and acute myocarditis in the SARS-CoV-2 pandemic - reports of three adolescents	Bosnian Journal of Basic Medical Sciences	Case Report	The authors presented cases of 3 male adolescents aged 14-17 years who were admitted to the hospital within 2 months from the beginning and at the height of the SARS-CoV-2 epidemic in Serbia, with MIS-C and myocardial injury. All 3 patients had a history of fever, gastro-intestinal symptoms, polymorph rash, non-exudative conjunctivitis, and signs of acute myocarditis. Upon admission, they were hypotensive and tachycardic. Clinical presentation, in combination with echocardiography, and	The authors presented cases of 3 boys aged 14-17 years in Serbia with MIS-C and myocardial injury similar to Kawasaki disease and Kawasaki disease shock syndrome admitted to the hospital during the	Krasic S, Prijic S, Mimic P, et al. Kawasaki-like disease and acute myocarditis in the SARS-CoV-2 pandemic - reports of three adolescents [published online 2020 Oct 16]. Bosn J Basic Med Sci. 2020. doi:10.17305/bjbms.2020.5037

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					laboratory parameters, as well as positive serology test for SARS-CoV-2, point to MIS-C with acute myocarditis with mild to moderate systolic dysfunction and dilated coronary arteries were diagnosed. Two of three patients had Kawasaki disease shock syndrome (KDSS) and required inotropic support, and all patients were treated with IV immunoglobulins. The second patient had a fever up to 3 days after IV immunoglobulins and was treated for refractory Kawasaki disease (KD), with an IV methylprednisolone pulse therapy and aspirin. The clinical presentations of COVID-19 for the male adolescents point to MIS-C with cardiac injury similar to KD and KDSS. The course of the disease and the effect of immunomodulatory therapy may indicate a disturbed immune response to a currently unknown agent, which might be SARS-CoV-2.	peak of COVID-19 pandemic. The course of the disease and the effect of immunomodulatory therapy may indicate a disturbed immune response to a currently unknown agent, which might be SARS-CoV-2.	
Kawasaki disease, Multisystem inflammatory syndrome in children, mycoplasma pneumonia	16-Oct-20	Mycoplasma Infection May Complicate the Clinical Course of SARS-CoV-2 Associated Kawasaki-like Disease in Children	Clinical Immunology	Case report	The authors present a case series of pediatric patients admitted with Kawasaki-like disease, including some with concomitant Mycoplasma pneumonia infections, in Italy during the COVID-19 pandemic in 2020. 9 previously healthy children (ages 1-14 years, 5 males, 3 females) were admitted with Kawasaki-like illnesses. 8 children had a history of exposure to contacts with COVID-19. SARS-CoV-2 PCR tests were negative in all patients and anti-SARS-CoV-2 antibodies were positive in 7 out of the 8 children. The patients presented with symptoms including fever, rash, mucositis, conjunctivitis, peripheral edema, diarrhea, vomiting, abdominal pain, or severe dyspnea. 7 patients developed a vasoplegic shock, 3 required vasopressors, and 2 developed pericardial and pleural effusions. Inflammatory markers were markedly elevated. 4 of the 9 children had an increase of IgM against Mycoplasma pneumoniae suggestive of primary infection and these patients had a more rapid deterioration in their clinical course. The authors note that other studies involving multisystem inflammatory syndrome in children (MIS-C) did not routinely test for Mycoplasma infections.	The authors evaluated a case series of 9 pediatric patients showing that those patients presenting with an acute Mycoplasma infection along with a Kawasaki-like critical illness following COVID-19 may have more severe clinical presentations and rapid deterioration.	Plebani, A., Meini, A., Cattalini, M., Mycoplasma infection may complicate the clinical course of SARS-CoV-2 associated Kawasaki-like disease in children. Clinical Immunology. 2020;221e108613
Pediatric, cancer, oncology, fever, neutropenia, mortality	16-Oct-20	COVID-19 Infection in Febrile Neutropenic Pediatric Hematologic Oncology Patients	Pediatric Blood and Cancer	Letter to the Editor	The authors present the impact of COVID-19 on pediatric cancer patients currently receiving chemotherapy who were admitted to the National Cancer Institute in Egypt during the COVID-19 pandemic in 2020. They report on findings of 75 pediatric patients with a variety of cancers. Of the 24 patients that developed fever and neutropenia, 7 were positive for SARS-CoV-2 by PCR and had low WBCs, platelets, and lymphocytes. 3/7 had CT findings consistent with COVID-19. Treatment included hydroxychloroquine, azithromycin, oseltamivir, antibiotics and prophylactic antifungal medication. 3 patients receive methylprednisolone. Duration of PCR positivity was prolonged in 3 patients with poor outcomes. 3/7 (43%) COVID-19 positive	The authors present evidence that COVID-19 positive pediatric oncology patients who developed fever and neutropenia while undergoing chemotherapy had more severe disease and increased mortality than those without COVID-19. Prolonged SARS-CoV-2 PCR positivity was correlated	Hamdy, R., El-Mahallawy, H., Ebeid, E. COVID-19 Infection in Febrile Neutropenic Pediatric Hematology Oncology Patients. Pediatr Blood Cancer.2020.e28765.doi.org/10.1002/pbc.28765

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					patients and 2/17 (12%) COVID-19 negative patients were admitted to the ICU. Mortality rate in COVID-19 positive patients was 43% (3/7) and 12% (2/17) in negative cases. The authors confirm that pediatric patients with COVID-19 have increased risk for severe infections and death. Furthermore, they note that serum ferritin, lymphopenia, and elevated CRP are not good prognostic indicators in oncology patients with COVID-19.	with poor outcome. Lab findings of low WBC, low platelets and high CRP, often seen as poor prognosticators in patients with COVID-19, cannot be used as such in oncology patients who may have similar findings due to their cancer.	
Neonate, infant, clinical features, outcomes, vertical transmission, breast feeding	16-Oct-20	COVID-19 Pandemic and Neonatal Health: What We Know so Far?	Kathmandu University Medical Journal	Original Article	This paper outlines published evidence regarding the effect of COVID-19 on neonatal health and health care. The authors review the epidemiology, clinical features, and diagnosis of COVID-19 in neonates as well as the management of neonates born to COVID-19 women. They conclude that most studies suggest no evidence of vertical transmission of COVID-19. Neonates and children are at risk of COVID-19 and have distinctive clinical features compared with adults. However, the clinical features are generally milder with fewer severe outcomes. Despite the possibility of intra-uterine infection of COVID-19, the authors feel that direct evidence is still lacking, and more comprehensive studies are needed for validation of vertical transmission. They also report that SARS-CoV-2 is not transmitted through breast milk and therefore recommend the promotion of breast feeding. The authors urge health care providers to continue preventative programs, curative care, vaccination, and telemedicine care as the minimum health care services for neonates during the COVID-19 pandemic.	The authors summarize current evidence on COVID-19 in neonates and conclude that the disease course is generally milder than in adults, vertical transmission is unlikely, and breast feeding should be encouraged.	Bhandari TR, Dangal G. COVID-19 Pandemic and Neonatal Health: What We Know so Far? Kathmandu Univ Med J. 2020;COVID-19 Special Issue 70(2):78-82.
Trends, percent positivity, transmission, age groups, hotspot, younger age, US	16-Oct-20	Transmission Dynamics by Age Group in COVID-19 Hotspot Counties - United States, April-September 2020	Morbidity and Mortality Weekly Report (MMWR)	Report	The authors present the results of their analysis of the temporal trends in percent positivity by age group in COVID-19 hotspot counties before and after their identification as hotspots. They analyzed 767 hotspot counties identified from June 1 to July 31, 2020, representing 24% of all U.S. counties and 63% of the U.S. population. SARS-CoV-2 percent positivity results were aggregated across all hotspot counties and stratified by age group for the 45 days before and 45 days after hotspot detection (April–September 2020). The results showed that percent positivity among persons aged 0–17 and 18–24 years began increasing 31 days before hotspot identification, whereas increases in percent positivity among older age groups began after the increases in younger age groups before hotspot identification. Also, at the time of hotspot detection, the highest percent positivity was among persons aged 18–24 years (14%), followed by those aged 0–17 years (11%). Of note, percent positivity among persons aged 18–24 years was near its peak of 15% by the date of hotspot	Findings from this study showed that among 767 hotspot U.S. counties identified during June and July 2020, the SARS-CoV-2 percent positivity rates increased earliest in persons aged ≤24 years, followed by several weeks of increasing percent positivity in persons aged ≥25 years.	Oster AM, Caruso E, DeVies J, Hartnett KP, Boehmer TK. Transmission Dynamics by Age Group in COVID-19 Hotspot Counties - United States, April-September 2020. MMWR Morb Mortal Wkly Rep. 2020;69(41):1494-1496. Published 2020 Oct 16. doi:10.15585/mmwr.mm6941e1

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					detection; however, among other age groups, percent positivity continued to increase for 21–33 days after hotspot detection, peaking at 10%–14%. Furthermore, the decline for other age groups was slower than for persons aged 18–24 years. The authors also report the differences in percent positivity by U.S Census region, noting that percent positivity was higher in the South than in the West for all age groups.		
Multisystem Inflammatory Syndrome in Children (MIS-C), Kawasaki Disease (KD), Toxic Shock Syndrome (TSS)	16-Oct-20	COVID-19 Associated Multisystem Inflammatory Syndrome in Children (MIS-C): a novel disease that mimics Toxic Shock Syndrome. The superantigen hypothesis	Journal of Allergy and Clinical Immunology	Op-ed	In this op-ed, the authors hypothesize that the SARS-CoV-2 S gene may encode a super-antigen responsible for COVID-19-associated MIS-C development. MIS-C is reminiscent of Toxic Shock Syndrome (TSS). The authors cite their previous research, which found that the SARS-CoV-2 S gene, which encodes for the Spike protein responsible for virus attachment and entry, encodes a high-affinity SAg-like sequence motif near the S1/S2 cleavage site of the Spike protein. This SAg-like region is similar in sequence and structure to a fragment of the super-antigenic Staphylococcal Enterotoxin B (SEB), which triggers the large-scale T cell proliferation and massive pro-inflammatory cytokine production profile typical of TSS. The authors hypothesize that the SAg-like motif of SARS-CoV-2 could trigger a super-antigenic response in pediatric MIS-C patients due to clinical similarities with TSS and biochemical similarities between the SAg-like motif and SEB. The authors suggest that therapeutic approaches used for TSS, such as IV immunoglobulins and steroids, may also be effective for treating MIS-C.	This op-ed hypothesizes that the SARS-CoV-2 S gene may encode a super-antigen leading to MIS-C development. The authors suggest that therapeutic approaches useful for treating Toxic Shock Syndrome, such as IV immunoglobulin and steroids, may also be effective for treating MIS-C.	Rivas MN, Porritt RA, Cheng MH, et al. COVID-19 Associated Multisystem Inflammatory Syndrome in Children (MIS-C): a novel disease that mimics Toxic Shock Syndrome. The superantigen hypothesis. J Allergy Clin Immunol. 2020; doi: 10.1016/j.jaci.2020.10.008
Children, China, nucleic acid test, operation	16-Oct-20	The impact of the COVID-19 pandemic on pediatric operations: a retrospective study of Chinese children	Italian Journal of Pediatrics	Original Article	The goal of this observational, retrospective study was to quantify the impact of COVID-19 on pediatric operations, and to establish pre-operative, intra-operative, and post-operative protocols to improve pediatric operations. The authors compared the number of patients who underwent surgery in one children's hospital in China during the 2020 pandemic (23 January – 11 March), after the pandemic (12 March – 30 April), after risk reduction measures were put in place (1 May – 21 May), and in the equivalent period in 2019. They found that during the pandemic, 62.86% fewer patients underwent surgery than during the homologous period of time 1 year earlier ($p < 0.01$). After the pandemic, the number of operations increased significantly from 175.14 to 504.57 per week ($p < 0.01$). In response to this influx of patients, hospitals and clinics made protocols and re-organized health care facilities (e.g., performing SARS-CoV-2 testing, adding PPE), starting on 1 May 2020. After these measures were implemented, the number of operations remained stable and comparable to the pre-pandemic period. This outbreak of COVID-19 has affected not only individuals with COVID-19 but also patients seeking surgical operations. Understanding the present	The goal of this observational, retrospective study was to quantify the impact of COVID-19 on pediatric operations, and to establish pre-operative, intra-operative, and post-operative protocols to improve pediatric operations.	Wei Y, Yu C, Zhao TX, Lin T, Dawei HE, Wu SD, Wei GH. The impact of the COVID-19 pandemic on pediatric operations: a retrospective study of Chinese children. Ital J Pediatr. 2020 Oct 16;46(1):155. doi: 10.1186/s13052-020-00915-3. PMID: 33066803; PMCID: PMC7563908.

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					situation helps clinicians provide a high level of treatment to all children.		
Hispanics, Latino, ethnic disparities	16-Oct-20	Race, Ethnicity, and Age Trends in Persons Who Died from COVID-19 — United States, May–August 2020	Morbidity and Mortality weekly Report (MMWR)	Case Report	The authors describe demographic and geographic trends in COVID-19-associated deaths reported to the National Vital Statistics System from 1 May to 31 August 2020. Overall, 78.2% of decedents were ≥ 65-years-old, 53.3% were male, 51.3% were non-Hispanic White, 24.2% were Hispanic or Latino, and 18.7% were non-Hispanic black. The deaths percentage of the young age group (<1, 1-4, 5-17-years-old) was less than 0.1%, respectively. During the time frame, the percentage distribution of COVID-19-associated deaths increased from 23.4% to 62.7% in the South and from 10.6% to 21.4% in the West. Also, the percentage distribution of Hispanic decedents increased from 16.3% to 26.4%, and Hispanics were the only racial and ethnic group that experienced the increase in death percentage. Further analysis by the CDC showed that the percentage of deaths among Whites decreased from 56.9% to 51.5%, and the percentage of deaths among Blacks decreased from 20.3% to 17.4%. The decreasing deaths percentage among ≥ 65-years-old suggests a continued shift toward noninstitutionalized and younger populations. Since the ethnic disparities among decedents in the West and South increased during May–August 2020, geographic shift alone cannot entirely explain the increase in Hispanic death percentage. Increased risk for SARS-CoV-2 exposure, social determinants of health, and the difference in the underlying condition's prevalence would have contributed to the disparity. The findings can inform public health messaging and facilitate prevention and early detection of infection among vulnerable populations.	According to the Analysis of COVID-19-associated deaths from May to August 2020, deaths have continued to occur disproportionately among older persons and Hispanic populations, but the deaths percentage trend suggests a shift toward younger populations. The results can inform public health messaging and facilitate prevention and early detection of infection among vulnerable groups.	Gold JA, Rossen LM, Ahmad FB, et al. Race, Ethnicity, and Age Trends in Persons Who Died from COVID-19 — United States, May–August 2020. MMWR Morb Mortal Wkly Rep 2020;69:1517–1521. DOI: http://dx.doi.org/10.15585/mmwr.mm6942e1
Spiritual health, pregnant women, stress, premature delivery, Iran	16-Oct-20	Spiritual Health and Stress in Pregnant Women During the Covid-19 Pandemic	Comprehensive Clinical Medicine	Original Research	This descriptive study aimed to evaluate the physical, spiritual, and mental health status of pregnant patients (n=560) receiving care at a hospital in Isfahan, Iran during the COVID-19 pandemic [exact dates not provided]. Pregnancy and fetal health records, spiritual and mental health questionnaire responses, and self-efficacy questionnaire responses were obtained and analyzed using variance analysis. Occupation, month of pregnancy, and age at marriage significantly impacted spiritual health (p<0.05). Education level and employment significantly impacted stress. Patients pregnant during the pandemic reported increased stress levels and decreased spiritual health when compared to patients pregnant before the pandemic. The self-efficacy score was significantly higher in patients over 30 years of age or in their second trimester than patients under 25 years of age or in their 1st or 3rd trimester. Spiritual health score was positively associated with self-efficacy score and negatively associated with	This descriptive study evaluated the physical, spiritual, and mental health status of pregnant patients receiving care at a hospital in Isfahan, Iran during the COVID-19 pandemic. Patients pregnant during the pandemic experienced significantly increased stress levels and decreased spiritual health and self-efficacy levels than patients pregnant prior to the pandemic.	Nodoushan, R.J., Alimoradi, H. & Nazari, M. Spiritual Health and Stress in Pregnant Women During the Covid-19 Pandemic. SN Compr. Clin. Med. 2020; doi: 10.1007/s42399-020-00582-9

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					stress score. Neonatal weight and height were abnormal in deliveries during the pandemic compared to those prior to the pandemic, suggesting a potential impact of increased maternal stress on fetal development. The authors recommend that other countries perform similar studies to eliminate cultural influences as a confounding factor and urge providers to carefully monitor their pregnant patients' spiritual and mental well-being.		
Maternal health, maternal mortality, pregnancy, policy, nursing, midwifery, Brazil	16-Oct-20	The unacceptable tragedy of maternal mortality associated with COVID-19: (re)politicization of women's health and rights and the position of Brazilian nursing	Revista Brasileira de Enfermagem	Editorial	According to data available and cited in August 2020, Brazil accounted for approximately 1/3 of COVID-19 cases and about 1/4 of COVID-19 deaths in North and South America combined. Brazil has also seen a high number of maternal deaths during this pandemic, evidenced by a Maternal Death Ratio of about 59.1 per 100,000 live births, predominantly due to hypertension, hemorrhage, infection, and complications from unsafe abortion. The authors also highlight disproportionate maternal mortality among black pregnant women in Brazil who show twice the mortality rate of their white counterparts. In light of this evidence, the authors detail five recommendations made by a coalition of Brazilian nursing associations to improve outcomes for pregnant and postpartum women in the context of the COVID-19 pandemic: 1) immediate attention to women's and maternal health and defined interventions from all spheres of government for both during and after the pandemic; 2) investigation and analysis of COVID-19 deaths of women of childbearing age; 3) maintenance of the Health Care Network with guaranteed access to comprehensive care; 4) decentralization of financial resources to prioritize the line of care for women; and 5) mandatory inclusion of obstetric nurses or midwives in all Brazilian maternities to provide humanized childbirth and participate in monitoring maternal morbidity and mortality.	Citing current evidence of maternal morbidity and mortality in the context of the COVID-19 pandemic in Brazil, the authors detail five recommendations made by a coalition of Brazilian nursing associations to improve outcomes for pregnant and postpartum women.	Silva FVD, Souza KV. The unacceptable tragedy of maternal mortality associated with COVID-19: (re)politicization of women's health and rights and the position of Brazilian nursing. Rev Bras Enferm. 2020 Oct 16;73(suppl 4):e73supl04. English, Portuguese, Spanish. doi: 10.1590/0034-7167.202073supl04. PMID: 33084743.
Pregnancy, physiology, immune, obstetric adverse outcome	16-Oct-20	Changes in physiology and immune system during pregnancy and coronavirus infection: a review	European Journal of Obstetrics & Gynecology and Reproductive Biology	Review Article	These authors discuss how the adaptive physiological and immune changes during pregnancy could affect susceptibility to COVID-19, and they describe associations between maternal symptoms, perinatal outcomes, and SARS-CoV-2 infection. The structural changes of the ribcage and abdominal compartments in pregnancy often cause "physiologic dyspnea", making diagnosis of pulmonary disease more difficult. Physiologic anemia and increased iron demand in pregnancy may reduce immune function and increase infection risk. Pregnancy consists of pro-inflammatory and anti-inflammatory stages; the authors report that viral infection could affect the expression of Type I interferons, thereby causing changes in the inflammatory stages and leading to pregnancy complications. Additionally, cytokine storm induced by SARS-CoV-2 could exacerbate the severity of	These authors discuss how the adaptive physiological and immune changes during pregnancy could affect susceptibility to COVID-19, and they describe associations between maternal symptoms, perinatal outcomes, and SARS-CoV-2 infection.	Chen M, Zeng J, Liu X, Sun G, Gao Y, Liao J, Yu J, Luo X, Qi H, Changes in physiology and immune system during pregnancy and coronavirus infection: a review, European Journal of Obstetrics and Gynecology and Reproductive Biology(2020), doi:https://doi.org/10.1016/j.ejogrb.2020.10.035

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					the inflammatory state. Human chorionic gonadotropin (hCG), progesterone, and estrogen levels also affect the regulation of immune responses. At the same time, due to hormonal influence, upper respiratory tract membranes are more prone to infection in pregnancy. Gastro-intestinal changes in pregnancy can reduce actual intake dose and delay absorption of medications. However, increased contact time with intestinal mucosa may increase drug absorption. Pregnancy also influences metabolic enzymes and could possibly interfere with medication efficacy. Fever, common in COVID-19, could be associated with fetal complications. The authors conclude that further information is needed on vertical transmission and the effects of COVID-19 on offspring.		
ABO, Rh, race, ethnicity, United States	16-Oct-20	Association of ABO/ Rh With SARS-CoV-2 Positivity: the Role of Race/ Ethnicity in a Female Cohort	American Journal of Hematology	Correspondence	The authors describe the first large-scale retrospective, observational study investigating the association between ABO group/ Rh types with SARS-CoV-2 positivity, by race/ ethnicity in a female cohort that underwent maternal screening in the US. Results from SARS-CoV-2 RNA nucleic acid amplification tests during March-July 2020 were matched with ABO/ Rh test results obtained for the same individual as part of their maternal screening during pregnancy, and the influence of race/ ethnicity was evaluated in a cohort subset. Of 276,536 females, 34,178 were SARS-CoV-2 positive (12.4%, 95% CI 12.2-12.5%) and the positivity rate was 38% higher in Rh+ (12.7%, 95% CI 12.6-12.8%) than in Rh- patients (9.2%, 95% CI 8.9-9.5%) (P<0.001). The rate was also significantly higher among type O patients (13.0%, 95% CI 12.8-13.2%) than other groups (type A 11.8%, 95% CI 11.6-12.0%; type B 11.9%, 95% CI 11.5-12.2%; type AB 11.4%, 95% CI 10.7-12.0%) (P<0.001). Among the 88,975 females with available race/ ethnicity data, Hispanic females were more likely to have type O blood (58.3%) than were Black non-Hispanic (49.5%), White-non-Hispanic (45.2%), and “other” race/ethnicity females (P<0.001). White non-Hispanic females were more than twice as likely to be Rh- (15.1%) compared to other groups (“other” 6.6%; Hispanic 6.4%; Black non-Hispanic 6.1%) (p<0.001). Hispanic females had the highest SARS-CoV-2 positivity rate (21.4%, 95% CI 20.9-21.9%). Results show that Rh positivity is a statistically significant risk factor for SARS-CoV-2 positivity and this association is strongly influenced by race/ ethnicity.	The authors describe a retrospective, observational study investigating the associations between ABO group/ Rh types with SARS-CoV-2 positivity, by major race/ ethnicity in a female cohort that underwent maternal screening in the US. Results show Rh positivity is a statistically significant risk factor for SARS-CoV-2 positivity and this association is strongly influenced by race/ ethnicity.	Niles JK, Karnes HE, Dlott JS. Association of ABO/ Rh With SARS-CoV-2 Positivity: the Role of Race/ Ethnicity in a Female Cohort. 2020. doi: 10.1002/ajh.26019.
Pregnancy, immunity	16-Oct-20	Can immunity during pregnancy influence SARS-CoV-2 infection?	Journal of Reproductive Immunology	Systematic review	The authors conducted a systematic review to ascertain the immunological differences in pregnant women's immune cells that may influence SARS-CoV-2 infection. A systematic search was undertaken across ISI, PubMed, Scopus, Embase, Cochrane Library, and clinical trials.gov from January 2019 until June 2020. Eligibility criteria included COVID-19 infection, pregnancy, and	This systematic review shows that pregnant women with COVID-19 had immune characteristics resembling healthy pregnancies, except for	Areia AL, Mota-Pinto A. Can immunity during pregnancy influence SARS-CoV-2 infection?– a systematic review. Journal of Reproductive Immunology. 2020 Oct 16:103215.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		– a systematic review			availability of immune characteristics for pregnant women. Variables extracted and analyzed included quantifying white blood cells (WBC), lymphocytes, and C-reactive protein (CRP). The literature search yielded 162 studies, of which 11 were considered appropriate for selection, only four were used in this systematic review. The authors found that pregnant women with COVID-19 only differ from other pregnant women in their lower WBC count. Both groups had a similar proportion of reduced lymphocyte and C-reactive protein levels.	the lower-than-predicted number of white blood cells.	
School closure, community transmission, Sweden	16-Oct-20	School closures and SARS-CoV-2. Evidence from Sweden's partial school closure	medRxiv	Preprint (not peer reviewed)	In this study, authors estimate differences in infections among parents, teachers, and teachers' partners who were differently exposed to open "lower" and online "upper" secondary schools in Sweden. (lower secondary school: typical age 14–16 years; upper secondary school: typical age 17–19 years. The authors connected all students and teachers to their families using Swedish register data. Data on test results and COVID-19 diagnoses were obtained from the Swedish Public Health Agency (until late July 2020) and the National Board of Health and Welfare (till June 30, 2020). The authors reported a small increase in PCR-confirmed infections (OR 1.15; 95% CI 1.03–1.27) among parents exposed to open rather than closed schools. Among lower secondary teachers, the infection rate doubled relative to upper secondary teachers (OR 2.01; 95% CI 1.52–2.67). There was a spillover effect on the partners of lower secondary teachers who had a higher infection rate than their upper secondary counterparts (OR 1.30; 95% CI 1.00–1.68). When analyzing COVID-19 diagnoses from healthcare visits, results were similar for teachers but somewhat weaker for parents and teachers' partners. The authors recommended that measures to protect teachers should be considered. They concluded that keeping lower secondary schools open had minor consequences for the transmission of SARS-CoV-2 in society.	Using Swedish register data, authors linked students and teachers to their families and studied the impact of moving to online instruction on the incidence of SARS-CoV-2 and COVID-19. Double rates of infections were reported among teachers in open versus closed schools. The authors recommended protective measures for teachers in open schools and concluded overall minor transmission consequences in society.	Vlachos, Jonas, Edvin Hertegard, and Helena B. Svaleryd. School closures and SARS-CoV-2. Evidence from Sweden's partial school closure. medRxiv (2020):doi: https://doi.org/10.1101/2020.10.13.20211359
Portugal, autism spectrum disorder	16-Oct-20	The impact of COVID-19 on children with autism spectrum disorder	Revue Neurologique	Original Research	This study aimed to explore how children with autism spectrum disorder (ASD) and their parents experienced social isolation during COVID-19 outbreak period. An observational, cross-sectional and analytical study was conducted in April 2020 in Portugal using an anonymous questionnaire assessing the impact of the COVID-19 outbreak in different aspects of the family's daily life. Results indicated that children with ASD generally had changes in behavior and a negative impact in emotion management. Additionally, guardians of ASD children reported higher mean scores of anxieties in themselves than in their children, and children with ASD had higher reported anxiety than those without ASD. Children with ASD that did not maintain routines had higher mean levels of anxiety than ASD children that	The authors found a negative impact on the lives of children with autism spectrum disorder, as well as those of their families. Generally, they found an increase in the anxiety of both the parents and the child with ASD.	Amorim R, Catarino S, Miragaia P, Ferreras C, Viana V, Guardiano M. The impact of COVID-19 on children with autism spectrum disorder. Rev Neurol. 2020 Oct 16;71(8):285-291. Spanish, English. doi: 10.33588/rn.7108.2020381 . PMID: 33034366.

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					maintained routines. The authors state that these results show the important psychological impact of the COVID-19 pandemic not only in children with neuro-developmental disorders, but in their caregivers as well.		
Infectious disease, age specific, severity, Spain	15-Oct-20	Systematic analysis of infectious disease outcomes by age shows lowest severity in school-age children	Scientific Data	Review	In this systematic analysis, the authors identified 142 datasets with information on the severity of disease by age for 32 different infectious diseases, 19 viral and 13 bacterial, including COVID-19. For almost all infections, results showed that school-age children have the least severe disease, and severity starts to rise long before old age. Data about SARS-CoV-2 infection were obtained from a study in Spain, published on May 11, 2020. In the study, COVID-19 was found to have more extreme variation in severity by age than other infections, with predominantly mild disease in children, and very high case fatality rates in the elderly. Unusually, there was no evidence of higher severity in infants at the time of this manuscript writing.	In this systematic analysis, the authors explored the severity of 32 different infectious diseases by age, including COVID-19. Findings showed that COVID-19 has more extreme variation in severity by age than other infections, with predominantly mild disease in children, and very high case fatality rates in the elderly.	Glynn JR, Moss PAH. Systematic analysis of infectious disease outcomes by age shows lowest severity in school-age children. Sci Data. 2020 Oct 15;7(1):329. doi: 10.1038/s41597-020-00668-y.
Pregnancy, maternal outcomes, universal testing, transmission, Japan	15-Oct-20	Clinical characteristics of pregnant women with COVID-19 in Japan: a nationwide questionnaire survey	Authorea	Original Research	To investigate the characteristics and outcomes of pregnant women with COVID-19 in Japan, the Japan Association of Obstetricians and Gynecologists (JAOG) conducted a nationwide survey from July-August 2020. Questionnaires were sent to 2185 medical facilities with maternity services of which 1418 (64.9%) responded. 72 pregnant women were reported to be diagnosed with COVID-19. The positive rate of the universal screening test for SARS-CoV-2 for asymptomatic pregnant women was 0.03% (2/7428). 58 pregnant women were symptomatic; of whom 5 (8.6%) had a severe infection and one patient died. The most common symptoms were fever (70.7%) and cough, respiratory distress, or sore throat (67.2%). 5 patients (8.6%) had severe respiratory symptoms. 17 women (32.8%) underwent a chest CT scan and 12 showed radiologically confirmed pneumonia (20.9%). 48 (82.8%) women were hospitalized. Severe respiratory symptoms, oxygen administration, and pneumonia were more frequently reported in the third trimester and postpartum period compared to early pregnancy (22.2% vs. 2.5% (p=0.03), 38.9% vs. 7.5% (p=0.01), and 50.0% vs. 7.5% (p<0.01), respectively). All pregnant women with COVID-19 underwent C-section and there was no evidence of SARS-CoV-2 transmission to newborns.	The Japan Association of Obstetricians and Gynecologists conducted a nationwide survey assessing characteristics and outcomes of COVID-19 in pregnancy. The positive rate of universal screening for asymptomatic women in Japan was 0.03%, and severe symptoms were noted more frequently in the third trimester and postpartum period than in early pregnancy.	Arakaki T, Hasegawa J, Sekizawa A, et al. Clinical characteristics of pregnant women with COVID-19 in Japan: a nationwide questionnaire survey. Authorea. October 15, 2020. DOI: 10.22541/au.160275972.26816348/v1

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COVID-19, pediatric health, SARS-CoV2, Strategy, China	15-Oct-20	Strategies for children's hospital in response to COVID-19 pandemic: perspective and practice at a designated pediatric hospital in Shanghai, China	World Journal of Pediatrics	Personal Viewpoint	The authors describe the strategies and practices implemented at a children's hospital in Shanghai in response to the COVID-19 public health crisis in China. The authors detail procedures for identification and set-up of isolation wards and clinics, modification of workflow and processes, management of staff, allocation of medical resources (including computed tomography scan, laboratory test, and support systems), and formulation of clinical guidelines and protocols in infection prevention and control as response measures to reduce the risk of transmission to healthcare workers and patients. The authors emphasize the importance of social distancing, hand hygiene, and strict compliance with hospital strategies, which can effectively prevent the virus spread. The information systems and technologies used for contact tracing, in addition to temperature monitoring, mask wearing, and social distancing are now routine procedures in the hospital. This article details strategies and practices for COVID-19 response that were effective in reducing risk of infection.	The authors describe the effective strategies and practices implemented to reduce the risk and spread of SARS-CoV-2 infection at a children's hospital in Shanghai in response to the COVID-19 public health crisis in China. The authors detail procedures for identification and set-up of isolation wards and clinics, modification of workflow, management of staff, allocation of medical resources, and formulation of clinical guidelines and protocols in infection prevention and control.	Zhang XB, Hu XJ, Zhai XW, et al. Strategies for children's hospital in response to COVID-19 pandemic: perspective and practice at a designated pediatric hospital in Shanghai, China. World J Pediatr. 2020;16(6):556-559. doi:10.1007/s12519-020-00394-w
Kawasaki disease, Macrophage activation syndrome, MIS-C, Pediatric inflammatory multisystem syndrome - temporally associated with SARS-CoV-2 (PIMS-TS)	15-Oct-20	Hyperinflammatory Syndrome in Children Associated With COVID-19: Need for Awareness	Indian Pediatrics	Special Article	The authors review reports of a new hyper-inflammatory syndrome affecting a small percentage of children in North America and Europe. Clinical features of this newly recognized condition may include persistent fever, evidence of inflammation, and single or multi-organ dysfunction in the absence of other known infections. This new hyper-inflammatory syndrome shares some clinical features with Kawasaki disease (KD) and Toxic shock syndrome, and in some instances, affected patients may deteriorate rapidly and need intensive care support. Notably, these patients tend to have negative SARS-CoV-2 PCR tests but positive antibody tests. Although the pathogenesis remains unclear, immune-mediated injury has been implicated as a possible mechanism. Treatment of KD involves intravenous immunoglobulin (IVIG) and high dose aspirin as first-line agents; however, the effects of IVIG treatment in this new hyper-inflammatory syndrome may be short-lived. Of note, the role of aspirin has been limited in these children, and anticoagulant use has only been considered on a case-by-case basis. Whereas corticosteroids may be useful adjuncts to IVIG in these children, the use of biologic agents such as tocilizumab has yet to be identified in the literature. The authors also note that supportive care plays a key role in the management of these children.	This article reviews reports of a new hyper-inflammatory syndrome affecting a small percentage of children in several countries, often requiring intensive care support. The authors aim to increase awareness of this syndrome among parents and pediatricians.	Bhat CS, Gupta L, Balasubramanian S, Singh S, Ramanan AV. Hyperinflammatory Syndrome in Children Associated With COVID-19: Need for Awareness. Indian Pediatrics. 2020;57(10):929-935. doi:10.1007/s13312-020-1997-1
risk factor; COVID-19; mental health; children; strategies	15-Oct-20	Risk Factors and Mental Health Promotion Strategies in	Frontiers in Public Health	Opinion	The authors highlight the physical, emotional, and psychological manifestations of mental health struggles in children during the COVID-19 pandemic, emphasizing clinically significant levels of PTSD symptoms among quarantined/isolated children. While	The authors highlight the physical, emotional, and psychological manifestations of mental	Guido CA, Amedeo I, Avenoso F, et al. Risk Factors and Mental Health Promotion Strategies in Children During COVID-19. Front

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		Children During COVID-19			children of younger ages may display more physical symptoms of anxiety linked to loss of routine, older children exhibit more symptoms indicating poor mental health and anxiety/depression. Motivational videos, widespread psychoeducation, and close communication with children may lessen the mental health burden in children and their families. Post-pandemic surveillance of mental disorders among these children, especially those exhibiting PTSD symptoms will be necessary to holistically address the highly prevalent mental health challenges seen in the current pandemic.	health struggles in children isolated during the current pandemic, especially PTSD symptoms. To address this mental health burden, mental health professionals must use motivational videos, widespread psychoeducation, close communication with children, and post-pandemic surveillance of these mental disorders.	Public Health. 2020;8:580720. Published 2020 Oct 15. doi:10.3389/fpubh.2020.580720
Adolescent health, COVID-19, Mental health, Psychosocial health, Technology, Telehealth	15-Oct-20	Glitches in the utilization of telehealth in pediatric rheumatology patients during the COVID-19 pandemic	Pediatric Rheumatology Online Journal	Commentary	Although telehealth has helped expand the reach of pediatric rheumatology services during the COVID-19 pandemic, practitioners should be aware of its limitations. This article informs practitioners about the psychosocial concerns exacerbated by the COVID-19 pandemic and the challenges of caring for the pediatric rheumatology patient population via telehealth. The authors state that the current telehealth system is not uniformly built to coordinate care for chronically ill pediatric patients. Poor, uninsured, and minority children may especially be at risk for inferior coordination of services and may also have decreased access to telehealth services. Depression and anxiety are common with pediatric rheumatologic diseases, but remote psychosocial risk evaluation may be challenging, and sensitive topics may be difficult to discuss if parents are present for tele-visits. Children and adolescents with disabilities and pre-existing mental health problems have an increased risk of worsening mental health during the COVID-19 pandemic. Patients might be less likely to disclose worsening mental health symptoms in telehealth. Patients with pediatric rheumatologic diseases have an increased risk of smoking, alcohol use, and illicit drug use, and COVID-19-related stress could increase these behaviors. Finally, despite increasing screening for child abuse and neglect during the pandemic, this may be more difficult for children to disclose on a telehealth session. After the COVID-19 pandemic, the authors hope to utilize telehealth as an adjunct to in-person visits and not as a sole means to care.	Although telehealth has helped expand the reach of pediatric rheumatology services during the COVID-19 pandemic, practitioners should be aware of its limitations. This article informs practitioners about the psychosocial concerns exacerbated by the COVID-19 pandemic and the challenges of caring for the pediatric rheumatology patient population via telehealth.	Balmuri N, Onel KB. Glitches in the utilization of telehealth in pediatric rheumatology patients during the COVID-19 pandemic. <i>Pediatr Rheumatol Online J.</i> 2020 Oct 15;18(1):78. doi: 10.1186/s12969-020-00477-y. PMID: 33059714; PMCID: PMC7558240.
cancer, pediatrics, COVID-19, SARS-CoV-2, USA	15-Oct-20	Important Concerns Over SARS-CoV-2 Infection in	Journal of the American Medical Association	Response	In this response, the authors reply to Zhang et al., who had commented on the authors' May 2020 publication about COVID-19 in children with cancer in New York City, USA. The authors state that different pediatric cancers are patho-physiologically distinct and may have different degrees of immune suppression	This response addresses comments on the authors' May 2020 publication about COVID-19 in children with cancer in	Kung AL, Mauguen A, Boulad F. Important Concerns Over SARS-CoV-2 Infection in Children With Cancer-Reply. <i>JAMA Oncol.</i> 2020;10.1001/jamaoncol.2020.47

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		Children With Cancer—Reply	(JAMA) Oncology		and COVID-19-associated risks. According to the authors, in a group of SARS-CoV-2-infected pediatric patients with sarcoma (n=14), leukemia/lymphoma (n=12), neuroblastoma (n=3), Wilms tumor (n=1), astrocytoma (n=1) and nonmalignant hematologic and immune disorders (n=3) [age range not stated for any patient group], there were no deaths due to COVID-19. The authors also describe sex differences among these patients, stating that 76% of the SARS-CoV-2-positive pediatric cancer patients were male, compared with 52% of the pediatric cancer patients who tested negative, indicating that male patients were significantly more at risk of SARS-CoV-2 infection (P=0.007). The authors note that the data in pediatric patients with cancer do not represent children in general and suggest that their results should be validated in more extensive population-level studies.	New York City, USA. The authors discuss updated patient cohort information, including COVID-19 mortality and sex differences.	67. doi:10.1001/jamaoncol.2020.4767
COVID-19, children, pregnancy, Malta	15-Oct-20	The first wave of COVID-19 in Malta; a national cross-sectional study	PLoS One	Observational Study	This retrospective, observational study evaluates outcomes of patients during the first wave of the COVID-19 pandemic in Malta, from the March 7 - April 24, 2020. Data was collected on demographics, mode of transmission, hospitalization rates to Malta's main general hospital, length of stay, ICU admissions, and 30-day mortality. There were 447 cases in total confirmed by RT-PCR; of these, 93 patients (20.8%) were hospitalized, of which 4 were children. 16 patients (18.0%) were asymptomatic at the time of diagnosis and 5 of these (5.62%) were pregnant women in their 3rd trimester, identified on admission for elective C-section. All patients delivered without any complications. The authors attribute these favorable outcomes to effective public health interventions and widespread testing. Schools and childcare centers were closed within a week of the first infected case, reducing exposure and spread amongst children and adolescents. While persons under 20 years of age constitute 18.6% of the Maltese population, only 8.5% of cases were reported to occur in this cohort. Furthermore, a partial lockdown for vulnerable groups (including pregnant women) was recommended.	This retrospective observational study of patient outcomes during the first wave of the COVID-19 pandemic in Malta reports lower infection rates among persons under 20 years old and describes outcomes of all COVID-19 positive pregnant women admitted to Malta's main general hospital	Micallef S, Piscopo TV, Casha R, et al. The first wave of COVID-19 in Malta; a national cross-sectional study. PLoS One. 2020 Oct 15;15(10):e0239389. doi: 10.1371/journal.pone.0239389. PMID: 33057434; PMCID: PMC7561161.
Pregnancy, lung ultrasound, pulmonary findings, diagnostics, imaging	15-Oct-20	The use of lung ultrasound during the COVID-19 pandemic: A narrative review with specific focus on its role in pregnancy	Journal of Population Therapeutics and Clinical Pharmacology	Original Article	In this article, the authors present the advantages, techniques, and limitations of the use of lung ultrasound (LUS) during the COVID-19 pandemic, with specific focus on pregnancy. They provide the following advantages to LUS: The ability to perform point-of-care evaluation, the safety and absence of ionizing radiation especially in consideration of exposure for pregnant women, reduced costs, the ease of repeating the examination, the absence of a need to move the patient thereby limiting the risk of spread of infection, and the ability to teach it relatively rapidly in comparison with other diagnostic tools for COVID-19. Additionally, ultrasound is already used in many medical fields, which has led to a rising interest in the application of LUS by	The authors review the advantages and limitations to lung ultrasound as a diagnostic tool in the care of patients with COVID-19. They conclude that it is a useful tool particularly in the assessment of pregnant women due to its lack of ionizing radiation and ability to detect	Youssef A, Cavalera M, Azzarone C, Serra C, Brunelli E, Casadio P, Pilu G. The use of lung ultrasound during the COVID-19 pandemic: A narrative review with specific focus on its role in pregnancy. J Popul Ther Clin Pharmacol. 2020 Oct 15;27(S Pt 1):e64-e75. doi: 10.15586/jptcp.v27iSP1.743.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					many specialists, especially those who already have experience in ultrasound for other indications. The authors provide the following limitations to LUS: it cannot usually detect lesions that are deep and intrapulmonary, it is operator-dependent with more experienced sonographers having higher diagnostic accuracy, and is also patient-dependent, with less ease of use in patients with obesity. Finally, it has lower accuracy compared to CT. Overall, the authors conclude that lung ultrasound is a reliable tool for assessing the lungs in COVID-19 patients and is particularly useful in avoidance of exposure to ionizing radiation for pregnant women.	pulmonary findings consistent with COVID-19.	
SARS-CoV-2, transmission, early childhood, childcare programs, daycares, USA	15-Oct-20	Under the Right Conditions, Center-Based Child Care is an Unlikely COVID-19 Threat to Staff	Pediatrics	Solicited Commentary	Research on SARS-CoV-2 transmission from young children to adults in childcare settings is largely based on case reports with limited generalizability, impeding evidence-based assessment of infection risk to childcare providers. The authors comment on the strengths and limitations of a multistate US study by Gilligan et al. (2020) of 57,335 child care providers reporting on exposures, risk mitigation strategies, and SARS-CoV-2 infection from March - May 2020, comparing providers who were exposed to child care to those who were not due to program closures. In this study, provision of childcare services was not associated with odds of SARS-CoV-2 infection in both unmatched and matched analyses. However, being a home-based childcare provider was associated with SARS-CoV-2 infection in matched analyses. Study strengths include high survey response rate, large sample size from multiple states, and propensity score matched analysis given the context of the non-randomness of program closures. However, the authors note the possibility of self-report bias, difficulty measuring level of exposure, and the limitations of accurately reporting the outcome of confirmed SARS-CoV-2 infection due to variations in testing availability. The authors caution policymakers, school leaders, and the public against extending these findings beyond the early childhood (age <6 years) population and warn that generalizability may also be limited by the timing of the study during a period in which childhood infection rates were low.	The authors comment on the strengths and limitations of a multistate US study by Gilligan et al. (2020) of childcare providers reporting on exposures, risk mitigation strategies, and SARS-CoV-2 infection. In conclusion, they caution policymakers, school leaders, and the public against extending this study's findings beyond the early childhood (age <6 years) population.	Tubbs-Cooley HL, Oster E, Auger KA. Under the Right Conditions, Center-Based Child Care is an Unlikely COVID-19 Threat to Staff. Pediatrics. 2020 Oct 15:e2020034405. doi: 10.1542/peds.2020-034405. Epub ahead of print. PMID: 33060259.
mental health, behavioral health, children, adolescents, partial hospitalization programs, telehealth, telemedicine, USA	15-Oct-20	Development of a Child and Adolescent Tele-Partial Hospitalization Program (tele-PHP) in Response to the COVID-19 Pandemic	The Primary Care Companion for CNS disorders	Original Research	The COVID-19 pandemic has not only negatively impacted the mental health of youth, it has also made families more hesitant to hospitalize youth for non-medical issues. Hence, the need for partial hospitalization programs (PHPs) have remained high despite difficulties with providing in-person care. This article details how PHP programs in the US serving children and adolescents (6–18 years of age) adapted their services during the COVID-19 pandemic. Health care organizations worked diligently to create a secure telehealth platform (tele-PHP) to be delivered	This article details how partial-hospitalization programs (PHPs) in the US serving children and adolescents adapted their services during the COVID-19 pandemic, including challenges and how they were addressed. Overall,	Baweja R, Verma S, Pathak M, Waxmonsky JG. Development of a Child and Adolescent Tele-Partial Hospitalization Program (tele-PHP) in Response to the COVID-19 Pandemic. Prim Care Companion CNS Disord. 2020 Oct 15;22(5):20m02743. doi:

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		[Free Access to Abstract Only]			to patients in their home environments. These new programs were started in mid-March 2020, and changes were implemented over the next 3-4 weeks. Although tele-PHPs are the most plausible solution, and patients and families have been receptive overall to virtual behavioral health services, some challenges were observed. Besides procedural and technological challenges, there were some treatment-specific challenges, and patient engagement varied. These challenges were addressed through psychoeducation, online assessments of treatment outcomes, and efforts to optimize parent engagement prior to treatment to enhance treatment adherence. Initial experiences suggest that tele-PHP services can be a viable long-term treatment option in the future to improve access for those who otherwise cannot take advantage of such services; however, long-term effectiveness of these interventions still needs to be explored.	the authors conclude that tele-PHP services can be a viable long-term treatment option in the future to improve access but caution that long-term effectiveness of these interventions still needs to be explored.	10.4088/PCC.20m02743. PMID: 33063479.
France, seroprevalence, antibodies	15-Oct-20	Post lockdown COVID-19 seroprevalence and circulation at the time of delivery, France	PLOS One	Original Research	The objective of this study was to evaluate the impact of the COVID-19 pandemic and lockdown on the seroprevalence and circulation of SARS-CoV-2 in a maternity ward in Paris, France. A total of 249 patients administered to the maternity ward between May 4 (one week before the end of lockdown) and May 31, 2020 (three weeks after the end of lockdown) were offered a SARS-CoV-2 serology test as well concomitant SARS-CoV-2 RT-PCR on one nasopharyngeal sample. Seroprevalence of SARS-CoV-2 was 8%, and the RT-PCR positive rate was 0.5%. Additionally, of the women that tested positive, 47.7% never experienced any symptoms. The authors state that a relatively high number of patients are SARS-CoV-2-IgG-negative need to be taken into consideration in the event of a resurgence of the pandemic. They encourage public health authorities to take specific measures for this at-risk group in order to reduce the viral circulation in pregnant patients.	When assessing a cohort of pregnant women in France, the authors found a relatively low number of patients with SARS-CoV-2-IgG antibodies. They state that specific measures need to be taken to protect these patients in the event of a resurgence of the pandemic.	Mattern J, Vauloup-Fellous C, Zakaria H, et al. Post lockdown COVID-19 seroprevalence and circulation at the time of delivery, France. PLoS One. 2020 Oct 15;15(10):e0240782. doi: 10.1371/journal.pone.0240782.
Children, adolescent, school closure, mental health, education, Pakistan	15-Oct-20	Debate: COVID-19 and school mental health in Pakistan	Child and Adolescent Mental Health	Original Article	COVID-19 response measures, including school closures, have further worsened health conditions for children, especially in low- and middle-income countries like Pakistan. During closures, most private schools moved toward online education, although this change has also brought stress for teachers and students. Barriers to online schooling may exacerbate pre-existing rural-urban, gender, and socio-economic disparities. Poor access to education could also increase the prevalence of child labor. In the fall of 2020, the Government of Pakistan has issued a recommendation for a graded re-opening of schools. Returning to school after the extended quarantine may be challenging, and the return may need an intentional effort to ensure students' engagement and prevent a rise in school dropouts. School mental health initiatives have been proposed by international	COVID-19 response measures, including school closures, have further worsened health conditions for children, especially in low- and middle-income countries like Pakistan. These authors discuss the effects of school closures, as well as the challenges of re-opening.	Mian AI, Chachar AS. Debate: COVID-19 and school mental health in Pakistan. Child Adolesc Ment Health. 2020 Nov;25(4):270-272. doi: 10.1111/camh.12431. Epub 2020 Oct 13. PMID: 33049109.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					organizations, but they have been challenging to implement in Pakistan. Schools should nurture resilience in children and adolescents by addressing their fears and concerns, encouraging routines and physical activities, and taking measures to alleviate loneliness. Top priorities for action as schools re-open should include protecting safety/health, assessing progress and mitigating the impact of learning losses, implementing targeted learning support, and ensuring all aspects of student well-being.		
Children, adolescent, school closure, mental health, education, Singapore	15-Oct-20	Debate: COVID-19 to the under 19 - a Singapore school mental health response	Child and Adolescent Mental Health	Original Article	Social distancing, reduced outdoor activities, and school closures have profoundly affected children and adolescents during the COVID-19 pandemic. This article seeks to describe the impact of the pandemic on Singapore's schools, and the response and adaptation of school and community mental health services. The Response, Early Intervention and Assessment in Community Mental Health (REACH) service was conceived in 2007 to support students with mental health issues. School closures during the pandemic have posed challenges to the usual operations of Singapore's REACH services. Initially, face-to-face community and home visits were postponed minimizing exposure to COVID-19. Most face-to-face services then transitioned to video conferencing or telephone. While tele-health may be unsuitable for some clients, advantages include increased access to care, patient engagement, and health-care cost-effectiveness. Unfortunately, with schools now back in session in Singapore, many students are having difficulties coping and adjusting back to school. Child and adolescent mental health service providers and social welfare agencies report difficulties in meeting the present demands of the population. The capacity of school and mental health services needs to increase, in order to support youth through the psycho-social challenges of pandemics such as COVID-19. The use of technology to increase this capacity should be further explored.	This article seeks to describe the impact of the pandemic on Singapore's schools, and the response and adaptation of school and community mental health services.	Renjan V, Fung DSS. Debate: COVID-19 to the under 19 - a Singapore school mental health response. Child Adolesc Ment Health. 2020 Nov;25(4):260-262. doi: 10.1111/camh.12426. Epub 2020 Oct 13. PMID: 33049102.
Asthma, pediatrics, social determinants of health	15-Oct-20	Pediatric asthma and COVID-19: The known, the unknown, and the controversial	Pediatric Pulmonology	State of the Art	This article summarizes the information about pediatric asthma and COVID-19, that has arisen from the first wave of the pandemic. Multiple international organizations list asthma as a prognostic factor for COVID-19 complications, but data do not clearly support this classification. The initial concerns about children and young people with asthma being particularly affected by COVID-19 have not been realized. It remains unclear if this is because of a reduction in other causes of asthma exacerbations (improved air quality, reduced other viral infections). Diagnosis of pediatric asthma during COVID-19 may be complicated by similarity in symptoms. Therefore, screening protocols for COVID-19 should be applied to all children who have worsening cough or shortness of breath, and appropriate	This article summarizes the information about pediatric asthma and COVID-19, that has arisen from the first wave of the pandemic. While the initial concerns about children with asthma being particularly affected by COVID-19 have not been realized, continued vigilance and effective	Abrams, EM, Sinha, I, Fernandes, RM, Hawcutt, DB. Pediatric asthma and COVID-19: The known, the unknown, and the controversial. Pediatric Pulmonology. 2020; 1- 6. https://doi.org/10.1002/ppul.25117

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					PPE worn. Additionally, aerosol-generating diagnostic, monitoring, and treatment tools for asthma may be unavailable during the pandemic. Multiple guidelines support children with asthma remaining on their maintenance asthma medications during COVID-19. With the return to school, risk factors for asthma exacerbation will change, and continued vigilance is required. COVID-19 research and policy priorities should include the impact of social determinants of health, as these impacts are likely amplified in children with asthma. Optimizing asthma management remains central to keeping these children and young people healthy.	asthma management are should continue.	
Life course theory, COVID-19, SARS-CoV-2	15-Oct-20	Child Development During the COVID-19 Pandemic Through a Life Course Theory Lens	Child Development Perspectives	Review	In this review, the authors draw on the central tenets of life course theory systems to analyze potential adverse effects of the COVID-19 pandemic on children's and adolescents' adjustment and well-being in the USA. Life course theory is a useful lens for understanding the repercussions of macro-level sociohistorical events, such as the COVID-19 pandemic, for children's development. Any assessment on the impact of the COVID-19 pandemic on development must consider developmental timing and trajectories, as other historical events show that societal trauma has different long-term effects on older children than younger children. Delayed healthcare visits, economic hardships, loss of child-care and early education programs, and limited socialization may negatively impact young children's development. Although children and adolescents seem less physically susceptible to COVID-19, they are closely linked to at-risk individuals and experience disruptions to their daily lives, which could result in unprecedented pediatric psychological distress and impact emotional development. Additionally, pandemic-related socio-economic hardship is more likely to be felt by families of color, which places children of color at a disproportionate risk of developing mental health disorders. The authors provide specific recommendations for parents, pediatricians, educators, and researchers to minimize COVID-19's potential adverse developmental impacts on children and adolescents.	This review discusses the potential adverse effects of the COVID-19 on children's and adolescents' development using a life course theory framework. The authors include specific recommendations for parents, pediatricians, educators, and researchers.	Benner, A.D. and Mistry, R.S. Child Development During the COVID-19 Pandemic Through a Life Course Theory Lens. Child Dev Perspect. 2020; doi:10.1111/cdep.12387
Pediatric, clinical course, laboratory, CT, inflammatory markers, transmission.	15-Oct-20	Pediatric COVID-19 and the Factors That May Mitigate Its Clinical Course	Journal of Child Science	Review Article	The authors investigate the clinical manifestations, diagnostic criteria, and factors that may mitigate the COVID-19 clinical course among pediatric patients. They searched the PubMed, Science Direct, and Web of Science databases for articles published until July 2020 on the clinical, laboratory, and radiographic findings of pediatric COVID-19. The authors observed that the most common clinical manifestations of COVID-19 were fever, fatigue, cough, and expectoration; however, some infected children were asymptomatic. One study	Findings from this study showed that the clinical course of COVID-19 in pediatric patients is mild, and SARS-CoV-2 infection is mostly transmitted from infected family members.	Abdel-Aziz M, Abdel-Aziz NM, Abdel-Aziz DM, Azab N. Pediatric COVID-19 and the Factors That May Mitigate Its Clinical Course. Journal of Child Science. 2020;10(01). doi:10.1055/s-0040-1717077

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					reported that children represented 2% of diagnosed patients in China, 1.2% of patients in Italy, and 5% of COVID-19 positive cases in the United States. Of note, children who were diagnosed with COVID-19 had been infected from household family contacts. The authors also observed that C-reactive protein and procalcitonin inflammatory markers were elevated in 13.6% and 10.6% of pediatric patients, respectively. Chest CT abnormalities were found in 70 to 80% of pediatric patients, including consolidation with surrounding halo sign in 50% and ground-glass opacities in 60%. The authors suggest that factors that may mitigate the severity of pediatric COVID-19 include home confinement with limited children activity, trained immunity caused by compulsory vaccination, the response of the ACE2 receptors is not the same as in adults, and that children are less likely to have comorbidities.		
Pregnancy, lactation, medications, safety, Italy	15-Oct-20	Medications prescriptions in COVID-19 pregnant and lactating women: the Bergamo Teratology Information Service experience during COVID-19 outbreak in Italy	Journal of Perinatal Medicine	Original article	The aim of this report was to describe the use of Bergamo Teratology Information Service (TIS), a 24-h service that provides information on pharmacotherapy during pregnancy and breastfeeding, in supporting public and health care personnel on medication use in suspected or confirmed COVID-19 pregnant and lactating patients during the COVID-19 outbreak in Italy. All Bergamo TIS requests were retrospectively evaluated from March 1-April 15, 2020. Type of medication, safety profile, and compatibility with pregnancy and lactation were reported, as well as age, gestational age, and time of lactation. The service received calls concerning 48 patients with suspected (20/48; 41%) or confirmed (28/48; 59%) COVID-19. Among pregnant women, the requests of information were related to 16 drug prescriptions, all of which were considered safe for pregnant patients. Among lactating women, Bergamo TIS received information requests for 60 drug prescriptions. The authors review the available safety data on the most common medications used to treat COVID-19. Of note, they report that hydroxychloroquine and azithromycin at dosages used for COVID-19 may be considered compatible and reasonably safe in pregnancy and lactation.	The authors review safety data on medications used to treat COVID-19 in pregnancy and lactation using data from the Bergamo Teratology Information Service in Italy.	Giampreti A, Eleftheriou G, Gallo M, et al. Medications prescriptions in COVID-19 pregnant and lactating women: the Bergamo Teratology Information Service experience during COVID-19 outbreak in Italy. J Perinat Med. 2020 Oct 15. doi: 10.1515/jpm-2020-0339.
Infant, Thailand, favipiravir	15-Oct-20	Favipiravir-based regimen for coronavirus disease 2019 pneumonia for a 47-day-old male newborn	SAGE Open Medical Case Reports	Case Report	The authors present the case of a 47-day old newborn who tested positive for SARS-CoV-2 in Thailand. He had household contact with his COVID-19 infected mother. He was asymptomatic while his mother presented with malaise, nausea, and vomiting. On day 6 of admission, he was tachypneic and tachycardic, with abnormalities seen in his chest radiography. A cocktail regimen of favipiravir, hydroxychloroquine, and lopinavir/ritonavir was given for a total of 10 days, with an improvement of symptoms by day 8 of admission. There was an	The authors reported the case of a 47-month old newborn who tested positive for SARS-CoV-2 and was treated with a cocktail of favipiravir, hydroxychloroquine, and lopinavir/ritonavir. He had progressive improvement	Moolasart V, Wongsawat J, Phokhom P, Thienthong V. Favipiravir-based regimen for coronavirus disease 2019 pneumonia for a 47-day-old male newborn. SAGE Open Med Case Rep. 2020 Oct 15;8:2050313X20964046. doi: 10.1177/2050313X20964046.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					improvement in chest radiography by day 14 of admission, and the patient was discharged on day 20 of admission. The authors propose that selective inhibition of viral RNA-dependent RNA polymerase is the possible mechanism of action for favipiravir. However, safety concerns like hyperuricemia, teratogenicity, and QTc elongation remain. The lesions observed in radiographic images during the first two weeks progressed to bilateral diffuse patterns as the disease progressed. From their findings, the authors suggest the benefit of using a short-term favipiravir-based regimen for COVID-19 pneumonia in an infant. However, further studies are needed to assess the effect of long-term usage.	of symptoms and chest radiography results. Consequently, the authors suggested the benefits of using a favipiravir-based regimen for COVID-19 pneumonia in infants.	PMID: 33117539; PMCID: PMC7570769.
Israel, pre-term birth, hemoglobin levels	15-Oct-20	A marked decrease in Preterm Deliveries during the COVID-19 Pandemic	American Journal of Obstetrics and Gynecology	Original Research	The authors aimed to determine the change in preterm birth (PTB) rate and neonatal outcomes during the pandemic compared to pre-pandemic periods. Maternal, obstetrical and neonatal outcomes of singleton pregnancies at the Sheba Medical Center, Israel, were evaluated during three periods: from 20/03/2020 (date of implementation of governmental state of lockdown) to 27/06/2020 (group 1), a parallel period in 2019 (group 2), and parallel annual periods in 2011-2019 (group 3). Additionally, differences between preterm births <34 weeks and >34 weeks were analyzed. The authors found that maternal and obstetrical characteristics did not differ between groups 1 and 2, but pre-delivery hemoglobin levels were higher in the pandemic period cohort (group 1). The PTB <34 weeks rate was lower in the pandemic period (OR 0.60 95% CI 0.41-0.85). Additionally, the authors observed more than 50% reduction in the rate of PTB <34 weeks of gestation, possibly resulting in improved neonatal outcomes. Authors concluded that COVID-19 pandemic was associated with lower rate of PTB compared to pre-pandemic periods	This paper assesses the effect of the pandemic on preterm births in Israel. While the authors found an increase in pre-delivery hemoglobin levels in the pandemic cohort, they also found a reduction in the rate of preterm births in this same cohort.	Meyer R, Friedrich L, Maixner N, et al. A marked decrease in Preterm Deliveries during the COVID-19 Pandemic. Am J Obstet Gynecol. 2020 Oct 15:S0002-9378(20)31191-1. doi: 10.1016/j.ajog.2020.10.017.
Autism spectrum disorder (ASD), social-emotional learning, school closures, virtual learning, mental health	15-Oct-20	Debate: Remote learning during COVID-19 for children with high functioning autism spectrum disorder	Child and Adolescent Mental Health	Debate	In this debate article, the author describes how children with high functioning autism spectrum disorder (HFASD), in the COVID-19 context, have benefitted from remote learning practices that remove the need for understanding social and societal rules and norms that comprise the 'hidden curriculum' of schooling. This hidden curriculum is often a roadblock in the academic and social progress of children with HFA, most often by creating undue stress, anxiety, and depression. The author provides examples of students for whom remote learning has removed the need to adhere to this curriculum and has subsequently improved their mental health. The author concludes that in-person instruction and schooling is important to help children with HFASD navigate the social norms that will be present throughout their lives, but that an integration of remote and in-person education where the	This article argues that navigating the social rules of in-person schooling creates significant challenges for children with high functioning autism spectrum disorder and COVID-19-associated remote learning has alleviated some of these challenges. Incorporating hybrid (in-person and online) educational formats may help improve	Reicher D. Debate: Remote learning during COVID-19 for children with high functioning autism spectrum disorder. Child Adolesc Ment Health. 2020. doi: 10.1111/camh.12425.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					hidden curriculum is made explicit may promote these student's academic success without sacrificing their mental health.	these students' academic and mental health success in the future.	
Children, pediatric, pandemic, pediatric inflammatory multisystem syndrome, PIMS, PIMS-TS, Kawasaki, multisystem inflammatory syndrome in children, MIS-C	15-Oct-20	COVID-19 Pandemic and Children: A Review	Journal of Pediatric Pharmacology and Therapeutics	Review Article	The authors summarize the COVID-19 epidemiology and management in pediatrics based on available data as of 28 June 2020. Most children seem to acquire infection from COVID-19 positive adults, mainly from family contact. The main infection route is from respiratory droplets, direct contact, and aerosol transmission. Emerging evidence suggests a fecal-oral transmission route and the virus's ability to infect gastro-intestinal glandular epithelial cells. Evidence for vertical transmission of the SARS-CoV-2 through the placenta and breast milk is unclear. Many children with COVID-19 are asymptomatic or mildly symptomatic, except for rare cases of MIS-C. The most common symptoms are fever (50%) and cough (38%). Shortness of breath, sore throat, rhinorrhea, conjunctivitis, fatigue, and headache are also frequently reported. Gastro-intestinal symptoms may be present with or without respiratory symptoms. The authors discuss COVID-19-related laboratory/radiologic findings and characterize typical MIS-C symptoms, which require a multi-disciplinary team effort and use of immuno-modulators. They also evaluate the current treatment modalities. For most children, supportive care at home is the main treatment. Data on the chronologic course of pediatric COVID-19 are extremely limited due to the much smaller number of symptomatic patients. Further studies are essential to inform evidence-based diagnostic and treatment guidelines.	While most SARS-CoV-2 infected children are asymptomatic or develop only mild symptoms, some children develop severe disease like MIS-C. MIS-C symptoms management requires multi-disciplinary team effort.	Rathore V, Galhotra A, Pal R, Sahu KK. COVID-19 Pandemic and Children: A Review. J Pediatr Pharmacol Ther. 2020;25(7):574-585. doi: 10.5863/1551-6776-25.7.574. PMID: 33041712; PMCID: PMC7541032.
Mental health, child abuse, children, Kawasaki disease, PIM-TS, MIS-C, nosocomial infection control, Japan	15-Oct-20	Characteristics and considerations in the medical treatment of COVID-19 in children	Acute Medicine & Surgery	Review Article	Hyperinflammatory shock has been identified among children with confirmed or suspected SARS-CoV-2 infection, characterized by prolonged fever, abdominal pain, and cardiac involvement without any signs of pneumonia on chest computed tomography. However, it is uncertain at this time whether SARS-CoV-2 infection affects this syndrome. The authors conducted a review of literature published up to June 20, 2020 related to the characteristics of COVID-19 in children and important points of pediatric care during the COVID-19 pandemic. In addition, epidemiological data and guidelines for pediatric care specific to Japan are reported. Results are organized by the following themes: numbers infected, transmission route, clinical symptoms, blood test and imaging findings, rates of disease severity and mortality, systemic inflammatory syndromes associated with COVID-19, nosocomial infection control, child mental health and child abuse.	The authors conducted a review of literature published up to June 20, 2020 related to the characteristics of COVID-19 in children and important points of pediatric care during the COVID-19 pandemic. Results are summarized alongside epidemiological data and guidelines specific to Japan.	Imai K, Matsushima A, Saitoh S. Characteristics and considerations in the medical treatment of COVID-19 in children. Acute Med Surg. 2020;n/a. doi: 10.1002/ams2.597.

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Food security, child neglect, adolescents, Canada	15-Oct-20	How societal responses to COVID-19 could contribute to child neglect	Child Abuse & Neglect	Original Research	In this cohort study, the authors sought to examine the response of parents in Quebec, Canada to their children's needs during the COVID-19 crisis. COVID-19 lockdown left parents as the sole respondents for their children's needs, which could have created opportunities for child neglect. In the spring of 2020, the authors sent an online questionnaire to parents about the impact of the crisis on the response their children received to their needs. 414 parents responded. Questions about children were asked for the oldest child in the household, and these children were categorized into 3 age groups: 0-5 years old (n=94), 6-12 years old (n=160), and 13-17 years old (n=160). Parents of older children reported significantly less response to their child's cognitive and affective needs than parents of younger children (p<0.001). Additionally, parents of older children reported that they were significantly less able to ensure a response to their child's need for security and a significantly smaller response to their child's basic care needs (p<0.001). The authors advocate for societal provisions ensuring children's needs are met during pandemic lockdowns, asserting that the developmental trajectories of children cannot be sacrificed.	This cohort study found that parents of older children in Quebec, Canada were less responsive to their children's needs than parents of younger children during the COVID-19 pandemic. The authors express concern over societal child neglect and advocate for societal provisions ensuring children's needs are met.	Berube A, Clement ME, Lafantaisie V, et al. How societal responses to COVID-19 could contribute to child neglect. Child Abuse & Neglect. 2020; 104761. doi: 10.1016/j.chiabu.2020.104761
Clinical features, fever, shock, pediatric, children, Turkey	15-Oct-20	Clinical spectrum and risk factors for complicated disease course in children admitted with SARS-CoV-2 infection	Anales de Pediatría (English Edition)	Original Research	This retrospective study included patients under 18 years of age admitted with SARS-CoV-2 infection to a university hospital in Madrid, Spain, from March 1 to April 30, 2020. Infection was confirmed by RT-PCR or antibody testing. 39 children were included, with a median age of 9 years (range 12 days-16 years); 23 were boys. Cases with uncomplicated disease course (24) mostly presented to the emergency department with fever and/or respiratory symptoms without significant alterations in laboratory findings. Of the 15 children with a complicated course, 12 developed shock. In addition to fever, they frequently presented altered appearance, extreme tachycardia, abdominal pain, vomiting, diarrhea, rash, and/or conjunctival hyperemia. They also showed greater lymphopenia (p= 0.001), elevated neutrophil/lymphocyte ratio (p= 0.001), C-reactive protein (p< 0.001), procalcitonin (p= 0.001), D-dimer (p< 0.001), and ferritin (p< 0.001). SARS-CoV-2 infection in children presents with great clinical variability. When provided supportive care, patients with predominant respiratory symptoms without altered laboratory-test results generally have an uncomplicated course. Patients with complicated diseases present mainly with fever and abdominal and/or mucocutaneous symptoms, and most develop shock.	This retrospective study in Spain found that pediatric cases with uncomplicated disease course mostly presented with fever and/or respiratory symptoms while children with complicated course exhibited clinical worsening with progression to shock.	Pilar Storch-de-Gracia, Inés Leoz-Gordillo, David Andina, et al. Clinical spectrum and risk factors for complicated disease course in children admitted with SARS-CoV-2 infection, Anales de Pediatría (English Edition), 2020. https://doi.org/10.1016/j.anpede.2020.07.005 .
Neonatal outcomes, vertical transmission,	15-Oct-20	Synthesis and systematic review of	Nature Communications	Article	Under the guidelines of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), the authors reviewed 176 cases of neonatal SARS-CoV-2 infections that were defined by at	This article reviewed 176 cases of neonatal SARS-CoV-2 infections published	Raschetti R, Vivanti AJ, Vauloup-Fellous C, et al. Synthesis and systematic review of reported

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breastfeeding, clinical features		reported neonatal SARS-CoV-2 infections			least one positive nasopharyngeal swab and/or the presence of specific IgM published between December 1st, 2019 and August 30th, 2020. Their primary objective was to clarify the transmission route, clinical features, and outcomes of SARS-CoV-2 infections. Their secondary objective was to clarify the effect of mother-neonate separation and breastfeeding on the incidence of late-onset neonatal infections. In their findings, they reported that 70% and 30% of infections are due to environmental and vertical transmission, respectively and their analysis showed that 55% of infected neonates developed COVID-19; the most common symptoms were fever (44%), gastrointestinal (36%), respiratory (52%) and neurological manifestations (18%), and lung imaging was abnormal in 64% of cases. A lack of mother-neonate separation from birth is associated with late SARS-CoV-2 infection (OR=4.94, 95% CI: 1.98–13.08; adjusted OR=6.6, 95% CI: 2.6–16), while breastfeeding is not (OR=0.35, 95% CI: 0.09–1.18; adjusted OR=2.2, 95% CI: 0.7–6.5).	between December 1st, 2019 and August 30th, 2020. They described the transmission route, clinical features, and outcomes of SARS-CoV-2 infection and the effect of mother-neonate separation and breastfeeding on the incidence of late-onset neonatal infections.	neonatal SARS-CoV-2 infections. Nat Commun. 2020 Oct 15;11(1):5164. doi: 10.1038/s41467-020-18982-9.
Ocular, transmission, children	15-Oct-20	Update and Recommendations for Ocular Manifestations of COVID-19 in Adults and Children: A Narrative Review	Ophthalmology and Therapy	Review Article	This study focuses on the rare ophthalmologic manifestations of the SARS-CoV-2 infection in both adults and children. There is evidence to suggest that viral transmission can occur via tears and conjunctival secretions, although it is not a predominant finding. This review considers all the published studies describing ocular findings and SARS-CoV-2 viral transmission through the eye and addressed the ongoing debate over the importance of ocular manifestations during this pandemic. The authors also discuss updated safety guidelines, protocols, timelines of ocular manifestations during the disease course, and treatment recommendations. It is highlighted that it is possible that the virus becomes inoculated at the site of the eye and spreads via the naso-lacrimal duct to the respiratory system. There are also some reports which show that ocular findings present later in the disease course, suggestive of a correlation between ocular manifestation and increased disease severity as the infection becomes systemic. The authors state the importance of recognizing conjunctivitis as an early finding of COVID-19, and stress that testing or appropriate follow-up could be beneficial in both the pediatric and adult populations.	This review highlights the rare ocular presentations of COVID-19, as well as outlining the present guidelines and frameworks for treating patients with these manifestations.	Danthuluri, V., Grant, M.B. Update and Recommendations for Ocular Manifestations of COVID-19 in Adults and Children: A Narrative Review. Ophthalmol Ther (2020). https://doi.org/10.1007/s40123-020-00310-5
COVID-19; pediatric neurology research; residents; training	14-Oct-20	COVID-19 Pandemic and Child Neurology Training: A Bumpy Road Ahead	Pediatric Neurology	Correspondence	The authors refer to the recently published article by Bonkowsky et al. [doi:10.1016/j.pediatrneurol.2020.08.012], on the difficulties faced in pediatric neurology research and funding during the COVID-19 pandemic in developed countries. This correspondence highlights the challenges in training and research activities of pediatric neurology residents and fellows in teaching hospitals of developing countries. The academic curriculum in the public health and medical community, particularly for pediatric	The authors refer to the recently published article by Bonkowsky et al. [doi:10.1016/j.pediatrneurol.2020.08.012] and highlight the challenges in training and research activities of pediatric	Singanamalla B, Madaan P, Saini L. COVID-19 Pandemic and Child Neurology Training: A Bumpy Road Ahead. Pediatr Neurol. 2020;50887-8994(20)30331-3. doi:10.1016/j.pediatrneurol.2020.10.004.

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					neurologists, has been gravely affected by the pandemic. Large gatherings such as academic sessions, educational conferences, and workshops have been cancelled or made virtual. Although online teaching platforms partly fill the vacuum, they are not designed for residents and can be monotonous. Residents of all specialties are required to assist with COVID-19 patients, and some may be quarantined. Some clinical workplaces have inadequate PPE. Patient-based skills and hands-on clinical training are impacted, and cannot be replaced by telemedicine. Additionally, reduced interaction with mentors, connectivity problems, and delayed assessments and examinations of residents have affected learning. The pandemic has also halted dissertations of residents with ongoing randomized controlled trials and prospective studies. To overcome these problems, teaching hospitals should try to balance patient care and resident education. Due preference should be given to the concerned super-specialties. Virtual teaching and timely assessments should be used to aid learning. The dissertations of residents should either focus on patients with COVID-19 or retrospective studies and surveys.	neurology residents and fellows in teaching hospitals of developing countries. Due to the focus on COVID-19, patient-based skills, hands-on clinical training and research have been particularly affected. To overcome these problems, teaching hospitals should try to balance patient care and resident education.	
Child care, providers, transmission, USA	14-Oct-20	COVID-19 Transmission in US Child Care Programs	American Academy of Pediatrics	Article	This study aims to understand COVID-19 transmission in child care programs. The study compared COVID-19 rates in child care providers who continued to provide in-person child care during the first 3 months of the U.S. COVID-19 pandemic with those who did not, controlling for key individual, programmatic, and community characteristics that may have motivated closure decisions. Survey links were emailed to child care providers from May 22 – June 8, 2020, and participants were asked to recall program practices for the period April 1 – May 27, 2020. Of the total 57,335 U.S. child care providers who participated, 427 of them reported ever testing positive for SARS-CoV-2 or being hospitalized for COVID-19, and their degree of exposure to child care was assessed. Logistic regression analysis was used in both unmatched and propensity score matched case control analyses. No association was found between exposure to child care and COVID-19 in both unmatched [OR=1.06; 95% CI: 0.82 - 1.38] and matched [OR=0.94; 95% CI: 0.73 -1.21] analyses. In the matched analysis, being a home-based provider (as opposed to center-based) was associated with COVID-19 [OR=1.59; 95% CI: 1.14 - 2.23] but showed no interaction with exposure. The authors concluded that exposure to child care during the early months of the U.S. COVID-19 pandemic was not associated with elevated risk for COVID-19 transmission to child care providers within the context of considerable infection mitigation efforts in U.S. child care programs.	This case-control study of child care providers is the first to report COVID-19 transmission risk in U.S. child care programs. The study concluded that exposure to child care during the early months of the U.S. COVID-19 pandemic was not associated with elevated risk for COVID-19 transmission to providers within the context of considerable infection mitigation efforts in U.S. childcare programs.	Gilliam WS, Malik AA, Shafiq M, et al. COVID-19 Transmission in US Child Care Programs. Pediatrics. 2020 Oct 14:e2020031971. doi: 10.1542/peds.2020-031971. Epub ahead of print. PMID: 33055228.

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MIS-C; SARS-CoV-2; COVID-19; Children; Adolescents; Immunopathology ; Autoantibodies; Immune Response	14-Oct-20	The Mystery of MIS-C Post-SARS-CoV-2 Infection	Trends in Microbiology	Commentary	Following the emergence of the COVID-19 pandemic, a surge in MIS-C has raised questions about the unique effects of SARS-CoV-2 in children and adolescents. The commentary describes what is known about MIS-C immunopathology. Large clinical studies have consistently pointed to upregulation of systemic inflammatory cytokines in MIS-C as in other cytokine storm syndromes. The self-limiting acute inflammatory episode in MIS-C is characterized by tissue damage affecting several organ systems and the coronary arteries and is associated with potential extravasation of innate immune cells, activation of T cells, and auto-antibodies. Increased cytokines and chemokines in MIS-C are associated with activation and recruitment of innate and adaptive immune cells. Higher effector memory CD4 T cells and auto-antibodies are present in MIS-C patients. The commentary details the serum and cellular phenotypes correlated with systemic inflammation in MIS-C.	The commentary details the serum and cellular phenotypes correlated with systemic inflammation in MIS-C. The self-limiting acute inflammatory episode in MIS-C is associated with potential extravasation of innate immune cells, activation of T cells, and auto-antibodies.	Brodsky NN, Ramaswamy A, Lucas CL. The Mystery of MIS-C Post-SARS-CoV-2 Infection. Trends Microbiol. 2020;28(12):956-958. doi:10.1016/j.tim.2020.10.004
Children, PIMS-TS, MIS-C, cardiovascular, pediatrics, England	14-Oct-20	Presentation, Treatment Response and Short-Term Outcomes in Pediatric Multisystem Inflammatory Syndrome Temporally Associated with SARS-CoV-2 (PIMS-TS)	Journal of Clinical Medicine	Case Series	In this report, the authors describe a case series of 29 children (median age 6 years; (IQR 3.8–9.9 years))[age range 0 – 18 years] with pediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS, a syndrome also known as MIS-C) who were diagnosed, admitted and treated in England between March - June, 2020. Demographic, laboratory and clinical data were collected retrospectively from hospital patient charts. Clinical symptoms included fever (100%), skin rashes (72%), cardiovascular involvement (86%), conjunctivitis (62%) and respiratory involvement (21%). Some patients had clinical features partially resembling Kawasaki disease (KD), toxic shock syndrome, and cytokine storm syndrome. Male gender (69%) and minority ethnicities (59%) were over-represented. Immune modulating treatment was used in all, including intravenous immunoglobulin (IVIG), corticosteroids and cytokine blockers. Notably, 32% of patients treated with IVIG alone went into remission. The rest required additional treatment with the exception of two patients who were treated with TNF inhibition and IL-1 blockade, respectively. Another patient received IL-1 inhibition as primary therapy, with associated rapid and sustained remission. Overall, 12 children (41%) still had clinical signs and symptoms at the 1–2-week follow-up. On average, patients were hospitalized for 8.5 days (SD 3.1). The authors call for further research to evaluate long term outcomes of PIMS-TS.	The authors describe the clinical symptoms, treatments, and outcomes for 29 children diagnosed with PIMS-TS from March-June, 2020 in England. Fever and cardiovascular involvement were the most common symptoms. Symptoms were often still present at the 1-2 week follow up visit.	Felsenstein S, Willis E, Lythgoe H, et al. Presentation, Treatment Response and Short-Term Outcomes in Paediatric Multisystem Inflammatory Syndrome Temporally Associated with SARS-CoV-2 (PIMS-TS). J Clin Med. 2020 Oct 14;9(10):3293. doi: 10.3390/jcm9103293.
SARS-CoV-2, breastfeeding, horizontal transmission,	14-Oct-20	Breastfeeding During the Novel Coronavirus (COVID-19) pandemic.	Journal of Maternal-Fetal and Neonatal Medicine	Literature Review	The author's aim is threefold: to review the current data of the transmissibility of SARS-CoV-2 through breastfeeding, to review the global guidelines on breastfeeding in women with COVID-19 infections, and to discuss challenges with respect to breastfeeding by COVID-19 positive mothers during the COVID-19	The authors present literature reviews revealing only 4 cases of documented SARS-CoV-2 in breastmilk and the	Dimopoulou D, Triantafyllidou P, Daskalaki A, Syridou G, Papaevangelou V. Breastfeeding during the novel coronavirus (COVID-19) pandemic: guidelines

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
breastfeeding guidelines,		Guidelines and Challenges.			<p>pandemic in 2020. The authors conducted a literature review from December 01, 2019 to July 15, 2020 through a PubMed search. [The total number of articles reviewed is not provided.] They briefly report on 4 infant cases (ages 1-day-old to 8-months-old) in which SARS-CoV-2 was found in breast milk [the authors do not distinguish between SARS-CoV-2 RNA or (full) virus]. They present 26 published guidelines from international agencies or specific countries with respect to breastfeeding by COVID-19 positive mothers. The large majority of these guidelines promote continued breastfeeding with respiratory and hand hygiene as well as no separation of mother and child. While noting the numerous benefits of breastfeeding to the mother and child, the authors also report challenges during the pandemic. For example, they note that necessary hospital cohorting of COVID-19 positive mothers in the same hospital room does not allow for rooming in of unaffected neonates and the shortage of nursing support makes on-demand breastfeeding difficult.</p>	majority of published guidelines support continued breastfeeding with respiratory and hand hygiene without separation of mother and child.	and challenges. J Matern Fetal Neonatal Med. 2020 Nov 8:1-7. doi: 10.1080/14767058.2020.1838481. Epub ahead of print. PMID: 33161802.
COVID19, Pediatrics, Physicians, Equity, United States, Strategic Response	14-Oct-20	One Size Does Not Fit All: Implementation of an Equitable and Inclusive Strategic Response to Address Needs of Pediatric Resident Physicians during the COVID-19 Crisis	The Journal of Pediatrics	Article	<p>The authors describe how a residency-wide COVID-19 strategic response was created and reviewed through a lens of equity and inclusion to ensure it addressed the diverse needs of resident physicians in a large pediatric residency program in Boston, USA. A planning committee of program leadership, faculty, and chief residents aim to evaluate and amend the residency-wide crisis response to ensure it explicitly addressed pediatric residents who might be disproportionately affected by the pandemic due to new or exacerbated stresses (personal, financial, and work-related). Five domains identified as needing additional support include financial assistance, additional mental health supports, accessibility, scheduling flexibility, and curricular changes. The authors detail solutions to these domains and emphasize that proactive approaches advance recruiting and training the next generation of diverse physicians, while promoting equitable and inclusive training environments.</p>	The authors describe how a residency-wide COVID-19 strategic response was created and reviewed through a lens of equity and inclusion to ensure it addressed the diverse needs of resident physicians in a large pediatric residency program in Boston, USA. The program developed a residency-wide strategic response to the COVID-19 crisis that assessed the changing needs of resident physicians and addressed their financial, mental health support, accessibility, flexibility, and curricular needs.	Luercio M, Ward VL, Sectish TC, Mateo CM, Michelson CD. One Size Does Not Fit All: Implementation of an Equitable and Inclusive Strategic Response to Address Needs of Pediatric Resident Physicians during the COVID-19 Crisis [published online ahead of print, 2020 Oct 14]. J Pediatr. 2020;doi:10.1016/j.jpeds.2020.10.023
COVID-19, Outdoor play, Policy, Children and youth, Health, Canada	14-Oct-20	Regional differences in access to the outdoors and outdoor play of Canadian children and	Canadian Journal of Public Health	Commentary	<p>The authors examine regional differences in outdoor play among children and youth across Canada, and the association between provincial policies related to COVID-19 and outdoor play. The authors used survey data of a cross-sectional sample of 1472 parents of children and youth aged 5–17 years from across the country which assessed levels of physical activity before and during the COVID-19 outbreak. The authors looked at differences</p>	The authors examine regional differences in outdoor play among children and youth across Canada, and the association between provincial policies related	de Lannoy L, Rhodes RE, Moore SA, Faulkner G, Tremblay MS. Regional differences in access to the outdoors and outdoor play of Canadian children and youth during the COVID-19 outbreak [published online ahead of print,

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		youth during the COVID-19 outbreak			in time spent outdoors and in outdoor play between regions of Canada: British Columbia, the Prairies, Ontario, Quebec, and Atlantic Canada. The authors found that all regions exhibited a decrease in time spent outdoors and in outdoor play. The authors determine that the severity of restrictions on access to the outdoors and outdoor play was closely related to the severity of reported COVID-19 cases in the area.	to COVID-19 and outdoor play. The authors determine that the severity of restrictions on access to the outdoors and outdoor play was closely related to the severity of reported COVID-19 cases in the area.	2020 Oct 14]. Can J Public Health. 2020;1-7. doi:10.17269/s41997-020-00412-4
mental health, behavioral health, educational inequity, school closures, lockdown, social distancing, children, physical activity, COVID-19	14-Oct-20	Systematic Review of the Literature About the Effects of the COVID-19 Pandemic on the Lives of School Children	Frontiers in Psychology	Systematic Review	In order to learn more about the psychological impact of the COVID-19 pandemic on the lives of children, the authors conducted a systematic review of literature analyzing the psychological and motor characteristics of children 0-12 years old during periods of COVID-19 related confinement [no date range specified]. A total of 9 manuscripts were included, in both English and Spanish. The pandemic's effects were analyzed from varying perspectives: cultural, biological, medical, humanistic, and academic. Topics covered include the role of parents in alleviating children's anxiety, strategies for protecting children's mental health, worsening symptoms for children with attention-deficit/hyperactive disorder and autism spectrum disorder, and sources of educational inequity exacerbated by the COVID-19 pandemic. Strategies for protecting children's mental health include establishing schedules and routines, explaining the pandemic in developmentally appropriate language, promoting physical activity, increased involvement of parents and caregivers, and encouraging greater autonomy and involvement of children in daily household tasks. The authors note the scarcity of literature reflects a lack of focused attention on the psychological, motor, or academic problems that can occur to minors resulting from confinement.	The authors conducted a systematic review of literature analyzing the psychological impact of COVID-19 related confinement on children 0-12 years old. 9 manuscripts in both English and Spanish were analyzed, which discussed the effects of the pandemic on children from the following perspectives: cultural, biological, medical, humanistic, and academic.	Cachón-Zagalaz J, Sánchez-Zafra M, Sanabrias-Moreno D, González-Valero G, Lara-Sánchez AJ, Zagalaz-Sánchez ML. Systematic Review of the Literature About the Effects of the COVID-19 Pandemic on the Lives of School Children. Front Psychol. 2020;11:569348. Published 2020 Oct 14. doi:10.3389/fpsyg.2020.569348
Infected mother, newborn, Japan	14-Oct-20	First report in Japan of a delivery of a woman with the 2019 novel coronavirus disease	The Journal of Obstetrics and Gynaecology Research	Case Report	The authors describe the first reported case of delivery of a male infant from a SARS-CoV-2 positive woman in her 20s at 38 weeks gestation in Japan. The pregnant woman was admitted to a local hospital after experiencing a watery discharge on 30 March 2020. Her body temperature during admission was 38.1°C. Premature membrane rupture was confirmed, initiating antibiotic therapy for intra-uterine infection. On March 31, her body temperature was 38.9°C and labor was induced with oxytocin. During the slow labor progress, the patient complained of an increase in nasal discharge and dysgeusia and positive RT-PCR result for SARS-CoV-2 was obtained for a nasopharyngeal mucous sample. On April 1, the patient was transferred to Kitasato University Hospital where an emergency C-section with spinal anesthesia was conducted due to an abnormal fetal heart rate pattern. The neonate was	The authors describe the first reported case of delivery of an infant from a SARS-CoV-2 positive woman in Japan.	Mochizuki J, Nakamura M, Iwahata S. First report in Japan of a delivery of a woman with the 2019 novel coronavirus disease. J Obstet Gynaecol Res. 2020. doi: https://doi.org/10.1111/jog.14393.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					separated to prevent risk of vertical transmission and given formula milk. All SARS-CoV-2 PCR tests of nasal and oral discharges, anal swabs and blood samples of the neonate at 9 hr, 30 hr and 4 days after birth were negative. The mother was treated with lopinavir/ritonavir from 5 days after the surgery and tested negative using nasal discharge samples at 20 and 21 days. Both mother and child were discharged 23 days post birth.		
Lung ultrasound, pediatric, bacterial, viral, pneumonia, bronchiolitis	14-Oct-20	Lung Ultrasound in Children with Respiratory Tract Infections: Viral, Bacterial, or COVID-19? A Narrative Review	Review Open Access Emergency Medicine	Review Article	The authors provide a state-of-the-art review of the use of point-of-care lung ultrasound (LUS) on pediatric patients with respiratory tract infections (RTI) including its role in the diagnosis and monitoring of pediatric patients with SARS-CoV-2 infections during the COVID-19 pandemic of 2020. This review includes a description of techniques used in LUS procedures, the specific findings present in various types of respiratory tract infections (RTIs) (bacterial pneumonias, viral pneumonias, COVID-19 pneumonia, and bronchiolitis) and the role of LUS in substituting for chest X-ray and chest CT imaging studies. The authors state that the presence of ultrasonographical features such as irregular pleural lines, subpleural consolidation, focal and local consolidations, and signs of interstitial involvement can be used to differentiate various causes of RTIs in pediatric patients. They note that the portability of LUS may minimize infectious exposure risk to health staff as well as decrease radiation exposure to pediatric patients.	The authors present an overview of the use of lung ultrasound (LUS) in the assessment of pediatric patients with RTI. They demonstrate the distinct ultrasonographical features used to distinguish bacteria pneumonia, viral pneumonia, COVID-19 pneumonia, and bronchiolitis. They point to multiple advantages of the use of LUS over other modalities including less pediatric radiation exposure and minimizing infectious risk to health workers.	Kharasch S, Duggan NM, Cohen AR, Shokoohi H. Lung Ultrasound in Children with Respiratory Tract Infections: Viral, Bacterial or COVID-19? A Narrative Review. Open Access Emerg Med. 2020 Oct 14;12:275-285. doi: 10.2147/OAEM.S238702. PMID: 33116963; PMCID: PMC7569078.
Pregnancy, acute respiratory distress syndrome (ARDS), asthma, obesity, delivery, postpartum, neonatal	14-Oct-20	Severe COVID-19 in Third Trimester Pregnancy: Multidisciplinary Approach	Case Reports in Critical Care	Case Report	This article describes the clinical course of a woman with severe COVID-19-related acute respiratory distress syndrome (ARDS) in late pregnancy. The patient is a 35-year-old multi-parous woman with history of malignancy, asthma, and morbid obesity who presented with respiratory symptoms at 36 2/7 weeks' gestation, after a positive SARS-CoV-2 PCR test. Early in her hospitalization, the patient received remdesivir, convalescent plasma, bronchodilators, systemic steroids, and IV heparin for COVID-19 and concomitant asthma exacerbation and pulmonary embolism. Due to increasing oxygen requirements, she was eventually intubated. Respiratory acidosis, severe hypoxemia, and vent asynchrony were managed with vent setting adjustment and paralytics. After 12 hours from spontaneous rupture of membranes and with stabilization of maternal status, the patient underwent a term C-section for fetal distress. The neonate had 2 negative SARS-CoV-2 tests, and was discharged on the 2nd day of life. The mother was extubated on the 6th postpartum day and was discharged to an acute inpatient rehabilitation facility on the 19th hospital day.	This report highlights the disease progression of COVID-19 in a pregnant woman, the clinical challenges in the critical care aspect of patient management, and the proposed multi-disciplinary strategies utilizing an algorithmic approach to optimize maternal and neonatal outcomes.	Pelayo J, Pugliese G, Salacup G, Quintero E, Khalifeh A, Jaskan D, Sharma B. Severe COVID-19 in Third Trimester Pregnancy: Multidisciplinary Approach. Case Rep Crit Care. 2020 Oct 14;2020:8889487. doi: 10.1155/2020/8889487. PMID: 33083063; PMCID: PMC7563040.

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					This report highlights the disease progression of COVID-19 in a pregnant woman, the clinical challenges in the critical care aspect of patient management, and the proposed multi-disciplinary strategies utilizing an algorithmic approach to optimize maternal and neonatal outcomes.		
Air conditioning, Computational Fluid Dynamics (CFD), contagion, droplets	14-Oct-20	The Role of Air Conditioning in the Diffusion of Sars-CoV-2 in Indoor Environments: a First Computational Fluid Dynamic Model, based on Investigations performed at the Vatican State Children's Hospital	Environmental Research	Original Article	Since the SARS-CoV-2 virus is mainly transmitted through exhalations from the airways of infected persons, these authors theorize that Heating, Ventilation and Air Conditioning (HVAC) systems might play a role in increasing or reducing the spread of infection in indoor environments. They modeled the role of HVAC systems in the diffusion of the contagion through Computational Fluid Dynamics (CFD) simulations of cough. Both waiting and hospital rooms were modeled, and researchers estimated the amount of contaminated air inhaled by each person present in the simulated indoor scenarios. The waiting room simulations showed that HVAC air flow enhanced infected droplet diffusion in the whole room within 25 seconds from a cough. Although increasing the HVAC's air flow rate reduced the airborne contaminant concentration, it also increased turbulent air motions, resulting in faster and longer-range spreading of air contaminants in the room. Even so, the higher air exchange rate reduced the overall amount of inhaled contaminated air for each person present. The proper use of Local Exhaust Ventilation systems (LEV) in the hospital room was associated with a complete reduction of infected droplets spreading from the patient's mouth in the first 0.5 seconds following a cough. The authors conclude that CFD-based simulations for indoor environments can be useful to optimize air conditioning flow and to predict SARS-CoV-2 contagion risk in hospitals and other settings.	Since the SARS-CoV-2 virus is mainly transmitted through exhalations from the airways of infected persons, these authors theorize that Heating, Ventilation and Air Conditioning (HVAC) systems might play a role in increasing or reducing the spread of infection in indoor environments. They conducted Computational Fluid Dynamics simulations of cough to test their assumptions.	Borro L, Mazzei L, Raponi M, Piscitelli P, Miani A, Secinaro A. The Role of Air Conditioning in the Diffusion of Sars-CoV-2 in Indoor Environments: a First Computational Fluid Dynamic Model, based on Investigations performed at the Vatican State Children's Hospital. Environ Res. 2020 Oct 14:110343. doi: 10.1016/j.envres.2020.110343. Epub ahead of print. PMID: 33068577; PMCID: PMC7557177.
Vaccines, pregnancy, decision-making, trials, USA	14-Oct-20	Pregnant women's perceptions of risks and benefits when considering participation in vaccine trials.	Vaccine	Original Research	This study aimed to examine pregnant women's decision-making processes around vaccine research participation during infectious disease outbreaks such as the Zika and COVID-19 outbreaks. The authors conducted in-depth interviews with 13 women who received prenatal care at a university hospital in Boston, USA from May - August 2017 and assessed whether they would participate in four hypothetical Zika virus vaccine trials. Follow-up questions probed specific risks and benefits, women's shared decision-making with providers or partners, as well as if and how evidence of safety from inadvertent vaccine exposures in pregnancy would change or affect their decisions. Most women interviewed were accepting of vaccine research scenarios. Three broad themes—evidence, risk, and trust—characterized women's decision-making processes. Women varied in how different types and levels of evidence impacted their considerations, which risks	The authors assessed the decision-making processes of 13 pregnant women in Boston, USA around vaccine research participation using hypothetical scenarios. Most women were accepting of vaccine research scenarios, with emerging themes of evidence, risk, and trust in their decision-making.	Jaffe E, Lyerly AD, Goldfarb IT. Pregnant women's perceptions of risks and benefits when considering participation in vaccine trials. Vaccine. 2020 Oct 14;38(44):6922-9.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					were most salient to their decision-making processes, and from whom they trusted recommendations about vaccine research participation. These themes offer lessons for trial design, evaluation, and policy during the COVID-19 pandemic.		
Children, pneumonia, CT imaging, clinical symptoms, disease severity, China	14-Oct-20	Clinical and imaging features of pediatric COVID-19	Italian Journal of Pediatrics	Original Research	This retrospective study investigated the characteristics of COVID-19 pneumonia in 41 children in China from January to February 2020. COVID-19 was categorized into four types: mild with few symptoms and no imaging presentations of pneumonia; moderate with fever, symptoms, and imaging manifestation of pneumonia; severe with respiratory distress or hypoxia; or critically severe with any of the following: respiratory failure, shock, or organ failure requiring ICU care. Among 30 children with mild COVID-19, 7 had no symptoms, 15 had low or moderate fever, and 8 had cough, nasal congestion, diarrhea, headache, or fatigue. Among 11 children with moderate COVID-19, 9 presented with low or moderate fever and two had no symptoms. Significantly more children had a cough in moderate than in mild COVID-19 ($p < 0.05$). 30 children with mild COVID-19 had negative pulmonary CT imaging, whereas 11 children with moderate COVID-19 had pulmonary lesions, including ground glass opacity in ten (90.9%), patches of high density in 6 (54.5%), consolidation in 3 (27.3%), and enlarged bronchovascular bundles in 7 (63.6%). None of the children had severe or critically severe disease and all children recovered and were discharged home.	This study investigated clinical and imaging presentations of children infected with COVID-19 in China. None of the children had severe or critically severe COVID-19, and the most common CT finding was ground-glass opacities.	Zhang, Y., Xie, R., He, Y. et al. Clinical and imaging features of pediatric COVID-19. Ital J Pediatr 46, 153 (2020). https://doi.org/10.1186/s13052-020-00917-1
Child abuse and neglect, United States	14-Oct-20	Scrutiny for Child Abuse and Neglect During the COVID-19 Pandemic	medRxiv	Pre-print (not peer reviewed)	This study quantified the level of public scrutiny for child abuse and neglect in the US, before and during the COVID-19 pandemic from January 1-July 31, 2020, compared to baseline averages from the same period from 2015 to 2019, by measuring related Internet searches and news reports as a proxy. US-based Internet search volume was measured using Google Health Trends, with queries for “child abuse” or “child neglect.” News volume was measured using the 225 news sources in MediaCloud’s US National Corpus. Queries of the news sources were for all articles mentioning “child abuse” or “child neglect.” Both data sources were normalized so that the average of the five-year baseline in January equals 100. During the baseline years, Internet search volume pertaining to child abuse and neglect exhibits strong seasonality. Volumes peak in April and drop off at the end of the school year in June. In 2020, search volume in January-February prior to the social distancing measures implemented for the pandemic was close to the baseline levels. However, search volume dropped dramatically between March and May 2020 returning to pre-pandemic levels in June, at the end of the school year. The findings indicate decreased scrutiny due to the disruption of the infrastructure for child abuse surveillance	This study quantified the level of public scrutiny for child abuse and neglect in the US, before and during the COVID-19 pandemic compared to baseline levels in previous years, by measuring related Internet searches and news reports as a proxy. An inadequate scrutiny of child safety during the COVID-19 pandemic was observed due to the disruption of the infrastructure for child abuse surveillance.	Caillon M, Mandl KD. Scrutiny for Child Abuse and Neglect During the COVID-19 Pandemic. medRxiv. 2020. doi: https://doi.org/10.1101/2020.10.12.20210997 .

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					dependent on reporting by schools and healthcare professionals, due to the pandemic.		
Genome sequencing, pediatrics, neuropathology, nervous system injury, COVID-19, SARS-CoV-2	14-Oct-20	Potential neuroinvasive and neurotrophic properties of SARS-CoV-2 in pediatric patients: comparison of SARS-CoV-2 with non-segmented RNA viruses	Journal of NeuroVirology	Short Communication	In this short communication article, the authors investigate potential neurological abnormalities in SARS-CoV-2-infected pediatric patients. Whether SARS-CoV-2 is detectable in the nervous system and directly predisposes infants and children to neurological abnormalities remains unknown. SARS-CoV-2 shares similar functional domains with neuro-invasive and neuro-tropic RNA viruses, and some members of the coronavirus family can predispose children to nervous system injury. The authors compared whole-genome sequences of SARS-CoV-2 and other non-segmented RNA viruses using bioinformatics methodology. SARS-CoV-2 conserved domains were found in RNA viruses able to infect the pediatric nervous system, and the spike protein subunits S1 and S2 were significantly similar between SARS-CoV-2 and neuro-virulent coronaviruses. The SARS-CoV-2 spike subunits were not significantly similar to coronaviruses without neuro-virulent activity. The authors suggest that similarities between SARS-CoV-2 and neuro-invasive and neuro-tropic RNA viruses may indicate that SARS-CoV-2 could be neuro-virulent but note that their study still does not provide evidence of SARS-CoV-2 directly causing any pediatric neuropathology.	This short communication article discusses potential pediatric neurological complications from COVID-19 and presents data from a genome sequence analysis of SARS-CoV-2 and other non-segmented RNA viruses. The authors found significant sequence similarities between SARS-CoV-2 and RNA viruses associated with pediatric neuropathology.	Chen, X. Potential neuroinvasive and neurotrophic properties of SARS-CoV-2 in pediatric patients: comparison of SARS-CoV-2 with non-segmented RNA viruses. J. Neurovirol. 2020; doi: 10.1007/s13365-020-00913-5
Schools, children, staff, transmission, SARS-CoV-2 positivity, rates, infection attack rates, meta-analysis	14-Oct-20	What is the evidence for transmission of COVID-19 by children in schools? A living systematic review	medRxiv	Pre-print (not peer reviewed)	The authors conducted a systematic review and meta-analysis to investigate the extent of SARS-CoV-2 transmission in schools. They searched the MEDLINE, CINAHL, ERIC, Embase, WHO COVID-19 database, medRxiv, The American Academy of Pediatrics (AAP), The Royal College of Pediatrics and Child Health (RCPCH) databases to identify studies that investigated SARS-CoV-2 transmission in schools up until September 14, 2020. Of the 2,178 articles retrieved, 11 studies (5 cohorts and 6 cross-sectional) were included in the analysis. The overall infection attack rate (IAR) from the five cohort studies was 0.08% (95% CI: 0.00%-0.86%)), while the IARs for students and school staff were 0.15% and 0.70%, respectively. Furthermore, the overall SARS-CoV-2 positivity rate from the six cross-sectional studies was 8.00% (95% CI: 2.17%-16.95%)), with a rate of 8.74% among students, compared to 13.68% among school staff. Further interpretation of age-group differences in IARs and positivity rates could not be performed because 80.0% (4/5) of included cohort studies and 50.0% (3/6) of included cross-sectional studies did not specify the ages of students and school staff. Overall, the quality of the included studies was judged to be poor due to performance and attrition bias, limiting the authors' confidence in the results.	The authors observed that although there is limited evidence available to quantify the extent of SARS-CoV-2 transmission in schools, the evidence so far indicates that the overall infection attack rates and SAR-CoV-2 positivity rates in the school environment are low. However, the results should be interpreted with caution due to the low quality of the included studies.	Xu W, Li X, Dozier M, et al. What is the evidence for transmission of COVID-19 by children in schools? A living systematic review [published online, 2020 Oct 14]. medRxiv. 2020. doi: https://doi.org/10.1101/2020.10.11.20210658

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Outcomes, pregnancy, seasonal influenza, comorbidities, hospitalized, France, Spain, USA	14-Oct-20	Clinical characteristics, symptoms, management and health outcomes in 8,598 pregnant women diagnosed with COVID-19 compared to 27,510 with seasonal influenza in France, Spain and the US: a network cohort analysis	medRxiv	Pre-print (not peer reviewed)	The authors describe the clinical characteristics and outcomes of pregnant women with COVID-19 compared to pregnant women with influenza. They searched six databases from France, Spain, and the United States for records of pregnant women ages 12 to 55 years old, with ≥ 1 year in contributing databases, SARS-CoV-2 positive tests, and diagnosed or hospitalized with COVID-19. The authors compared pregnant women diagnosed or hospitalized with COVID-19 between January and June 2020 to pregnant women with a seasonal influenza diagnosis or positive test in 2017-2018. A total of 8,598 pregnant women diagnosed but not hospitalized, and 2,031 hospitalized with COVID-19 were compared to 27,510 pregnant women with seasonal influenza. The results showed that dyspnea and anosmia were more prevalent in pregnant women with COVID-19 than in women with seasonal influenza. Also, hospitalized women had, compared to those diagnosed and not hospitalized with COVID-19, a higher prevalence of pre-existing comorbidities, including renal impairment (2.2% diagnosed vs. 5.1% hospitalized) and anemia (15.5% diagnosed vs. 21.3% hospitalized). Of note, the most common inpatient treatments for COVID-19 in pregnant women were systemic corticosteroids (29.6%), enoxaparin (24.0%), immunoglobulins (21.4%), famotidine (20.9%), and azithromycin (18.1%). Although COVID-19 fatality was negligible, women with COVID-19 had a higher frequency of pregnancy-related complications and poorer maternal outcomes than women with seasonal influenza.	Findings from this multinational study showed that renal impairment and anemia were more prevalent in pregnant women hospitalized with COVID-19 compared to pregnant women diagnosed and not hospitalized with COVID-19. Despite low fatality, pregnancy and maternal outcomes were worse in COVID-19 than influenza.	Yin Hui Lai L, Golozar A, Sena AG, et al. Perinatal mortality and morbidity of SARS-COV-2 infection during pregnancy in European countries: Findings from an international study. [published online, 2020 Oct 14]. medRxiv. 2020. doi: https://doi.org/10.1101/2020.10.13.20211821 .
PIMS-TS, MIS-C, KD, Kawasaki Disease	14-Oct-20	Paediatric Inflammatory Multisystem Syndrome Temporally-Associated with SARS-CoV-2 Infection: An Overview	Intensive Care Medicine	Review Article	The authors provide an overview of PIMS-TS, including differential diagnoses, clinical features, and management. PIMS-TS involves fever and inflammation that manifests as rash, conjunctivitis, gastro-intestinal symptoms, and cardiac dysfunction. Lab studies show neutrophilia, lymphopenia, and elevated serum C-reactive protein, and echocardiograms reveal left ventricular dysfunction. PIMS-TS complications include systemic thrombosis and coronary artery aneurysms. Nearly 2% of affected children have died, according to published reports. While PIMS-TS shares similar presentations with Kawasaki Disease (KD), children with PIMS-TS are often older than 5 years old (48%); this is different than children with KD (18% is > 5-years-old). Gastro-intestinal symptoms, cardiac dysfunction, and the need for vaso-active infusions are more common in PIMS-TS than KD. The authors provide a table comparing case definitions of PIMS-TS by the UK Royal College of Pediatrics and Child Health (RCPCH), the CDC, and the WHO. They also summarize PIMS-TS clinical features, the prevalence of clinical features across cohorts of PIMS-TS, KD, and Toxic Shock Syndrome, and proposed	The authors provide an overview of PIMS-TS, including differential diagnoses, treatment modalities, and proposed pathophysiology, and highlight important knowledge gaps to be addressed in future research.	Carter, M.J., Shankar-Hari, M. & Tibby, S.M. Paediatric Inflammatory Multisystem Syndrome Temporally-Associated with SARS-CoV-2 Infection: An Overview. <i>Intensive Care Med</i> (2020). https://doi.org/10.1007/s00134-020-06273-2

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					mechanisms for PIMS-TS. Comprehensive lab investigations and electro- and echocardiograms are highly recommended. PIMS-TS requires a multidisciplinary approach, and many institutions advocate for prompt administration of pooled IV immunoglobulins. Finally, the authors raise important questions to be addressed to better understand the pathophysiology and practical implications of PIMS-TS.		
Anxiety, childbirth, pregnancy, self-compassion, social support, Israel	14-Oct-20	Childbirth anxieties in the shadow of COVID-19: Self-compassion and social support among Jewish and Arab pregnant women in Israel	Health & Social Care in the Community	Original Article	The authors conducted a cross-sectional study of 403 Jewish and Arab pregnant women in Israel aged 20-47 years, who completed questionnaires from March 18-April 9, 2020 to examine childbirth anxieties during the COVID-19 pandemic. Arab women reported significantly higher COVID-19-related fears both regarding their own infection and concern for the fetus. In addition, they displayed significantly more COVID-19-related childbirth anxiety, and marginally more fear of childbirth than Jewish women. The results indicated that younger age, having poorer physical health, at-risk pregnancy, lower self-compassion and higher COVID-19-related fears were related to higher COVID-19-related childbirth anxiety. Furthermore, poorer health, at-risk pregnancy, lower self-compassion, lower perceived social support and higher COVID-19-related fears were related to higher fear of childbirth. A stronger sense of social support added to pregnant women's ability to use self-compassion as a protective shield against fear of the approaching delivery. The authors suggested that professionals should attempt to strengthen and encourage social support and self-compassion to reduce distress in this vulnerable population.	The authors conducted a cross-sectional study of Jewish and Arab pregnant women in Israel to examine childbirth anxieties during the COVID-19 pandemic. Arab women reported higher levels of both COVID-19-related anxieties and a global fear of childbirth than Jewish women. Self-compassion and social support were associated with a lower level of both COVID-19-related childbirth anxiety and global fear of childbirth.	Ben-Ari OT-, Chasson M, Abu-Sharkia S. Childbirth anxieties in the shadow of COVID-19: Self-compassion and social support among Jewish and Arab pregnant women in Israel. Health & Social Care in the Community. 2020. doi:10.1111/hsc.13196
COVID-19; pediatric; emergency departments; preparedness; triage; Europe	13-Oct-20	SARS-CoV-2 testing and infection control strategies in European paediatric emergency departments during the first wave of the pandemic	European Journal of Pediatrics	Article	This study prospectively surveyed 23 pediatric emergency departments in 12 European countries on implementation of SARS-CoV-2 testing and infection control strategies during the first wave of the COVID-19 pandemic (February-May 2020). All participating departments implemented standardized case definitions, testing guidelines, early triage, and infection control strategies early in the outbreak. Patient testing criteria initially focused on suspect cases and later began to include screening, mainly for hospital admissions. A third of surveyed departments had a waiting time of >24 hours for SARS-CoV-2 results, resulting in additional strain on resources. Until the beginning of March, sites saw up to 30 suspected cases per week. While only 1 site (in Germany) had a child test positive for SARS-CoV-2, 67% of sites had already provided care to suspected pediatric cases of SARS-CoV-2. At most hospitals, staff used respirators, i.e., filtering face piece masks, when treating suspected cases in the emergency department. In contrast, staff at 4 UK sites, in the Netherlands, and at 1 site in Poland used surgical masks only. The findings	This study prospectively surveyed 23 pediatric emergency departments in 12 European countries on implementation of SARS-CoV-2 testing and infection control strategies during the first wave of the COVID-19 pandemic (February-May 2020). All participating departments implemented standardized case definitions, testing guidelines, early triage, and infection control strategies early in the outbreak. However, shortening turnaround	Kohns Vasconcelos M, Renk H, Popielska J, et al. SARS-CoV-2 testing and infection control strategies in European paediatric emergency departments during the first wave of the pandemic. Eur J Pediatr. 2021;180(4):1299-1305. doi:10.1007/s00431-020-03843-w.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					indicate that shortening turnaround times for SARS-CoV-2 tests should be a priority. To allocate testing resources responsibly, specific testing criteria for the pediatric population are needed because both the individual risk of severe disease and community transmission differ between children and adults.	times for SARS-CoV-2 tests should be a priority, and specific testing criteria for the pediatric population are needed.	
Teletherapy, video visits, disabilities, pediatrics, access to care, pandemic, COVID-19	13-Oct-20	Video visits and access to care in pediatric rehabilitation therapies in the time of a pandemic [Free Access to Abstract Only] [Access using Welch Library]	Journal of Pediatric Rehabilitation Medicine	Review Article	In this article, the authors discuss the benefits and challenges of using video visits as a modality of delivering physical and occupational therapy to children with disabilities. The benefits of video visits include: 1) increased access to care, especially for less mobile children, families living in rural areas, or families with transportation difficulties; 2) no added travel cost, travel time, and waiting time; 3) comforting natural home environment compared to clinic environment; 4) better direct parental engagement in performing hands-on maneuvers. Limitations include: 1) requiring a secure home internet connection, sufficient technology literacy, and device ownership; 2) inability to observe some objective measurements, such as grip strength or sensory testing; 3) inability to perform exam maneuvers correctly, especially for new patients; 4) the reliance on parents to perform critical parts of therapy; and 5) insurance coverage. The authors suggest combining two modalities to optimize healthcare: periodic hands-on assessments during clinic visits and observation of the child in the home environment. Further study is needed to examine whether video visits achieve similar outcomes to clinic visits.	The authors discuss the benefits and challenges of using video visits as a modality of delivering physical and occupational therapy to children with disabilities.	Nulle J, Nelson VS. Video visits and access to care in pediatric rehabilitation therapies in the time of a pandemic [published online, 2020 Oct 13]. J Pediatr Rehabil Med. 2020. doi:10.3233/PRM-200759
Children, school closures, education, parental anxiety, depression, caregiving, USA	13-Oct-20	Parenting Activities and the Transition to Home-based Education During the COVID-19 Pandemic	Children and Youth Services Review	Original Research	This cross-sectional study describes parent-child dynamics in the USA following COVID-19 related school closures using an online survey conducted in April 2020. A convenience sampling of 405 parents with at least one child 0-12 years of age were included. 78% of parents said they were educating their child at home due to COVID-19. Most (77.1%) reported use of online tools for at-home education. More than one-third (34.7%) said their child's behavior had changed since the pandemic, including being sad, depressed, and lonely. Most parents were spending more time involved in daily caregiving of their children since COVID-19. Two out of every five parents met the PHQ-8 criteria for major depression or severe major depression (40.0%) and the GAD-7 criteria for moderate or severe anxiety (39.9%). Parents who met criteria for major or severe depression were less likely to feel prepared to educate at home. Parents with moderate or severe anxiety reported higher child anxiety scores (B = 0.17, 95% CI = [0.06, 0.28], p = 0.002). Parenting stress was also positively associated with higher child anxiety scores (B = 0.40, 95% CI = [0.32, 0.48], p < 0.001). This study suggests that parents' mental	This study assessed the dynamics of parents and children during school closures in the USA due to the COVID-19 pandemic in April 2020. It found that parental depression and parenting stress were negatively associated with parents' perceived preparation to provide at-home education and linked to child wellbeing.	Lee SJ, Ward KP, Chang OD, Downing KM. Parenting Activities and the Transition to Home-based Education During the COVID-19 Pandemic. Child Youth Serv Rev. 2020 Oct 13:105585. doi: 10.1016/j.childyouth.2020.105585.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					health may be an important factor linked to at-home education and child wellbeing during the pandemic.		
Social services, unmet need, health disparities, lockdown, children, Pennsylvania, USA	13-Oct-20	Rapid-cycle community assessment of health-related social needs of children and families during COVID-19	Academic Pediatrics	Original Article	This study sought to identify unmet health and social resource needs during a county-wide COVID-19 stay-at-home order and phased re-opening in Western Pennsylvania, USA. A weekly repeated cross-sectional electronic survey assessing usage of and unmet need for health and social service resources was conducted from April 3-June 11, 2020. Sampling weights were applied to align the sample each week to population benchmarks based on county demographics for race, ethnicity, and household income. Unmet need for at least one health or health-related social need resource varied by week, ranging from 55% of participants in week 2 to 43% of participants in week 9 (p=0.006). Increased use of at least one resource ranged from 53% of participants in week 3 to 36% in week 9 (p<0.001). Unmet need for food and financial assistance peaked early during the stay-at-home order, while unmet need for mental health care rose later. Unmet need for food assistance varied significantly by race and ethnicity and by household pre-pandemic income. Participants identifying as Black and Latinx were more likely to report unmet need for food assistance than participants identifying as white.	This study revealed that over half of families with children in Western Pennsylvania, USA reported unmet health or social service needs during the first month of a county-wide COVID-19 stay-at-home order. Unmet needs varied with race, ethnicity, and income and with duration of the stay-at-home order.	Ray KN, Ettinger AK, Dwarakanath N, et al. Rapid-cycle community assessment of health-related social needs of children and families during COVID-19. Acad Pediatr. 2020 Oct 13:S1876-2859(20)30557-X. doi: 10.1016/j.acap.2020.10.004.
COVID-19, superantigen, SARS-CoV-2, toxic shock syndrome, TCR binding, immune globulin	13-Oct-20	Superantigenic Character of an Insert Unique to SARS-CoV-2 Spike Supported by Skewed TCR Repertoire in Patients with Hyperinflammation	PNAS	Original Research	The authors discovered that the spike (S) protein on particular genotypic SARS-CoV-2 acts similar to superantigens seen in toxic shock syndrome in promoting a pro-inflammatory state often seen in adult and pediatric patients with COVID-19. Leading up to this discovery were two observations: 1) that children with MIS-C and adults with hyperinflammatory states due to COVID-19 present with symptoms that resemble toxic shock syndrome and 2) that this hyperinflammatory state seemed to be more prominent in patients with the SARS-CoV-2 virus found in Europe and the eastern United States in contrast to patients with the virus in China, Japan and South Korea. In toxic shock syndrome, the escalation of the cytotoxic adaptive immune response is triggered upon the binding of pathogenic superantigens (such as enterotoxin B) to the T cell receptor (TCR) or major histocompatibility complex class II (MHCII) molecules. These researchers, using structure-based computational models, demonstrated that the spike (S) glycoprotein on the SARS-CoV-2 virus has a region of high affinity for binding to TCRs and may form a ternary complex with MHCII. This binding motif is very similar to the sequence and structure of the bacterial superantigen, staphylococcal enterotoxin B. Furthermore, a rare mutation from a European strain of SARS-CoV-2 strengthens this affinity to human T cells. Finally, they showed that the adults with hyperinflammatory disease exhibit TCR skewing consistent with	The authors present evidence that the spike glycoprotein on SARS-CoV-2, similar to superantigens seen in toxic shock syndrome, has a region of high affinity for binding to TCR and forming a ternary complex with MHCII, thus promoting a hyperinflammatory response. The discovery of this mechanistic model of hyperinflammation seen in many adults with COVID-19 and in children with MIS-C offers potential for new therapeutic interventions.	Cheng MH, Zhang S, Porritt RA, Noval Rivas M, Paschold L, Willscher E, Binder M, Arditi M, Bahar I. Superantigenic character of an insert unique to SARS-CoV-2 spike supported by skewed TCR repertoire in patients with hyperinflammation. Proc Natl Acad Sci U S A. 2020 Oct 13;117(41):25254-25262. doi: 10.1073/pnas.2010722117. Epub 2020 Sep 28. PMID: 32989130; PMCID: PMC7568239.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					superantigen activation. This superantigen binding and activation model leading to the hyperinflammatory state seen in many patients with COVID-19 suggests alternative therapeutic agents, such as intravenous immunoglobulin, may be of benefit.		
Children, adolescents, non-communicable diseases, obesity, diabetes	13-Oct-20	COVID-19, children and non-communicable diseases: translating evidence into action	Archives of Disease in Childhood	Viewpoint	There are increasing reports of MIS-C and COVID-19 complications among children and adolescents. COVID-19 carries increased risks for children with comorbidities, including obesity, immuno-suppression, respiratory conditions, diabetes, and cardiovascular disease. The recognition that non-communicable diseases (NCDs) are a massive contributor to COVID-19 mortality and severe illness across all age groups should serve to accelerate the implementation of preventive strategies for NCDs. Optimizing maternal nutrition and exclusive breast feeding can reduce the risk of fetal growth retardation and optimize growth in early infancy, which would decrease risk of NCDs; these goals should be prioritized in the response to COVID-19. Promoting healthy behaviors in adolescents and reducing risky behaviors such as smoking must be part of COVID-19 mitigation strategies. Young people and adults are at risk for mental health sequelae from the COVID-19 pandemic, and preventive strategies must be utilized. Health systems need to adapt in pandemic conditions, to ensure that the needs of children with existing NCDs are met. Response to the COVID-19 crisis must also focus on poverty and equity. Prevention and control of NCDs, especially in youth, should become effective tools to prevent drastic consequences of future pandemics.	These authors discuss the relationship between non-communicable diseases (NCDs) and COVID-19 in children and adolescents. They state that prevention and control of NCDs, especially in youth, can prevent drastic consequences of future pandemics.	Bhutta ZA, Hauerslev M, Farmer M, Lewis-Watts L. COVID-19, children and non-communicable diseases: translating evidence into action. Arch Dis Child. 2020 Oct 13;archdischild-2020-319923. doi: 10.1136/archdischild-2020-319923. Epub ahead of print. PMID: 33051217.
Pregnancy, case report, CT, symptoms, maternal outcomes, Iran	13-Oct-20	Report of four pregnant women getting COVID-19 in Ilam, Iran: Case Series	New Microbes and New Infections	Case Report	The authors describe 4 cases of pregnant women with COVID-19 infections in Ilam, Iran. All were confirmed with RT-PCR for SARS-CoV-2 although dates of infection are not reported. Two of the women were symptomatic while two were asymptomatic. 3 of the women demonstrated lung findings on CT, most notably ground glass opacities. All of the cases had positive outcomes and there were no maternal deaths. The authors provide the laboratory data, EKGs, and CT imaging for these 4 cases and conclude that all women were successfully treated for their infection.	In this case report, the authors highlight 4 pregnant women with confirmed COVID-19 in Iran and present their laboratory and CT imaging data. All 4 women had positive outcomes.	Gheysarzadeh A, Sadeghifard N, Safari M, Rashidian T, Mohammadyari E, Tavan H, Report of four pregnant women getting COVID-19 in Ilam, Iran: Case Series, New Microbes and New Infections, https://doi.org/10.1016/j.nmni.2020.100783
Child protection, child protection worker, child's rights, detrimental care, Estonia	13-Oct-20	A child's right to protection during the COVID-19 crisis: An exploratory study of the Child Protective Services of Estonia	Children and Youth Services Review	Original Article	The authors conducted a survey of 81 child protective workers (CPW) to determine the impact of COVID-19 on child protective services and practice in Estonia. The overall findings indicated that the organizational design left Estonian Child Protective Services (CPS) practice unprepared to enforce child's rights coherently in the face of a pandemic. There was a general lack of ability to act upon referrals and to conduct investigations to evaluate care contexts. Furthermore, there was a general lack of knowledge of how to deal with protective practices and conduct	The authors conducted a survey of 81 child protective workers to determine the impact of COVID-19 on child protective services and practice in Estonia. The authors stated that the findings offered strong	Toros K, Falch-Eriksen A. A child's right to protection during the COVID-19 crisis: An exploratory study of the child protective services of Estonia. Child Youth Serv Rev. 2020;119. doi:10.1016/j.chilyouth.2020.105568

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					decision-making during crisis situations. Although CPS offices and practitioners attempted to optimize their practices, the fact that no coherent national effort was implemented, and children's rights were enforced differently meant that the right to protection was not guaranteed. The authors provided some recommendations for CPS practice which arise from the challenges of the COVID-19 pandemic, directed to policymakers, local government, CPWs and other practitioners/specialists working in collaboration with CPWs and families.	evidence that Estonian Child Protective Services practices in Estonia were ill-equipped to enforce the rights of the child coherently in the face of a pandemic.	
India, pediatric, parents, lockdown, mental health, family	13-Oct-20	Implications of COVID19-induced nation-wide lockdown on children's behavior in Punjab, India	Child: Care, Health and Development	Original Research	Lockdown is a prevalent tool to control the spread of COVID-19 in India and worldwide. This study sought to understand the impacts of lockdown on the mental status of the children of India, during the 42-day lockdown starting in March 2020. The researchers conducted phone interviews with 310 parents from 4 districts of Punjab, India. [Ages of the children not provided.] Interviewers asked about the family/household, the residence, and the children themselves. The interviews revealed that 73.15% and 51.25% of children showed signs of increased irritation and anger, respectively. 18.7% and 17.6% of the parents also mentioned symptoms of depression and anxiety, respectively, among their children. Many parents reported changes in their children's diet, sleep, weight, and usage of electronic equipment during this time. The authors reported that during lockdown, children's mental health was related to the location of their house (Pearson correlation coefficient 0.6), number of children in the family (Pearson correlation coefficient 0.4), and socio-economic status of the family (correlation varied by family type). The authors concluded that the mental health of children in Punjab, India was compromised during the COVID-19 lockdown. This information could assist policy makers in reducing the negative effects of lockdown and increasing its efficiency as a public health measure.	In this study, the researchers concluded that the mental health of children in Punjab, India was compromised during the COVID-19 lockdown. This information could assist policy makers in reducing the negative effects of lockdown and increasing its efficiency as a public health measure.	Sama B, Kaur P, Thind PS, Verma M, Kaur M, Singh DD. Implications of COVID19-induced nation-wide lockdown on children's behavior in Punjab, India. Child Care Health Dev. 2020 Oct 13. doi: 10.1111/cch.12816. Epub ahead of print. PMID: 33047842.
Children, adolescents, school, mental health, education	13-Oct-20	Debate: The impact of school closures and lockdown on mental health in young people.	Child and Adolescent Mental Health	Position Statement	In this commentary, the author argues that the rights and needs of children and adolescents have been ignored in the global pandemic crisis. Evidence increasingly shows that the lockdown has had a profound influence on the education, well-being and mental health of many young people, which can have long term impact. The author proposes that since the virus poses little risk to children, they don't spread it to any great degree, and teaching is as safe as other professions in terms of risk from the virus, then children should be allowed to return to and stay in school. The author believes this will help avoid exacerbating key risk factors for self-harm and suicide ideation, including social isolation, loneliness, family problems, and feeling trapped, defeated and hopeless.	The author presents concerns regarding the impact of the COVID-19 pandemic and lockdowns on mental health and educational for children and adolescents. The author proposes that children should return to school to help mitigate some of these impacts.	Townsend E. Debate: The impact of school closures and lockdown on mental health in young people. Child Adolesc Ment Health. 2020 Oct 13. doi: 10.1111/camh.12428. PMID: 33049100.

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Maternity care models, ringfenced care, midwifery, Poland	13-Oct-20	Polish maternity services in times of crisis: in search of quality care for pregnant women and their babies	Healthcare for Women International	Original Research	In this article, the authors describe what resources the available model of maternity care in Poland has to follow the strategy suggested by Rocca-Ihenacho & Alonso (2019) of keeping women away from hospitals by providing care in a ringfenced community; and what elements may pose an additional burden on the already overstretched system and contribute to compromising the quality of care provided to pregnant and laboring women. From March 5 to May 29, 2020 the authors followed public debates, official statements, and public press releases concerning maternity services in the context of COVID-19 pandemic. They also conducted 7 expert interviews with people involved in maternity care in Poland. They conclude that in times of crisis, community-based care and ability to keep pregnant women away from hospitals not only helps to decrease the burden put on hospitals, but also limits the risk of contracting the infection by healthy individuals and maximizes the chances of giving pregnant, laboring and postpartum women best possible care. While Polish maternity services seem successful in keeping women away from hospitals for prenatal care, the lack of midwifery clinics, centralization of births in hospitals, and relatively high levels of medical interventions are elements that may increase pressure on the already overburdened services and contribute to the provision of suboptimal care to women.	The authors describe the structure of maternity services in Poland and their responses to the current crisis. They show that while the available model allows for provision of prenatal services outside of hospital settings, there are few alternatives to hospital births.	Węgrzynowska M, Doroszewska A, Witkiewicz M, Baranowska B. Polish maternity services in times of crisis: in search of quality care for pregnant women and their babies. Health Care Women Int. 2020 Oct 13:1-14. doi: 10.1080/07399332.2020.1830096. PMID: 33048638.
Immunocompromised, pediatric, serology, USA	13-Oct-20	Immunocompromised Seroprevalence and Course of Illness of SARS-CoV-2 in One Pediatric Quaternary Care Center	Journal of the Pediatric Infectious Diseases Society	Original Research	This cross-sectional study tested for SARS-CoV-2 antibodies from 485 pediatric patients from a pediatric hospital in Pennsylvania (USA) who had clinically indicated lab work collected and an immunocompromising condition (oncologic diagnoses, solid organ transplant, bone marrow transplant, primary immunodeficiency, rheumatologic conditions, or inflammatory bowel disease on systemic immunosuppression). The age of the patients ranged from 0.8 years to 18.9 years (mean 11.0 years; median 11.9 years). Most of the patients were oncology patients (42.7%), with a predominance of hematologic malignancy (58.0%) over solid tumor malignancy. Patients with solid organ transplants made up 22.3% of the population and were predominately liver (38.9%) and kidney (31.5%) recipients. Seroprevalence for the total immunocompromised population was 1.0% (CI 95% 0.3-2.4). 2 patients were positive by nasopharyngeal swab RT-PCR, but only 1 seroconverted. Patients with oncologic diagnoses or solid organ transplants were most likely to be tested for COVID-19 when presenting with respiratory illness as compared to other groups (P<0.0001). Seroprevalence of antibodies to SARS-CoV-2 in immunocompromised children was similar to that of an immunocompetent pediatric population	This study of pediatric patients (ages 0.8-18.9 years) in the USA suggests that seroprevalence of antibodies to SARS-CoV-2 in immunocompromised children was similar to immunocompetent children, suggesting an adequate antibody response.	Freeman MC, Rapsinski GJ, Zilla ML, Wheeler SE. Immunocompromised Seroprevalence and Course of Illness of SARS-CoV-2 in One Pediatric Quaternary Care Center. J Pediatric Infect Dis Soc. 2020 Oct 13:piaa123. doi: 10.1093/jpids/piaa123. Epub ahead of print. PMID: 33049042.

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					(0.6%, CI 95%: 0.3-1.1%), suggesting an adequate antibody response.		
Mental health, children, quality of life, lockdown, Turkey	13-Oct-20	The Effect of the Coronavirus (Covid-19) Pandemic on Health-Related Quality of Life in Children	Children and Youth Services Review	Original Research	This study was conducted to examine the effect of the COVID-19 pandemic on health-related quality of life of children in Turkey. An internet-based cross-sectional study was conducted between March 30 and April 20, 2020 using online data collection via social media of 597 children aged 7–13 years and their parents. The survey consisted of a socio-demographic form and Generic Health-related Quality of Life Questionnaire for Children (Kid-KINDL). During the pandemic, 41.5% of the parents stated that their child gained weight, and many observed an increase in both their child's tendency to sleep (34.2%) and tendency to use the Internet (69.3%). The average self-reported quality of life score for a child was 73.91 ± 8.44 (scale ranges 0-100 with higher scores indicating higher quality of life). When broken down into response subdivisions, the highest average scores were for "physical well-being" (84.03 ± 11.81) and for "family" (82.42 ± 11.76) while the lowest average score were for "friends" (56.77 ± 16.39) and "self-esteem" (59.51 ± 19.11). Scores of children whose parents reported fear/anxiety about COVID-19 becoming a pandemic and who stated that lockdown negatively affected their mental health were lower, which suggests that parental mental health influences the self-reported quality of life of their children.	Although self-reported quality of life scores of children in Turkey during the initial phases of the COVID-19 pandemic were generally high, parents reported that their children gained weight, slept more, and increased their use of the internet. Parental fear/anxiety also lowered the self-reported quality of life scores of their children.	Adibelli D, Sümen A. The effect of the coronavirus (COVID-19) pandemic on health-related quality of life in children. Child Youth Serv Rev. 2020;119:105595. doi:10.1016/j.childyouth.2020.105595
Vertical transmission, ang-II, ACE2, Ang-(1-7)	13-Oct-20	Pregnancy and breastfeeding during COVID-19 pandemic	Therapeutic Advances in Reproductive Health	Letter	In this letter the authors provide evidence that pregnant women may be less vulnerable to severe SARS-CoV-2 infection than nonpregnant women, including an increase in hepatic synthesis of angiotensinogen, enhanced ACE2 expression providing improved protection against injury, and a progressive rise of Ang-(1-7) throughout gestation (reaching peak levels at 35 weeks) which may have vasodilation, anti-fibrotic, anti-inflammatory, anti-ischemic, anti-hypertrophic, and anti-proliferative effects. Although pregnancy may be relatively protective, women with poorly controlled gestational diabetes or pre-eclampsia may be at high risk for severe COVID-19 and women infected in their 1st trimester may be more likely to have poor maternal and fetal outcomes compared with those infected in late pregnancy. The authors cite documented cases of transplacental transmission of SARS-CoV-2, although this is rare and neonates are almost never severely affected. It is still unknown whether SARS-CoV-2 can be transmitted through breastfeeding; while some studies detected SARS-CoV-2 RNA in milk samples from infected mothers, the possibility of other modes of transmission remains to be clarified. Since transmission from close contact is still possible, the authors recommend mothers with confirmed or suspected COVID-19 take	In this letter, the authors discuss the overall protective benefits of normal pregnancy against developing severe COVID-19. Women with poorly controlled gestational diabetes, pre-eclampsia, or early SARS-CoV-2 infection (in the 1st trimester) may have poorer maternal and fetal outcomes. Vertical transmission appears to be rare, with few adverse outcomes, and the authors find evidence of SARS-CoV-2 transmission via breastmilk to be inconclusive.	Bwire GM, Njiro BJ, Mwakawanga DL, Sabas D, Sunguya BF. Possible vertical transmission and antibodies against SARS-CoV-2 among infants born to mothers with COVID-19: A living systematic review. J Med Virol. 2020. doi: 10.1002/jmv.26622.

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					preventative precautions while breastfeeding or opt instead for a healthy caregiver to feed expressed breast milk to the infant.		
Children, re-detectable positivity, recovered, risk factor, CD4, CD8, T lymphocytes, China	13-Oct-20	Risk factors for Re-detectable Positivity in Recovered COVID-19 Children	Pediatric Pulmonology	Original Research	The authors sought to identify the risk factors for re-detectable positivity (RP) and to provide a basis for the prevention and control of COVID-19 in children. They retrospectively analyzed the clinical and laboratory data of children < 18 years old with COVID-19 admitted to the Third People's Hospital of Shenzhen, China, from January 22 to March 10, 2020, and at follow up. The pediatric cases were divided into an RP group and a non-RP (control) group. RP was defined as a SARS-CoV-2 positive result by RT-PCR after symptom resolution and hospital discharge. Also, T- lymphocyte subclassification was observed at different time points. The results showed that 14 out of 38 (36.8%) pediatric patients exhibited RP. Compared with the non-RP group (n=24), the RP group (n=14) had more family cluster infections, higher white blood cell count, and longer plasma prothrombin time. Also, the RP group had a higher percentage and count of CD8+ T lymphocytes and lower CD4+/CD8+ ratio than the control group at two weeks. However, at two months, the RP group had a lower percentage and count of CD4+ T lymphocytes and lower CD4+/CD8+ ratio than the control group. The authors suggest that the first two months of the recovery of COVID-19 in children may be critical for SARS-CoV-2 clearance.	The authors observed that family cluster infection, higher WBC count, and longer prothrombin time are early risk factors for RP in recovered COVID-19 children. Also, the CD8+ T lymphocytes of the control group were most significantly depleted at two weeks, while the CD4+ T lymphocytes of the RP group were depleted at two months. The authors propose immunomodulatory treatments targeting CD4+ and CD8+ T lymphocytes.	Peng D, Zhang J, Ji Y, Pan D. Risk factors for re-detectable positivity in recovered COVID-19 children [published online, 2020 Oct 13]. <i>Pediatr Pulmonol.</i> 2020; doi:10.1002/ppul.25116
Children, screening, Spain	13-Oct-20	Prevalence of asymptomatic SARS-CoV-2 infection in children undergoing hospital screening	Enfermedades Infecciosas y Microbiología Clínica	Original Research	The authors report on cases of asymptomatic COVID-19 among children screened for SARS-CoV-2 before admission at a children's hospital in Barcelona, Spain between May 4 - June 11, 2020. Asymptomatic adults and children admitted for any cause or subjected to an airway procedure were screened. RT-PCR was used to determine SARS-CoV-2, with a prevalence of 0.27% in adults and 1.0% in children (n =3380 adults and n= 397 children). Among the 397 children, 58% were male, with the median age of 9 years (range: 4-13 years). No age- (p=0.18) or sex-specific (p=0.74) differences were observed between children with a negative or positive test result. These findings suggest a low prevalence (1%) of positive SARS-CoV-2 results among asymptomatic children < 18 years of age during the post-peak period of the epidemic in Spain. However, despite low prevalence, the identification of asymptomatic cases has helped implement preventive and control measures for the newly diagnosed cases.	The authors report on asymptomatic SARS-CoV-2 in children and adults at a hospital in Spain. While they determined a low prevalence of COVID-19 in children < 18 years of age, they recommend screening of asymptomatic SARS-CoV-2 infection cases to monitor COVID-19 prevalence in children.	Soriano-Arandes A, Soler-Palacin P, Borrás-Bermejo B, et al. Prevalence of asymptomatic SARS-CoV-2 infection in children undergoing hospital screening, <i>Enfermedades Infecciosas y Microbiología Clínica.</i> 2020, https://doi.org/10.1016/j.eimc.2020.10.004 .

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Maternal health care, pregnant women, Ethiopia, maternal health service, service utilization	13-Oct-20	Maternal health care services utilization in the amid of COVID-19 pandemic in West Shoa Zone, Central Ethiopia	medRxiv	Pre-print (not peer reviewed)	The authors conducted a community-based cross-sectional study in Central Ethiopia among 844 pregnant women or among those who gave birth in the last 6 months before the study to assess maternal health care service utilization in the COVID-19 pandemic. The prevalence of maternal health service utilization during the COVID-19 pandemic was 64.8%. The odds of maternal health service utilization were higher among mothers who had primary, secondary, and college and above education than those who could not read and write. Mothers who traveled 25-74 km and 75-99 km to reach a health facility had a lower odds of maternal health service utilization than those who traveled <24 km. Moreover, mothers who earn 1000-2000 and >2000 birr had higher odds of maternal health service utilization than those who earn <500 birr. Similarly, the odds of utilizing maternal health service were higher among mothers who did not fear COVID-19 infection, who had not had to request permission from husband to visit the health facility, who had practiced COVID-19 prevention measures, and who used face masks than their counterparts. The authors recommend empowering mothers and creating awareness on the COVID-19 prevention to improve maternal health service utilization during the COVID-19 pandemic.	The authors conducted a community-based cross-sectional study in Central Ethiopia among pregnant women or those who gave birth in the last 6 months and found that maternal health service utilization was 64.8%. Maternal educational status, distance from the health facility, monthly estimated income, fear of COVID-19 infection, permission request from husband to visit a health facility, and practicing COVID-19 prevention measures were found to be significantly associated with maternal health service utilization.	Temesgen K, Wakgari N, Tefera B, et al. Maternal health care services utilization in the amid of COVID-19 pandemic in West Shoa Zone, Central Ethiopia. [published online 2020 Oct 13]. medRxiv. 2020. doi:10.1101/2020.10.09.20210054
Violence, social services, children	13-Oct-20	Violence against Children in the Time of COVID-19: What we have learned, what remains unknown and the opportunities that lie ahead	Child Abuse and Neglect	Commentary	The authors of this commentary attempt to find out how the health and socio-economic crisis brought about by COVID-19 is affecting children's exposure to violence. The authors state emerging evidence shows that closing schools, parental job loss, and increased Internet usage time of children could all be contributing to the elevated risks of sexual exploitation of children. Additionally, services that were previously conducted in person have been severely affected. The authors stress that it is hard to distinguish what remains unknown because there was very little baseline data to begin with. However, many governments are prioritizing child protection needs by classifying social workers as essential workers and implementing virtual means of communication between children and social workers. Additionally, to mitigate the risk that containment measures could lead to increased violence in the home, governments are developing innovative ways of delivering positive parenting resources. The authors conclude that when it comes to violence prevention and response, governments have responded by rethinking service delivery and by seeking opportunities to explore out-of-the-box solutions and strategies.	The authors of this commentary highlight the effects of COVID-19 on violence against children, and summarize the actions of many countries to reduce this problem	Henrietta H. Fore, Claudia Cappa, Violence against Children in the Time of COVID-19: What we have learned, what remains unknown and the opportunities that lie ahead, Child Abuse & Neglect, 2020, doi: 10.1016/j.chiabu.2020.104776.
Preterm birth, pandemic, United States	13-Oct-20	Decreased incidence of preterm birth	American Journal of Obstetrics &	Original Research	The objective of this study was to evaluate the incidence of pre-term birth (PTB) at an institution in the North-East of the US during the COVID-19 pandemic in 2020 compared to the similar	This article studies the incidence of pre-term birth during the COVID-19	Berghella V, Burd J, Anderson K, Boelig R, Roman A, Decreased incidence of preterm birth during

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		during COVID-19 pandemic	Gynecology MFM		period in 2019. Data from two time periods were examined: March 1-July 31 2020 (during COVID-19 pandemic) and March 1-July 31, 2019 (prior to onset of COVID-19 pandemic). Inclusion criteria were all births \geq 20 weeks, including those with intra-uterine fetal death, fetal anomalies, and multiple gestations. The authors report a significantly decreased incidence of PTB in 2020 during the COVID-19 pandemic compared to the 2019 period (9.9% vs 12.6%; OR 0.76, 95% CIs 0.58-0.99). Additionally, the incidence of PTB in COVID-19 positive women was 14.5% (8/55), which did not differ significantly compared to the rest of the women in the 2020 group (110/1142, 9.6%; OR 1.60, 95% CIs 0.74-3.47). The authors state that at the moment, there are no concrete reasons for the decrease in PTB during the COVID-19 pandemic and highlight that it is notable that the decrease seemed to be both in spontaneous and indicated PTB.	pandemic, highlighting a decreased incidence of PTB.	COVID-19 pandemic, American Journal of Obstetrics & Gynecology MFM (2020), doi: https://doi.org/10.1016/j.ajogmf.2020.100258 .
Epidemiology, vaccines, surveillance, monitoring	13-Oct-20	The Role of Epidemiology in Informing United States Childhood Immunization Policy and Practice	Annals of Epidemiology	Original Research	Childhood vaccination science, policies and practices have contributed to reductions in disparities in vaccine-preventable diseases (VPDs) through increases in vaccination coverage, particularly among low-income and racial/ethnic minority children, contributing to health equity. However, The COVID-19 pandemic is also affecting vaccination for other VPD, and there is a fear of historic losses in the fight against VPD. This article presents several case studies of the US vaccine surveillance system, regarding measles, vaccine hesitancy, vaccines and special populations, the introduction of new vaccines, and finally immunization coverage and COVID-19 vaccine acceptance. While the creation of a COVID-19 vaccine is imperative, it also presents new challenges for vaccine uptake. The authors note there is significant hesitancy among the public about taking such a vaccine once it becomes available, and one of the biggest challenges comes from rampant misinformation. The COVID-19 pandemic is also affecting vaccination for other VPDs, due to disrupted immunization systems and vaccine shortages, resulting in fear of historic losses in the fight against VPD. Once the pandemic is over, it may remain difficult for children to get back on schedule to receive their vaccines.	This article presents several case studies of the US vaccine surveillance system, warning of future health inequities experienced by low-income and racial/ethnic minority children as a result of disrupted immunization programs due to COVID-19 and general vaccine hesitancy in the US public.	Carter-Pokras O, Hutchins S, Gaudino JA, et al. The Role of Epidemiology in Informing United States Childhood Immunization Policy and Practice [published online ahead of print, 2020 Oct 13]. Ann Epidemiol. 2020;S1047-2797(20)30388-4. doi:10.1016/j.annepidem.2020.09.017
School reopening, split cohort, simulation, United states, social distancing	13-Oct-20	Using an Agent-Based Model to Assess K-12 School Re-openings Under Different COVID-19 Spread Scenarios - United States.	medRxiv	Preprint (not peer reviewed)	The authors used an agent-based model, EpiCast that simulates communities across the United States including daycares, primary, and secondary schools to quantify the relative health outcomes of reopening schools. The national-scale simulation model consisted of 281 million individuals. They explored different reopening scenarios including remote learning, in-person school, and several hybrid options that stratify the student population into cohorts (also referred to as split cohorts) in order to reduce exposure and disease spread. In addition, they	This US national simulation using an agent-based model showed that reducing the number of students attending school leads to better health outcomes, and the split cohort option enables part-time in-classroom	Germann TC, Smith MZ, Dauelsberg L, et al. Using an Agent-Based Model to Assess K-12 School Reopenings Under Different COVID-19 Spread Scenarios – United States, School Year 2020/21 [published online 2020 Oct 13]. medRxiv.

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		School Year 2020/21			assessed the combined impact of reduced in-person attendance in workplaces and school reopening scenarios to quantify the potential impact of additional transmission pathways contributing to COVID-19 spread. Their results suggested that scenarios where split cohorts of students return to school in non-overlapping formats resulted in significant decreases in the percentage of symptomatic individuals, potentially by as much as 75%. They also found the results of simulations to be highly dependent on the number of workplaces assumed to be open for in-person business, as well as the initial level of COVID-19 incidence within the simulated community. In conclusion, the authors argued that reducing the number of students attending school leads to better health outcomes, and the split cohort option enables part-time in-classroom education while substantially reducing risk. The results of this study can support decisions regarding optimal school reopening strategies at the population level balance education and the negative health outcomes of COVID-19.	education while substantially reducing risk.	doi:10.1101/2020.10.09.20208876
Transmission, children, camp, overnight camp,	13-Oct-20	Transmission of SARS-CoV-2 from Children and Adolescents	medRxiv	Pre-print (not peer reviewed)	This article examines the transmission of COVID-19 among children and adolescents returning home from a congregate setting. While children usually experience mild cases of COVID-19 and it is speculated that transmission rates from children are low, researchers conducted a retrospective cohort study among household contacts of 224 primary cases of children ages 7-19 years who were infected with COVID-19 at an overnight camp in June 2020, in Georgia, USA. The primary cases had a median age of 14 years, 115 (51%) were female and 198 (88%) were non-Hispanic white. 184 (82%) were symptomatic, reporting constitutional symptoms (153; 68%), upper respiratory symptoms (110; 49%), new loss of taste or smell (64; 29%), gastro-intestinal problems (49; 22%), or lower respiratory symptoms (34; 15%). Many children, with knowledge of possible exposure at the camp, isolated and wore masks upon returning home. Researchers utilized phone interviews to contact all camp attendees and their parents or guardians to obtain information through a structured questionnaire. The primary cases had a total of 526 household contacts, leading to 48 secondary cases. This corresponds to a secondary attack rate of 9% (CI: 7-12%). 10% of secondary adult cases required hospitalization. This study shows that children and adolescents can transmit SARS-CoV-2 to adult contacts and other children in a household setting.	This article examines the transmission of COVID-19 among children and adolescents returning home from a congregate setting. Child and adolescent COVID-19 patients transmitted COVID-19 to pediatric and adult household members.	Brandt, J.S., Hill, J., Reddy, A., et al. Epidemiology of COVID-19 in Pregnancy: Risk Factors and Associations with Adverse Maternal and Neonatal Outcomes. Am J Obstet Gynecol. 2020. doi: 10.1016/j.ajog.2020.09.043.

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Nutrition, children, critical illness, enteral feeding, Europe	12-Oct-20	Considerations for nutrition support in critically ill children with COVID-19 and pediatric inflammatory multisystem syndrome temporally associated with COVID-19	Clinical Nutrition	Editorial	This editorial provides nutrition recommendations for critically ill children with COVID-19 or pediatric hyper-inflammatory syndrome temporally associated with COVID-19 (PIMS-TS), based on the European Society of Pediatric and Neonatal Intensive Care - Metabolism, Endocrine and Nutrition group (ESPNIC-MEN) recommendations published in January 2020 and Surviving Sepsis Campaign recommendations from February 2020. The authors recommend: 1) Early enteral feeding for critically ill children with COVID-19 should be considered. 2) In those with significant gastro-intestinal issues or inotrope resistant shock, this may not be possible for several days. Clinicians should account for gastro-intestinal intolerance and decide early about post-pyloric feeding, initiating if appropriate. 3) In the acute phase, energy intake provided to critically ill children should not exceed resting energy expenditure and postponing parenteral nutrition for 7 days may be considered. 4) The placement of naso-enteric tubes is considered aerosol generating and as such appropriate PPE should be worn. 5) There is no evidence to support supra-physiological doses of micronutrient supplementation, including zinc during the acute phase. 6) As children may have had a prolonged admission to PICU, nutrition support may be required well into the recovery period to ensure adequate and appropriate nutrition recovery.	The authors provide specific nutrition recommendations for critically ill children with COVID-19 or COVID-19 related illness, based on recommendations from the ESPNIC-MEN and Surviving Sepsis Campaign.	Marino LV, Valla FV, Tume LN, et al. Considerations for nutrition support in critically ill children with COVID-19 and paediatric inflammatory multisystem syndrome temporally associated with COVID-19. Clin Nutr. 2020 Oct 12;S0261-5614(20)30534-3. doi: 10.1016/j.clnu.2020.10.007.
COVID-19; mother; breastfeeding; infants	12-Oct-20	Protecting Milk Supply During the COVID-19 Pandemic	MCN: The American Journal of Maternal/Child Nursing	Article	The author discusses the importance of breastfeeding during the COVID-19 pandemic. UNICEF and WHO have recommended early, exclusive breastfeeding and skin-to-skin contact during COVID-19 including for women who are positive for SARS-CoV-2 while applying necessary precautions. According to the CDC, no SARS-CoV-2 has been detected in human milk. The American Academy of Pediatrics that had initially recommended separation of mothers and infants at birth, acknowledge in a revised statement that there is a critical window of opportunity to establish lactation and milk supply and that human milk is safe and important for the child. The CDC and UNICEF recommend symptomatic mothers who are well enough to breastfeed to wear a mask while near the child and breastfeeding, wash hands before and after contact with the child and disinfecting all surfaces. Mothers who are too unwell to breastfeed should express milk which can be fed by a healthy caregiver. It is important that all pumping equipment is washed with hot soapy water, rinsed, and dried each day. Appropriate hand hygiene is necessary before and after pumping and during handling of expressed milk. It is important for the mother to begin to pump early and often using hospital-grade pump technology (personal use pumps are not ideal for establishment of lactation) every 2-	The author discusses the importance of breastfeeding during the COVID-19 pandemic. Symptomatic mothers should breastfeed if possible, while applying necessary precautions such as wearing a mask, washing hands and disinfecting surfaces; otherwise expressed milk should be fed by a healthy caregiver. Early assessment for maternal milk supply, infant's ability to effectively breastfeed at the breast and the mother's access to appropriate pump technology, by healthcare providers is critical.	Spatz DL. Protecting Milk Supply During the COVID-19 Pandemic. MCN Am J Matern Child Nurs. 2020;45(5):310. doi:10.1097/NMC.0000000000000651.

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					3hrs for ≥8 expression sessions in a 24hr period. Early assessment for maternal milk supply, infant's ability to effectively breastfeed at the breast and the mother's access to appropriate pump technology, by healthcare providers is critical.		
CRP, C-Reactive Protein; CXR, chest radiograph; DOI, day of illness; ECG, electrocardiogram; LVEF, left ventricular ejection fraction; NT pro-BNP, N-terminal pro-B Natriuretic Peptide; PCR, polymerase chain reaction; Pediatrics; Reversible myocardial injury; SARS-CoV-2, TnT, Troponin T	12-Oct-20	Reversible Myocardial Injury Associated with SARS-CoV-2 in an Infant	JACC Case Reports	Case Report	This article reports a case of reversible myocardial injury and heart failure in an infant with COVID-19. The patient was born at 33 weeks' gestation and stayed in the neonatal ICU for 3 weeks. At 2 months of age, the infant presented with an episode of choking and cyanosis after feeding, followed by poor respiratory effort. Initial lab tests showed lymphopenia, elevated Troponin-T, and elevated N-terminal pro-B Natriuretic Peptide. C-Reactive Protein was normal. An initial SARS-CoV-2 test was negative, but a repeat test was positive. Chest X-ray showed cardiomegaly with bi-basilar patchy opacities and right upper lobe atelectasis. A 12-lead electrocardiogram showed sinus tachycardia, non-specific ST depression, T wave inversions in the antero-lateral and inferior leads, and prominent mid-precordial voltages. A transthoracic echocardiogram demonstrated severely depressed left ventricular systolic function and severe mitral regurgitation. The patient required fluid resuscitation and inotropic support for hypotension and mechanical ventilation for respiratory failure. He received a 10-day course of remdesivir, as well as methylprednisolone and heparin. Lab values began to improve on hospital day 8, and the patient was extubated on day 14. At the time of this article, the patient had recovered and was discharged home on no oral heart failure therapy. The left ventricular size and systolic function were normal at follow-up, and mitral regurgitation had resolved. This case highlights the potential for myocardial involvement in infants with SARS-CoV-2 infection.	This article reports a case of reversible myocardial injury and heart failure in an infant with COVID-19. The authors highlight the potential for myocardial involvement in infants with SARS-CoV-2 infection.	Sharma M, Gorstein S, Aldrich ML, Hsu DT, Choueiter NF. Reversible Myocardial Injury Associated with SARS-CoV-2 in an Infant. JACC Case Rep. 2020 Oct 12. doi: 10.1016/j.jaccas.2020.09.031. Epub ahead of print. PMID: 33073245; PMCID: PMC7550045.
pediatrics; inflammatory bowel disease, COVID-19, SARS-CoV-2	12-Oct-20	BENIGN EVOLUTION OF SARS-CoV2 INFECTIONS IN CHILDREN WITH INFLAMMATORY BOWEL DISEASE: RESULTS FROM TWO INTERNATIONAL DATABASES	Clinical Gastroenterology and Hepatology	Original Research	In this cohort study, the authors analyzed the disease course of COVID-19 of pediatric inflammatory bowel disease (P-IBD) patients from 2 international databases. SARS-CoV-2 enters human cells via the ACE2 receptor, and the highest ACE2 expression is in the terminal ileum and colon and up-regulated during inflammation, yet whether P-IBD patients are at risk for severe COVID-19 is unknown. The authors included all subjects 18 years old or younger from 2 global IBD databases through October 1, 2020. The authors identified 209 COVID-19 cases in P-IBD patients from 23 countries. There were no deaths in the study population, and 14 children (7%) were hospitalized, of whom only 2 (1%) required mechanical ventilation. Factors associated with hospitalization included comorbid conditions	This cohort study analyzed the disease course of COVID-19 of pediatric inflammatory bowel disease (P-IBD) patients from 2 international databases. Only 7% of P-IBD patients with COVID-19 required hospitalization, and no deaths occurred among infected P-IBD patients, suggesting that P-IBD	Brenner EJ, Pigneur B, Focht G, et al. BENIGN EVOLUTION OF SARS-CoV2 INFECTIONS IN CHILDREN WITH INFLAMMATORY BOWEL DISEASE: RESULTS FROM TWO INTERNATIONAL DATABASES. Clin Gastroenterol Hepatol. 2020; S1542-3565(20)31399-9. doi:10.1016/j.cgh.2020.10.010

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					other than IBD (50% hospitalized vs 12% not hospitalized; P <0.01), moderate/severe IBD disease activity (64% vs 15%; P <0.01 overall), gastro-intestinal symptoms (71% vs 19%; P <0.01), sulfasalazine/mesalamine use (57% vs 21%; P=0.01), and steroid use (29% vs 8%; P=0.03). The authors conclude that P-IBD patients have a relatively low risk of severe COVID-19, even when receiving biologic and/or other immune-suppressive therapies for their IBD.	patients have a relatively low risk of severe COVID-19.	
Pregnancy, obstetrics, infection control, breast feeding, USA	12-Oct-20	Infection prevention and control for labor and delivery, well baby nurseries, and neonatal intensive care units	Seminars in Perinatology	Original Article	In this article, the authors present their infection control/prevention policies and procedures for an obstetric population, which were developed from mid-March to mid-May 2020 in New York City, the epicenter of the pandemic in the USA during that time. For patients, they describe screening for COVID-19, testing for SARS-CoV-2, and clearing patients from COVID-19 precautions. For healthcare employees, they address self-monitoring for symptoms, PPE in different clinical scenarios, and reducing staff exposures to SARS-CoV-2. For visitors/support persons, they address limiting them in labor and delivery, the postpartum units, and the neonatal ICU to promote staff and patient safety. Finally, they describe management of SARS-CoV-2-positive mothers and their newborns in both the well-baby nursery and in the neonatal ICU. They specifically recommend continuing to encourage direct breastfeeding and recommend against separation of mothers and infants at birth.	The authors present their infection control and prevention policies for an obstetric population in New York City, the epicenter of the COVID-19 pandemic in the USA, from March-May 2020. They recommend continuing to encourage breastfeeding and against separation of mothers and infants.	Saiman L, Acker KP, Dumitru D, et al. Infection prevention and control for labor and delivery, well baby nurseries, and neonatal intensive care units. Semin Perinatol. 2020 Oct 12:151320. doi: 10.1016/j.semperi.2020.151320.
Italy, pediatric, infant, school, vaccination, trials, medication, social distancing	12-Oct-20	Nationwide COVID-19 survey of Italian parents reveals useful information on attitudes to school attendance, medical support, vaccines and drug trials	Acta Paediatrica	Brief Report	This study aimed to assess Italian parents' views on how the COVID-19 pandemic will affect issues like school attendance, vaccination and drug strategies, and tele-medicine. The authors performed a cross-sectional survey of parents with at least one school-age child, including nursery school children under the age of one year. [The authors did not include specific child ages in this brief report.] Parents were recruited on Facebook groups for families and healthcare workers. Between 10 July and 10 August 2020, participants completed an Internet-based questionnaire of 31 questions. The survey was completed by 1812 families from all 20 Italian regions. Most families (97.3%) felt the COVID-19 pandemic was a serious health problem. Most families supported schools re-opening (74.2%), but they also supported reduced numbers of students (70.1%), social distancing within classes (45.3%) and masks (27.2%). Most parents were willing to let their child have compulsory (98.1%) or recommended (91.1%) COVID-19 vaccinations, but not to take part in a COVID-19 vaccine (78.2%) or treatment trial (79.4%). The children of non-healthcare workers were less likely to vaccinate their child against COVID-19 if it was not compulsory and less likely to let	This study aimed to assess Italian parents' views on how the COVID-19 pandemic will affect issues like school attendance, vaccination and drug strategies, and tele-medicine, in the setting of school re-opening in Autumn 2020.	Pierantoni L, Lenzi J, Lanari M, De Rose C, Morello R, Di Mauro A, Lo Vecchio A, Valentini P, Buonsenso D. Nationwide COVID-19 survey of Italian parents reveals useful information on attitudes to school attendance, medical support, vaccines and drug trials. Acta Paediatr. 2020 Oct 12. doi: 10.1111/apa.15614. Epub ahead of print. PMID: 33047328.

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					their children take part in clinical trials for COVID-19 drugs. Most families (87.2%) supported the use of tele-medicine.		
Mental health, children and adolescent, parent-child discussion, school closure, Shanghai, China	12-Oct-20	Mental Health and Its Correlates among Children and Adolescents during COVID-19 School Closure: The Importance of Parent-Child Discussion	Journal of Affective Disorders	Original Research	A cross-sectional online survey of primary and secondary school students from Shanghai, China was conducted during March 13–23, 2020 examining their mental health status during school closures. In a valid sample of 4,342 students, the mean age was 11.86±2.32 years, ranging from 6–17 years. Boys accounted for 51%. The 3 most prevalent symptoms were: anxiety (24.9%), depression (19.7%), and stress (15.2%). Participants were generally satisfied with life and 21.4% became more satisfied with life during school closures. Senior grades were positively correlated with psychological symptoms (B: 2.8 to 3.3) and negatively associated with life satisfaction (B=-0.406, 95%CI: -0.678 to -0.134), whereas the perceived benefit from home quarantine and parent-child discussions on COVID-19 were negatively correlated with psychopathological symptoms (p<0.001) and positively correlated with current life satisfaction (B=1.22, 95%CI: 1.085 to 1.344, p<0.001 for perceived benefits; B=0.20, 95%CI: 0.021 to 0.387, p<0.05 for discussions). Among participants who perceived no benefit from home quarantine, those who had discussions with their parents about COVID-19 experienced less depression, anxiety, and stress (p<0.05). Overall, mental health problems and resilience co-existed in children and adolescents during the COVID-19 outbreak. Given the important role of parent-child discussions, open communication between parents and children about the pandemic should be encouraged to help children and adolescents cope with mental health problems during this public health crisis.	This study examined the mental health status of children and adolescents (6-17 years old) during school closure due to COVID-19 in Shanghai, China. Anxiety, depression, and stress were common symptoms. Perceived benefits and parent-child discussion were protective factors of mental health.	Tang S, Xiang M, Cheung T, et al. Mental Health and Its Correlates among Children and Adolescents during COVID-19 School Closure: The Importance of Parent-Child Discussion, Journal of Affective Disorders, https://doi.org/10.1016/j.jad.2020.10.016 .
Diabetes mellitus, type 1, continuous glucose monitor, insulin pump therapy, pediatrics, telehealth, Canada	12-Oct-20	Evaluation of telephone and virtual visits for routine pediatric diabetes care during the COVID-19 pandemic	Journal of Clinical and Translational Endocrinology	Original Research	This study aimed to evaluate pediatric type 1 diabetes telehealth visits during the COVID-19 pandemic, with a focus on assessing the usability of these visits and gathering patient perspectives. A cross-sectional telehealth usability and feedback questionnaire was offered to all families who had a recent telephone or virtual diabetes visit in a tertiary diabetes center in Canada from March 25 - May 27, 2020. A 4-point Likert scale was used, with response categories of "1=Not at all/2=Partly/3=Quite a bit/4=Completely". 87 respondents (mean age=12.8 years old, SD=4.3) were included in the analysis. Overall, telephone and virtual visits were rated highly for usability. Telephone visits were easier to learn and use [median (IQR): 4(3-4)], and simple to understand [median (IQR): 4(3-4)]; overall, telephone and virtual visits were similar across multiple areas. No factors associated with choosing one type of visit over the other, or with a desire to return to in-person care, could be identified. 72% of participants wanted future telehealth services; however, some wanted all future care to be in-person.	This cross-sectional survey in Canada investigated the transition to telephone and virtual care for routine pediatric diabetes visits during the COVID-19 pandemic, finding that both telephone and virtual care visits had impressive usability for families.	Fung A, Irvine M, Ayub A, et al. Evaluation of telephone and virtual visits for routine pediatric diabetes care during the COVID-19 pandemic. J Clin Transl Endocrinol. 2020 Oct 12:100238. doi: 10.1016/j.jcte.2020.100238. Epub ahead of print. PMID: 33072519; PMCID: PMC7548628.

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					These results indicate telephone and virtual visits had impressive usability and many Canadian families may want telehealth to play a significant part in future care.		
Adolescents, education, school-based health centers, United States	12-Oct-20	When Adolescents are in School During COVID-19, Coordination Between School-Based Health Centers and Education is Key	Journal of Adolescent Health	Commentary	The authors discuss several recommendations related to school-based health centers (SBHCs) that could benefit adolescent health during the return to school during COVID-19 pandemic in United States, based on first-hand experience and literature review. SBHCs provide an array of health services, including preventive and chronic care, behavioral health care, and sometimes dental and optical care in or in close proximity to local schools. There is evidence of positive correlation of SBHC use with improvements in overall health (including mental health, reproductive and sexual health outcomes), increased use of preventive services and decreased emergency department visits and hospital utilization. Many students rely on SBHCs as their primary source of health care, and closures of these programs could prove devastating for those students, particularly if they also have a chronic condition. SBHCs should adapt their delivery model in accordance with public health recommendations for social distancing, such as integrating telemedicine, including mental health services to address potential domestic abuse and prolonged isolated from peers. SBHCs and schools should collaborate to draft school policy to create protocols for when a student or staff tests positive or have been exposed to SARS-CoV-2. When a vaccine for SARS-CoV-2 is available, SBHCs can also play a critical role in implementing an immunization program to ensure that students, staff, and in turn, the broader community, can receive the benefits from immunizations.	The authors discuss several recommendations related to school-based health centers (SBHCs) that could benefit adolescent health during the return to school during COVID-19 pandemic in United States, based on first-hand experience and literature review.	Anderson S, Haeder S, Caseman K. When Adolescents are in School During COVID-19, Coordination Between School-Based Health Centers and Education is Key. J Adolesc Health. 2020;S1054-139X(20)30527-9. doi:10.1016/j.jadohealth.2020.09.005.
Anaphylaxis, proning, pregnancy, convalescent plasma, emergent delivery	12-Oct-20	ANAPHYLACTIC SHOCK IN A PREGNANT PATIENT WITH COVID-19 IN THE SETTING OF CONVALESCENT PLASMA TRANSFUSION	Chest Critical Care	Case Report	This case report details SARS-CoV-2 infection in a 36-year-old female Hispanic patient at 31 weeks of pregnancy. The patient was admitted to a hospital in Atlantic City, NJ, USA for acute hypoxemic respiratory insufficiency after experiencing 1 week of COVID-19-associated persistent cough, worsening shortness of breath, and body aches. Betamethasone was administered for fetal lung development, and ceftriaxone and azithromycin were administered for COVID-19. Upon convalescent plasma treatment, the patient's hypoxia worsened, eventually requiring Vapotherm. The patient was given 1 L normal saline bolus, epinephrine, dexamethasone, Benadryl, Pepcid, and Levophed drip for anaphylactic shock and transfusion reaction. Post-emergent delivery, the patient was intubated and required proning. Remdesivir treatment and a heparin drip were started, but the heparin drip was discontinued after a significant drop in hemoglobin required blood transfusion. The authors note that while convalescent plasma is considered a well-tolerated therapy,	In this case report, convalescent plasma treatment induced an anaphylactic response in a pregnant patient in Atlantic City, NJ, USA. The authors urge caution in using convalescent plasma to treat critically ill patients at increased risk of severe transfusion reactions.	Mallari M, Sompalli S, Noormohammad S, et al. ANAPHYLACTIC SHOCK IN A PREGNANT PATIENT WITH COVID-19 IN THE SETTING OF CONVALESCENT PLASMA TRANSFUSION. Crit Care. 2020; 158(4): A959. doi: 10.1016/j.chest.2020.08.893

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					critically ill patients receiving plasma transfusions are at high risk of developing transfusion-associated circulatory overload, transfusion-related lung injury, and allergic or anaphylactic reactions. The authors urge caution in using convalescent plasma to treat critically ill patients at increased risk of severe transfusion reactions.		
Fatality, infections, mortality, Bangladesh	12-Oct-20	The Higher Fatality Rate of Children from COVID-19 in Bangladesh Is it Ethnicity or Malnutrition or Else?	Bangladesh Journal of Child Health	Op-ed	In this op-ed, the authors hypothesize that vitamin D deficiency in children in Bangladesh and other South Asian countries could explain why they are more susceptible to COVID-19 complications than children in China, the UK, and the USA. COVID-19 pediatric fatality rates in Bangladesh are 0.8% in children 1-10 years old and 1.5% in patients 11-20 years old, while COVID-19 pediatric fatality rates in China are reported to be 0% in children 0-9 years old and 0.2% in patients 10-19 years old. The prevalence of vitamin D deficiency resulting from malnutrition is very high among Bangladeshi children. Lower vitamin D levels (<30 mg/ml) has been linked to increased risk of upper respiratory infection, even after adjusting for age, race, gender, BMI, and seasonal variation. A US study reported that individuals with severe vitamin D deficiency are twice as likely to experience severe COVID-19 infections, including complications and death. The authors urge further research into the potential roles of vitamin D deficiency and malnutrition in pediatric COVID-19 severity in South Asia.	This op-ed hypothesizes that the high prevalence of vitamin D deficiency among Bangladeshi children may help explain increased COVID-19 pediatric fatality rates in Bangladesh and other South Asian countries. The authors suggest further research into the potential roles of vitamin D deficiency and malnutrition in pediatric COVID-19 severity in South Asia.	Jamal, C. Y.; Rahman, S. The Higher Fatality Rate of Children from COVID-19 in Bangladesh Is It Ethnicity or Malnutrition or Else?. Bangladesh J Child Health. 2020; 44(1): 1-3. doi: 10.3329/bjch.v44i1.49677
Israel, post-partum depression	12-Oct-20	Risk for probable post-partum depression among women during the COVID-19 pandemic	Archives of Woman's Mental Health	Original Research	The aim of this study was to assess the risk for post-partum depression among women delivering during the COVID-19 pandemic compared to the risk among women delivering before the COVID-19 pandemic. A cohort study was performed among 223 women delivering singletons at term in the maternity wards of the Soroka University Medical Center, Israel from March 18 - April 29, 2020. Women delivering during the COVID-19 pandemic completed the Edinburgh Postnatal Depression Scale (EPDS), and the results were compared to women delivering at the same medical center before the COVID-19 pandemic. The questionnaire consists of 10 self-completed questions regarding mood in the past week. A total score of < 10 is defined as low risk for depression, a score of ≥ 10 defines a person at risk for depression, and a score of ≥ 13 defines a person at higher risk for depression. Results indicated that women delivering during the COVID-19 pandemic had lower risk of having a high (> 10) or very high (≥ 13) EPDS score as compared with women delivering before the COVID-19 pandemic (16.7% vs 31.3%, p = 0.002, and 6.8% vs 15.2%, p = 0.014, for EPDS ≥ 10 and EPDS ≥ 13, respectively). These results remained similar after multivariable logistic regression analysis controlling for maternal age, ethnicity,	The authors studied the incidence of post-partum depression in a cohort study in Israel. Their results indicate that women delivering during the COVID-19 pandemic are at a lower risk for post-partum depression.	Pariente G, Wissotzky Broder O, Sheiner E, et al. Risk for probable post-partum depression among women during the COVID-19 pandemic. Arch Womens Ment Health. 2020 Oct 12. doi: 10.1007/s00737-020-01075-3.

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					marital status, and adverse pregnancy outcomes. The authors concluded that women delivering during the COVID-19 pandemic have a lower risk for depression compared to those delivering under normal circumstances.		
Breastfeeding, neonates, neonatal care, India	12-Oct-20	Clinical Profile of SARS-CoV-2 Infected Neonates From a Tertiary Government Hospital in Mumbai, India [Free access to abstract only]	Indian Pediatrics	Original Research	In this retrospective cohort study, the authors describe the clinical and laboratory profile of SARS-CoV-2-infected neonates (n=12) at a hospital in Mumbai, India. Medical records of neonates born from 1 April-31 May 2020 were reviewed. Women admitted in labor were screened for SARS-CoV-2 infection based on the guidelines issued by the Indian Council for Medical Research. If mothers tested positive, neonates were tested for SARS-CoV-2 infection after day 2 of life. Demographic, clinical features, laboratory tests, and chest radiographs of SARS-CoV-2 infected neonates were reviewed, and neonates were followed up via telemedicine appointment until the age of 2 months. Out of 1229 mothers, 185 tested positive (15.05%), and 12 neonates (6.48%) tested positive for SARS-CoV-2 infection. Serum lactate dehydrogenase and liver enzymes were found to be elevated in these neonates. All neonates were healthy and thriving upon follow-up. The authors conclude that SARS-CoV-2 infected neonates are mostly asymptomatic and thrive on exclusive breastfeeding.	In this retrospective cohort study, the authors describe clinical features of SARS-CoV-2 infected neonates born 1 April-31 May 2020 at a hospital in Mumbai, India. The authors conclude that infected neonates are mostly asymptomatic and thrive on exclusive breastfeeding.	Kalamdani P, Kalathingal T, Manerkar S, et al. Clinical Profile of SARS-CoV-2 Infected Neonates From a Tertiary Government Hospital in Mumbai, India. Indian Pediatr. 2020; S097475591600250.
School reopening guidelines, pediatrics, pandemic, India	12-Oct-20	Indian Academy of Pediatrics Guidelines on School Reopening, Remote Learning and Curriculum in and After the COVID-19 Pandemic [Free access to abstract only]	Indian Pediatrics	Guidelines	With the unprecedented COVID-19 pandemic and the resultant school closure, children all over the country are undergoing educational, psychosocial, and physical problems. There is an urgent need to offer scientific and concrete guidance for these concerns and support children in their educational development during these testing times. The authors set out to review the guidelines and recommendations given by various international agencies and formulate guidelines in the Indian context on (a) how and when to reopen the schools; (b) ways and means of remote learning; and (c) to identify the contents of curriculum that need restructuring in context of the current situation. The Indian Academy of Pediatrics formed a task force of pediatricians, educationists and technological experts who connected through various video and social platforms. Their recommendations include: schools can be reopened only when the local epidemiological parameters are favorable, the administration is equipped with adequate infrastructure and health care facilities, and the stakeholders (teachers, students, parents, and support staff) are prepared for the new normal. In the meanwhile, remote learning (media-based and /or otherwise) should reach to the last student to maintain uninterrupted education. The curriculum needs to be revised, with focus on revision and core contents. Informal learning of psychosocial empowerment and	The authors outline the Indian Academy of Pediatrics guidelines on school reopening, remote learning, and curriculum during the COVID-19 pandemic. They recommend the reopening of schools only when epidemiological parameters are improved, the administration is equipped, and the stakeholders are prepared.	Ghate S, Parekh BJ, Thapar RK, Nadkarni PR, Sen S, Bansal U, Sambhariya CH, Popat S, Bhattacharya P, Kirtani S, Kanetkar Y, Vats SP, Kamath SS, Raj M, Basavaraja GV, Gupta P. Indian Academy of Pediatrics Guidelines on School Reopening, Remote Learning and Curriculum in and After the COVID-19 Pandemic. Indian Pediatr. 2020 Oct 12;S097475591600251. Epub ahead of print. PMID: 33043889.

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					daily living skills should be encouraged rather than stressful formal learning.		
Neonates, outcomes, vertical transmission, perinatal transmission, New York City, USA	12-Oct-20	Outcomes of Neonates Born to Mothers With Severe Acute Respiratory Syndrome Coronavirus 2 Infection at a Large Medical Center in New York City	JAMA Pediatrics	Original Investigation	Limited data on vertical and perinatal transmission of SARS-CoV-2 and health outcomes of neonates born to mothers with symptomatic or asymptomatic COVID-19 are available. The authors of this study described the outcomes of neonates born to mothers with perinatal SARS-CoV-2 infection and the prevention and control practices associated with these outcomes. They conducted a retrospective cohort analysis. They reviewed medical records for maternal and newborn data for all 101 neonates born to 100 mothers positive for or with suspected SARS-CoV-2 infection from March 13 - April 24, 2020 in New York, USA. The primary outcome was newborn SARS-CoV-2 testing results. Maternal COVID-19 status was classified as asymptomatic/mildly symptomatic vs severe/critical. Newborn characteristics and clinical courses were compared across maternal COVID-19 severity. In total, 141 tests were obtained from 101 newborns on 0 - 25 days of life. Two newborns had indeterminate test results, indicative of low viral load, 1 neonate never underwent retesting but remained well on follow-up, and the other had negative results on retesting. Maternal severe/critical COVID-19 was associated with newborns born approximately 1 week earlier and at increased risk of requiring phototherapy compared with newborns of mothers with asymptomatic/mild COVID-19. No clinical evidence of vertical transmission was identified in 101 newborns of mothers positive for or with suspected SARS-CoV-2 infection, despite most newborns rooming-in and direct breastfeeding practices	The authors of this study examined the outcomes of neonates born to mothers with confirmed or suspected SARS-CoV-2 in New York, USA. They found that there was no clinical evidence for vertical transmission in their cohort, even though rooming-in and direct breastfeeding practices were observed.	Dumitriu D, Emeruwa UN, Hanft E, Liao GV, Ludwig E, Walzer L, Arditi B, Saslaw M, Andrikopoulou M, Scripps T, Baptiste C, Khan A, Breslin N, Rubenstein D, Simpson LL, Kyle MH, Friedman AM, Hirsch DS, Miller RS, Fernández CR, Fuchs KM, Keown MK, Glassman ME, Stephens A, Gupta A, Sultan S, Sibbles C, Whittier S, Abreu W, Akita F, Penn A, D'Alton ME, Orange JS, Goffman D, Saiman L, Stockwell MS, Gyamfi-Bannerman C. Outcomes of Neonates Born to Mothers With Severe Acute Respiratory Syndrome Coronavirus 2 Infection at a Large Medical Center in New York City. JAMA Pediatr. 2020 Oct 12. doi: 10.1001/jamapediatrics.2020.4298. Epub ahead of print. PMID: 33044493.
Pathology, placenta, third trimester, United States	12-Oct-20	Histopathology of Third Trimester Placenta from SARS-CoV-2-Positive Women	Fetal and Pediatric Pathology	Original Article	The authors conducted a retrospective case-control study of by reviewing charts and slides of 21 and 20 3rd trimester placentas from SARS-CoV-2 positive and SARS-CoV-2 negative women, respectively, delivered between April 1-July 24, 2020 in St.Louis, USA. The authors determined that 3rd trimester placentas from SARS-CoV-2-positive women do not express specific pathology or pathological pattern. Compared to placentas from SARS-CoV-2-negative women, there were no significant differences in gross and microscopic placental pathology, including placental weight, SGA placentas, abnormal cord insertion or cord coiling, maternal or fetal vascular malperfusion, and maternal or fetal inflammatory responses. While they harbor a relatively high prevalence of features of maternal or fetal vascular malperfusion, these features were not unique to SARS-CoV-2 positive women. The authors argue that pregnancy complicated by COVID-19 during the 3rd trimester does not have an obvious effect on placental structure and pathology. These results differ from two	The authors conducted a retrospective case-control study in St. Louis, USA and determined that 3rd trimester placentas from SARS-CoV-2-positive women do not express specific pathology or pattern. While they harbor a relatively high prevalence of features of maternal or fetal vascular malperfusion, these features were not unique to SARS-CoV-2 positive women. The authors concluded that pregnancy	He M, Skaria P, Kreutz K, et al. Histopathology of Third Trimester Placenta from SARS-CoV-2-Positive Women [published online 2020 Oct 12]. Fetal Pediatr Pathol. 2020;1-10. doi:10.1080/15513815.2020.1828517

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					case-control studies of placental pathology in patients who were SARS-CoV-2 positive. Additionally, the authors addressed key issues related to pregnancy association with COVID-19: ACE2 in placenta, SARS-CoV-2 infection of placenta, vertical transmission, and placental pathology in SARS and MERS.	complicated by COVID-19 during the 3rd trimester does not have an obvious effect on placental structure and pathology.	
Cardiomegaly, pneumonia, pulmonary over-circulation, ventricular septal defect	12-Oct-20	COVID-19 pneumonia in an infant with a hemodynamically significant ventricular septal defect	Cardiology in the Young	Case Report	The authors described the case of an otherwise healthy 4-month-old Hispanic male in Chicago, USA with a moderate-sized conoventricular ventricular septal defect who had tested positive for COVID-19. His chest radiograph demonstrated cardiomegaly, increased pulmonary vascularity, and a left-sided retrocardiac opacity suggestive of pneumonia. A trivial patent foramen ovale, a moderate-sized conoventricular ventricular septal defect, moderate left atrial and left ventricular enlargement, and increased flow velocity across pulmonary and mitral valves (suggesting pulmonary overcirculation) were noted on transthoracic echocardiogram. Due to resolution of fever, rapid symptomatic improvement, and normalization of laboratory abnormalities, he was weaned from high flow nasal cannula to room air within 48 hours of admission and discharged. The authors reported that this is the first reported case of COVID-19 pneumonia in a child with unrepaired, hemodynamically significant congenital heart disease. The authors noted that the rapid improvement of this patient following admission raises the possibility that SARS-CoV-2 infection may not necessarily be associated with marked decompensation in children with hemodynamically significant congenital heart disease.	The authors report on a 4-month-old Hispanic male in Chicago, USA with a moderate sized conoventricular ventricular septal defect and pulmonary overcirculation who presented with COVID-19-associated pneumonia. The authors note the possibility that SARS-CoV-2 infection may not be associated with marked decompensation in children with hemodynamically significant congenital heart disease.	Kohli U, Rosebush JC, Orlov NM, Ghavam A. COVID-19 pneumonia in an infant with a hemodynamically significant ventricular septal defect [published online ahead of print, 2020 Oct 12]. <i>Cardiol Young</i> . 2020;1-3. doi:10.1017/S1047951120003303
Maternal services, neonatal outcomes, maternal outcomes, Ireland	12-Oct-20	The impact of the Covid-19 pandemic on maternity services: a review of maternal and neonatal outcomes before, during and after the pandemic	European Journal of Obstetrics & Gynecology and Reproductive Biology	Article	The study aimed to explore any apparent trends in maternal or neonatal outcomes during the COVID-19 pandemic by comparing the maternity outcomes before, during and after the pandemic. The authors conducted a retrospective review of maternity statistics recorded on the hospital database of a large tertiary referral center in Dublin, Ireland with over 8,000 deliveries annually from January 1 - July 31, 2020. This time period represented the months prior to, during the peak and following the pandemic in Ireland. Findings showed that there was no correlation between the monthly number of COVID deaths and the monthly number of perinatal deaths, preterm births or hypertensive pregnancies. Compared to the combined numbers for the same month in 2018 and 2019, there were no significant changes in perinatal deaths or preterm births in the months when COVID deaths were at their height. The rate of preterm birth was significantly less common in January-July 2020 compared to January-July in 2018/2019 (7.4% v 8.6%, $\chi^2= 4.53$, $p = 0.03$). The authors concluded that there was no evidence of a	The authors conducted a retrospective review of maternity statistics recorded on the hospital database of a large tertiary referral center in Dublin, Ireland early 2020, which represented the months prior to, during the peak and following the pandemic in Ireland. They found no evidence of a negative impact of the COVID-19 pandemic on maternity services, as demonstrated by maternal and neonatal outcomes.	McDonnell S, McNamee E, Lindow SW, et al. The impact of the Covid-19 pandemic on maternity services: a review of maternal and neonatal outcomes before, during and after the pandemic. <i>European Journal of Obstetrics & Gynecology and Reproductive Biology</i> . 2020 Oct 12. doi: 10.1016/j.ejogrb.2020.10.023

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					negative impact of the COVID-19 pandemic on maternity services, as demonstrated by maternal and neonatal outcomes.		
Healthcare policy, ethics, equity, women, disparities, United States	12-Oct-20	Ethical challenges for women's healthcare highlighted by the COVID-19 pandemic	Journal of Medical Ethics	Commentary	In this commentary, the authors outline how American healthcare policies developed during the COVID-19 pandemic to safeguard community health may disproportionately disadvantage women in the USA. They argue the following: First, the deferral of elective surgery defined solely by non-reproductive adverse outcomes exemplifies the tendency of women's health to be devalued in policy discussions. Second, policies regarding the prevention and treatment of COVID-19 in the context of pregnancy demonstrate the ethical and legal tension inherent in the maternal–fetal dyad. Third, policies formulated to reduce infectious exposure may inadvertently increase disparities in maternal health outcomes for women of color and result in an increase in rates of intimate partner violence. The authors then provide preliminary recommendations and identify areas for further exploration and refinement of policy. They conclude by recommending further research on the impact of COVID-19 on women's health outcomes and the gendered consequences of surgical triage, infection prevention, and treatment policies worldwide.	The authors provide examples of how healthcare policies developed in the USA during the COVID-19 pandemic have the potential to disproportionately affect women and women of color, and argue for further research and refinement of policy.	Bruno B, Shalowitz DI, Arora KS. Ethical challenges for women's healthcare highlighted by the COVID-19 pandemic. J Med Ethics. 2020 Oct 12:medethics-2020-106646. PMID: 33046589;
MIS-C, pediatric inflammatory multisystem syndrome, PICU, acute kidney injury, UK	12-Oct-20	Acute Kidney Injury in Pediatric Inflammatory Multisystem Syndrome Temporally Associated With Severe Acute Respiratory Syndrome Coronavirus-2 Pandemic: Experience From PICUs Across United Kingdom	Critical Care Medicine	Original Research	This multi-center observational study investigated MIS-C-associated pediatric acute kidney injury (AKI) in patients (n=116; median age=11 years, IQR: 7-14 years) admitted to 15 pediatric ICUs (P-ICUs) across the UK from March 14-May 20, 2020. De-identified data were collected and analyzed as part of routine clinical care. Patients were diagnosed and staged for AKI based on serum creatine levels. Severe AKI (S-AKI) was defined as stage 2/3 acute kidney injury. Any stage AKI occurred in 48 (41.4%) patients and S-AKI in 32 (27.6%) patients, which was most highly evident at admission. High body mass index, hyper-ferritinemia, high C-reactive protein, Pediatric Index of Mortality 3 score, vaso-active medication, and invasive mechanical ventilation were associated with S-AKI. S-AKI was associated with longer P-ICU stay (median 5 days, IQR: 4-7 days vs. median 3 days, IQR: 1.5-5 days) and increased duration of invasive mechanical ventilation (median 4 days, IQR: 2-6 days vs. median 2 days, IQR: 1-3 days) compared to those with no S-AKI. The authors note that while short-term outcomes for AKI in MIS-C appear good, long-term effects remain unknown.	This observational study found that pediatric severe acute kidney injury occurred in 27.6% of pediatric MIS-C patients in the UK and is associated with longer pediatric ICU stay and increased invasive mechanical ventilation duration. While short-term outcomes for MIS-C-associated acute kidney injury appear good, long-term effects are unknown.	Deep A, Upadhyay G, du Pré P, et al. Acute Kidney Injury in Pediatric Inflammatory Multisystem Syndrome Temporally Associated With Severe Acute Respiratory Syndrome Coronavirus-2 Pandemic: Experience From PICUs Across United Kingdom. Crit Care Med. 2020; doi:10.1097/CCM.0000000000004662
Italy, Vertical transmission, IgG, IgM, pregnancy	12-Oct-20	Analysis of SARS-CoV-2 vertical transmission during pregnancy	Nature Communications	Original Research	This study examined specimens from 31 pregnant women admitted for delivery to a hospital in Lombardo, Italy, between March - April 2020, 30 of whom tested positive at first diagnosis for COVID-19. Pregnancy can make women more susceptible to viral infections, and COVID-19 may also be more severe in	Researchers tested for the presence of SARS-CoV-2 infection in specimens from mothers and infants. They found SARS-CoV-2	Fenizia C, Biasin M, Cetin I, et al. Analysis of SARS-CoV-2 vertical transmission during pregnancy. Nat Commun. 2020;11(1):5128. Published 2020

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					<p>pregnant women. There is still debate as to whether the developing fetus is affected. Researchers examined specimens from various participants to test for presence of SARS-CoV-2 infection, including maternal plasma samples, vaginal swabs, placental tissue, cord plasma, nasopharyngeal swabs from both mothers and infants, umbilical cord plasma, and mothers' milk. SARS-CoV-2 specific IgM and IgG was detected in 32% and 63% of maternal plasma samples, respectively. The SARS-CoV-2 genome was detected in umbilical cord blood, vaginal mucosa of the pregnant mother, one milk specimen, and at-term placentas. SARS-CoV-2 IgG was detected in 40% of umbilical cord plasma. One newborn presented with detectable IgM in cord plasma as well as positive SARS-CoV-2 in placenta, and one mother presented with IgM in milk samples. Researchers also examined 84 genes in 4 placental biopsies to determine if COVID-19 infection affected the expression of inflammatory genes in placental tissue. They found up-regulation of genes involved in the inflammatory response, including effector cytokines and chemokines, adaptive immunity mediators, downstream signaling molecules and toll-like receptors. IgG, but not IgM, are usually transferred across the placenta, and thus its presence in newborns suggests infection in-utero. These results suggest that while it may be rare, vertical transmission is possible.</p>	<p>genome in umbilical cord blood, vaginal mucosa of the pregnant mother, one milk specimen, and at-term placentas. SARS-CoV-2 IgG was detected in umbilical cord plasma and placenta of one infant. One mother presented with IgM in milk samples. These results suggest that while it may be rare, vertical transmission is possible.</p>	<p>Oct 12. doi:10.1038/s41467-020-18933-4</p>
<p>COVID-19; pediatric pulmonary function testing</p>	<p>11-Oct-20</p>	<p>Pediatric lung function testing during a pandemic: An international perspective</p>	<p>Paediatric Respiratory Reviews</p>	<p>Article</p>	<p>In this article, the authors describe the re-organization of pediatric pulmonary function testing (PFT) laboratories and practices in different countries, in light of the COVID-19 pandemic. This includes patient appointments, PPE, testing room requirements and telemedicine during and immediately following the pandemic. Pediatric PFT labs have been closed during the pandemic in most hospitals except for emergency cases. Face masks are required for patients and families except for children younger than 6-12 years (age varies depending on location). Social distancing rules are applied in waiting areas. The testing is carried out in a negative pressure room providing 8–11 air exchanges per hour, and rooms are equipped with portable or integrated HEPA filters, or have windows that open outside. If these conditions do not exist, there should be a 30-minute waiting time between patients. Other protective measures include continuous air purifying respiratory (CAPRs) use and adding a plexiglass divider between the patient and therapist. Respiratory therapists or nurses performing the testing are screened daily for COVID-19 symptoms by questionnaires and by temperature measurement, and are required to wear PPE (FFP2/N95 mask, gowns, gloves, face shield, goggles). Certain cough-inducing and aerosol-generating procedures such as</p>	<p>In this article, the authors describe the re-organization of pediatric pulmonary function testing (PFT) laboratories and practices in different countries, in light of the COVID-19 pandemic. This includes patient appointments, PPE, testing room requirements and telemedicine during and immediately following the pandemic.</p>	<p>Beydon N, Gochicoa L, Jones MJ. Pediatric lung function testing during a pandemic: An international perspective. Paediatr Respir Rev. 2020;36:106-108. doi:10.1016/j.prrv.2020.10.001</p>

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					methacholine challenge testing are not performed in many centers. Future research to improve implementation of telemedicine in patient PFT care will be important.		
COVID-19; pandemic; serology; pregnancy; vaccine, transplacental antibody, SARS-CoV-2	11-Oct-20	Transplacental Transfer of SARS-CoV-2 Antibodies	medRxiv	Preprint (not peer reviewed)	The authors collected sera and paired cord blood from women presenting for delivery April 9 - August 8, 2020 at Pennsylvania Hospital in Philadelphia, Pennsylvania, United States, to study the extent to which maternal antibodies (IgM and IgG) to SARS-CoV-2 cross the placenta. [Infant serology was performed on cord blood only; blood was not directly collected from infants.] Of the 1,471 matched dyads, 83 women (5.6%) had SARS-CoV-2 antibodies found in serum (sero-positive). Among the 83 infants delivered to the sero-positive women, 72 (87%) of the infants were sero-positive and 11 (13%) were sero-negative for IgG antibodies. 82 of these women had been tested for SARS-CoV-2 by nasopharyngeal (NP)-PCR at some point in their pregnancies (either for COVID-19 symptoms or for admission screening), and 44/82 (54%) had ever received a positive result. Most women (50/83) never had COVID-19 symptoms. Newborns (20/83) were tested for SARS-CoV-2 by NP-PCR between 24-48 hours after birth if the mother was NP-PCR positive and met clinical criteria for being contagious at the time of delivery; none of these infants were positive. The authors also compared the quantitative levels of maternal IgG among the 11 sero-negative infants versus sero-positive infants. In 5 cases, the mother was sero-positive only by IgM (without IgG above cutoff level) and the cord sera were sero-negative. In the remaining 6 sero-negative infants, mean IgG levels were significantly lower in the mothers of the sero-negative infants compared to the 72 women with sero-positive infants (1.27 vs 5.22 arbitrary units, P=0.005). The authors also observed a positive correlation between antibody transfer ratio (infant IgG divided by maternal IgG level) and increasing time since NP-PCR test positivity and delivery (Pearson's r2=0.3845, P<.001). The authors states that these findings demonstrate the potential for maternally-derived antibodies to provide neonatal protection from SARS-CoV-2 infection.	The authors compared SARS-CoV-2 antibody levels in serum samples from 83 sero-positive mothers with cord blood from their infants and found efficient transplacental transfer of SARS-CoV-2 IgG antibodies in 87% of these maternal/infant dyads. These findings demonstrate the potential for maternally-derived antibodies to provide neonatal protection from SARS-CoV-2 infection.	Flannery D., Gouma S., Dhu M.B., et al. Transplacental Transfer of SARS-CoV-2 Antibodies.medRxiv. 2020. Oct 11. doi.1101/2020.10.07.21207480v1
Comorbidities, obesity, contact history, Mexico	11-Oct-20	Comorbidities that predict acute respiratory syndrome coronavirus 2 test positivity in Mexican Children: A case-control study	Pediatric Obesity	Short Communication	In this population-based, case-control study of Mexican children, the authors analyzed the association between the comorbidities and increased risk of testing positive for SARS-CoV-2 as of 15 July 2020. A total of 3696 children [961 cases and 2735 controls, median age (IQR) 11 years (4-15 years) vs. 9 years (3-14 years) respectively] were enrolled. Findings indicated that having a contact history with COVID-19 patients, having obesity, having diabetes, hypertension or having immunosuppression increase the risk for COVID-19 in the analysis of all children. However, only contact history and obesity remained statistically significant in	This Mexican case-control study is the first study to assess comorbidities that increase risk for COVID-19 in children in Mexico. Study shows that having a contact history with COVID-19 patients and having obesity are statistically significant in	Hernández-Garduño E. Comorbidities that predict acute respiratory syndrome coronavirus 2 test positivity in Mexican Children: A case-control study. <i>Pediatr Obes.</i> 2020 Oct 11:e12740. doi: 10.1111/ijpo.12740.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					the separated analysis of girls and boys. Contrary to findings in adults, no difference between cases and controls was found for gender, presence of pneumonia or surrogates of severe disease including admission to intensive care unit, tracheal intubation or whether patients had died. This indicated that COVID-19 is less severe in children than adults. Future research is needed to establish the mechanisms involved in obesity and COVID-19 in children.	increasing the risk for COVID-19 both in the analysis of all children and in the separate analysis of girls and boys.	
Pediatric, school closure, transmission, adolescent, Italy	11-Oct-20	SARS-CoV-2 infections in Italian schools: preliminary findings after one month of school opening during the second wave of the pandemic	medRxiv	Preprint (not peer-reviewed)	After school closures in spring 2020, Italian schools are again open at the time of this publication, in October 2020. Additionally, the authors report increased COVID-19 cases in Italy since early September 2020, suggesting a "second wave" of the pandemic. This article explores whether school re-opening will have an impact on SARS-CoV-2 transmission among students and the community. Data for the study were extracted from an open access, online dataset on SARS-CoV-2 infections in Italian schools. As of 5 October 2020, a total of 1350 cases of SARS-CoV-2 infections have been reported in Italian schools (involving 1059 students [78.4% of cases], 145 teachers, and 146 other school members). A total of 1212 out of 65,104 (1.8%) Italian schools have been affected. These infections have led to the closure of 192 (14.2%) of these schools. Schools were closed despite the fact that the affected schools reported only 1 case of SARS-CoV-2 infection in more than 90% of cases, and a cluster of more than 10 cases has been described only in one high school (p = 0.015). This article's preliminary data indicate low transmission of SARS-CoV-2 within schools, particularly among younger students. Monitoring of school settings, ideally through daily updated open access datasets, is needed to better understand the impact of schools on the pandemic and provide guidelines that better consider risks within different age groups.	This article explores whether school re-opening in Italy will have an impact on SARS-CoV-2 transmission among students and the community. Preliminary data indicate low transmission of SARS-CoV-2 within schools, particularly among younger students.	Buonsenso D, De Rose C, Moroni R, et al. SARS-CoV-2 infections in Italian schools: Preliminary findings after one month of school opening during the second wave of the pandemic. <i>medRxiv</i> . 2020. https://doi.org/10.1101/2020.10.10.20210328
COVID-19, infection control and prevention, pediatric long-term care, pediatric post-acute care	10-Oct-20	COVID-19 in Pediatric Long-Term Care: How Infection Control and Prevention Practices Minimized the Impact of the Pandemic on Healthcare Providers and Residents	Journal of the Pediatric Infectious Diseases Society	Brief Report	Children in pediatric long-term care facilities (LTCFs) are commonly infected with respiratory tract viruses as they have many high-risk co-morbidities and require significant interactions with the healthcare team. In this report, the authors describe how an LTCF in New York responded to infection control and prevention mandates for COVID-19. In March 2020, the pediatric LTCF's IPC team met with the administration, medical team, and nursing director and established a plan for a COVID-19 pandemic response. The LTCF houses 54 residents (mean age 10 years old, range 1–21 years) and length of stay averages 4.6 years (range 7 days–17 years). Invasive devices are common: 96% have feeding tubes, 56% tracheotomies, and 39% utilize ventilators. The article includes a table describing interventions and a graph of SARS-CoV-2 incidence. Visitors were limited, and staff were required to	In this report, the authors describe how a pediatric long-term care facility in New York responded to IPC mandates for COVID-19. With a flexible team approach, the LTCF was able to contain SARS-CoV-2 transmission to 2 residents and 10 staff.	Neu N, Nee M, Savitt J, et al. COVID-19 in Pediatric Long-Term Care: How Infection Control and Prevention Practices Minimized the Impact of the Pandemic on Healthcare Providers and Residents. <i>J Pediatric Infect Dis Soc</i> . 2020;9(5):626-629. doi:10.1093/jpids/piaa122

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					wear masks if they did not receive influenza immunization. Surveillance testing for SARS-CoV-2 was performed twice a week on random staff. Families, patients, and staff were educated on COVID-19. The writers noted that having a response plan, standardized models for care and open communication with acute care facilities as well as the Department of Health was critical for decreasing the spread of this infectious disease. With a flexible team approach, the LTFC was able to contain SARS-CoV-2 transmission to 2 residents and 10 staff.		
Children, pediatrics, MIS-C, febrile seizure, USA	10-Oct-20	A Rare Presentation of Multi-System Inflammatory Disease in Children Associated With Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)	Cureus	Case Report	A previously healthy 16-month-old male presented in Buffalo, USA with febrile seizure, rash, and diarrhea. Initial workup, including a CT scan of the head, was inconclusive. He returned 12 hours later with fever, worsening upper body rash, and diarrhea. Vital signs were significant for tachycardia, hypotensive with blood pressure 72/40 mmHg, tachypnea, and oxygen saturation of 99% on ambient air. Physical exam revealed peri-orbital edema, hepatomegaly, bilateral inguinal lymphadenopathy, and a non-pruritic erythematous rash. Shortly after admission, he developed distributive shock with worsening hypotension and tachycardia. The patient was intubated and broad-spectrum antibiotics were started. The patient met CDC criteria for MIS-C with fever, anemia, hypo-albuminemia, thrombocytopenia, elevated inflammatory markers, coagulopathy, elevated brain natri-uretic peptide (BNP) and positive COVID-19 immunoglobulin G (IgG) antibody. Echocardiogram revealed noticeable bilateral atrioventricular (AV) valve regurgitation. The patient received methylprednisolone 20mg/kg, anakinra 2mg/kg, IV immunoglobulin (IVIG) 2g/kg, and prophylactic Lovenox® (enoxaparin) 0.5mg/kg twice daily. The patient remained intubated on mechanical ventilation and remained on vasopressors/inotropes for 3 days. The patient was hospitalized for a total of 15 days and was discharged on a steroid taper with improvement in symptoms.	The authors present a case of a young (16-month-old) male in the USA with MIS-C who presented with a febrile seizure and progressed to distributive shock with bilateral atrioventricular valvular regurgitation. He recovered after a 15-day admission.	Makvandi S, Alibrahim O, Abdul-Aziz R, Abdul-Fattah Sallam M, McGreevy M. A Rare Presentation of Multi-System Inflammatory Disease in Children Associated With Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Cureus. 2020 Oct 10;12(10):e10892. doi: 10.7759/cureus.10892.
Infant, child, seizure, pediatrics, neurology, Iran	10-Oct-20	Partial seizure due to COVID19 infection in an infant	Iranian Journal of Child Neurology	Case Report	In this case report, the authors present the case of a previously healthy 8-month-old boy in Tehran, Iran with COVID-19 who experienced recurrent partial seizure and diarrhea. Diarrhea started 3 days prior to hospitalization along with a mild cough. 1 day after the onset of diarrhea, the patient had multiple seizures (up to 7 seizures in a 4-hour period). The seizures occurred while the patient was awake and conscious, with tilting of the lips, blinking, and clonic movements of the limbs lasting a few seconds. On review of the history, there was no history of birth complications. The patient's father had a history of seizure at 18 years of age, and the patient's mother had a history of scattered cough 3 weeks prior. On exam, the patient was afebrile with a	The authors present the case of an 8-month-old infant in Iran with COVID-19 who presented with multiple partial seizures. He was started on phenobarbital without recurrence of seizures.	Nateghian A, Anvari S. Partial seizure due to COVID19 infection in an infant. Iran J Child Neurol. Autumn 2020;14(4): 107-109

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					normal physical exam. Labs revealed a white blood cell count of 8700 (neutrophil=27% and lymphocyte=68%) and PCR detected SARS-CoV-2. Lung CT did not show abnormalities and the patient was started on phenobarbital without recurrence of seizures. The patient was discharged with an outpatient brain MRI and EEG scheduled for follow up. The authors conclude that seizure can be a symptom of COVID-19 in infants.		
COVID-19; SARS-CoV-2; pregnancy; racial disparity; United States	10-Oct-20	Prevalence and Neighborhood Geomapping of COVID-19 in an Underserved Chicago Pregnant Population	American Journal of Perinatology (AJP) Reports	Original research	The authors studied the prevalence and neighborhood distribution of pregnant women who tested positive for SARS-CoV-2 after implementation of universal screening at an academic hospital providing obstetrical services to an underserved Chicago, USA population from April 16-June 16, 2020. 369 patients were screened, 29 of whom tested positive via a point-of-care platform or RT-PCR. The average age of the positive women was 25 years old (range 22-30 years old) and 66% (N=19) were Black, 31% (N=9) were Hispanic and 1 woman was White. 86% of the cases were from predominantly Black or Hispanic zip codes in Chicago. The authors mapped the Neighborhood Socio-economic Status Index (NSEI) for each neighborhood and the address locations of positive and negative cases using ArcGIS Pro to highlight the disparities. The authors conclude that the trend of COVID-19 disproportionately affecting minority populations in Chicago extends to obstetric patients as well.	This descriptive study examined and mapped the neighborhood distribution of pregnant women who were screened for SARS-CoV-2 infection at a hospital in Chicago, USA, from April 16-June 16, 2020. The authors report racial and socio-economic differences between those women who tested positive and negative, with more cases in under-served communities.	Buhimschi, C. S., Elam, G. L., Locher, S. R., et al (2020). Prevalence and Neighborhood Geomapping of COVID-19 in an Underserved Chicago Pregnant Population. AJP reports, 10(4), e413–e416. https://doi.org/10.1055/s-0040-1721416
COVID-19, mask, deaf, pediatric resident, challenges, barriers, lip-reading, USA	10-Oct-20	The Silence Behind the Mask: My Journey as a Deaf Pediatric Resident Amid a Pandemic	Academic Pediatrics	Letter	The author shares her experience as a deaf pediatric resident in a large, academic, quaternary hospital in the USA during the COVID-19 pandemic and advocates for deaf and hard-of-hearing (DHoH) colleagues' and patients' needs. The COVID-19 pandemic exposes multiple health disparities related to hearing loss that contributes to significant isolation due to the rising communication barriers with mask-wearing. Universal mask-wearing has made it challenging to communicate through reading lips and execute clinical care. Modified surgical masks with a clear window surrounding the mouth are not universally available. Without being able to read lips, the author has lost educational opportunities and feels hopeless. Lip-reading in the virtual world, such as online meetings, conferences, clinics, and interviews, is another tremendous obstacle due to various factors such as participants without webcams and audio-visual delays. The author urges all health care professionals to be cognizant of the barriers faced by DHoH colleagues and patients. The author finds a more readily available clear, powered, air-purifying respirator helpful as it can serve as PPE and does not completely render lip-reading ineffective. She also suggests using smartphone applications to assist in communication and a live-captioning	In this article, the author shares her challenges as a deaf pediatric resident in the USA during the COVID-19 pandemic. Mask-wearing and virtual meetings have made it challenging for deaf and hard-of-hearing people to engage in educational and social situations.	Crume B. The Silence Behind the Mask: My Journey as a Deaf Pediatric Resident Amid a Pandemic [published online, 2020 Oct 10]. Acad Pediatr. 2020;S1876-2859(20)30555-6. doi:10.1016/j.acap.2020.10.002

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					feature during virtual meetings. The author strongly hopes to increase healthcare providers' awareness of DHOH individuals' struggles during the pandemic.		
pediatric health care, chronic disease, hospital management, healthcare resources, COVID-19, Spain	10-Oct-20	Changes from COVID-19. A perspective from internal pediatric medicine	Anales de Pediatría (English Edition)	Review Article	This review analyzes the impact of the COVID-19 epidemic in Spain on pediatric healthcare provision, providing detailed recommendations for the management of pediatric care in the context of COVID-19 and future epidemics. The pandemic caused massive redistribution of resources due to the saturation of hospital services, the spread of SARS-CoV-2 among health providers, and the restriction of non-essential care. Drops in other infectious diseases in the pediatric group, likely due to social distancing measures, as well as suspension of elective services led to a decline in pediatric unit occupancy. In response, many units offered space, resources, and personnel in support of adult COVID-19 patients. The authors propose admission criteria of pediatric units expand to include adult patients up to 30-35 years old without comorbidities (with the exception of childhood-onset chronic diseases), stating these adaptations may provide opportunities for greater interdisciplinary collaboration. 5 tables are included in this article, listing the following: 1) aspects to be considered by crisis preparedness and response committees; 2) measures to guarantee the continuity of essential medical care; 3) personal protection measures and PPE use guidelines; 4) impacts of the COVID-19 pandemic on patients with complex chronic disease; and 5) recommendations for the management of pediatric patients with complex chronic disease.	This review analyzes the impact of the current COVID-19 epidemic on pediatric care in Spain, analyzing adaptations made in pediatric care in order to inform future emergency preparedness and response. Detailed recommendations and resources are provided for pediatric hospitals and practitioners to manage the current pandemic and prepare for future public health crises.	Alcalá Minagorre PJ, Villalobos Pinto E, Ramos Fernández JM, et al; en representación de la Sociedad Española de Pediatría Hospitalaria (SEPHO). Changes from COVID-19. A perspective from internal pediatric medicine. An Pediatr (Engl Ed). 2020 Oct 10. doi: 10.1016/j.anpede.2020.06.003. Epub ahead of print. PMID: 33072818; PMCID: PMC7547609.
Children, adolescents, school closures, distance learning, screen time, mental health	10-Oct-20	The Dark Side of the Web-A Risk for Children and Adolescents Challenged by Isolation during the COVID-19 Pandemic	The Journal of Pediatrics	Editorial	Following disease containment measures for COVID-19, which included school closures, social distancing, and home quarantine, children and adolescents faced a prolonged state of physical isolation from their peers, teachers, extended family, and community networks with detrimental effects on their emotional and behavioral health. While some children may have benefitted from distance learning, the authors point to the harmful effects of increased screen time and unsupervised internet access for children. This article summarizes possible increased exposures to harmful content, such as illegal activity, privacy breaches, disturbing material, and online grooming which may put children at increased risk for sexual abuse. The authors recommend parents manage their expectations around reducing screen time while screen time continues to be necessary for school work, and instead promote educational online leisure activities and socializing with classmates. In this new social context, pediatricians can play a central role in advising families on how to best manage the time of their children and protect them from the risks of an uncontrolled and unsupervised internet use.	This editorial discusses the potential benefits and harms of increased internet usage for children affected by school closures during the COVID-19 pandemic. In particular, the authors summarize the harmful exposures of unsupervised internet use. Rather than reduce screen time, the authors recommend proactively suggesting online educational leisure activities.	Ferrara P, Franceschini G, Corsello G, et al. The Dark Side of the Web-A Risk for Children and Adolescents Challenged by Isolation during the COVID-19 Pandemic. J Pediatr. 2020 Oct 10:S0022-3476(20)31270-1. doi: 10.1016/j.jpeds.2020.10.008. Epub ahead of print. PMID: 33049274; PMCID: PMC7547580.

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Case study, pediatric, dilated cardiomyopathy, DCM	10-Oct-20	Dilated Cardiomyopathy in a Child with COVID-19	The Indian Journal of Pediatrics	Scientific Letter	The authors report the case of a one-year-old boy with COVID-19 who developed dilated cardiomyopathy (DCM). The patient presented with a low-grade fever for 2 days and anasarca and tachypnea for a week. The patient was admitted to a hospital with a diagnosis of congestive cardiac failure (CCF). A chest X-ray revealed cardiomegaly, and an echo revealed dilated ventricles with global hypokinesia with left ventricular ejection fraction of 12% and normal coronaries. Labs showed iron deficiency anemia and abnormal liver function tests. ECG was normal, and C-reactive protein was within normal limits. Given severe left ventricular dysfunction and CCF, the patient was started on furosemide and dobutamine. The patient later tested positive for SARS-CoV-2. The patient suffered a sudden cardiac arrest 33 hours after admission and could not be revived. Since the patient had no known comorbidities, the authors ruled out secondary myocardial dysfunction. The authors cite an article reporting CCF in 23% of COVID-19 patients, and they suggest that SARS-CoV-2 might have an etiological role in the development of DCM.	Although COVID-19 is primarily a respiratory tract infection, a case study on a one-year-old boy with SARS-CoV-2 suggests the virus's etiological role in the development of dilated cardiomyopathy.	Kishore, R., Choudekar, A., Xess, A.B. et al. Dilated Cardiomyopathy in a Child with COVID-19. Indian J Pediatr (2020). https://doi.org/10.1007/s12098-020-03524-4
Vaccination, pandemic, child, emergency department	10-Oct-20	Caregiver willingness to vaccinate their children against COVID-19: cross sectional survey	Vaccine	Original Research	The authors conducted a multi-site cross-sectional survey to determine predictors associated with the willingness of caregivers to vaccinate their children against COVID-19. Caregivers who arrived at pediatric emergency departments (ED) in the USA, Canada, Israel, Japan, Spain, and Switzerland between 26 March and 31 May 2020 completed the survey. The survey included questions regarding demographic characteristics, information on the ED visit, and attitudes toward COVID-19. A total of 1552 surveys were completed online, and 97.5% were completed by parents. 65.2% of the caregivers planned to vaccinate their children against COVID-19, and 33.0% did not want to vaccinate their children against COVID-19. A uni-variate and multi-variate analysis found that greater willingness to vaccinate was associated with older children, children up-to-date on their vaccination schedule, recent influenza vaccination, and caregivers' concern with the risk of their children's COVID-19 infection. The most common reason for vaccination was to protect the child (62%), and the most common reason for vaccination refusal was the vaccine's novelty (52%). The authors provide a table summarizing the 7 qualitative themes identified across the study participants' responses. Public health strategies should include educating caregivers about vaccination and communicating vaccine safety and efficacy.	The survey conducted by the authors revealed that the majority of caregivers (65%) intend to vaccinate their children against COVID-19, but the attitudes toward vaccination will likely be associated with their demographics and vaccination history.	Goldman, RD, Yan TD, Seiler, M, et al. Caregiver willingness to vaccinate their children against COVID-19: Cross sectional survey. Vaccine, 2020. ISSN 0264-410X, https://doi.org/10.1016/j.vaccine.2020.09.084 (http://www.sciencedirect.com/science/article/pii/S0264410X20313177)
Pregnant, myocardial injury, cardiac biomarkers	10-Oct-20	Myocardial injury associated with coronavirus	American Journal of Obstetrics and Gynecology	Letter	While COVID-19 is associated with cardiac injury and bradycardia in the non-pregnant population, the incidence in pregnant women is unknown. The authors conducted a retrospective review of all pregnant and immediately postpartum women	Myocardial injury as demonstrated by abnormal cardiac biomarkers and	Pachtman Shetty SL, Meirowitz N, Blitz MJ, Gadomski T, Weinberg CR. Myocardial injury associated with coronavirus disease 2019 in

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		disease 2019 in pregnancy			hospitalized for COVID-19 at 7 hospitals within the largest academic health system in New York State, USA, from 1 March to 30 April 2020. The purpose was to determine the rate of abnormal serum cardiac biomarkers or bradycardia in the study population. The primary outcomes were elevated cardiac troponins, elevated brain natri-uretic peptide (BNP), bradycardia (<60 bpm), and maternal heart rate nadir. A total of 31 women met inclusion criteria [age characteristics are not given for the participant pool]. No participants had pre-existing cardiovascular disease. 4 patients had trans-thoracic echocardiography performed, and the results were unremarkable. 20 (65%) of the women had cardiac biomarkers measured during hospitalization. 22% (n=4/18) and 30% (n=3/10) of the tested patients had elevated cardiac troponins and BNP, respectively. The authors state that half of the women with elevated troponin and three-fourths of women with elevated BNP experienced bradycardia, resulting in one-third of all patients experiencing bradycardia. The findings suggest that abnormal cardiac biomarkers and bradycardia are indicative of myocardial injury, which may be common among pregnant women with severe or critical COVID-19. Future research should evaluate the risk of cardiac injury and the COVID-19 maternal health effects.	bradycardia may be common among pregnant women with severe or critical COVID-19.	pregnancy. Am J Obstet Gynecol. 2020 Oct 10;S0002-9378(20)31188-1. doi: 10.1016/j.ajog.2020.10.014. Epub ahead of print. PMID: 33049250.
Pregnancy, perinatal outcomes, morbidity, mortality, NICU, European, non-European	10-Oct-20	Perinatal mortality and morbidity of SARS-COV-2 infection during pregnancy in European countries: Findings from an international study	European Journal of Obstetrics & Gynecology and Reproductive Biology	Letter to the Editor	The authors conducted a secondary analysis comparing perinatal mortality and morbidity in European vs. non-European pregnant women involved in one of the largest retrospective cohort studies on COVID-19 during pregnancy. The study was a multi-national, retrospective cohort study that included all pregnant women with a laboratory-confirmed SARS-COV-2 infection, diagnosed between February 1 and April 30, 2020, in 72 centers from 22 countries in Europe, Asia, North and South America, and Australia. The authors observed that in European countries, the rate of stillbirth was significantly lower than in non-European countries (1.0 % vs. 7.4 %, OR: 0.12, p = 0.02), whereas the rate of neonatal death was similar when evaluating only pregnancies with live born. Also, the rate of NICU admissions was significantly lower in European compared with non-European countries (23.9 % vs. 42.0 %, OR: 0.43, p = 0.01). Furthermore, there was no difference between European and non-European countries regarding intra-uterine growth restriction, preterm birth before 37 weeks of gestation, possible vertical transmission, and low birth weight.	Findings from this study showed that pregnant women infected with SARS-COV-2 had better perinatal outcomes in European countries compared with non-European countries, despite being significantly older and having a significantly higher rate of pre-existing chronic diseases.	Mascio DD, D'Antonio F. Perinatal mortality and morbidity of SARS-COV-2 infection during pregnancy in European countries: Findings from an international study. European Journal of Obstetrics & Gynecology and Reproductive Biology. 2020. doi:10.1016/j.ejogrb.2020.10.009
Pediatric Inflammatory Multisystem Syndrome, PIMS-	10-Oct-20	Cardiovascular magnetic resonance imaging in	Clinical Microbiology and Infection	Letter to the Editor	While few children with COVID-19 experience severe clinical symptoms, PIMS-TS characterized by fever, elevated inflammatory markers, and organ dysfunction has been reported worldwide. The authors describe recent experiences with 5 PIMS-	The cardiovascular magnetic resonance imaging done on 5 pediatric patients with	Prieto LM, Toral B, Llorente, A, et al. Cardiovascular magnetic resonance imaging in children with pediatric inflammatory

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TS, MIS-C, heart dysfunction, cardiovascular magnetic resonance imaging, MRI		children with pediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 and heart dysfunction			TS patients (median age 7 years old, IQR 5-12 years) from 28 April to 11 May 2020, and highlight the benefit of using cardiac magnetic resonance imaging (CMRI). All children were previously healthy and presented with fever, tachycardia, and hypotension at admission. Labs showed elevated inflammatory and cardiac biomarkers, and echocardiography revealed mild to moderate heart dysfunction in all of the patients. The authors provide a table summarizing demographics, clinical characteristics, and treatment outcomes of the cohort. The patients received IV immunoglobulin and were discharged with total heart function recovery. CMRI allows for a robust assessment of the extent of myocardial injury and dysfunction. It is also more sensitive than echocardiography, which lacks specificity in less severe disease. CMRIs done on the 5 patients after hospital discharge revealed normal ventricular function and no edema. This suggests that the observed heart dysfunction was not secondary to viral myocardial injury and could have been caused by an exaggerated inflammatory response in PIMS-TS. Further studies are necessary to elucidate the etiology of myocardial dysfunction in children with PIMS-TS.	mild to moderate heart dysfunction secondary to PIMS-TS showed no myocardial damage. An exaggerated inflammatory response, rather than viral myocardial injury, could have been the cause of heart dysfunction.	multisystem syndrome temporally associated with SARS-CoV-2 and heart dysfunction. Clinical Microbiology and Infection 2020. ISSN 1198-743X, https://doi.org/10.1016/j.cmi.2020.10.005 (http://www.sciencedirect.com/science/article/pii/S1198743X20306169)
C-section, gestational weight gain, pregnancy, China	10-Oct-20	The associated factors of cesarean section during COVID-19 pandemic: a cross-sectional study in nine cities of China	Environmental Health and Preventive Medicine	Research Article	The authors of this study examined the factors associated with cesarean section (CS) during the COVID-19 lockdown time. A total of 678 women who gave birth within a 7-day period were enrolled from maternal and children hospitals in nine cities of China from April - May 2020. The delivery modes and potential influencing factors were investigated. The subgroup analysis and sensitivity analysis were used to examine the association of CS and risk factors among populations with different characteristics and to control for possible confounding, respectively. The overall rate of cesarean delivery was 37.3%. In multi-variant model, maternal age > 30 years, higher pre-gestational BMI, living in regions with confirmed COVID-19 cases > 500, and excess gestational weight gain were associated with CS delivery. CS delivery occurred more in women who received more nutrition instruction during the pandemic period in the univariate model; however, this association showed no significance in the multi-variant analysis. The authors concluded that a high CS rate was found in uninfected women who experienced lockdown in their third trimester. During the COVID-19 pandemic, more medical support should be provided in severely affected regions to ensure and promote health in pregnancy	The authors of this study conducted a cross-sectional study across China examining the associated factors of C-section births during the COVID-19 pandemic. They found a high cesarean delivery rate among uninfected women who experience lockdown in their third trimester. This demonstrates the importance of consistent perinatal support during the pandemic.	Zhang J, Zhang Y, Ma Y, Ke Y, Huo S, He L, Luo W, Li J, Zhao A. The associated factors of cesarean section during COVID-19 pandemic: a cross-sectional study in nine cities of China. Environ Health Prev Med. 2020 Oct 10;25(1):60. doi: 10.1186/s12199-020-00899-w. PMID: 33038922; PMCID: PMC7547292.
Telemedicine, patient satisfaction, prenatal Care,	10-Oct-20	Addressing Disparities in Prenatal Care via Telehealth	American Journal of Perinatology	Original Article	The authors conducted a cross-sectional study of 104 women comparing patient satisfaction from virtual and in-person prenatal care in New York USA from March 1-May 1, 2020 during the COVID-19 pandemic. 74% of women self-identified as	The authors conducted a cross-sectional study of 104 women comparing patient satisfaction from	Futterman I, Rosenfeld E, Toaff M, et al. Addressing Disparities in Prenatal Care via Telehealth During COVID-19: Prenatal

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Hispanic, United States		During COVID-19: Prenatal Satisfaction Survey in East Harlem			Hispanic and 54% stated their primary language was Spanish. The Short Assessment of Patient Satisfaction survey was used to measure patient satisfaction, reported from 1-28, and correlated with patient satisfaction: 0-10: very dissatisfied, 11-18: dissatisfied, 19-26: satisfied, and 27-28: very satisfied. In the telehealth group, the total number of “dissatisfied” and “satisfied” patients was 10 and 94, respectively. In the in-person group, the total number of “dissatisfied” and “satisfied” patients was 7 and 97, respectively (p = 0.448). The overall median satisfaction score for tele-visits and in-person visits was 20 (interquartile range [IQR]: 20, 25) and 24 (IQR: 22, 26; p = 0.008). In patients who self-identified as Hispanic or who identified their primary language as Spanish, there was no statistically significant difference in their satisfaction scores. The study demonstrated that among Hispanic patients who are at risk for decreased access to care, the use of telehealth for prenatal care was a useful clinical tool for achieving comparable patient-perceived satisfactory care. Telehealth satisfaction scores were similar when compared with in-person visits.	virtual and in-person prenatal care from March 1-May 1, 2020 during the COVID-19 pandemic. The study demonstrated that among Hispanic patients who are at risk for decreased access to care, the use of telehealth for prenatal care was a useful clinical tool for achieving comparable patient-perceived satisfactory care. Telehealth satisfaction scores were similar when compared with in-person visits.	Satisfaction Survey in East Harlem [published online 2020 Oct 10]. Am J Perinatol. 2020. doi:10.1055/s-0040-1718695
Pandemic, India, South Asia, child marriage	10-Oct-20	2.5 million more child marriages due to COVID-19 pandemic	The Lancet	World Report	This article discusses the possibility that up to 2.5 million more girls around the world are at risk of marriage in the next 5 years because of the COVID-19 pandemic. The author reports on work being done by the organization Save the Children, stating that the results of the current pandemic will force hundreds of thousands more girls into child marriages this year alone, and is worried about the effects of the pandemic on the organization’s efforts to end childhood marriage. She states that millions of families have been forced to consider child marriage to alleviate poverty. Experts in the organization state that social protection must be made available to help families meet their needs. Families do not need to choose between marrying their daughters or going hungry. Save the Children predicts that as many as 10 million children might never return to school because of the pandemic, most of those being girls. This means they may never receive life-saving comprehensive sex education, putting girls at risk of high-risk adolescent pregnancies. The author states that before the pandemic, very few countries were on track to reach the Sustainable Development Goal of ending child marriage by 2030, and the pandemic has raised further questions of whether such goals need to be re-worked.	The author reports on the status of childhood marriage in India and South Asia, stating that the pandemic has resulted in an increase in child marriages. She reviews the information given by the organization Save the Children, which investigates the prevalence of childhood marriage and is actively trying to end it.	Cousins S. 2.5 million more child marriages due to COVID-19 pandemic. The Lancet. 2020 Oct 10. doi: 10.1016/S0140-6736(20)32112-7

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India, online learning	10-Oct-20	A Survey of Parents of Children Attending the Online Classes During the Ongoing COVID-19 Pandemic	The Indian Journal of Pediatrics	Letter to the Editor	The study discussed in this letter aimed to understand the implications behind the transition to online learning on students who have had to adjust to a new learning environment and their parents who have had to adapt to emerging technology and monitoring of children around the clock in India. An online, cross-sectional survey was conducted in the English language from June 21 - July 17, 2020 among the children's guardians attending online classes. 289 guardians participated in the study, with a majority from an urban background and having some level of graduate/postgraduate education. Guardians generally reported that online classes were less comfortable and less satisfactory, their children had poor attention and concentration and had lower learning of theoretical and practical aspects of the subject. About half the guardians also noted an increase in the irritability of their children. Overall, the authors state that online classes have a negative impact on the behavior and physical health of children.	The authors of this letter describe a study assessing the impacts of COVID-19 and online learning on children and their respective guardians. They found that in general, online classes have a negative effect on children's behavior.	Grover, S., Goyal, S.K., Mehra, A. et al. A Survey of Parents of Children Attending the Online Classes During the Ongoing COVID-19 Pandemic. Indian J Pediatr (2020). https://doi.org/10.1007/s12098-020-03523-5
Breastfeeding, infant, retrograde milk flow, breastmilk	10-Oct-20	Undermining breastfeeding will not alleviate the COVID-19 pandemic	The Lancet	Correspondence	Rüdiger Groß et al. describe the detection of viral particles in human breastmilk, but the authors critique that no cell culture to measure viral viability was done. The authors argue that the likelihood of SARS-CoV-2 being introduced into milk samples from the infant saliva via retrograde milk flow was not considered, even though Groß et al. confirmed that the infant was fed just before sample collections. SARS-CoV-2 is present in saliva during the first week of signs, and the baby showed signs of infection that coincided precisely with the period in which positive milk samplings were collected. Since the Correspondence by Groß et al. was published, results of larger studies have shown no viable infectious virus in breastmilk and that breastfeeding is probably not a mode of SARS-CoV-2 transmission. The authors state that epidemiological evidence suggests the harms of breastfeeding cessation disproportionately outweigh the risk of COVID-19 transmission.	The authors argue that the likelihood of SARS-CoV-2 being introduced into milk samples from the infant saliva via retrograde milk flow was not considered to describe the detection of viral particles in human breastmilk in the Correspondence by Groß et al. Contrasting the results of Groß et al., results of larger studies have shown no viable infectious virus in breastmilk and that breastfeeding is probably not a mode of SARS-CoV-2 transmission.	Shenker NS, Wesolowska A, Goudoever JB van, Nangia S, Klotz D. Undermining breastfeeding will not alleviate the COVID-19 pandemic. The Lancet. 2020;396(10257):1064-1065. doi:10.1016/S0140-6736(20)32071-7
Breastfeeding, infant, breastmilk	10-Oct-20	Undermining breastfeeding will not alleviate the COVID-19 pandemic – Authors' reply	The Lancet	Correspondence	The authors respond to a letter commenting on the authors' original study. They report the detection of SARS-CoV-2 RNA in consecutive milk samples from an infected mother. The authors did not claim that SARS-CoV-2 is transmitted via contaminated breastmilk or that breastfeeding should be discontinued by mothers with the infection. The authors note that there are eight other reports of SARS-CoV-2 RNA detection in milk samples, in several cases at multiple time points during the course of the infection. In most of these studies, care was taken to avoid	Groß et al. report the presence SARS-CoV-2 RNA in milk samples and point to eight other reports of SARS-CoV-2 RNA detection in milk samples to demonstrate their result is not isolated. The authors critique the explanation of	Groß R, Conzelmann C, Müller JA, Reister F, Kirchhoff F, Münch J. Undermining breastfeeding will not alleviate the COVID-19 pandemic – Authors' reply. The Lancet. 2020;396(10257):1065-1066. doi:10.1016/S0140-6736(20)32066-3

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					environmental contamination. The authors think that the detection of SARS-CoV-2 RNA in breastmilk being a result of retrograde milk flow of infant saliva containing the virus as suggested by Shenker et al. is unlikely. The authors note that SARS-CoV-2 contamination from the infant has been excluded in three studies reporting viral RNA in milk from mothers, where the infant was either continually COVID-19-negative or separated from the mother, or both. No cases of SARS-CoV-2 transmission via breastfeeding have been reported, and it has not been established if the virus in this body fluid is infectious. The authors agree with the WHO recommendation of continuing breastfeeding upon maternal SARS-CoV-2 infection.	Shenker et al. and note that SARS-CoV-2 contamination from the infant has been excluded in three studies reporting viral RNA in milk from mothers, where the infant was either continually COVID-19-negative or separated from the mother, or both.	
NMDA receptor, Autoimmune, Encephalitis, COVID-19, Pediatric	9-Oct-20	N-Methyl-d-Aspartate Receptor Encephalitis Associated With COVID-19 Infection in a Toddler	Pediatric Neurology	Case Report	The authors present the case of a 23-month-old girl with COVID-19-associated anti-NMDAR (N-Methyl-d-Aspartate Receptor) encephalitis in July 2020 in the United States. The patient presented with fever, fussiness, poor sleep, constipation, and decreased oral intake. She tested positive for SARS-CoV-2 via PCR. 2 days after admission, she seized several times and was treated with lorazepam and levetiracetam. The cerebrospinal fluid analysis showed glucose of 56 mg/dL, protein of 25 mg/dL, and 89% lymphocytes. Brain MRI was normal. 2 weeks later, her encephalopathy worsened, and the hyper-kinetic movements persisted. She was then found to be positive for serum (1:640) and CSF (1:40) NMDAR-IgG. Her repeated PCR was still positive for SARS-CoV-2, as was IgG. She was given IV methylprednisolone and immunoglobulin. Her abnormal movements and encephalopathy resolved, and she was finally discharged. 2 similar cases were reported previously in adults, and this is the first case reported in children. Anti-NMDAR encephalitis was previously known to be triggered by viral infections and tumors. This case demonstrates how SARS-CoV-2 might indirectly trigger anti-NMDAR encephalitis similarly to herpes simplex virus-1 (HSV-1), through molecular mimicry—in which a viral epitope has the same structure as an NMDAR epitope.	The authors present the case of a 23-month-old girl with COVID-19-associated anti-NMDAR encephalitis in July 2020 in the United States. SARS-CoV-2 might trigger anti-NMDAR encephalitis indirectly through molecular mimicry.	Burr T, Barton C, Doll E, et al. N-Methyl-d-Aspartate Receptor Encephalitis Associated With COVID-19 Infection in a Toddler. <i>Pediatr Neurol.</i> 2021;114:75-76. doi:10.1016/j.pediatrneurol.2020.10.002
COVID-19; SARS-CoV-2; children; policy; vaccination; policy brief	9-Oct-20	A Pediatric Strategy for the Next Phase of the SARS-CoV-2 Pandemic	Frontiers in Pediatrics	Policy Brief	This article describes the potential overload on pediatric healthcare services during the COVID-19 pandemic and recommends strategies to prevent it. The authors suggest several preventive strategies that pediatricians, institutions, medical societies, and policymakers should consider to address future health capacity overload appropriately. Children and their family members need to stay up to date on standard obligatory vaccinations, including yearly influenza vaccines. Appropriate vaccine education is vital to increase immunization rates. As long-term school closure is not sustainable during the pandemic, policymakers should reorganize school environments by reducing	The authors describe public health priorities for pediatric healthcare services during the COVID-19 pandemic. Improved vaccination services, school reorganization, and strengthening of telemedicine services are critical to resolving the health system strain.	Buonsenso D, Valentini P, Moscato U, et al. A Pediatric Strategy for the Next Phase of the SARS-CoV-2 Pandemic. <i>Front Pediatr.</i> 2020;8. Published 2020 Oct 9. doi:10.3389/fped.2020.582798

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					the number of students in each room, practicing physical distance, and providing hand sanitizers. Future reviews on regular outpatient follow-up, family education about fever management in children and warning signs, implementation of technology, and emergency department admission criteria are critical to resolving the health system strain. Also, parents should have access to their family pediatrician before bringing the child to medical attention. Furthermore, physicians, institutions, policymakers, and families must prepare for shortages of human resources, PPEs, and hospital capacity.		
COVID-19; pediatric; RT-PCR; chest CT	9-Oct-20	Clinical Features and Temporal Changes of RT-PCR and Chest CT in COVID-19 Pediatric Patients	Frontiers in Pediatrics	Article	The authors describe a study to investigate the clinical features and temporal changes of RT-PCR and CT in 114 COVID-19 pediatric patients in Wuhan, China. A medical record review was retrospectively conducted using the institution's database from January 21 to March 14, 2020 in Wuhan Children's Hospital and Tongji Hospital. All included patients were aged <16 years, had chest CT on admission and were identified as positive by pharyngeal swab RT-PCR test. Fever (n=62, 54%) and cough (n=61, 54%) were the most common symptoms. There were 34 cases (30%) of concurrent infections. The most common imaging features on CT were ground-glass opacities (n=46, 40%) and consolidation (n=46, 40%). The bilateral lower lobes were the most common pattern of involvement, with 63 cases (55%) involving one to two lobes, and in 32 cases (28%) CT was normal. The diagnostic positive rate of CT was far lower than that of RT-PCR (all P < 0.05) throughout the entire course of COVID-19 pneumonia in children in this study. For RT-PCR follow-up, reliable negative results were obtained only 7 days after the onset of symptoms. Though lung involvement on chest CT progressed rapidly in several cases, lung involvement in children with COVID-19 is mild, with a median value of 2 on CT score. RT-PCR is thus more reliable than CT in the initial diagnosis of pediatric patients with COVID-19.	The authors describe a study to investigate the clinical features and temporal changes of RT-PCR and CT by medical record review in 114 COVID-19 pediatric patients in Wuhan, China. RT-PCR was found to be more reliable than CT in the initial diagnosis of pediatric patients with COVID-19.	Xia W, Guo Y, Tian Z, Luo Y, Hu D, Shao J, Li Z, Kamel IR. Clinical Features and Temporal Changes of RT-PCR and Chest CT in COVID-19 Pediatric Patients. <i>Front Pediatr</i> . 2020 Oct 9;8:579512. doi: 10.3389/fped.2020.579512. PMID: 33163466; PMCID: PMC7581798.
Germany, Europe, SARS-CoV-2, transmission, prevalence, incidence, schools	9-Oct-20	Sars-Cov-2 in children – insights and conclusions from the mandatory reporting data in Frankfurt am Main, Germany, March–July 2020	German Medical Science (GMS)	Research Article	This report is a summary of mandatory data collection/reporting using the Survnet system from Frankfurt am Main, Germany. It contains 2 tables and 1 chart which display signs/symptom prevalence, case incidence, and probable transmission routes. In addition, the authors provide comparison data and discussion from Ireland, Iceland, Israel, Australia, Italy, and Finland. In Germany, from March 1 to July 31, 2020, 1,977 SARS-CoV-2 infected people were reported, including 138 children between the ages of 0 and 14 years. Children had fewer and milder symptoms than adults. Compared to the SARS-CoV-2 incidence in the total population (256/100,000), the age-related incidence in children was lower: 0–4 years 142/100,000, 5–9 years	This report of surveillance data collected from Frankfurt am Main, Germany between March 1 – July 31, 2020 concludes that children are less likely to become infected with SARS-CoV-2, and if infected, their symptoms are less severe than in adults. They appear not to	Heudorf U, Steul K, Gottschalk R. Sars-Cov-2 in children - insights and conclusions from the mandatory reporting data in Frankfurt am Main, Germany, March-July 2020. <i>GMS Hyg Infect Control</i> . 2020;15:Doc24. Published 2020 Oct 9. doi:10.3205/dgkh000359

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					132/100,000, and 10–14 years 178/100,000. None of the children experienced severe respiratory symptoms or the need for ventilation. 62% of the children had no symptoms at all (vs 19% of adults), 5% of the children were hospitalized (vs 24% of adults), and none of the children died (vs 3.8% of adults). 78% of the children had been infected by an adult within the family, and only 1 case had strong evidence for child-to-adult transmission. In 5.5% of cases, transmission in a community facility was likely. This report agrees with the results published in other countries; children are less likely to become infected with SARS-CoV-2, and if infected, their symptoms are less severe than in adults, and they appear not to be the main drivers of virus transmission. Therefore, scientific medical associations strongly recommend re-opening schools.	be the main drivers of virus transmission.	
pediatric, adolescent, cancer, glioma, extracorporeal membrane oxygenation, ECMO, United States of America	9-Oct-20	Severe SARS-CoV-2 Infection in a Pediatric Patient Requiring Extracorporeal Membrane Oxygenation	Case Reports in Pediatrics	Case Report	These authors share the case of a 16-year-old Latinx female in the USA, who presented with dyspnea, cyanosis, fever, cough, congestion, and hypoxemia. Medical history included left hemispheric glioma at 18 months of age, treated with chemotherapy, radiation, and debulking, in remission since 2012 with subsequent epilepsy, global developmental delay, and obstructive sleep apnea without baseline need for respiratory support. Upon admission she received IV hydration and antibiotics and was intubated, but SpO2 remained 70-85%. Chest radiograph showed near-complete airspace consolidation on the left and patchy consolidations on the right. After suctioning, SpO2 declined to 50-60%. The patient was cannulated to extracorporeal membrane oxygenation (ECMO). Initial lab studies demonstrated hyponatremia, hypochloremia, hypo-albuminemia, signs of coagulopathy, elevated lactate dehydrogenase, normal troponin, thrombocytopenia, leukocytosis with a left shift, and signs of profound systemic inflammation. SARS-CoV-2 testing was positive. Cytokine levels were significantly elevated. The patient received hydroxychloroquine, IV immuno-globulin, anakinra, and convalescent plasma. On hospital day 5, a head CT demonstrated a large left subdural hemorrhage, along with leftward midline shift and compression of the right cerebral hemisphere. Due to the poor prognosis, the family elected to withdraw life-sustaining support. This case highlights the potential severity of COVID-19 in pediatric patients with complex medical history, including the potential need for ECMO and risk of death.	These authors present a case of severe COVID-19 in a pediatric patient in the USA, with signs of hyper-inflammation and consumptive coagulopathy requiring intubation and extracorporeal membrane oxygenation (ECMO) and eventual death due to ECMO complications.	Flood SM, Osborne CM, Martin B, Derderian SC, Stenson E, Grubenhoff JA. Severe SARS-CoV-2 Infection in a Pediatric Patient Requiring Extracorporeal Membrane Oxygenation. Case Rep Pediatr. 2020 Oct 9;2020:8885022. doi: 10.1155/2020/8885022. PMID: 33062363; PMCID: PMC7547361.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Prenatal care, perinatal care, obstetrics, COVID-19, SARS-CoV-2, pregnancy, complications, management, breastfeeding, vertical transmission	9-Oct-20	Clinical guidance and perinatal care in the era of coronavirus disease 2019 (COVID-19) [Free Access to Abstract Only]	Journal of Perinatal Medicine	Article	This article summarizes current evidence and recommendations on prenatal and perinatal care during the COVID-19 pandemic. Evidence has not demonstrated an increased risk of SARS-CoV-2 infection during pregnancy, though pregnant women who are infected appear to be at 1.5 times higher risk of ICU admission and 1.7 times higher risk of mechanical ventilation. SARS-CoV-2 testing is generally by RT-PCR; in cases of limited availability some localities have opted for COVID-19 antigen testing, although these tests have lower sensitivity and specificity. SARS-CoV-2 infection alone is not an independent recommendation for delivery, unless dictated by obstetrical indications or maternal complications. The authors provide specific treatment recommendations in the case that preterm delivery is indicated. Surveillance of fetal growth is recommended, especially during the 3rd trimester, due to documented risks of intervillous placental thrombosis in pregnant women who have recovered from COVID-19. Risk mitigation against SARS-CoV-2 transmission includes limiting the number of visitors and staff, informing patients of screening protocols at the time of booking, tele-sonography when possible, and PPE use. In-person essential "milestone" visits are still indicated. Current data suggest that the risk of vertical transmission remains low, regardless of mode of delivery and it is also unlikely that SARS-CoV-2 is transmitted through breastmilk. The authors cite current recommendations that infected mothers breastfeed their newborns, ideally using expressed breastmilk, with proper hygiene precautions.	This article summarizes current evidence on the effect of SARS-CoV-2 on pregnancy and provides evidence-based recommendations on SARS-CoV-2 testing and management, risk mitigation, and outpatient high-risk prenatal care.	Afshar Y, Silverman NS, Han CS, Platt LD. Clinical guidance and perinatal care in the era of coronavirus disease 2019 (COVID-19). J Perinat Med. 2020 Oct 9;:j/jpme.ahead-of-print/jpm-2020-0400/jpm-2020-0400.xml. doi: 10.1515/jpm-2020-0400. Epub ahead of print. PMID: 33035193.
SARS-CoV-2, children, infants, adolescents, symptoms, outcomes, Mexico	9-Oct-20	Clinical risk profile associated with SARS-CoV-2 infection and complications in the emergency area of a pediatric COVID-19 center	Boletín Médico del Hospital Infantil de México	Correspondence	The authors conducted a cross-sectional study of patients <18 years old presenting to a COVID-19 pediatric reference hospital in Mexico from March - July 2020. In order to study the association between symptoms suggestive for SARS-CoV-2 infection with RT-PCR confirmation and outcomes, the authors collected the following: initial symptoms, history of influenza vaccination, previous contact, RT-PCR results, use of assisted mechanical ventilation, and mortality. Of a total of 510 subjects (mean age 5 years; range 1.3-11 years), 76 (15%) were positive for SARS-CoV-2. Results demonstrated a bimodal diagnosis pattern: 64% of cases were equally distributed among children <2 years and adolescents (>12.1 years) [the paper includes some errors in defining the categories of age ranges]. Subjects without vs with confirmed SARS-CoV-2 differed in presentation with regard to chest pain (6% vs 14%), general malaise (33 vs 44%), and sudden onset of symptoms (63% vs 75%) (all p<0.05). The variable most associated with contagion was exposure to a relative with confirmed COVID-19 (p=0.001). 11 patients (19.3%) required assisted mechanical ventilation; associated variables were age <2	This study aimed to describe the clinical manifestations of patients <18 years old and their association with confirmed SARS-CoV-2 infection and outcomes. The frequency of test positivity was 15%, and sudden onset of symptoms, general malaise, chest pain, and exposure to a relative with COVID-19 were most associated with a positive test.	Olivar-López V, Leyva-Barrera A, López-Martínez B, et al. Clinical risk profile associated with SARS-CoV-2 infection and complications in the emergency area of a pediatric COVID-19 center. Bol Med Hosp Infant Mex. 2020;77(5):221-227. English. doi: 10.24875/BMHIM.20000198. PMID: 33064676.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					years (OR=2.4; 95% CI 2.1-3) and not having received an influenza vaccination (OR=2.0; 95% CI 1.1-3). COVID-19 mortality rate was <2%. The authors state that infants (<2 years) and adolescents (>12.1 years) with sudden onset of symptoms, chest pain, and a history of contact with a confirmed COVID-19 patient may be the primary factors to be screened with testing.		
COVID-19; child; abuse; neglect; mandated reporter; United States	9-Oct-20	Reporting of child maltreatment during the SARS-CoV-2 pandemic in New York City from March to May 2020	Child Abuse & Neglect	Article	The authors describe a study to assess associations between the COVID-19 pandemic and allegations of child abuse or neglect. Monthly data from New York City, USA of the number of child maltreatment allegations, stratified by reporter type (mandated reporter, education personnel, healthcare personnel), as well as the number of Child Protective Services (CPS) investigations warranting child welfare preventative services, was analyzed from January 2015-May 2020. Seasonal Autoregressive Integrated Moving Average (SARIMA) models were trained to predict expected values for March-May 2020, the first 3 months of widespread social distancing and school closures in response to the pandemic. Observed values were compared against predicted values at $\alpha=0.05$. Substantially fewer allegations of child maltreatment were reported than expected in March (-28.8%, deviation: 1848, 95% CI: [1272, 2423]), April (-51.5%, deviation: 2976, 95% CI: [2382, 3570]), and May 2020 (-46%, deviation: 2959, 95% CI: [2347, 3571]). Significant decreases in child maltreatment reporting were also noted for all reporter subtypes. Fewer CPS investigations warranted preventative services than expected in March 2020 (-43.5%, deviation: 303, 95% CI: [132, 475]). Quick drops in child maltreatment reporting and child welfare interventions coincided with social distancing policies designed to mitigate SARS-CoV-2 transmission which have decreased the extent that children interact with mandated reporters and other professionals trained to detect child maltreatment. In light of these findings, educators and healthcare providers must be especially vigilant when engaging online with children and their families for signs of child abuse/neglect.	The authors describe a study to assess associations between the COVID-19 pandemic and allegations of child abuse or neglect, by comparing observed against predicted values using SARIMA modeling for March-May 2020. Decreases in child maltreatment reporting and child welfare interventions were found that coincided with social distancing policies designed to mitigate SARS-CoV-2 transmission which have decreased the extent that children interact with mandated reporters and other professionals trained to detect child maltreatment.	Rapoport E, Reisert H, Schoeman E. Reporting of child maltreatment during the SARS-CoV-2 pandemic in New York City from March to May 2020. Child Abuse Negl. 2020;104719. doi:10.1016/j.chiabu.2020.104719.
Fellowship, pediatric surgery, virtual interviews, Tennessee, the US	9-Oct-20	Virtual Interviews May Fall Short for Pediatric Surgery Fellowships: Lessons Learned From COVID-19/SARS-CoV-2	Journal of Surgical Research	Original Research	As the COVID-19 pandemic continues, more virtual interviews will be necessary to recruit and train new pediatric surgeons. This study sought to determine the perceived value of virtual interviews for a Pediatric Surgery Fellowship. A survey was distributed to the applicants and faculty at a university-affiliated children's hospital (Tennessee, USA). 8 faculty members and 14 applicants (out of 20 total) completed the survey. All applicants who responded to the survey had at least one interview that was converted to a virtual interview. Faculty (75%) and applicants (87.5%) preferred in-person interviews over virtual interviews; most applicants (57%) did not feel they got to know the program	In this survey conducted in Tennessee, USA, the faculty of a children's hospital, and applicants for a pediatric surgery reported their experiences regarding the adjustment to virtual interviewing caused by the COVID-19 pandemic. Both groups	Lewit R, Gosain A. Virtual Interviews May Fall Short for Pediatric Surgery Fellowships: Lessons Learned From COVID-19/SARS-CoV-2. J Surg Res. 2020 Oct 9:S0022-4804(20)30695-8. doi: 10.1016/j.jss.2020.09.029. Epub ahead of print. PMID: 33127064; PMCID: PMC7546197.

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					as well with the virtual format. When asked if virtual interviews could be used as a screening tool before formal interviews, applicants gave a median response of 7/10 Likert (range 4-10), and faculty gave a median response of 7/10 Likert (range 1-10), with higher numbers indicating they would recommend this option. However, they do not recommend it to be used as a complete replacement for in-person interviews [Likert 3.5 (range 1-10) for applicants and 5 (range 1-8) for faculty]. Overall, faculty and applicants preferred in-person interviews and did not recommend that virtual interviews replace in-person interviews.	indicated a preference for in-person interviews.	
Breastfeeding, human milk, social distancing, support, telehealth, United States	9-Oct-20	Birth and Breastfeeding in the Hospital Setting during the COVID-19 Pandemic	MCN: The American Journal of Maternal Child Nursing	Case Series	To better understand the ways in which new families experience pregnancy and lactation during the COVID-19 pandemic and the implications for maternal-child nurses and other health care providers, the authors share the experiences of 3 healthy first-time mothers during the start of the pandemic in the US. Shared concerns and experiences among the 3 participants involved 5 key areas: 1) Recommendations changing frequently, making it difficult to navigate the health care system. 2) Guilt, concern, and stress related to the pandemic. 3) In-person versus telehealth visits. One participant liked the convenience of tele-health visits, but all women also questioned their accuracy and effectiveness. 4) All mothers reported grief and sadness related to social distancing, and missing time with family and friends. 5) Silver linings, such as having partners working from home. In the care of postpartum and breastfeeding patients during the COVID-19 pandemic, health care providers need to give sound and consistent anticipatory guidance, enhance communication, and improve the provision of evidence-based lactation care and support.	The authors share the experiences of 3 healthy breastfeeding mothers during the start of the COVID-19 pandemic. Health care providers need to give sound and consistent anticipatory guidance, enhance communication, and improve the provision of evidence-based lactation care and support.	Spatz DL, Froh EB. Birth and Breastfeeding in the Hospital Setting during the COVID-19 Pandemic. MCN Am J Matern Child Nurs. 2020 Oct 9. doi: 10.1097/NMC.0000000000000672. Epub ahead of print. PMID: 33048860.
Daycare, infectiousness, respiratory infections, toddlers, transmission, viruses, zoonoses, Poland	9-Oct-20	SARS-CoV-2 Cluster in Nursery, Poland	Emerging Infectious Diseases	Research Letter	This letter describes a cluster of SARS-CoV-2 cases in one nursery in Poland. After a nation-wide lockdown, the nursery was re-opened on 18 May 2020. On 31 May, a nursery worker reported family contact with a symptomatic SARS-CoV-2-infected person, and the nursery was again closed. During the 14 days the nursery was open, a mean of 25 children attended the nursery daily. [The authors do not describe the children's age characteristics]. Caregivers wore facemasks when in contact with children, and parents did not enter the building. The index case of SARS-CoV-2 infection (nursery worker with family contact) was confirmed on June 4. Subsequent PCR testing of nursery staff, children attending the facility, and family members (106 total persons), revealed a total of 29 positive tests, giving an overall positivity rate of 27%. This is much higher than the 1% SARS-CoV-2 positivity rate in Poland at the time. Most SARS-CoV-2-positive persons at the nursery were asymptomatic. Note: the authors	This letter describes a cluster of SARS-CoV-2 cases in one nursery in Poland. The authors conclude that children 1–2 years of age might be effective SARS-CoV-2 spreaders.	Okarska-Napierała M, Mańdziuk J, Kuchar E. SARS-CoV-2 Cluster in Nursery, Poland. Emerg Infect Dis. 2020 Oct 9;27(1). doi: 10.3201/eid2701.203849. Epub ahead of print. PMID: 33035153.

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					stated that they could not determine whether the infection in the nursery worker was the real index case because one of the children's parents had tested positive within the previous 2 weeks and that child could also have been the primary case. The findings in this case contrast with the presumed negligible role of children in driving the SARS-CoV-2 pandemic. The authors conclude that children 1–2 years of age might be effective SARS-CoV-2 spreaders.		
Infant, febrile, bacterial infection	9-Oct-20	Comparison of Clinical and Epidemiologic Characteristics of Young Febrile Infants with and without SARS-CoV-2 Infection	The Journal of Pediatrics	Original Research	The objective of this study was to determine the features that distinguish febrile young infants with SARS-CoV-2 infection. A retrospective single-center study included febrile infants <57 days old evaluated in New York during March 1-April 30 of 2018, 2019, and 2020. In total, 124 febrile infants <57 days of age were identified; 38 during the 2-month study period in 2018, 33 in 2019, and 53 in 2020. During 2020, fewer febrile infants had a serious bacterial infection (SBI) or a positive respiratory viral panel (RVP) than in prior years (6% versus 21%, P = 0.02; 15% versus 53%, p<0.001, respectively). SARS-CoV-2 was the most frequent pathogen detected in 2020 with 20/30 infants testing positive. None of the infants with SARS-CoV-2 had concurrent serious bacterial infection or detection of another virus, and overall the disease course in infants was mild. The authors concluded that during the pandemic's peak, SARS-CoV-2 was the predominant pathogen among febrile infants, and the disease was self-limited in all infants with COVID-19.	The authors compared febrile infants' characteristics between the years 2018, 2019, and 2020, taking special attention to consider the impact of SARS-CoV-2 infection. They conclude that during the pandemic, the main threat to febrile infants was SARS-CoV-2 and not serious bacterial infections.	Leibowitz J, Krief W, Barone S, et al. Comparison of Clinical and Epidemiologic Characteristics of Young Febrile Infants with and without SARS-CoV-2 Infection. J Pediatr. 2020 Oct 9:S0022-3476(20)31264-6. doi: 10.1016/j.jpeds.2020.10.002.
COVID-19, Turkey, children	9-Oct-20	Characteristics and Management of Children With COVID-19 in a Tertiary Care Hospital in Turkey [Free Access to Abstract Only]	Clinical pediatrics	Article	In this retrospective study, the authors describe the characteristics and management of children with COVID-19 in a tertiary care hospital in Ankara, Turkey. Medical records of pediatric patients <18 years, who were confirmed for COVID-19 by positive RT-PCR or serum-specific antibodies against SARS-CoV-2 during March 11-May 23, 2020 were reviewed. A total of 581 children were assessed and tested; 85 (14.6%) were confirmed positive. Of these, 8 patients transferred to other hospitals and the remaining 77 COVID-19 pediatric patients were evaluated with a median age of 8 years (IQR = 2-13), of whom 45.5% were male. 6.4% of the patients had underlying diseases. The severity of pediatric COVID-19 cases were categorized; percentages of asymptomatic, mild, moderate, and critical/severe cases were 24.7%, 41.6%, 29.9%, and 3.9%, respectively. 76 (98.7%) patients were family-clustered or reported close contact with confirmed COVID-19 patients. All patients were hospitalized. Fever was present in 37.2% of cases. The most common symptom was cough (40.2%), followed by fatigue/myalgia (18.2%), sore throat (14.3%), diarrhea (7.8%), headache (9.1%), vomiting (7.8%), tachypnea/dyspnea (5.2%),	In this retrospective study, the authors review medical records and describe the characteristics and management of children with COVID-19 in a tertiary care hospital in Ankara, Turkey during March 11-May 23, 2020.	Yayla BCC, Aykac K, Ozsurekci Y, Ceyhan M. Characteristics and Management of Children With COVID-19 in a Tertiary Care Hospital in Turkey. Clin Pediatr (Phila). 2020;9922820966306. doi: 10.1177/0009922820966306.

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					loss of smell or taste (6.4%), and conjunctivitis (1.3%). 27 children (35%) presented remarkable abnormalities on X-ray or chest CT. Extracorporeal membrane oxygenation and mechanic ventilation were only required for 1 patient (1.3%). Targeted therapies were used in 3 patients (3.9%). 1 patient (1.3%) aged 1 year with no pre-existing comorbidities died.		
Pregnancy, fetal, veno-venous extra-corporeal membrane oxygenation, respiratory failure	9-Oct-20	Survival of Pregnant Coronavirus Patient on Extracorporeal Membrane Oxygenation	The Annals of Thoracic Surgery	Case Report	This report shares the case of a 27-year-old female, who presented with fever, cough, vomiting, shortness of breath, and sore throat at 23 weeks 6 days gestation, and tested positive for COVID-19. The patient experienced a tonic-clonic seizure, and was emergently intubated. The rest of her clinical course was not consistent with eclampsia. Chest X-ray showed lower lobe consolidation and patchy infiltrates. She was admitted to the ICU in acute hypoxemic respiratory failure due to acute respiratory distress syndrome (ARDS) secondary to COVID-19. Prone positioning was not possible, so the patient was paralyzed to promote better patient synchrony with mechanical ventilation under sedation. Despite these measures, she remained hypoxic and was emergently cannulated for veno-venous extra-corporeal membrane oxygenation (VV ECMO). Immediate delivery was considered but deferred, as the likelihood of fetal survival on ECMO was considered better than a peri-viable delivery. Convalescent plasma was administered on hospital day (HD) 4. On HD 8 the patient ambulated while intubated and on VV ECMO, and on HD 10 she was extubated. The patient was discharged to home on HD 14, and gave birth to a healthy infant at 39 weeks gestation. Possible complications of ECMO in pregnancy include bleeding, hemolysis, cannula dislodgement, and infection. Performance by an experienced cannulating surgeon is recommended. With the use of VV ECMO, this patient and fetus survived acute hypoxemic respiratory failure due to COVID-19.	This report presents the case of a 27-year-old female who tested positive for COVID-19 at 23 weeks 6 days gestation. With the use of veno-venous extra-corporeal membrane oxygenation, this patient and fetus survived acute hypoxemic respiratory failure due to COVID-19.	Larson SB, Watson SN, Eberlein M, Simmons JS, Doerschug KC, Leslie KK, Survival of Pregnant Coronavirus Patient on Extracorporeal Membrane Oxygenation, The Annals of Thoracic Surgery (2020), doi: https://doi.org/10.1016/j.athoracsur.2020.09.004
Mental health, anxiety, depression, adolescents, China, Wuhan, parental rearing style	9-Oct-20	Risk factors for adolescents' mental health during the COVID-19 pandemic: a comparison between Wuhan and other urban areas in China	Globalization and Health	Original Article	The authors conducted a cross-sectional study of 7772 adolescents in Wuhan, Beijing, and Hangzhou, China from February 22-March 8, 2020 to identify several risk factors for adolescents' depression and anxiety during the COVID-19 pandemic. Results showed that there was a statistically significant difference in anxiety symptoms between participants who were from Wuhan compared to other cities ($\chi^2(df = 1) = 8.825, p = 0.004$), but there was no statistically significant difference in depressive symptoms ($\chi^2(df = 1) = 1.137, p = 0.286$). When evaluating parental rearing styles, the authors found that all styles showed a significant difference between Wuhan and other cities (Emotional Warmth: $t(df = 7770) = 8.254, p < .001$; Overprotection: $t(df = 7770) = -4.012, p < .001$; Rejection: t	The authors conducted a cross-sectional study of 7772 adolescents in Wuhan, Beijing, and Hangzhou, China from February 22-March 8, 2020 to identify several risk factors for adolescents' depression and anxiety during the COVID-19 pandemic. Results showed that there was a statistically significant	Chen S, Cheng Z, Wu J. Risk factors for adolescents' mental health during the COVID-19 pandemic: a comparison between Wuhan and other urban areas in China. Global Health. 2020;16(96). doi:10.1186/s12992-020-00627-7

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					(df = 7770) = - 7.835, p < .001). Participants' grade level, gender, relative being infected, and studying online have direct positive predictive value for depressive and anxiety symptoms, whereas location and sibling status have indirect predictive value. For parental rearing styles, emotional warmth was negatively related to depression and anxiety, but overprotection and rejection had a positive relationship with depression and anxiety. The authors conclude that Wuhan adolescents' parents might be under higher stress than other urban areas, and that would have a negative effect on the outcome of some adolescents' emotional state.	difference in anxiety symptoms between participants who were from Wuhan compared to other urban areas, but not in depressive symptoms.	
Pediatric, New-Onset Diabetes, Atypical Hemolytic Uremic Syndrome in the Setting of COVID-19, eculizumab	9-Oct-20	Toddler with New Onset Diabetes and Atypical Hemolytic Uremic Syndrome in the Setting of COVID-19	Pediatrics	Case Report	The authors describe the case of a 16-month old male who presented at Boston Children's Hospital, USA, with new-onset diabetes mellitus with diabetic ketoacidosis (DKA) in the setting of SARS-CoV-2 infection, with a course complicated by atypical hemolytic uremic syndrome (aHUS), during the global COVID-19 pandemic in 2020. The patient had a history of prematurity at 34 weeks gestation, multiple dysmorphisms, and numerous neonatal complications, but was in his usual health condition when he presented with fever, emesis, and respiratory distress. Laboratory evaluation revealed DKA, and antibody testing confirmed Type I diabetes. On hospital day 4, he developed a micro-angiopathic process and was given fresh frozen plasma due to concern for congenital thrombotic thrombocytopenic purpura without improvement. He also had severe insulin resistance, hypertension, rising BUN and creatinine, proteinuria, and edema. On hospital day 24, he was empirically treated with eculizumab (C5a inhibitor) for possible aHUS and subsequently had marked hematologic improvement and decreased insulin resistance. The authors suggest that the hyperinflammatory state of COVID-19 may lead to insulin resistance and hyperglycemia, resulting in Type 1 diabetes. They also suggest that complement system activation may be instrumental in the hyperinflammatory response in SARS-CoV-2, leading to severe illness in COVID-19.	The authors present the case of a 16-month old male presenting with COVID-19, DKA, and Type 1 diabetes, with subsequent development of aHUS, who was successfully treated with eculizumab.	Alizadeh F, O'Halloran A, Alghamdi A, et al. Toddler With New Onset Diabetes and Atypical Hemolytic Uremic Syndrome in the Setting of COVID-19 [published online, 2020 Oct 9]. <i>Pediatrics</i> . 2020;e2020016774. doi:10.1542/peds.2020-016774
Paraguay, caseload, respiratory illness, pediatrics, children	9-Oct-20	Fever, Cough and Cold What else do you have? Impact of the Sars-Cov-2 Pandemic in the consultation for respiratory diseases in the pediatric emergency	Journal of the Faculty of Human Medicine	Editorial	This article discusses respiratory illnesses in pediatric emergency medicine (PEM) at a children's hospital in Asuncion, Paraguay during the COVID-19 pandemic. There was no additive effect of COVID-19 on the burden of respiratory illnesses. COVID-19 arrived in the fall in the Southern Hemisphere in 2020, and as winter progressed, the caseload for respiratory illnesses in PEM was only approximately 20% of what they had been at the same time the previous year, and that the burden of respiratory illnesses was only 5% of what it had been in the previous two years. By June 2020, physicians noticed a decrease in cases but an increase in their severity. The decrease in caseload was due to the stay-at-home campaign and other public health measures	This article discusses respiratory illnesses in pediatric emergency medicine in Asuncion, Paraguay during the COVID-19 pandemic. Physicians noted a marked decrease in respiratory caseloads due to preventative measures for COVID-19, indicating less extreme measures could	Pavlicich V. Fever, Cough and Cold What else do you have? Impact of the Sars-Cov-2 Pandemic in the consultation for respiratory diseases in the pediatric emergency. <i>Revista de la Facultad de Medicina Humana</i> . 2020;20(4):550-553. doi:10.25176/rfmh.v20i4.3189

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					against COVID-19. The stay-at-home mandate both prevented patients from coming to the hospital but also prevented transmission of diseases such as colds and flu. The author notes that the COVID-19 pandemic could be an opportunity to improve the health system, and similar preventive measures, albeit less extreme, could be used in the future to prevent the spread of common respiratory diseases in children and their associated morbidity and mortality.	be applied in the future to prevent the spread of respiratory diseases.	
Pregnant women, retest, Italy	9-Oct-20	Retest positive for SARS-CoV-2 RNA of recovered pregnant women with COVID-19	Ultrasound in Obstetrics & Gynecology	Article	The authors describe 2 cases of asymptomatic pregnant women in Italy recovered from SARS-CoV-2 infection who re-tested positive. The first case was that of a 33-year-old pregnant woman who was admitted with fever, asthenia and cough in March 2020 at 24 weeks of gestation. RT-PCR from a nasopharyngeal swab was positive for SARS-CoV-2, while chest X-ray and lung ultrasound revealed bilateral and multifocal interstitial pneumonia. Blood tests revealed lymphopenia and anemia. After 5 days she was discharged with 14 days of strict quarantine, at the end of which she was re-tested twice with negative results. When she was admitted for spontaneous labor in July, she re-tested positive for SARS-CoV-2 although asymptomatic with normal chest X-ray and blood tests. The second case was that of a 27-year-old pregnant woman who was a close contact of a COVID-19 case and asymptomatic herself, but tested positive for SARS-CoV-2 in April 2020 at 32 weeks of gestation. After 14 days of quarantine, she was re-tested twice with negative results. In June, 2 days before admission for planned induction of labor, she re-tested positive for SARS-CoV-2 although asymptomatic with normal chest X-ray and blood tests. Both women gave birth to healthy male children. These cases raise attention to the discharge standards for COVID-19 in pregnancy and management of pregnant/postpartum women with these features as potentially infectious.	The authors describe 2 cases of asymptomatic pregnant women in Italy recovered from SARS-CoV-2 infection who re-tested positive. These cases raise attention to the discharge standards for COVID-19 in pregnancy and management of pregnant/postpartum women with these features as potentially infectious.	Zanardini C, Saccani B, Franceschetti L. Retest positive for SARS-CoV-2 RNA of recovered pregnant women with COVID-19. Ultrasound Obstet Gynecol. 2020. doi: 10.1002/uog.23144.
Pediatric, NMDA-receptor, autoimmune encephalitis, United States	9-Oct-20	NMDA-receptor encephalitis associated with COVID-19 infection in a toddler	Pediatric Neurology	Clinical Letter	The authors present the first pediatric case of SARS-CoV-2-associated anti-NMDA receptor (NMDAR) encephalitis in a 23-month-old female in the US in July 2020. The child developed fever, fussiness, poor sleep, constipation, and decreased oral intake. When presented to the emergency department a week later, she was dehydrated and febrile to 100.9°F, fussy, non-interactive, no longer talking, and kicking and thrashing with her arms and legs. SARS-CoV-2 PCR resulted positive. 2 days after admission, she had several seizures and was treated with lorazepam and levetiracetam. Multiplex nested PCR analysis on cerebrospinal fluid (CSF) was negative for E-coli, Streptococcus pneumoniae, Streptococcus agalactiae, Hemophilus influenzae, Neisseria meningitidis, Listeria monocytogenes, enterovirus,	The authors present the first pediatric case of SARS-CoV-2-associated anti-NMDA receptor encephalitis in a 23-month-old female in the United States.	Burr T, Barton C, Doll E. NMDA-receptor encephalitis associated with COVID-19 infection in a toddler. Pediatr Neurol. 2020. doi: https://doi.org/10.1016/j.pediatr.neurol.2020.10.002.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					human parechovirus, herpes simplex virus 1 and 2, varicella zoster virus, cytomegalovirus, human herpes virus 6, and Cryptococcus neoformans/gattii. SARS-CoV-2 PCR of CSF was negative. 2 weeks into the disease course, despite resolution of fever, she had worsening encephalopathy and hyperkinetic movements of the arms, legs, and head. IV methylprednisolone (30mg/kg/day) was administered for 5 days. Auto-antibody testing demonstrated NMDAR-IgG positivity in the serum (1:640) and CSF (1:40). Repeat serum SARS-CoV-2 PCR remained positive. Due to persistent encephalopathy, poor sleep, hyperkinetic movements, and mood lability, IV immunoglobulin (2gm/kg) was administered. Abnormal movements and encephalopathy gradually resolved and she was back to baseline 2 weeks after discharge.		
Mental health, parents, children, Homeschooling, Canada	9-Oct-20	Mental Health and the COVID-19 Crisis: The Hopes and Concerns for Children as Schools Re-open	Interchange	Case study	In this article, the authors report the results of a case study of 10 parents from different school boards in a major city in Alberta, Canada. The study focused on the impact of the COVID-19 pandemic on children's education during the temporary closure of schools from mid-March to the end of June 2020. The authors report on parents' insights on the possible impact of this crisis on their children's mental health, how to improve children's experiences at home and make teachers and educational authorities aware of the difficulties. Authors also express parents' hopes and concerns as classes start in schools the fall of 2020. The authors concluded that parents are extremely apprehensive about the near future; however, the instability of COVID-19 infections can impact educational plans. They also stressed that the mental health of parents, teachers, and students should be meaningfully taken into consideration by all levels of education as this pandemic crisis has affected everyone in schools.	The authors in this study voice parents' experiences and their insights on the improvement of children's homeschooling experience as well as make teachers and educational authorities aware of the difficulties, especially related to mental health.	Fontenelle-Tereshchuk D. Mental Health and the COVID-19 Crisis: The Hopes and Concerns for Children as Schools Re-open. Interchange. 2020. doi: 10.1007/s10780-020-09413-1.
Europe, oncology, pediatrics	9-Oct-20	Impact of COVID-19 in Paediatric Early Phase Cancer Clinical Trials in Europe: A report from the Innovative Therapies for Children with Cancer consortium (ITCC)	European Journal of Cancer	Original Research	This study analyzed the impact of the COVID-19 pandemic on the conduct of pediatric cancer phase I-II trials in Europe through the experience of the Innovative Therapies for Children with Cancer (ITCC). A survey including questions about the impact in staff activities, recruitment, patient care, the supply of investigational products, and legal aspects was sent to all ITCC-accredited Early-Phase Clinical Trial Hospitals from March 1-April 30 2020. 31 out of 53 hospitals from 12 different countries participated. Challenges reported included staff constraints, reduction in planned monitoring activity, and patient activity. There was also an increase in the number of facilities closing recruitment of phase I and II trials, as well as an increase in restrictions in performing trial assessments due to local contingency plans. The authors state that this study reveals a profound disruption of pediatric cancer early phase clinical research due to the COVID-19	After an assessment of 31 ITCC-accredited Early-Phase Clinical Trial Hospitals, the authors found increased challenges associated with providing care for pediatric oncology patients as well and hindrances to the advancement of oncology research due to COVID-19.	Rubio-San-Simón A, André N, Cefalo MG, et al. Impact of COVID-19 in paediatric early phase cancer clinical trials in europe: A report from the innovative therapies for children with cancer consortium (ITCC). Eur J Cancer. 2020. doi: https://doi.org/10.1016/j.ejca.2020.09.024 .

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					<p>pandemic across Europe. They implore that efforts should be made to reallocate resources to avoid lost opportunities for patients and to allow the continued advancement of oncology research.</p>		
China, breastfeeding, lactating	9-Oct-20	Report on a lactating patient with COVID-19	Infection	Case Report	<p>This article reports the first confirmed case of COVID-19 in a lactating mother in Chizhou, Anhui Province, China. The woman presented with intermittent fever for 16 days and cough for 10 days, as well as consolidated lesions in CT scans. Upon diagnosis, the patient was immediately sequestered to the isolation ward of the infectious disease department. Breastfeeding of the child (6 months old) was immediately discontinued, and the infant was taken home to be cared for by the father and given artificial nutrition. All family members of the patient, including the child, tested negative for SARS-CoV-2. During her hospitalization, the patient also experienced bilateral breast tenderness. She was discharged from the hospital almost 4 weeks from original admittance. The authors stress that while breastfeeding is often beneficial for both mother and child, the safety of breastfeeding is still debatable for mothers infected with severe acute and highly pathogenic infectious diseases. The authors discuss the practice and alternatives to breastfeeding in the COVID-19 context. It is still an active area of research whether SARS-CoV-2 can be transmitted via breastmilk.</p>	<p>This article presents the first known lactating COVID-19 patient in Chizhou, China. Throughout her stay, she presented with fever, dry cough, and breast tenderness, and the decision was made to discontinue breastfeeding of her infant.</p>	<p>Liu, X., Zhou, L. & Zhu, Y. Report on a lactating patient with COVID-19. <i>Infection</i> (2020). https://doi.org/10.1007/s15010-020-01532-2</p>
Children, families, behavioral and mental health	9-Oct-20	Children's and Families' Behavioral and Mental Health During COVID-19	Pediatric Annals	Editorial	<p>In this editorial the author presents aspects of collaborative care between primary care pediatric providers and behavioral health specialists during the COVID-19 pandemic. The relative impact of daily routine disruption due to COVID-19, such as attending in-person school, physical exercise, social interactions, nutrition, screen time, family mealtime, bedtime schedules, and quality of sleep, is dependent on the child's developmental stage. Other important factors also include socio-economic status, intactness of the family, family stresses, access to technology for remote education and social interactions, nutritional status, presence of underlying chronic illness and/or mental or behavioral health problems, and access to medical, social, and psychological/psychiatric services. High rates of depression, anxiety, post-traumatic symptoms, neglect and abuse, family disruption, isolation, and loneliness can be particularly significant in children from underprivileged families, and children with chronic illness, attention-deficit/hyperactivity disorder, autism spectrum disorder, and psychiatric disorders. Pediatric clinicians can help by being available in person to safely provide vaccinations, well-child and sick care, as well as via telehealth to perform trauma-informed care. They can counsel parents and teachers to be positive role models for children to demonstrate</p>	<p>The author presents aspects of collaborative care between primary care pediatric providers and behavioral health specialists during the COVID-19 pandemic to better support children's mental, physical, and social well-being.</p>	<p>Hageman JR. Children's and Families' Behavioral and Mental Health During COVID-19. <i>Pediatr Ann.</i> 2020;49(10):e405-e406. doi: 10.3928/19382359-20200922-05.</p>

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					how to deal with the additional stressors. General practitioners can use social prescribing to make referrals to nonclinical community services such as fitness programs, yoga, and group exercise classes for patients to help improve their mental, physical, and social well-being.		
Children, lockdown, confinement, psychology, Spain	8-Oct-20	Six Weeks of Confinement: Psychological Effects on a Sample of Children in Early Childhood and Primary Education	Frontiers in Psychology	Original Research	The objective of this study was to evaluate the impact of a confinement (lockdown) period due to COVID-19 in Madrid, Spain from March 11- April 25, 2020 on the psychological well-being of children in the community. 167 families with children aged 3.2-11.1 years (42% girls, mean age of 7 years and 2 months) participated. The sample was divided into two groups: preschool families and primary education families. 113 families completed the System of Evaluation of Children and Adolescents questionnaire before and during confinement. The rest of the participants (54) only completed the questionnaire during confinement. Only the dimensions of the questionnaire that evaluated aspects related to psychological adjustment were selected. The score for each item ranged from 1-5, with low scores indicating absence of a problem (except for willingness to study). Comparison between the pre-test and post-test scores for the preschool group showed little variation in the mean scores for each of the five dimensions [ANOVA, $p = 0.19$]. For children in primary education, higher scores were detected in Attention ($p = 0.02$), Emotional Regulation Problems ($p = 0.01$), and Hyperactivity and Impulsivity ($p < 0.001$) scales, and lower scores in Willingness to study ($p < 0.001$), indicating greater problems for children in these areas. No changes were found in the Depression ($p < 0.11$) or Challenging behaviors ($p < 0.54$) scales. 85% of children expressed difficulties in adequately performing school tasks. These results indicate that Spanish children, especially those in primary care, experienced negative psychological effects during the lockdown period.	The authors evaluated the psychological well-being of children in Madrid, Spain during a confinement (lockdown) period due to COVID-19. Children in primary school experienced negative psychological effects while preschool children showed little variation.	Jiménez-Dasí M, Quintanilla L, Lucas-Molina B, Sarmento-Henrique R. Six Weeks of Confinement: Psychological Effects on a Sample of Children in Early Childhood and Primary Education. <i>Front Psychol.</i> 2020 Oct 8;11:590463. doi: 10.3389/fpsyg.2020.590463.
COVID-19; Co-infection; Dengue; Low-resource settings; Malaria; Pregnancy; SARS-CoV-2 infection; India	8-Oct-20	Co-infection of malaria and dengue in pregnant women with SARS-CoV-2	International Journal of Gynaecology and Obstetrics	Brief Communication	These authors briefly report the clinical courses of 4 pregnant women with COVID-19, 3 of whom were co-infected with malaria and 1 with dengue, admitted to a hospital in India. The age range of the patients was 22-32 years (median 26). The clinical presentations of malaria and dengue strongly overlap with that of COVID-19, posing a challenge for differential diagnosis and management. All 4 of the described cases presented with fever, but other symptoms varied. For pregnant women, misdiagnosis could be life-threatening for both mother and fetus. In one of the cases described, a patient with COVID-19 and malaria experienced fetal demise. The authors state that if the malaria had been diagnosed earlier, the pregnancy might have been saved. In the other 3 cases, the co-infections were not life-	The clinical presentations of malaria and dengue strongly overlap with that of COVID-19, posing a challenge for differential diagnosis and management. These authors briefly report the clinical courses of 4 pregnant women with COVID-19, 3 of whom were co-infected with malaria and 1 with dengue,	Mahajan NN, Kesarwani SN, Shinde SS, Nayak A, Modi DN, Mahale SD, Gajbhiye RK. Co-infection of malaria and dengue in pregnant women with SARS-CoV-2. <i>Int J Gynaecol Obstet.</i> 2020 Oct 8. doi: 10.1002/ijgo.13415. Epub ahead of print. PMID: 33090458.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					threatening and had no major complications. Of note, the pregnancy ending in demise presented with infection in the second trimester and also had a diagnosis of pre-eclampsia, while the other 3 presented in the third trimester. The authors recommend that obstetric providers be vigilant to ensure the timely identification of co-infections with SARS-CoV-2. They suggest that all COVID-19 cases with fever be investigated for other infections in endemic regions. Health care centers should have appropriate provisions of medicine and equipment to manage co-infection cases.	admitted to a hospital in India.	
NICU, restrictions, Italy	8-Oct-20	Parents experiencing NICU visit restrictions due to COVID-19 pandemic	Acta Paediatrica	Brief Report	The authors evaluate the psychological consequences of NICU visitor restrictions on parents of admitted newborns at the Institute for Maternal and Child Health - IRCCS "Burlo Garofolo" in Italy during the COVID-19 pandemic [exact study time period not specified]. As a preventive measure, access to the NICU was limited to one parent per infant, one hour per day, for 3 weeks. 10 newborns were hospitalized in the unit during this time. After a week, one parent of each infant (9 mothers, 1 father) were asked the following question: "How did you experience the visitor restriction due to the COVID-19 pandemic?" by a clinical psychologist in a 10-min interview. Common coding of parental answers was achieved using 3 main categories: dysphoric emotions, relational suffering and adaptive strategies. Restrictions accentuated the emotional suffering of parents whose infants were in the NICU. Of the 55 coded answers, 54.5% expressed dysphoric emotions, in particular sadness and anger. 25.5% expressed relational suffering due to separation from the partner and the newborn. 20% reflected adaptation strategies such as imaging a context change, focusing on the infant or rationalization. In case restrictions are needed again in the future, adequate psychological support for parents should be provided. Better management of parental distress and its consequences on development and well-being of the infant should also be considered as a long-term investment.	The authors evaluate the psychological consequences of NICU visitor restrictions on parents of admitted newborns at a hospital in Italy during COVID-19 pandemic. Restrictions were found to accentuate their emotional suffering and provision of psychological support is suggested in case of future restrictions.	Bembich S, Tripani A, Mastromarino S. Parents experiencing NICU visit restrictions due to COVID-19 pandemic. Acta Paediatr. 2020;00:1-2. doi:10.1111/apa.15620
Adolescents, anxiety, children, headache, migraine, stress, Italy	8-Oct-20	Migraine Symptoms Improvement During the COVID-19 Lockdown in a Cohort of Children and Adolescents	Frontiers in Neurology	Original Research	This research article aimed to understand the effect of the COVID-19 emergency as potential triggers on migraine symptoms intensity and frequency in pediatric patients. 142 child and adolescent patients (mean age 15 years; range 5-21 years) with a diagnosis of migraine were enrolled at the Child Neurology and Psychiatry Unit in Pavia (Italy) from March – April 2020. The authors obtained socio-demographic and clinical characteristics from medical records and collected information on COVID-19 exposure, stress response, anxiety symptoms, as well as migraine symptoms' intensity and frequency before and during the lockdown via the online survey. They found that most	This study suggested that the COVID-19 lockdown phase may have resulted in an unexpected improvement of migraine symptoms' intensity and frequency in pediatric patients in northern Italy. The reduction of symptoms severity during a period of reduced	Dallavalle G, Pezzotti E, Provenzi L, Toni F, Carpani A, Borgatti R. Migraine Symptoms Improvement During the COVID-19 Lockdown in a Cohort of Children and Adolescents. Front Neurol. 2020;11:579047. Published 2020 Oct 8. doi:10.3389/fneur.2020.579047

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					participants were outpatients (n = 125, 88.0%), 52 (36.6%) had migraine with aura, and 90 (63.4%) had migraine without aura. The authors suggested that the COVID-19 lockdown phase may have resulted in an unexpected relieving improvement of migraine symptoms' intensity ($\chi^2 = 31.05$, $p < 0.0001$) and frequency, especially in patients who were stable or worsening before the lockdown. They hypothesized this could be related to a reduction in external or internal demands for high performance in daily social settings, such as school and sport or leisure activities, which highlights the need of providing adequate training in stress regulation and coping for these patients.	environmental challenges and pressures highlights the need for adequate training in stress regulation and coping for these patients.	
Pediatric orthopedics, recommendations , Italy	8-Oct-20	Recommendations from the Italian Society of Pediatric Orthopaedics and Traumatology for the management of pediatric orthopaedic patients during the COVID19 pandemic and post-pandemic period in Italy	Italian Journal of Pediatrics	Commentary	The COVID-19 outbreak led to the suspension of many routine health services, potentially harming children requiring care unrelated to COVID-19. The Italian Society of Pediatric Orthopaedics and Traumatology working group formulated recommendations, finalized in May 2020, for providing essential care to children needing orthopedic treatments during the COVID-19 pandemic and early post-peak period. The goal of the recommendations was to ensure safety of children, care givers, and health care providers, and limit the spread of outbreak. Recommendations included physical separation of individuals in the health care setting, based on SARS-CoV-2 infection status. The working group recommended maintaining appointments for children requiring non-postponable post-operative care, and children with recent onset and progressive exacerbation of pain or functional impairment. Tele-medicine appointments were encouraged. The group suggested teaching parents to remove self-removable casts or splints. A priority protocol should be adopted for both emergency and elective surgeries, to facilitate patient SARS-CoV-2 testing prior to surgery when possible. This article offers examples of such protocols, as well as a table with PPE recommendations for various situations. Local/regional anesthesia and other techniques that reduce the risk of aerosol-generating procedures are recommended.	This article reviews recommendations from the Italian Society of Pediatric Orthopaedics and Traumatology, for providing essential care to children needing orthopedic treatments during the COVID-19 pandemic and early post-peak period.	Trisolino G, Origo CE, De Sanctis N, Dibello D, Farsetti P, Gigante C, Guida P, Marengo L, Panuccio E, Toniolo RM, Verdoni F, Memeo A. Recommendations from the Italian Society of Pediatric Orthopaedics and Traumatology for the management of pediatric orthopaedic patients during the COVID19 pandemic and post-pandemic period in Italy. Ital J Pediatr. 2020 Oct 8;46(1):149. doi: 10.1186/s13052-020-00911-7. PMID: 33032650; PMCID: PMC7542566.
Secondary school, communities, masks, test-trace-isolate, secondary wave, UK	8-Oct-20	Modelling the potential impact of mask use in schools and society on COVID-19 control in the UK	medRxiv	Preprint (not peer-reviewed)	Recent findings suggest that an adequate test-trace-isolate (TTI) strategy is needed to prevent a secondary COVID-19 wave in the UK. The authors used model scenarios to assess the importance of mandatory masks in parts of the community and in secondary schools (in children <12 years old). The results suggest that there is a greater benefit of mandatory masks in secondary schools if the effective coverage of masks is high (30%). Under current testing and tracing levels (24% testing, 47% tracing) and masks' effective coverage of 30%, the predicted second COVID-19 wave would be less than half of the original wave. The minimum testing levels necessary to avoid a second wave, under scaled up	Results of modeling scenarios suggest that while the adoption of masks in secondary schools (in children <12 years old) in addition to community settings may contribute to reducing the size of a second wave, it is not sufficient to prevent a secondary COVID-19 wave	Panovska-Griffiths J, Kerr CC, Waites W, Stuart RM. Modelling the potential impact of mask use in schools and society on COVID-19 control in the UK. medRxiv 2020. doi: https://doi.org/10.1101/2020.09.28.20202937

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					TTI, is 8-11% less when masks are mandatory in schools than if they are not, depending on the effective coverage of masks. Mandating the use of masks in secondary schools would result in fewer infections but would not be sufficient to prevent a second wave. Only with increased TTI coverage could a secondary wave be avoided; under current tracing levels, 68% or 46% of those with symptomatic infection would need to be tested if masks' effective coverage were 15% or 30% respectively, compared to 76% and 57% if masks are mandated in community settings but not secondary schools.	in the UK. A masks policy would need to be combined with an adequate test-trace-isolate strategy.	
Infection, pediatrics, MIS-C	8-Oct-20	COVID-19 infection prevalence in pediatric population: Etiology, clinical presentation, and outcome	Journal of Infection and Public Health	Review Article	The authors conducted a literature review on COVID-19 in the pediatric population to explore the etiology, clinical presentations, risk factors, and outcomes from 1 December 2019 to 20 August 2020. Children are less commonly affected by COVID-19, and they usually experience mild or no symptoms compared to the adult population. Gastrointestinal symptoms can occur without respiratory symptoms. Compared to Kawasaki Disease patients, MIS-C patients were usually older, experienced shock-like symptoms involving gastro-intestinal and cardiovascular systems and presented with lymphopenia and significantly elevated inflammatory markers. The main risk factors for the pediatric cases were close contact with an infected family member and recent travel history or residence in an endemic area. The authors evaluate the RT-PCR and molecular/serological testing for SARS-CoV-2 and suggest using a chest CT scan to improve the sensitivity. The possibility of vertical transmission is uncertain, and the authors recommend the breast milk be provided as expressed breast milk or recommend use of formula. The neonates who become symptomatic or test positive for SARS-CoV-2 should be admitted in a negative pressure isolation room with an airway management facility. Overall, most pediatric COVID-19 patients have a good prognosis, and the early identification in infants and children is critical to implement effective measures.	The literature review reveals that the pediatric population is less commonly affected by COVID-19 and experiences less severe symptoms compared to the adult population. The major risk factors for pediatric COVID-19 cases were close contact with SARS-CoV-2-positive family members, a recent history of travel, and/or residence in endemic areas.	Alsohime F, Temsah MH, Al-Nemri AM, et al. COVID-19 infection prevalence in pediatric population: Etiology, clinical presentation, and outcome, Journal of Infection and Public Health, 2020. ISSN 1876-0341, https://doi.org/10.1016/j.jiph.2020.10.008 (http://www.sciencedirect.com/science/article/pii/S1876034120306870)
Antenatal care, care delivery, gestational diabetes screening, patient-centered care, postpartum care, prenatal care, telemedicine, ultrasound, vaccination,	8-Oct-20	Patient and Provider Perspectives of a New Prenatal Care Model Introduced in Response to the COVID-19 Pandemic	American Journal of Obstetrics and Gynecology	Original Article	This study evaluated the experiences of pregnant patients and providers of a COVID-19 prenatal care model incorporating a reduced frequency visit schedule and virtual visits deployed at Michigan (USA) university clinic on March 20, 2020. Pregnant patients were past 20 weeks gestation and their mean age was 31.2 ± 6.7 years old. Following the model adoption, the average weekly prenatal visit volume fell by 16.1%, from 898 to 761 weekly visits, the average weekly proportion of prenatal visits conducted virtually increased from 10.8% (97/898) to 43.3% (330/761), and the average visit no-show rate remained stable (4.3% pre-implementation; 4.2%, post-implementation). Most	This single-site evaluation of a COVID-19 prenatal care model at a Michigan (USA) university clinic found that reduced visit schedules and virtual visits were rapidly adopted in a real-world prenatal care practice setting, with positive care experiences	Peahl AF, Powell A, Berlin H, et al. Patient and Provider Perspectives of a New Prenatal Care Model Introduced in Response to the COVID-19 Pandemic. Am J Obstet Gynecol. 2020 Oct 8:S0002-9378(20)31180-7. doi: 10.1016/j.ajog.2020.10.008. Epub ahead of print.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
virtual care, Michigan, USA					patients and almost all providers reported that virtual visits improved access to care (patients: 68.8%, providers: 96.1%). Over half of respondents (patients: 53.3%; providers: 62.1%) believed virtual visits were safe. Nearly all believed home blood pressure cuffs were important for virtual visits (patients: 92.2%; providers: 95.5%). Most reported satisfaction with the COVID-19 model (patients: 77.5%; providers: 83.1%). Drivers of positive care experiences were similar for patients and providers, including improved access to care, high quality of virtual visits, and better patient counseling. Drivers of negative care experience were also similar for patients and providers, but less common, including concerns about unequal access, lack of home devices, poor patient-provider continuity, and inadequate expectation-setting.	for most pregnant patients and providers.	
Mother-to-child transmission, Sub-Saharan Africa, Pregnancy, Antenatal care, screening	8-Oct-20	SARS-CoV-2 Infection in Pregnant Women and Their Newborns	Annals of Global Health	Letter to the editor	In this letter, the authors highlight the lack of information on the spread of COVID-19 in Sub-Saharan Africa due to low testing rates and the risks posed by SARS-CoV-2 infection during pregnancy. The authors describe a research initiative by the World Health Organisation (WHO) in conjunction with other international organizations, known as the WHO/HRP Alliance, to address these knowledge gaps. The research group plans to establish research infrastructures in five sub-Saharan African countries in order to screen more than 50,000 pregnant women and their infants for SARS-CoV-2 while monitoring pregnancy and neonatal outcomes. Over a 12-month period, throat swabs and blood samples will be collected from pregnant women presenting for antenatal care, based in primary health care facilities and government hospitals in each of the five countries. The authors anticipate that the results of this study will provide much needed information about the risks that SARS-CoV-2 poses to pregnant women and their infants and establish potential routes of mother-to-child transmission	In this letter, the authors describe a research initiative for screening more than 50,000 pregnant women in five sub-Saharan African countries to understand the risks posed by SARS-CoV-2 infection during pregnancy and possible routes of mother-to-child transmission.	Etti M, Sekikubo M, Nankabirwa V, Sommerfelt H, Freyne B, Kawaza K, Gadama G, Jambo K, Sevene E, Temmerman M, Magee LA, von Dadelszen P, Khalil A, Doare KL; WHO/HRP Alliance author group. SARS-CoV-2 Infection in Pregnant Women and Their Newborns. Ann Glob Health. 2020 Oct 8;86(1):132. doi: 10.5334/aogh.3072. PMID: 33102152; PMCID: PMC7546109.
Dissemination and implementation science, food insecurity, chronic disease prevention, health disparities, USA	8-Oct-20	Leveraging Implementation Science in the Public Health Response to COVID-19: Child Food Insecurity and Federal Nutrition Assistance Programs	Public Health Reports	Article Commentary	The authors examine the role of dissemination and implementation (D&I) science to improve public health post-COVID-19 and discuss its application to rapid evaluations of federal child nutrition assistance programs deployed during the COVID-19 pandemic in the US. The authors describe the federal nutrition assistance programs and implementation strategies pre-COVID-19 and outline how D&I research during and after COVID-19 can help redefine and scale these strategies to expand program impact. When schools closed in response to COVID-19, the importance of policy-based solutions to address food insecurity and prevent chronic disease became evident. The authors emphasize that D&I research is stakeholder driven and interdisciplinary to ensure that inquiry is timely, interesting, aligned with priorities, and most relevant for future policy and	The authors examine the role of dissemination and implementation (D&I) science to improve public health post-COVID-19 and discuss its application to rapid evaluations of federal child nutrition assistance programs deployed during the COVID-19 pandemic in the US.	Lane HG, Turner L, Dunn CG, et al. Leveraging Implementation Science in the Public Health Response to COVID-19 : Child Food Insecurity and Federal Nutrition Assistance Programs [published online 2020 Oct 8]. Public Health Rep. 2020. doi: 10.1177/00333549200959285

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					practice. Stakeholder engagement and conceptual frameworks can ensure that evaluation methods and measures can inform adoption, uptake, and implementation of programs. D&I research can compare the effectiveness of various implementation strategies to ensure that policies and practices achieve their intended purpose and promote equity. The authors emphasize the use of D&I research to study the altered course of upstream policy, environmental, and organizational efforts designed to alleviate disparities in health outcomes in the COVID-19 pandemic.		
Children, transmission, susceptibility, infectivity, mitigation	8-Oct-20	COVID-19 in Children: Looking Forward, Not Back	Pediatrics	Review	The authors review literature regarding SARS-CoV-2 infection rates, transmission dynamics, and symptom profiles of COVID-19 in children. The literature demonstrates that children are capable of acquiring and transmitting SARS-CoV-2. Additionally, current data still indicates that children have reduced susceptibility and infectivity compared to adults, though this requires further monitoring as increased testing capacity and relaxation of community mitigation may continue to diminish the magnitude of these differences. Infected children generally have mild symptoms and are less likely than adults to report lower respiratory tract symptoms or loss of taste or smell. The literature emphasizes the importance of mitigation measures especially the use of masks or cloth facial coverings, including among children. Although children continue to be underrepresented among SARS-CoV-2 infections, the author emphasizes the need for interventions important for minimizing transmission of SARS-CoV-2 to and from children, understanding the pathogenesis of MIS-C, and advocating for appropriate pediatric clinical trials for SARS-CoV-2 vaccine candidates.	The authors review literature regarding SARS-CoV-2 infection rates, transmission dynamics, and symptom profiles of COVID-19 in children. The literature demonstrates that children are capable of acquiring and transmitting SARS-CoV-2, have reduced susceptibility and infectivity compared to adults, and have mild symptoms.	Lee B, V Raszka W Jr. COVID-19 in Children: Looking Forward, Not Back [published online 2020 Oct 8]. <i>Pediatrics</i> . 2020. doi:10.1542/peds.2020-029736
Children, adolescents, household transmission, infection control, symptomology, USA	8-Oct-20	Symptoms and Transmission of SARS-CoV-2 among Children-Utah and Wisconsin, March-May 2020	Pediatrics	Review	Improved understanding of children's role in SARS-CoV-2 transmission will better inform prevention efforts. This review describes infection rates and symptom profiles among pediatric household contacts (<18 years) of individuals with COVID-19 in the US. Among 58 households, 188 contacts were enrolled (120 adults; 68 children). Among the 19 pediatric cases, median age was 13 years (range: 3–17 years; IQR: 10–15 years) and there were no significant differences in the odds of acquiring infection by demographic. Secondary infection rates for adults (30%) and children (28%) were similar. Among households with potential for transmission from children, child-to-adult transmission may have occurred in 1/5 (20%), and child-to-child transmission may have occurred in 1/6 (17%). Pediatric cases most commonly reported headache (79%), sore throat (68%), and rhinorrhea (68%); symptoms had low positive predictive values except fever (100%; 95% CI: 44–100%). Compared to symptomatic adults, children	This review describes infection rates and symptom profiles among pediatric household contacts (<18 years) of individuals with COVID-19 in the US. Children and adults had similar secondary infection rates, but children had less frequent and severe symptoms. Possible transmission from children to adults was observed in approximately 1/5 of households.	Laws RL, Chancey RJ, Rabold EM, et al. Symptoms and Transmission of SARS-CoV-2 among Children-Utah and Wisconsin, March-May 2020. <i>Pediatrics</i> . 2020 Oct 8:e2020027268. doi: 10.1542/peds.2020-027268. Epub ahead of print. PMID: 33033178.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					were less likely to report cough (OR: 0.15; 95% CI: 0.04–0.57), loss of taste (OR: 0.21; 95% CI: 0.06–0.74), and loss of smell (OR: 0.29; 95% CI: 0.09–0.96), and more likely to report sore throat (OR: 3.4; 95% CI: 1.04–11.18). These results provide insight into pediatric COVID-19 symptomology, timeline of exposure and symptom onset to confirmed infection, and household transmission patterns; future studies should assess the effectiveness of mitigation efforts.		
Children, pediatric, symptoms, hospitalization, ICU, asymptomatic, Tennessee	8-Oct-20	Characteristics and clinical features of SARS-CoV-2 infections among ambulatory and hospitalized children and adolescents in an integrated health care system in Tennessee	medRxiv	Preprint (not peer-reviewed)	Little is known regarding the full spectrum of illness among children with SARS-CoV-2 infection across ambulatory and inpatient settings. Active surveillance was performed for SARS-CoV-2 by PCR among asymptomatic and symptomatic individuals in a quaternary care academic hospital laboratory in Tennessee (USA) from March 12-July 17, 2020. For symptomatic patients ≤18 years of age, phone follow-up and medical record review was performed to obtain sociodemographic and clinical data on days 2, 7, and 30 after diagnosis and on day 30 for asymptomatic patients ≤18 years. Daily and 7-day average test positivity frequencies were calculated for children and adults beginning April 26, 2020. SARS-CoV-2 was detected in 531/10327 (5.1%) of patients ≤18 years, including 46/5752 (0.8%) asymptomatic and 485/4575 (10.6%) from 459 unique symptomatic children. Cough (51%), fever (42%), and headache (41%) were the most common symptoms. Related hospitalization was uncommon (18/459; 4%); no children during the study period required ICU admission. Symptom resolution occurred by follow-up day 2 in 192/459 (42%), by day 7 in 332/459 (72%), and by day 30 in 373/396 (94%). The number of cases and percent positivity rose in late June and July, 2020 in all ages. In an integrated healthcare network, most pediatric SARS-CoV-2 infections were mild, brief, and rarely required hospital admission, despite increasing cases as community response measures were relaxed.	This study conducted in Tennessee (USA) shows that symptomatic SARS-CoV-2 infections among individuals ≤18 years were generally associated with respiratory symptoms, a mild illness that usually resolved within a week, and rarely required hospitalization.	Leigh M. Howard, Kathryn Garguilo, Jessica Gillon, et al. Characteristics and clinical features of SARS-CoV-2 infections among ambulatory and hospitalized children and adolescents in an integrated health care system in Tennessee. medRxiv 2020.10.08.20208751; doi: https://doi.org/10.1101/2020.10.08.20208751
Pregnant, recovery, remdesivir, ventilation	8-Oct-20	Compassionate Use of Remdesivir in Pregnant Women with Severe Covid-19	Clinical Infectious Diseases	Original Research	Pregnant women with SARS-CoV-2 infection develop severe or critical illness in 9-14% of cases. Remdesivir is efficacious for severe COVID-19 in adults, but data in pregnant women are limited. The authors describe the outcomes of 86 pregnant women with severe COVID-19 who were treated with a 10-day course of remdesivir. The authors provide tables summarizing the patients' baseline demographic and clinical characteristics and outcomes. The median maternal age was 33 years old, and 74% were admitted to the ICU, with 51% receiving invasive mechanical ventilation. By Day 28 of follow-up, the oxygen requirement level decreased in 96% and 89% of pregnant and postpartum women, respectively. Among pregnant women, 93% of those on mechanical ventilation were extubated, 93%	Among 86 pregnant and postpartum women with severe COVID-19 who received compassionate use of remdesivir, recovery rates were high with a low rate of serious adverse events.	Burwick RM, Yawetz S, Stephenson KE, et al. Compassionate Use of Remdesivir in Pregnant Women with Severe Covid-19. Clin Infect Dis. 2020 Oct 8;ciaa1466. doi: 10.1093/cid/ciaa1466 . Epub ahead of print. PMID: 33031500.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					recovered, and 90% were discharged. Among postpartum women, 89% were extubated, 89% recovered, and 84% were discharged. Remdesivir was well tolerated with a low adverse events rate (16%). The most common adverse events were related to pregnancy and underlying disease, and most laboratory abnormalities were Grade 1 or 2. The results substantiate the safety and efficacy of remdesivir use in pregnant women. Further investigation with a larger sample size and longer follow-up is needed, to better understand the pharmacokinetics, safety, and efficacy of remdesivir use in pregnancy.		
Pediatric, Kawasaki Disease like syndrome, India	8-Oct-20	Cardiac Affection in a Young Girl with Post Covid-19 Kawasaki Like Syndrome	The Indian Journal of Pediatrics	Scientific Letter	The authors describe the case of an 8-year-old female in India who developed post COVID-19 Kawasaki Disease-like syndrome with hypotension. The patient presented with fever and headache, erythematous, non-blanching rashes over her hands and trunk, non-bilious vomiting, epigastric pain and loose stools for 3 days. On examination she was toxic and tachycardic with bilateral non-purulent conjunctivitis. Of note, her inflammatory biomarkers were significantly elevated; erythrocyte sedimentation rate 110/h, C-reactive protein 362 mg/L, ferritin 980 ng/ml and procalcitonin 9.63 ng/dl. Liver and renal functions were normal, but serum sodium was low (125 meq/L). Common causes of febrile toxic children were excluded. Considering persistent tachycardia even when afebrile, an underlying myocarditis was suspected. Electrocardiogram showed sinus tachycardia, echocardiogram showed 45% ejection fraction and left coronary artery was dilated (Z-score 2.5) and was provisionally diagnosed as post-COVID hyperinflammatory syndrome (PIMS). She developed hypotension, was initiated on adrenaline infusion along with IV immunoglobulin at 2 g/kg plus low dose aspirin and was afebrile within 12 hrs, tachycardia subsided, blood pressure improved, and inotropes were weaned off. While RT-PCR test result was negative for SARS-CoV-2, antibody test showed positive (IgG and total antibody). Echocardiogram after 72 hrs showed 60% ejection fraction but the coronary artery remained dilated. She was discharged on low dose aspirin with advice for follow-up echocardiography. High suspicion of PIMS in children with multi-system affection can help in appropriate treatment.	The authors describe the case of an 8-year-old female in India who developed post COVID-19 Kawasaki Disease-like syndrome with hypotension.	Singhi AK, Mohapatra SK, Sarkar SD. Cardiac Affection in a Young Girl with Post Covid-19 Kawasaki Like Syndrome. Indian J Pediatr. 2020. doi: 10.1007/s12098-020-03513-7.
Maternal infection, vertical transmission, India	8-Oct-20	SARS-CoV-2 Vertical Transmission: Rare But a Potential Possibility	The Indian Journal of Pediatrics	Scientific Letter	The authors report a case of probable intrapartum transmission of SARS-CoV-2 in a neonate with respiratory distress in New Delhi, India. The female child was delivered premature (34.4 weeks, 2.6kg) by C-section. The mother was asymptomatic and tested positive for SARS-CoV-2 via throat swab. After delivery the neonate experienced respiratory distress, and she was put on	The authors report a case of possible vertical transmission of SARS-CoV-2 from an infected asymptomatic mother to a pre-term neonate. The	Dhawan, S., Pandey, M. SARS-CoV-2 Vertical Transmission: Rare But a Potential Possibility. Indian J Pediatr (2020). https://doi.org/10.1007/s12098-020-03498-3

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					continuous positive airway pressure. This was followed by oxygen at 3L/min for 24h, after which she was hemodynamically stable. The neonate's nasopharyngeal swab tested positive for SARS-CoV-2 at 23h of life. The neonate was discharged after 7 days and subsequently did well. Since the neonate developed respiratory distress immediately after birth, without any contact with her mother or maternal secretions, this raises the possibility of vertical transmission of SARS-CoV-2. The asymptomatic nature of maternal and neonatal infection makes it challenging to ascertain the disease burden on neonates and possibility of transmission to healthcare workers. The authors conclude that despite limited data, perinatal transfer should be considered. Universal precautions should be implemented to manage children born to symptomatic/confirmed COVID-19 positive mothers.	recommend that perinatal transfer although rare, can occur and should be suspected in all neonates born to symptomatic/confirmed COVID-19 positive mothers.	
Contraception access, healthcare disparities, developing countries, developed countries	8-Oct-20	Contraception access during the COVID-19 pandemic	Contraception and Reproductive Medicine	Editorial	Citing the shift of health care resources due to the pandemic, the authors describe a de-prioritization of other health care services such as access to contraception. Limited contraception access can cause a significant increase in unintended pregnancies and resultant maternal and neonatal morbidity and mortality, as well as STDs, PTSD, and depression. These consequences disproportionately affect developing countries and marginalized groups. Supply chain disruption is one of the primary barriers to access to contraception. The halt in clinical operations and the shortage of healthcare workers has limited contraception access. In developed countries, travel restrictions, quarantine measures, caregiving responsibilities, fear of exposure, and fewer healthcare appointments are barriers to accessing contraception. These factors impact minorities disproportionately, who are already burdened with poorer health outcomes and decreased access to healthcare services. The authors recommend using technologies such as telehealth to increase the availability of contraceptive resources. Additionally, they also recommend mobilization measures to procure contraceptives by creating taskforces. These taskforces would develop a region-specific approach to maintain equitable access to high-quality contraceptive services throughout the COVID-19 crisis.	In this editorial, the authors discuss how the COVID-19 pandemic has impacted contraception access in developing and developed countries. They also outline strategies to mitigate the negative impacts of limited contraceptive access including using telehealth and creating regional task forces.	Aly, J., Haeger, K.O., Christy, A. et al. Contraception access during the COVID-19 pandemic. <i>Contracept Reprod Med</i> 5, 17 (2020). https://doi.org/10.1186/s40834-020-00114-9
Children, Obesity, asthma, respiratory support, comorbidities, critical care , USA	8-Oct-20	Characteristics of Hospitalized Children With SARS-CoV-2 in the New York City Metropolitan Area	Hospital Pediatrics	Original Article	In this study, authors conducted a multicenter, retrospective cohort study at four hospitals in New York, USA. The total sample comprised of 82 hospitalized children (0-21 years) who tested positive for SARS-CoV-2 after symptoms and risk screening between March 1 and May 10, 2020. Authors subdivided patients based on their admission to acute or critical care units and by age groups. Further sub-analyses were performed between patients requiring respiratory support or no respiratory support. Authors reported that 28% (n=23) required critical care, 35 % (n=29)	In a multi-hospital study in New York, USA children with comorbidities (obesity and asthma in particular) were at increased risk for critical care admission and/or need for respiratory support. Children with	Verma S, Lumba R, Dapul HM, Simson GG, Phoon CK, Phil M, Lighter JL, Farkas JS, Vinci A, Noor A, Raabe VN, Rhee D, Rigaud M, Mally PV, Randis TM, Dreyer B, Ratner AJ, Manno CS, Chopra A. Characteristics of Hospitalized

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					required respiratory support of which 9% (n=7) needed mechanical ventilation and one required extracorporeal support. All patients survived to discharge. Children with any comorbidity were more likely to require critical care (70% vs. 37%, P=0.008). Obesity was the most common risk factor for critical care (63% vs. 28%, P=0.02). Children with asthma were also more likely to receive respiratory support (28% vs. 8%, P=0.02), with no difference in need for critical care (P=0.26). Children admitted to critical care had higher rates of renal dysfunction at presentation (43% vs. 10%, P=0.002).	renal dysfunction at presentation were more likely to require critical care.	Children With SARS-CoV-2 in the New York City Metropolitan Area. <i>Hosp Pediatr</i> . 2020 Oct 8;hpeds.2020-001917. doi: 10.1542/hpeds.2020-001917. Epub ahead of print. PMID: 33033078.
Children, coronavirus, pandemic, transmission	8-Oct-20	Children are unlikely to be the main drivers of the COVID-19 pandemic - A systematic review	Acta Paediatrica	Review Article	Children often have milder COVID-19 symptoms than adults, but children in many countries are subject to the same social confinement as adults. Since their transmission role has been unclear, decisions for re-opening schools have been controversial. The author conducted a systematic review of the MEDLINE and EMBASE databases to evaluate the current evidence on COVID-19 transmission in children. He identified 700 scientific papers and letters and studied 47 full texts in detail. Data on viral loads were scarce, yet indicated that children may have lower loads than adults, especially as they generally have milder or no symptoms. Household transmission studies and case studies showed that children were rarely the index case, and few children with COVID-19 caused outbreaks. Real-world evidence suggests a limited spread of COVID-19 between children and from children. Few school outbreaks occurred after children with COVID-19 came into contact with a large number of students and staff. The author believes that the adverse effects of school closures during the COVID-19 pandemic outweigh the potential benefits of closing schools. Since children tend to have mild forms of the disease, school re-opening is unlikely to have an impact on the dynamics of COVID-19 transmission and mortality.	Children are unlikely to be the main drivers of the COVID-19 pandemic. Opening schools and kindergartens is unlikely to impact COVID-19 mortality rates in older people.	Ludvigsson JF. Children are unlikely to be the main drivers of the COVID-19 pandemic - A systematic review. <i>Acta Paediatr</i> . 2020 Aug;109(8):1525-1530. doi: 10.1111/apa.15371. Epub 2020 Jun 17. PMID: 32430964; PMCID: PMC7280674.
Children, clinical trials	8-Oct-20	Ostracizing Children from Research in COVID-19: Is it Ethical?	The Indian Journal of Pediatrics	Scientific Letter	The authors discuss the ethical concerns related to the exclusion of children, who comprise 2-5% of total COVID-19 cases, from COVID-19 drug trials (antivirals, steroids, and immunomodulators). Traditionally, drug-trials are first conducted in adults, and if proven efficacious, in children after a significant time gap. The exclusion from the initial phase is mainly due to risk of unknown adverse effects of treatment and lack of adequate number of young patients for particular diseases. Children are particularly vulnerable due to their limited freedom and capability to make informed choices, protect themselves from the intended risk, and inability to report adverse effects. The authors argue that in pandemics like COVID-19, the exclusion of children from trials for drugs such as Dexamethasone and Hydroxychloroquine that are already being widely used in	The authors discuss the ethical concerns related to the exclusion of children, who comprise 2-5% of total COVID-19 cases, from COVID-19 drug trials (antivirals, steroids, and immunomodulators).	Meena J, Yadav A, Kumar J. Ostracizing Children from Research in COVID-19: Is it Ethical? <i>Indian J Pediatr</i> . 2020;1-2. doi: 10.1007/s12098-020-03525-3.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					children for other indications is inappropriate and is against medical ethics. This vulnerable population is thus prevented from gaining equitable access to new interventions against the disease. There may also be loss of data related to pharmacokinetics and dynamics, immune response, unexpected responses, and adverse drug reactions, which may be different in children than in adults. To ensure equitable standards, regulatory bodies must ensure adequate participation of children in clinical trials using country-specific ethics guidelines, while involving the patient's representative bodies and pediatricians in the design of the trial along with data safety monitoring bodies to protect the child's interests.		
Child development problem, behavior, epidemiologic studies, emotional problems, Hubei, China	8-Oct-20	The prevalence of behavioral problems among school-aged children in home quarantine during the COVID-19 pandemic in China	Journal of Affective Disorders	Original Research	To prevent the spreading of SARS-CoV-2, many countries have implemented a nationwide school closure. This study aimed to assess the prevalence of behavioral problems in school-aged children during home confinement. The authors conducted an internet-based survey involving 1264 children (grades 2-6) and their parents from two primary schools between February 25 and March 8, 2020, in Hubei province, China. Behavioral problems were evaluated using the Strengths and Difficulties Questionnaire. The prevalence of prosocial behaviors among children was 10.3%, followed by total difficulty (8.2%), conduct problems (7.0%), peer problems (6.6%), hyperactivity-inattention (6.3%), and emotional problems (4.7%). Compared with children who did not exercise, children with physical activity had a lower hyperactivity-inattention risk (OR: 0.44 for 1-2 days/week; OR: 0.56 for more than 2 days/week) and less behavior problems (OR: 0.65 for 1-2 days/week; OR: 0.55 for more than 2 days/week). Children of parents with anxiety symptoms were associated with increased risk of emotional symptoms and total difficulty (OR: 5.64 and 3.78, respectively). Physical exercise may be an efficient measure to reduce behavioral problems for school-aged children in home confinement.	This internet-based cross-sectional study assessed behavioral problems among school-aged children in China during the COVID-19 outbreak by using the Strengths and Difficulties Questionnaire. Results indicate physical exercise was a protective factor for school-aged children in home confinement.	Qi Liu, Yu Zhou, Xinyan Xie, et al. The prevalence of behavioral problems among school-aged children in home quarantine during the COVID-19 pandemic in China, Journal of Affective Disorders, 2020, ,ISSN 0165-0327, https://doi.org/10.1016/j.jad.2020.10.008 .
Breastmilk, formula	8-Oct-20	Marketing of breastmilk substitutes during the COVID-19 pandemic	The Lancet	Correspondence	The authors wrote this article to address concerns that the infant formula industry has been actively exploiting concerns about COVID-19 to increase sales, in violation of the WHO International Code of Marketing of Breastmilk Substitutes and national laws in many countries. They state that large manufacturers of breastmilk substitutes have inappropriately positioned themselves as sources of public health expertise, and suggested various unnecessary hygiene measures, the use of expressed breastmilk, and the separation of mothers from their infants. These recommendations undermine breastfeeding and could increase the risk of infant death. During the current pandemic, many companies have donated milk powder to communities in	This article addresses the push by the formula industry to increase artificial milk product use for infants during the COVID-19 pandemic. The authors state that this violates both WHO's International Code of Marketing of Breastmilk Substitutes and many national laws.	Tulleken C., Wright C., McCoy D., et al. Marketing of breastmilk substitutes during the COVID-19 pandemic. The Lancet 2020. doi: 10.1016/S0140-6736(20)32119-X

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					Canada, India, Italy, Pakistan, the Philippines, and the UK, violating both national laws and the WHO Code. The authors urge for increased implementation and enforcement of the WHO Code in every country, with severe sanctions for any violations.		
COVID-19; adolescent; behavior; lockdown; mood; behavior; empathy	7-Oct-20	A daily diary study on adolescents' mood, empathy, and prosocial behavior during the COVID-19 pandemic	PLoS One	Original Research	The authors analyzed journal entries of adolescents (n = 36, ages 10-20 years, mean age 16.56 years) living in the Netherlands during the COVID-19 pandemic. Themes for mood, empathy, and pro-social behavior were examined and compared between a period prior to the COVID-19 pandemic and during the first 3 weeks of COVID-19 pandemic lockdown (March 30 - April 17, 2020). Decreased empathetic concern, decreased opportunities for pro-social actions, and decreased tension were observed for the period during the COVID-19 pandemic, when compared to the time prior to the pandemic. There were also stable levels of social value orientation and altruism, and increased levels of perspective-taking and vigor during the period of the COVID-19 pandemic. The impact of familiarity, need, and deservedness on giving behavior was also examined through using hypothetical games. Higher levels of giving were associated with a friend (51%), a doctor in a hospital (78%), people with COVID-19 (69%) and people who have a poor immune system (63%) when compared to an unfamiliar peer (39%), suggesting that need and deservedness have a strong influence on adolescents. The authors note that the adolescents demonstrated resilience and a desire to benefit others, though empathetic concern and pro-social actions may have been affected by the lockdown due to the COVID-19 pandemic.	This article examined the impact of the COVID-19 pandemic on the mood, empathy, and pro-social behavior of adolescents living in the Netherlands during the COVID-19 pandemic. The adolescents demonstrated increased resiliency through perspective taking, but decreased empathetic concerns and pro-social actions.	van de Groep S, Zanolie K, Green KH, et al. A daily diary study on adolescents' mood, empathy, and prosocial behavior during the COVID-19 pandemic. PLoS One. 2020;15(10):e0240349. Published 2020 Oct 7. doi:10.1371/journal.pone.0240349
child maltreatment; child welfare; prevention	7-Oct-20	How COVID-19 Is Placing Vulnerable Children at Risk and Why We Need a Different Approach to Child Welfare	Child Maltreatment	Commentary	This commentary explains how the COVID-19 pandemic has put vulnerable children at increased risk of child maltreatment, reinforcing the need for systemic change within child welfare systems by combining universal supports with early intervention strategies. Unemployment and financial strain can increase the risk of child maltreatment. Early evidence indicates that negative parenting practices and physical discipline have increased during the COVID-19 pandemic. While many US states have seen a decline in reports to child protection units of 50%–70% since the start of social distancing mandates, the authors argue this reflects less contact between children and mandated reporters rather than declining child abuse. Statutory child welfare systems are based on a three-pronged model of reporting, investigation, and removal. However, the authors argue that reporting and responding to abuse is not the most important strategy because it does not prevent child abuse. Furthermore, there is often little family intervention after removal aside from referrals to overstretched and underfunded community-based programs. The	This commentary explains how the COVID-19 pandemic has put vulnerable children at increased risk of child maltreatment, reinforcing the need for systemic change within statutory child welfare systems by combining universal support with early intervention. The authors describe examples of evidence-based child abuse prevention programs in the US and Australia.	Herrenkohl TI, Scott D, Higgins DJ, Klika JB, Lonne B. How COVID-19 Is Placing Vulnerable Children at Risk and Why We Need a Different Approach to Child Welfare. Child Maltreat. 2021;26(1):9-16. doi:10.1177/1077559520963916

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					COVID-19 pandemic's disruption to existing child welfare models underscores the need for a different model for engaging and supporting families so that children are kept safe and vulnerable families are not stigmatized or left unassisted by child welfare systems. The authors briefly describe examples of evidence-based early intervention programs from Australia and the US. They also argue that primary prevention of child abuse will require efforts to break down professional silos that slow the sharing of information and prevent capacity-building and collaboration between child welfare, education, and health services.		
SARS-CoV-2, fetal development, neurocognitive dysfunction, treatment	7-Oct-20	Umbilical cord blood derived microglia-like cells to model COVID-19 exposure	bioRxiv	Preprint (not peer-reviewed)	Microglia, the resident brain immune cells, play a critical role in normal brain development, and are impacted by the intrauterine environment, including maternal immune activation and inflammatory exposures. The COVID-19 pandemic presents a potential developmental immune challenge to the fetal brain, in the setting of maternal SARS-CoV-2 infection with its attendant potential for cytokine production and, in severe cases, cytokine storming. This study adapted previously-reported methods ^{28, 29} for generating iMGs from adult-derived PBMCs to reprogram umbilical cord-derived mononuclear cells from neonates of SARS-CoV-2 negative (n=4) and SARS-CoV-2 positive (n=2) mothers, delivered between June 7, 2020 and July 6, 2020 [location not reported]. The authors demonstrate that umbilical cord blood mononuclear cells can be used to create microglial-like cell models morphologically and functionally similar to microglia observed in vivo. This study illustrates the application of this approach by generating microglia from cells exposed and unexposed to maternal SARS-CoV-2 infection. The authors conclude that this ability to create personalized neonatal models of fetal brain immune programming enables non-invasive insights into fetal brain development and potential childhood neurodevelopmental vulnerabilities from a range of maternal exposures. This approach may enable investigation of targeted therapeutic strategies for dysfunction caused by SARS-CoV-2 on the developing brain.	The COVID-19 pandemic presents a potential developmental immune challenge to the fetal brain, in the setting of maternal SARS-CoV-2 infection. This study illustrates the application of generating microglia from cells exposed and unexposed to maternal SARS-CoV-2 infection. The authors recommend using this method to investigate therapies for correcting dysfunction in the neonatal brain, caused by COVID-19.	Sheridan SD, Thanos JM, De Guzman RM, et al. Umbilical cord blood derived microglia-like cells to model COVID-19 exposure. bioRxiv. 2020. doi: https://doi.org/10.1101/2020.10.07.329748
birth centers; home births; COVID-19; health system; USA	7-Oct-20	The COVID-19 Pandemic as a Catalyst for More Integrated Maternity Care [Free Access to Abstract Only]	American Journal of Public Health (AJPH)	Editorial	In this editorial, the authors discuss the effect of the COVID-19 pandemic on birth settings at the organizational, individual, and clinical levels and make several recommendations to mitigate the risks of rapidly expanding home and birth center births during the COVID-19 pandemic in the USA. Many patients have been opting for home or birth center births due to hospital capacity strain and increased risk of hospital-acquired infections. However, the authors note that expectant patients and families must weigh the risks and benefits of seeking hospital-based pregnancy or delivery	This editorial discusses the effects of the COVID-19 pandemic on increasing numbers of home and birth center births (as opposed to hospital births) in the USA. The authors make several recommendations to	Profit J, Edmonds BT, Shah N, Cheyney M. The COVID-19 Pandemic as a Catalyst for More Integrated Maternity Care. <i>Am J Public Health</i> . 2020;110(11):1663-1665. doi:10.2105/AJPH.2020.305935

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					care in their own area before deciding between home births and hospital births, with SARS-CoV-2-positive pregnant patients recommended to deliver in the hospital. Further, they suggest prioritization of low-risk women to birth centers or home settings and collaborative efforts between midwives and local providers to ensure access to emergency care is available. Labor support should be considered essential in particularly disadvantaged populations (e.g., women of color).	mitigate potential risks, including prioritizing low-risk births for home or birth center births; emphasizing midwife and hospital collaboration; and deeming labor support essential to disadvantaged populations such as women of color.	
PICU admissions; lower respiratory tract infections; LTRIs; COVID-19; influenza; respiratory syncytial virus; RSV; Latin America	7-Oct-20	Reduced PICU respiratory admissions during COVID-19	Archives of Disease in Childhood	Short report	This short report characterizes the consistent reduction in lower respiratory tract infections (LRTIs) caused by respiratory syncytial virus (RSV), influenza, etc. despite differing pandemic courses. The authors conducted an analysis of admission data for LRTIs from 22 PICUs in 4 Latin American countries (Bolivia, Chile, Colombia, Uruguay) from prospectively acquired data in a large Latin American pediatric registry of children <18 years of age. They found 83% fewer PICU admissions for LRTIs between January and August 2020 (n=234) compared to the 2018/2019 averages for the same winter period (n=1340; n=1467, respectively). The authors suggest COVID-19 restrictions, including school closures, stay-at-home orders, physical distancing, mandated masks, and hand hygiene all contributed positively to the lowered LRTI PICU admission rate that was observed in these countries. Structural barriers such as decreased access to healthcare may have also contributed to lower PICU admissions for LRTIs. This finding highlight that the Northern Hemisphere may expect similar trends in decreased PICU admission rates due to LTRIs in the winter viral respiratory season.	The authors analyzed admission data for lower respiratory tract infections (LRTIs) from 22 PICUs in 4 Latin American countries, and found 83% fewer PICU admissions for LRTIs between January and August 2020 compared to the 2018/2019 averages. This finding suggests decreased levels of LRTIs and subsequent PICU admission rates in the winter viral respiratory season in the Northern Hemisphere may mimic those observed in the Southern Hemisphere.	Vásquez-Hoyos P, Diaz-Rubio F, Monteverde-Fernandez N, et al. Reduced PICU respiratory admissions during COVID-19 [published online ahead of print, 2020 Oct 7]. Arch Dis Child. 2020;archdischild-2020-320469. doi:10.1136/archdischild-2020-320469
China, hematology, pregnant	7-Oct-20	Blood Test Results of Pregnant COVID-19 Patients: An Updated Case-Control Study	Frontiers in Cellular and Infection Microbiology	Original Research	The authors conducted a case-control study of pregnant patients (mean age: 30.97 years, mean gestational period: 37.87 weeks) with COVID-19 between January 24 – March 14, 2020 in Hubei, China. The cases were matched with 120 pre-pandemic historical controls, based on age, parity, fetus number, and presence of chronic diseases. Of the cases, 43/60 gave birth by cesarean delivery. During pregnancy, 13/60 and 11/60 were diagnosed with diabetes and hypertension, respectively. Pregnant COVID-19 positive patients showed a decrease in blood lymphocytes, with higher numbers of neutrophils, C-reactive protein, and total bilirubin compared to controls. Pregnant COVID-19 patients with diabetes also had significantly higher levels of neutrophils and lower levels of total protein. Levels of aspartate transaminase were higher in pregnant COVID-19 patients with hypertension compared to the matched controls and pregnant COVID-19	The authors reported on a case-control study comparing pregnant women with COVID-19 and matched controls in China. Pregnant COVID-19 patients displayed higher levels of neutrophils, C-reactive protein, and bilirubin, and lower neutrophil counts. Higher levels of aspartate transaminase activity were also observed in pregnant patients with COVID-19	Sun G, Zhang Y, Liao Q, Cheng Y. Blood Test Results of Pregnant COVID-19 Patients: An Updated Case-Control Study. Front Cell Infect Microbiol. 2020 Oct 7;10:560899. doi: 10.3389/fcimb.2020.560899. PMID: 33117727; PMCID: PMC7575733.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					patients with no co-morbidities. Based on blood and liver function indices, the authors conclude that the presence of co-morbidities could increase the risk of injury and inflammation in pregnant COVID-19 patients.	with hypertension, indicating the role of co-morbidities in exacerbating risk of injury and inflammation.	
Pediatrics, screening, testing, isolation, PPE, Poland, breastfeeding	7-Oct-20	Guidance for paediatric emergency departments/rooms and departments of paediatrics on the management of a child suspected of or diagnosed with COVID-19	Polish Journal of Paediatrics	Practice guidelines	In this guideline, the authors present recommended procedures for emergency departments, pediatric emergency rooms, and departments of pediatrics in Poland on the management of a child suspected of or diagnosed with COVID-19 [age range not specified]. These recommendations include conducting interviews regarding symptoms and exposures prior to contact with healthcare workers and where to provide optimal locations of care if symptoms, exposures, or positive test results for SARS-CoV-2 are present. They also provide recommendations on personal protective equipment, breastfeeding (a hospitalized infant with SARS-CoV-2 infection can be breastfed) and keeping a caregiver with the affected child.	The authors provide guidance on screening, testing, and management of children with suspected or confirmed COVID-19 in Poland.	Jackowska T, Marczyńska M, Peregud-Pogorzelski J. Guidance for paediatric emergency departments/rooms and departments of paediatrics on the management of a child suspected of or diagnosed with COVID-19. <i>Pediatrica Polska - Polish Journal of Paediatrics</i> . 2020;95(2):65-72. doi:10.5114/polp.2020.97220.
Recommendations , Poland	7-Oct-20	Recommendations of the Polish Paediatric Society and the National Consultant in the field of paediatrics regarding outpatient care for children during the COVID-19 pandemic caused by SARS-CoV-2	Pediatrica Polska - Polish Journal of Paediatrics	Article	The article presents guidelines by the Polish Pediatric Society and the National Consultant in the field of Pediatrics that describe the basic principles of outpatient care for children during COVID-19 pandemic. The guidelines were developed based on literature review, content from websites of scientific societies, and international recommendations. The guidelines concern outpatient care for sick children, children with documented SARS-CoV-2 infection, or for children of mothers with confirmed COVID-19. Briefly, the principles of safe respiratory isolation are recommended, prioritizing remote medical visits (by phone or video) if a physical examination is not necessary. For in-person appointments, the doctor should use PPE according to current recommendations. Newborns can acquire SARS-CoV-2 and frequent, regular phone follow-up for 14 days after birth is recommended. These guidelines also state infants born from mothers with COVID-19 should stay in a separate room until the mother is no longer exhibiting symptoms and has 2 consecutive negative SARS-CoV-2 RT-PCR test results from samples collected 24 hours apart. The authors also recommend the mother pump breast milk after following the correct breast and hand hygiene and have an uninfected caregiver feed the infant. An infant with SARS-CoV-2 infection can be breastfed. This article also discusses aspects associated with vaccinations, preventive visits for healthy children, and the monitoring of a child's safety and mental health status.	The article presents guidelines by the Polish Pediatric Society and the National Consultant in the field of Pediatrics for outpatient care for children during COVID-19 pandemic, including practices for protecting infants born to mother with COVID-19, based on literature review, content from websites of scientific societies, and international recommendations.	Jackowska T, Peregud-Pogorzelski J, Marczyńska M. Recommendations of the Polish Paediatric Society and the National Consultant in the field of paediatrics regarding outpatient care for children during the COVID-19 pandemic caused by SARS-CoV-2. <i>Pediatrica Polska - Polish Journal of Paediatrics</i> . 2020;95(2):61-64. doi:10.5114/polp.2020.97170.

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Ambulatory glucose profile, lockdown, children and adolescents, continuous glucose monitoring (CGM) metrics, type 1 diabetes, Israel	7-Oct-20	Lessons learned from the continuous glucose monitoring metrics in pediatric patients with type 1 diabetes under COVID-19 lockdown	Acta Diabetologica	Original Research	This study aimed to assess the impact of COVID-19 lockdown on the glycemic control of pediatric patients with type 1 diabetes (T1D) in Israel, assessing continuous glucose monitoring (CGM) metrics of 102 T1D patients before and during nationwide lockdown (52.9% males, mean age 11.2 ± 3.8 years, mean diabetes duration 4.2 ± 3.8 years). Time-in-range (TIR) indicates the percentage of time a patient spends within the target glucose range of 70-180 mg/dL. No significant change in mean TIR was observed during lockdown; the difference in mean TIR during lockdown minus TIR before lockdown (delta-TIR) was $0.9 \pm 7.9\%$. Similarly, TIR during lockdown was significantly correlated with TIR before lockdown ($r = 0.855$, $P < 0.001$), again indicating no significant change in the overall group. However, stratifying by age group revealed trends with statistical significance. Patients with improved TIR (delta-TIR > 3%) were significantly older than patients with stable or worse TIR ($P = 0.028$). All age groups saw improved variability of glucose levels ($P = 0.041$), as indicated by the coefficient of variation, with a more pronounced improvement seen among adolescents ≥ 10 years ($P = 0.009$). Among children aged <10 years, age and lower socio-economic status were associated with deterioration in glycemic control (delta-TIR; $P = 0.019$) (delta-mean glucose; $P = 0.018$).	This observational study assessed continuous glucose monitoring (CGM) metrics of pediatric type 1 diabetes patients in Israel. Overall, CGM metrics were stable among children during nationwide lockdown. However, some improvements were seen among adolescents ≥ 10 years. Among children <10 years, younger age and lower socio-economic status were associated with deterioration in glycemic control.	Brener A, Mazor-Aronovitch K, Rachmiel M, et al. Lessons learned from the continuous glucose monitoring metrics in pediatric patients with type 1 diabetes under COVID-19 lockdown. Acta Diabetol. 2020 Oct 7:1–7. doi: 10.1007/s00592-020-01596-4. Epub ahead of print. PMID: 33026497; PMCID: PMC7538839.
Pregnancy, anesthesia, obstetrics, obstetric anesthesia, analgesia, pregnant, pandemic	7-Oct-20	Practical recommendations in the obstetrical patient with a COVID-19 infection	Revista Española de Anestesiología y Reanimación (English Edition)	Review Article	This review gives recommendations for obstetric anesthesiology care during the COVID-19 pandemic, based on evidence available at the time the article was written in June 2020. The authors discuss the safety of the anesthesiologist, the organization of care, analgesia during delivery, C-section considerations, and post-operative care for women with suspected or confirmed infection. An included algorithm provides guidance on anesthesia use in obstetric patients with COVID-19. Multi-disciplinary teamwork is fundamental for these patients, and appropriate PPE use is a priority. Neuraxial analgesia/block is the recommended anesthesia method for laboring women with suspected or confirmed COVID-19, and the effectiveness of the block should be closely monitored to avoid the risk of a failed block if C-section is needed. For this reason, it is recommended that the blocks be performed by senior anesthesiologists. The authors stress the importance of a recent platelet count before neuraxial blockade, given the possibility of mild thrombocytopenia with COVID-19. Seriously ill patients should be recognized promptly, in order to provide timely and appropriate treatment. Additionally, susceptibility to thrombosis makes prophylactic anticoagulation a priority for COVID-19 patients.	This review gives recommendations for obstetric anesthesiology care during the COVID-19 pandemic, based on evidence available at the time the article was written in June 2020. The authors discuss the safety of the anaesthesiologist, the organization of care, analgesia during delivery, C-section considerations, and post-operative care for women with suspected or confirmed infection.	Guasch E, Brogly N, Manrique S. Practical recommendations in the obstetrical patient with a COVID-19 infection. Rev Esp Anesthesiol Reanim. 2020. https://doi.org/10.1016/j.redar.2020.06.009

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Adolescents, mental health, relationships, activities, lockdown, Spain	7-Oct-20	Life Conditions during COVID-19 Lockdown and Mental Health in Spanish Adolescents	International Journal of Environmental Research and Public Health	Original Research	The authors aimed to describe the living conditions of a sample of adolescents (mean age: 13.9) from Barcelona, Spain, during the COVID-19 lockdown from March 13 to May 24, 2020 and identify which of them are associated with mental health problems. A total of 226 parents of adolescents completed an online questionnaire about adolescents' living conditions, relationships, activities, and feelings/behaviors during the COVID-19 lockdown. The authors used the Strengths and Difficulties Questionnaire (SDQ) to assess the adolescents' mental health pre-and post-COVID-19 lockdown. The results showed that adolescents stayed in one household during the lockdown and had access to the Internet and media entertainment platforms. Also, adolescents kept up online communication with friends, but the relationships with their parents and siblings worsened in about 10% of cases. About one-fifth of the adolescents expressed negative feelings (frustration, fear of leaving the house, fear of the future), had sleeping difficulties, or had weight changes. In contrast, two-thirds had positive feelings about the lockdown. Furthermore, worse adolescent mental health scores were associated with unhealthy activities, worsening relationships with others, and dysfunctional parenting styles during the COVID-19 lockdown.	The authors observed that Spanish adolescents' mental health during the COVID-19 lockdown was most significantly affected by unhealthy activities, the quality of their relationships, and parental stress due to the lockdown.	Etzeleta L, Navarro JB, de la Osa N, Trepal E, Penelo E. Life Conditions during COVID-19 Lockdown and Mental Health in Spanish Adolescents. Int J Environ Res Public Health. 2020;17(19):E7327. Published 2020 Oct 7. doi:10.3390/ijerph17197327
harm-reduction, adolescents, infection control, youth engagement, participatory research	7-Oct-20	From HIV to COVID-19: Focusing on and Engaging Adolescents and Young Adults During the Pandemic [Free Access to Abstract Only]	American Journal of Public Health (AJPH)	Editorial	Because COVID-19 affects adults (particularly older adults) at higher rates, there has been less focus on the health of adolescents and young adults (aged 15-24 years). To dedicate greater attention to improving short- and long-term outcomes for this population, the authors offer several key approaches learned from the HIV epidemic. First, they call for collection and reporting of data disaggregated by age, particularly among research of children. They also recommend taking a harm-reduction approach to public health messaging, which was shown to be more effective among adolescents during the HIV epidemic. Rather than focusing on strict social distancing and mask-wearing, a harm-reduction approach can more effectively reduce risk of SARS-CoV-2 infection and spread in the context of social gatherings, sexual activity, and substance use. Finally, the authors recommend engaging youth in participatory research and creating developmentally tailored public health messaging.	In this editorial, the authors offer three key approaches learned from the HIV epidemic that can improve health outcomes for adolescents and young adults during the COVID-19 pandemic: 1) disaggregate data by age, 2) take a harm-reduction approach, and 3) engage youth in research and intervention.	DeLong SM, Denison JA, Yang C, et al. From HIV to COVID-19: Focusing on and Engaging Adolescents and Young Adults During the Pandemic. Am J Public Health. 2020 Nov;110(11):1650-1652. doi: 10.2105/AJPH.2020.305915. PMID: 33026867.
Mental health, telehealth, technology, inequity, school closures, children, adolescents, New Zealand	7-Oct-20	Debate: Supporting the mental health of school students in the COVID-19 pandemic in New Zealand – a	Child and Adolescent Mental Health	Debate	While schools often facilitate mental health support for their students, traditional delivery of support is challenging in the context of the COVID-19 pandemic. The authors present a digital ecosystem, HABITS (Health Advances through Behavioral Intervention Technologies), that can be integrated into school and healthcare systems as a trusted 'go-to' place for digital mental health tools for young people. This ecosystem allows specific evidence-based interventions to be implemented directly	The authors present a digital ecosystem that can be integrated into school and healthcare systems as a trusted 'go-to' place for digital mental health tools for young people in the COVID-19 pandemic. They	Merry SN, Cargo T, Christie G, et al. Debate: Supporting the mental health of school students in the COVID-19 pandemic in New Zealand - a digital ecosystem approach. Child Adolesc Ment Health. 2020 Oct 7. doi:

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		digital ecosystem approach			to students and to parents and has been used by schools in New Zealand during the current COVID-19 pandemic. While technology can provide some solutions, it is important to be aware of the potential to increase current inequities, with those facing the greatest challenges to health and well-being, also least able to afford the resources to access digital interventions. Development of an integrated and equitable digital system will take time and collaboration.	also discuss the successes and challenges of implementing this service in schools in New Zealand.	10.1111/camh.12429. Epub ahead of print. PMID: 33025729.
Mental health, school closures, telehealth, children, adolescents	7-Oct-20	Debate: Student mental health matters – the heightened need for school-based mental health in the era of COVID-19	Child and Adolescent Mental Health	Debate	The COVID-19 pandemic has highlighted existing gaps in school-based mental health services and created new and urgent needs to address student mental health. Evidence from early in the pandemic suggests that pre-existing educational and mental health disparities have increased under the stress of the current health crisis. Mental health contributes to overall health, and students must be healthy enough to learn. School mental health professionals are essential to help address anxiety, promote social adjustment in the 'new normal', and address trauma, grief, and loss. Efforts to meet students' mental health needs will require adequate funding and advocacy for the inclusion of school-based mental health supports within governmental COVID-19 aid packages. The authors also provide multiple resources to help school mental health professionals better meet students' needs in the context of the COVID-19 pandemic.	The authors discuss the widening gaps in school-based mental health services for children exacerbated by the COVID-19 pandemic and provide multiple resources to assist school mental health professionals better meet students' needs.	Weisbrot DM, Ryst E. Debate: Student mental health matters - the heightened need for school-based mental health in the era of COVID-19. Child Adolesc Ment Health. 2020 Oct 7. doi: 10.1111/camh.12427. Epub ahead of print. PMID: 33026141.
Preterm delivery, hypertensive disorder, pregnancy, Japan	7-Oct-20	Preterm delivery and hypertensive disorder of pregnancy were reduced during the COVID-19 pandemic: A single hospital-based study	The Journal of Obstetrics and Gynaecology Research	Letter to the Editor	In this study, the authors examined how the nationwide lockdown in Japan affected perinatal complications in pregnant women. Data on 153 pregnant women admitted to Keio University School of Medicine during April 1-June 30, 2020 due to perinatal complications or delivery were retrospectively reviewed and compared with 560 women hospitalized for the equivalent conditions within the same period from 2017 to 2019 (control group). Patients who tested positive of COVID-19, had multiple pregnancies, or were referred from other institutions for emergency conditions were excluded. The proportion of hypertensive disorder of pregnancy and preterm delivery (before 37 gestational weeks) in the 2020 group was found to be significantly lower than those in the control group (P = 0.017 and P = 0.019). Reductions for preterm labor and premature rupture of membrane were also noted, although not significant. These results indicate that staying home might be beneficial in pregnant women for preventing not only COVID-19, but also HDP and preterm delivery.	In this study, the authors examined how the nationwide lockdown in Japan affected perinatal complications in pregnant women. Significant reduction in hypertensive disorder of pregnancy and preterm delivery was observed, indicating that staying at home might be beneficial for pregnant women.	Kasuga Y, Tanaka M, Ochiai D. Preterm delivery and hypertensive disorder of pregnancy were reduced during the COVID-19 pandemic: A single hospital-based study. J Obstet Gynaecol Res. 2020. doi: 10.1111/jog.14518.
Pediatric rhinosinusitis, pediatric COVID-	7-Oct-20	Management of complicated pediatric rhinosinusitis in	American Journal of Otolaryngology	Original Article	The authors described two cases of complicated rhinosinusitis cases in COVID-19 patients in the USA and treatment strategies. The first case was an obese 15-year-old African American male who presented with headaches, fevers, nasal congestion,	The authors described pre-operative, intra-operative, and postoperative multidisciplinary	Blanco CH, Stein JB, Barinsky GL, et al. Management of complicated pediatric rhinosinusitis in the COVID-19

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19, complicated sinusitis		the COVID-19 era			diarrhea, nausea, emesis, right periorbital swelling, pain, and blurred vision. Computed tomography (CT) revealed right-sided rhinosinusitis and an epidural collection posterior to the right frontal sinus, and SARS-CoV-2 RNA testing was positive. He received an endoscopic right maxillary antrostomy, total ethmoidectomy, and frontal sinusotomy, and he was treated with metronidazole, hydroxychloroquine, enoxaparin, zinc, vitamin C, and thiamine after developing hypoxia after operation. The second case was a 12-year-old Egyptian male with seasonal allergies and remote history of adenotonsillectomy who presented to an outside emergency department with nasal congestion and progressive right eye swelling. CT revealed right-sided rhinosinusitis and subperiosteal abscess, and SARS-CoV-2 RNA testing was positive. He received a right orbitotomy and was treated with vancomycin, ceftriaxone, intranasal oxymetazoline and fluticasone, nasal saline irrigations, and topical ocular tobramycin. He underwent right-sided endoscopic sinus surgery after persistent sinus disease after testing negative for SARS-CoV-2. The report highlights the challenges presented in the management of acute, complicated rhinosinusitis with both orbital and intracranial complications in pediatric patients with concurrent COVID-19.	treatment strategies and provided two examples of complicated rhinosinusitis cases in COVID-19 patients, treated with two different approaches in the USA. The report highlighted the challenges presented in the management of acute, complicated rhinosinusitis with both orbital and intracranial complications in pediatric patients with concurrent COVID-19.	era. American Journal of Otolaryngology. 2020;41(6). doi:10.1016/j.amjoto.2020.102746
Infection chain, pediatrics, children, quarantine, stigma, Germany	7-Oct-20	Pediatric COVID-19 case with regard to the family infection chain and the psychosocial context	Clinical Case Reports	Case Report	The authors reported the case of an 11-year old German girl infected by her father who returned to her mother's family and despite close physical contact prior to and during her illness, her mother, stepfather, and 1-year-old half-brother were not infected. After contact with her father from February 22-24, 2020, she developed symptoms of dizziness, headache, and fever on March 1 but had no more symptoms the next day. On March 2, she was tested along with her mother, half-brother, and stepfather, and she tested positive for SARS-CoV-2. She remained with her father until testing negative on March 6 and returned to her mother's family on March 9 but remained in quarantine. The case demonstrated low within-household secondary infection rate and suggested that children spread SARS-CoV-2 less than adults. The authors observed that fear of social stigmatization can lead to not disclosing the infection due to the psychosocial aspect of infection and quarantine for families and children.	The authors reported the case of an 11-year old German girl infected by her father and despite close physical contact prior to and during her illness, her mother, stepfather, and 1-year-old half-brother were not infected. The case demonstrated low within-household secondary infection rate and suggested that children spread SARS-CoV-2 less than adults.	Schwarz S, Steuber C, Krafft H, Boehm K, Martin D. Pediatric COVID-19 case with regard to the family infection chain and the psychosocial context. Clinical Case Reports. 2020. doi:10.1002/ccr3.3331
Transmission, spread, children, adolescents, South Korea	7-Oct-20	Interpreting Transmissibility of COVID-19 in Children	Emerging Infectious Diseases	Letter to the Editor	In this letter the authors respond to a study by Park et al. who reported an overall detection rate of COVID-19 among household contacts to be 11.8%; the highest detection rate (18.6%) was in household contacts of those 10–19 years of age and the lowest detection rate (5.3%) was in household contacts of those 0–9 years of age. Since, media have reported the research as evidence that transmission is similar between adolescents and	The Park et al. research have been reported by media as evidence that transmissibility in adolescents and adults is similar. The authors determined that 37.8% of	Cho EY, Choi EH, Kim JH. Interpreting Transmissibility of COVID-19 in Children [published online ahead of print, 2020 Oct 7]. Emerg Infect Dis. 2020;26(12). doi:10.3201/eid2612.203452

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					adults. The authors argue that this interpretation may influence school reopening. As of April 29, 2020, a total of 37.8% of the 10–19 years age group in the Park et al. study were 19 years of age and were not school children. A recently published study in South Korea reported 107 primary source children (aged 0–18 years) had 248 household contacts and only 1 became infected, giving a secondary attack rate of 0.5%. These results indicated low transmissibility in infected children <10 years or age, but transmissibility in the adolescent age group has been unclear. The 10–19 years age group could include diverse students with different contact patterns; thus, transmission dynamics of COVID-19 may be different.	the 10–19 years age group in the Park et al. study were 19 years of age and were not school children, which could have impacted the detection rate (18.6%) in household contacts of those 10–19 years of age.	
Pregnancy, risk factors, universal testing, obesity, Hispanic women, ethnicity, USA	7-Oct-20	Coronavirus Disease 2019 (COVID-19) pregnancy outcomes in a racially and ethnically diverse population	American Journal of Obstetrics & Gynecology MFM	Case Series	This is a case series of pregnant and postpartum women who tested positive for SARS-CoV-2 from March 3-May 11, 2020, within 3 hospitals of the Yale New Haven Health network, Connecticut, USA. Charts were reviewed for sociodemographic and pre-pregnancy characteristics, COVID-19 disease course, laboratory values, and pregnancy outcomes. Of the 1567 women tested, 9% (n=141) had a positive SARS-CoV-2 result. Hispanic women were overrepresented in the positive group (n=61; 43.8%). In addition, Hispanic ethnicity was associated with a higher rate of moderate and severe diseases than non-Hispanic (18% [11/61] vs 3.8% [3/78], respectively; odds ratio, 5.5; 95% CI, 1.46–20.7; p=0.01). Of note, 44 women (31.2%) were asymptomatic, 37 of whom (26.2%) were diagnosed on universal screening upon admission for delivery. Severe disease was diagnosed in 6 cases (4.3%), and there was 1 maternal death. Obese women were more likely to develop moderate and severe diseases than non-obese women (16.4% [9/55] vs 3.8% [3/79]; odds ratio, 4.96; 95% CI, 1.28–19.25; p=0.02). Hypertensive disorders of pregnancy were diagnosed in 22.3% of women (17/77) who delivered after 20 weeks' gestation. Higher levels of C-reactive protein during COVID-19–related admission were more common in women with worse clinical course; however, this association did not reach statistical significance. The authors conclude that in this population, obesity and Hispanic ethnicity were risk factors for moderate and severe COVID-19 disease.	In this case series of 1,567 pregnant and postpartum women tested for SARS-CoV-2 in New Haven, Connecticut, USA, the authors found obesity and Hispanic ethnicity to be risk factors for moderate and severe COVID-19 disease.	Grechukhina O, Greenberg V, Lundsberg LS, et al. Coronavirus disease 2019 pregnancy outcomes in a racially and ethnically diverse population. Am J Obstet Gynecol MFM 2020;100246.
Maternal outcomes, fetal and neonatal outcomes, vertical transmission, breastfeeding, pneumonia,	7-Oct-20	Pregnancy and Neonatal Outcomes in SARS-CoV-2 Infection: A Systematic Review	Journal of Pregnancy	Review Article	The authors reviewed 245 pregnancies complicated by maternal SARS-CoV-2 infection across 48 studies listed on PubMed and medRxiv published between December 20th, 2019 and July 30th, 2020. The mean maternal age was 28.3 years (range 24-43 years). The most common clinical presentations were fever (55.9%), cough (36.3%), fatigue (11.4%), and dyspnea (12.7%). Only 4.1% of patients developed respiratory distress. Of all patients, 89.0% delivered via C-section (n=201), with a 33.3% rate of gestational	This review analyzed 245 pregnant women infected with SARS-CoV-2 across 48 studies published on PubMed and medRxiv between December 20th, 2019 and July 30th, 2020. They described that	Chamseddine RS, Wahbeh F, Chervenak F, et al. Pregnancy and Neonatal Outcomes in SARS-CoV-2 Infection: A Systematic Review. J Pregnancy. 2020 Oct 7;2020:4592450. doi: 10.1155/2020/4592450.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
respiratory complications,					complications, a 35.3% rate of preterm delivery, and a concerning 2.5% rate of stillbirth delivery or neonatal death. Among those tested (n=93), 6.45% of newborns were reported positive for SARS-CoV-2 infection. Relative to known viral infections, the prognosis for pregnant women with SARS-CoV-2 is good, even in the absence of specific antiviral treatment. However, the authors argued that neonates and acute patients, especially those with gestational or pre-existing comorbidities, must be actively managed to prevent the severe outcomes from being increasingly reported in the literature. In conclusion, the authors stated that pregnancy, in particular, the third trimester, is associated with changes in lung physiology and increases in respiratory resistance, the mortality risk in SARS-CoV-2 pregnant women is low.	pregnancy, in particular, the third trimester, is associated with changes in lung physiology and increases in respiratory resistance and the mortality risk in SARS-CoV-2 pregnant women is low.	
Pregnant, ICU, intensive care unit, preterm delivery, cesarean section, C-section	7-Oct-20	Outcomes of Critically Ill Pregnant Women with COVID-19 in the United States	American Journal of Respiratory and Critical Care Medicine	Letter to the Editor	Data on the clinical course of pregnant women critically ill with COVID-19 are limited, compared to age-matched controls. The authors compare the characteristics, treatment, and outcomes between pregnant and non-pregnant women and provide summary tables. Patients were selected from a multi-center cohort study of critically ill adults with laboratory-confirmed COVID-19. They were admitted to 67 participating ICUs across the United States between 4 March and 2 May 2020. 32 pregnant and 64 non-pregnant women were matched according to age and illness severity. No maternal or fetal deaths occurred, whereas 9.4% (n=6) of non-pregnant women died during hospitalization. Pregnant women were more likely to receive remdesivir (50.0% vs 10.9%) and less likely to receive tocilizumab compared to non-pregnant women (9.4% vs. 23.4%). The incidence of venous thrombo-embolism and acute organ injuries, along with ICU and hospital length of stay was similar between groups. 19 women (59.3%) delivered during hospitalization. The most common indication for preterm delivery was maternal respiratory failure (52.6% of preterm deliveries; n=10). 17 out of the 19 women (89.5%) were delivered by C-section, and critical maternal illness was the most common indication. Overall, maternal and fetal outcomes among critically ill pregnant women with COVID-19 were excellent with no reported deaths.	In a study of 32 COVID-19-infected pregnant women who were critically ill, all pregnant women and their fetuses survived. Pregnant women had high rates of preterm delivery and C-section.	Easter SR, Gupta S, Brenner SK, et al. Outcomes of Critically Ill Pregnant Women with COVID-19 in the United States. Am J Respir Crit Care Med. 2020 Oct 7. doi: 10.1164/rccm.202006-2182LE. Epub ahead of print. PMID: 33026829.
Pregnant, health care, information communication, media, breastfeeding, UK	7-Oct-20	Women's perceptions of COVID-19 and their healthcare experiences: a qualitative thematic analysis of a national	BioMed Central (BMC) Pregnancy and Childbirth	Original Research	This national survey in the UK aimed to explore pregnant women's perceptions of COVID-19 and their healthcare experiences. Women who are currently pregnant, or who have delivered during the pandemic were invited to partake in the survey in May 2020. 1451 participants replied to the questionnaire. 59% of participants felt there were barriers to accessing healthcare for pregnant women during COVID-19 lockdown and discussed a multitude of reasons. Perceived	The findings from this study conducted in the UK provide significant insight into pregnant women's perceived barriers to seeking healthcare during the COVID-19 pandemic.	Karavadra B, Stockl A, Prosser-Snelling E, et al. Women's perceptions of COVID-19 and their healthcare experiences: a qualitative thematic analysis of a national survey of pregnant women in the United Kingdom. BMC Pregnancy Childbirth. 2020

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		survey of pregnant women in the United Kingdom			barriers to seeking healthcare included 'not wanting to bother anyone', 'lack of wider support from allied healthcare workers' and the influence of the media. Other concerns included the use of virtual clinics antenatally which 62% felt provided 'impersonal care', the presence of birthing partners, and rapidly changing and evolving services. Breastfeeding support was the most common theme discussed as participants were concerned about how these services will operate postnatally. The influence of the media has also had a significant impact on the way women perceive hospital care in light of COVID-19. 42% of women said that they did not want to seek support as they were 'worried about being invited into hospital for a review,' citing concerns stemming from media coverage about COVID-19 risk and inadequate PPE for healthcare workers.		Oct 7;20(1):600. doi: 10.1186/s12884-020-03283-2.
Pregnancy, clinical presentation, United States	7-Oct-20	Clinical Presentation of Coronavirus Disease 2019 (COVID-19) in Pregnant and Recently Pregnant People	Obstetrics & Gynecology	Original Research	The authors describe the clinical presentation, symptomology, and disease course of COVID-19 in participants of the ongoing nationwide prospective cohort PRIORITY (Pregnancy CoRonavirus Outcomes RegISTrY) study of people in the United States who are pregnant or up to 6 weeks post-pregnancy with known or suspected SARS-CoV-2 infection, enrolled from March 22-July 10, 2020. Of the 991 participants (mean age 31.3 ± 5.1 years), 736 had symptoms of COVID-19 at the time of testing. In this symptomatic group, 594 tested positive for SARS-CoV-2 infection and 142 tested negative. Participants who tested positive were geographically diverse with 34% from the Northeast, 25% from the West, 21% from the South, and 18% from the Midwest. 31% of study participants were Latina and 9% were Black. The average gestational age at enrollment was 24.1 weeks, and 13% of participants were enrolled after pregnancy. The most prevalent first symptoms in the cohort of patients who tested positive for SARS-CoV-2 infection were cough (20%), sore throat (16%), body aches (12%), and fever (12%). Median time to symptom resolution was 37 days (95% CI 35–39). One quarter (25%) of participants who tested positive for SARS-CoV-2 infection had persistent symptoms 8 or more weeks after symptom onset.	The authors describe the clinical presentation, symptomology, and disease course of COVID-19 in participants of an ongoing nationwide prospective cohort study of people in the United States who are pregnant or up to 6 weeks post-pregnancy with known or suspected SARS-CoV-2 infection.	Afshar Y, Gaw SL, Flaherman VJ. Clinical Presentation of Coronavirus Disease 2019 (COVID-19) in Pregnant and Recently Pregnant People. <i>Obstet Gynecol.</i> 2020. doi: 10.1097/AOG.0000000000004178.
Africa, community interventions, community health, Kenya, LMIC, maternal, midwifery, neonatal, pregnant women	7-Oct-20	Maternal and newborn care during the COVID-19 pandemic in Kenya: re-contextualising the community midwifery model	Human Resources for Health	Review	This review explores COVID-19's effects on maternal and neonatal care in Kenya. Peripartum deaths remain significantly high in low- and middle-income countries (LMIC), such as Kenya. The COVID-19 pandemic has disrupted essential women's health services, leading to an increase in maternal and neonatal mortality and morbidity. Lockdowns, curfews, and increased risk for contracting COVID-19 may affect how women access health facilities that remain open. The authors argue that SARS-CoV-2 requires a community-centered response in addition to hospital-based interventions, stating that pregnant women deserve a safe	In this review, the authors discuss COVID-19's effects on maternal and neonatal care in Kenya and advocate for community-based midwifery, which they state will ease burdens on healthcare systems and minimize the risk of mothers and	Kimani RW, Maina R, Shumba C, et al. Maternal and newborn care during the COVID-19 pandemic in Kenya: re-contextualising the community midwifery model. <i>Hum Resour Health.</i> 2020;18(1):75. doi:10.1186/s12960-020-00518-3

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					and humanized birth that prioritizes the physical and emotional safety of the mother and infant. Policies prohibiting rooming-in heightens stress in mothers and neonates, and isolating infected infants born to COVID-19-positive mothers places increased pressure on healthcare workers. The authors advocate for strengthening community-based midwifery to avoid unnecessary community movement, decrease the burden on hospitals, and minimize the risk of SARS-CoV-2 infection among women and their infants.	neonates contracting SARS-CoV-2.	
SARS-CoV-2; antibody response; pediatric; dexamethosone	6-Oct-20	Low-Dose Dexamethasone Following IVIG in Pediatric Inflammatory Multisystem Syndrome in Temporal Association with COVID-19 (PIMS-TC)	The Indian Journal of Pediatrics	Letter to the Editor	The authors present the case of a 10-year old male presenting with fever, myalgia, headache, cough, throat pain, redness of eyes, rash, abdominal pain, vomiting, and respiratory distress 3-weeks after contact with SAS-CoV-2 positive relatives in India. He also had tachycardia, tachypnea with retractions, oxygen saturation of 89%, conjunctivitis, cheilitis, rash, edema, hepatomegaly, and meningism. Further investigations revealed anemia, leucocytosis, neutrophilia, lymphopenia, deranged kidney and liver functions, hypo albuminuria, and positive C-reactive protein. He had abnormal levels of the following: lactate dehydrogenase (443U/L), creatine phosphokinase (> 1600 IU/L), pro-B-type-natriuretic peptide (24,838 pg/ml), interleukin-6 (685.5 pg/ml), procalcitonin (65.0 ng/ml), D-dimer (2573 ng/ml), ferritin (808.4 ng/ml), and triglycerides (357 mg/dl). He had acute respiratory distress syndrome (ARDS) with features of classic COVID-19 on chest X-ray. He tested negative for SARS-CoV-2; however, anti-SARS-CoV-2 IgG was positive. He was started on high-flow nasal cannula, antibiotics, and inotropes. When his fever and the need for circulatory support persisted despite IV immunoglobulin (2g/kg), he was started on IV dexamethasone (0.2mg/kg/d OD). His clinical status improved, and he was discharged on a tapering dose of oral dexamethasone. To the authors' knowledge, this is the first case managed with low-dose dexamethasone, emphasizing its equivalent efficacy in suppressing the inflammatory response, especially in those with ARDS.	The authors present the case of a 10-year old male with SARS-CoV-2 antibodies, who was managed with low-dose dexamethasone. He presented with respiratory symptoms and elevated inflammatory markers, anemia, and acute respiratory distress syndrome (ARDS). When his fever and the need for circulatory support persisted despite IV immunoglobulin, he was started on IV dexamethasone and clinically improved.	Meena P, Pallavi, Mishra D, Jhamb U, Aggarwal M. Low-Dose Dexamethasone Following IVIG in Pediatric Inflammatory Multisystem Syndrome in Temporal Association with COVID-19 (PIMS-TC). Indian J Pediatr. 2021;88(3):301-302. doi:10.1007/s12098-020-03509-3
Children, immunology, inflammation, pediatrics, MIS-C, T cells	6-Oct-20	Deep Immune Profiling of MIS-C demonstrates marked but transient immune activation compared to adult and	MedRxiv	Preprint (not peer-reviewed)	To understand immune responses during SARS-CoV-2 illness in children, the authors collected peripheral blood samples from patients admitted to the Children's Hospital of Philadelphia, USA from April-June 2020. They performed high dimensional flow cytometry in parallel with samples collected from adults with COVID-19, as well as healthy adults and those recovered from SARS-CoV-2. Of the 30 included pediatric patients ages 0-18 [mean not provided], 16 were diagnosed with acute COVID-19 and 14 with MIS-C. Clinical values of inflammatory markers suggested heterogeneity in pediatric patients with COVID-19 and	The authors assessed immune responses and inflammatory characteristics of 30 children with acute pediatric COVID-19 or MIS-C in Philadelphia, USA. A distinct feature of MIS-C patients was robust activation of CX3CR1+ CD8	Vella LA, Giles JR, Baxter AE, Oldridge DA, Diorio C, Kuri-Cervantes L, Alanio C, Pampena MB, Wu JE, Chen Z, Huang YJ. Deep Immune Profiling of MIS-C demonstrates marked but transient immune activation compared to adult and pediatric COVID-19. Medrxiv; 2020:

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		pediatric COVID-19			MIS-C, with inflammatory marker elevation and cytopenias occurring in both groups. Pediatric COVID-19 and MIS-C patients had marked proliferation in the CD4 T cell compartment, similar to adult COVID-19 patients. However, a higher frequency of Ki67+ CD8 T cells was observed in MIS-C compared to pediatric COVID-19 or adult samples, and MIS-C patients demonstrated robust activation of CX3CR1+ CD8 T cells. Whereas pediatric COVID-19 patients with acute respiratory distress syndrome (ARDS) had sustained immune activation, MIS-C patients displayed clinical improvement over time, concomitant with decreasing immune activation. The authors conclude that comparing the immune system in distinct clinical presentations of SARS-CoV-2 infection can help guide precision immune-therapeutics in children and shed light on the pathology of COVID-19.	T cells, indicating that MIS-C is characterized by a different immune signature than acute pediatric COVID-19.	https://doi.org/10.1101/2020.09.25.20201863
COVID-19; patient expectations; survey data; telehealth; women's health; United States	6-Oct-20	Patient Experience of Obstetric Care During the COVID-19 Pandemic: Preliminary Results From a Recurring National Survey	Journal of Patient Experience	Original Research	This study examined pregnant (even gestational week distribution) and recently-postpartum (0-8 weeks) patients' care modifications and COVID-19 pandemic-related concerns in April 2020. A survey was administered to 2145 respondents in 50 US states and the District of Columbia. The results demonstrated that the respondents had changed birth plans during the COVID-19 pandemic, with 2.5% planning a home birth at the time of the survey, compared to less than 1% prior to the COVID-19 pandemic. At the time of the survey, 14.4% planned on having a non-partner attendant present at delivery, compared to 59.2% prior to the COVID-19 pandemic. Use of telehealth services increased, with 10% using it prior to the COVID-19 pandemic, and 76% within 4 weeks prior to and after the survey period. Survey respondents reported various concerns related to the COVID-19 pandemic, including health risks, health care access, childcare access, inability of support people to attend births, food insecurity, and financial insecurity.	The authors examined care modification and concerns related to the COVID-19 pandemic among pregnant and postpartum women in the United States. Changes to delivery plans and care provision were reported by the survey respondents, along with a number of health, service access, and financial concerns related to the COVID-19 pandemic.	Bradley D, Blaine A, Shah N, Mehrotra A, Gupta R, Wolfberg A. Patient Experience of Obstetric Care During the COVID-19 Pandemic: Preliminary Results From a Recurring National Survey. <i>J Patient Exp.</i> 2020;7(5):653-656. doi:10.1177/2374373520964045
COVID-19, obstetrics, simulation	6-Oct-20	Obstetric simulation for a pandemic	Seminars in Perinatology	Original Research	This article details protocols and practices for simulating obstetric care of pregnant patients with SARS-CoV-2, including donning appropriate PPE, initial patient screening, patient evaluation, and management of deliveries and obstetric emergencies. Practicing in-situ multidisciplinary simulations in the hospital setting has illustrated key opportunities for improvement that should be considered when caring for a patient with possible SARS-CoV-2. The authors found potential pitfalls in protocol and detail steps taken to remediate the situation. They also reference to a standardized simulation instruction manual. In the current COVID-19 pandemic, simulating obstetrical patient care from presentation to the hospital triage through postpartum care can prepare teams for even the most complicated patients while increasing their ability to protect themselves and their patients.	This article details protocols and practices for simulating pregnant patients with SARS-CoV-2. Practicing in-situ multidisciplinary simulations in the hospital setting has illustrated key opportunities for improvement in patient care. The authors reference a standardized simulation instruction	Eubanks A, Thomson B, Marko E, et al. Obstetric simulation for a pandemic. <i>Semin Perinatol.</i> 2020;44(6):151294. doi:10.1016/j.semperi.2020.151294

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					Finally, simulation reviews can help identify areas for improvement and address the team's concerns. This can help obstetric teams adapt to rapidly changing guidance while also ensuring quality patient care.	manual for obstetric teams.	
COVID-19; children; emotion regulation; pandemic; parenting; self-efficacy; psychological distress; Italy	6-Oct-20	Parents and Children During the COVID-19 Lockdown: The Influence of Parenting Distress and Parenting Self-Efficacy on Children's Emotional Well-Being	Frontiers in Psychology	Original Research Article	On March 10, 2020, Italy went into lockdown due to COVID-19 pandemic, disrupting the lives of children and their caregivers. This study surveyed 277 parents of children aged 6-13 years (mean=9.66 years) in Italy during April 2020, assessing their psychological distress, regulatory emotional self-efficacy, and parenting self-efficacy, along with their children's emotional regulation and lability/negativity. A COVID Risk Index (based on occupation, location, and contact history) and Family Risk Index (based on socio-economic status, marital status, worsened working situation) were created ad hoc for analysis. The influences of parents' psychological distress and parents' regulatory emotional self-efficacy on children's emotional regulation and lability/negativity were mediated by parenting self-efficacy, or the belief that they are able to manage with daily parental demands. This mediation model showed excellent fit for the given data ($p < 0.01$), and the mediation effect did not vary across children's biological sex, age, or level of COVID-19 risk. These results suggest that self-confident parents can successfully prevent their children's emotional dysregulation, regardless of their own psychological distress. Parents can still promote positive emotional functioning in their children if they feel able to reassure their children about the pandemic, organize their children's daily life during quarantine, and clearly communicate what is happening and why. Interventions with families should focus on building parent's self-confidence and talking openly about fears and negative emotions to facilitate better communication within the family.	This study investigated the correlation between parents' self-efficacy, psychological distress, exposure-based risk of COVID-19, and family risk factors with their children's emotion regulation during the COVID-19 lockdown in Italy. Results show the effect of parents' psychological distress and parents' regulatory emotional self-efficacy on children's emotional regulation and lability/negativity is mediated by parenting self-efficacy. Interventions with families should focus on building parents' self-confidence and facilitating open communication.	Morelli M, Cattelino E, Baiocco R, et al. Parents and Children During the COVID-19 Lockdown: The Influence of Parenting Distress and Parenting Self-Efficacy on Children's Emotional Well-Being. <i>Front Psychol.</i> 2020;11:584645. Published 2020 Oct 6. doi:10.3389/fpsyg.2020.584645
Mathematical modeling, age-related susceptibility, mortality, transmission, Japan, Italy, Spain	6-Oct-20	The age distribution of mortality from novel coronavirus disease (COVID-19) suggests no large difference of susceptibility by age	Scientific Reports	Original Research	To understand the age distribution of mortality from COVID-19, the authors constructed a mathematical model describing the transmission dynamics of COVID-19 and analyzed the impact of age-dependent susceptibility on the distribution of mortality in Italy (as of May 13th, 2020), Spain (as of May 12, 2020), and Japan (as of May 7, 2020). The heterogeneity in social contacts by age and country and the effect of behavioral change outside of the household during the outbreak was accounted for in the model. The authors observed similarity in age distributions of mortalities between Italy, Japan, and Spain while the basic reproduction numbers (R_0) were quite different, resulting in large differences in mortality between countries. Their model revealed that if the mortality rate or the fraction of symptomatic infections among all COVID-19 cases does not depend on age, then	In this mathematical model, the authors demonstrate that variation of susceptibility to COVID-19 by age itself does not explain the robust age distribution in mortality observed in Spain, Italy, and Japan.	Omori R, Matsuyama R, Nakata Y. The age distribution of mortality from novel coronavirus disease (COVID-19) suggests no large difference of susceptibility by age. <i>Sci Rep.</i> 2020 Oct 6;10(1):16642. doi: 10.1038/s41598-020-73777-8.

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					unrealistically different age-related susceptibilities to COVID-19 infections must exist to explain the similar age distribution of mortality given the different basic reproduction numbers (R0) among the three countries. The authors conclude that the contribution of age-dependency to susceptibility does not adequately explain the robust age distribution in mortalities by COVID-19 assessed in this study.		
Child psychology, mental health, lockdown, behavioral health	6-Oct-20	Making Sense of COVID-19 with Child Patients: From Screen to Screen [Free Access to Abstract Only]	Psychoanalytic Dialogues	Article	This author, a child psychologist, discusses the emotional and behavioral reactions to the COVID-19 crisis seen in his clinical practice, giving illustrative case examples and direct quotes from four child patients (two of which were 7 and 10 years old, respectively) in a narrative format. In particular, he focuses on the ways children cope with uncertainty and change, making sense of it through play, creative expression, and dialogue. This excerpt is part of a larger collection, titled "Analytic Life Amidst the Coronavirus," a collection of snapshots around the world from authors reflecting on the creative and unexpected ways in which their interactions with their patients have transformed in the context of the COVID-19 pandemic.	This article discusses the emotional and behavioral reactions to the COVID-19 crisis seen in a child psychologist's clinical practice, written in a narrative format and with direct quotes from his child patients.	Bonovitz C. Making sense of COVID-19 with child patients: From screen to screen. null. 2020;30(5):628-629. doi: 10.1080/10481885.2020.1797395.
China, mental health, perinatal, women, depression, anxiety, Insomnia, quality of life	6-Oct-20	Mental Health Outcomes in Perinatal Women During the Remission Phase of COVID-19 in China	Frontiers in Psychiatry	Original Article	The authors conducted a cross-sectional study of 625 perinatal women in southern China between March 25-June 5, 2020 to assess anxiety, depression, insomnia and quality of life (QOL). The authors found that 31.2% of perinatal women reported anxiety, 19.2% reported depression, and 13.9% reported insomnia. Previous adverse experiences during pregnancy was a significant risk factor for anxiety (OR: 1.628, P=0.023), depression (OR: 1.853, P=0.011), and insomnia (OR: 2.160, P=0.003). Participants having infected friends/families/colleagues were more likely to report anxiety (OR: 2.195, P=0.007) and depression (OR: 2.666, P=0.001). Those women whose regular check-ups were severely interrupted by the COVID-19 were also more likely to experience symptoms of anxiety (OR: 2.935, P<0.001) and insomnia (OR: 2.195, P=0.026). Women with depressive symptoms reported lower physical, psychological, social and environmental QOL compared to those who without. Women with insomnia symptoms reported lower physical, psychological, and social QOL compared to those without. There were no significant differences in QOL between women with and without anxiety symptoms. The authors emphasize that increased attention for mental health should be paid to patients who have infected friends and/or families and those with previous adverse pregnancy experiences.	The authors conducted a cross-sectional study of 625 perinatal women in southern China between March 25-June 5, 2020 to assess anxiety, depression, insomnia and quality of life (QOL). The authors found that the prevalence of anxiety, depressive, and insomnia symptoms was 31.2%, 19.2%, and 13.9%, respectively, amongst perinatal women. Women with depressive and insomnia symptoms reported significantly lower QOL compared to those without symptoms.	Zeng X, Li W, Sun H, et al. Mental Health Outcomes in Perinatal Women During the Remission Phase of COVID-19 in China. Front Psychiatry. Published 2020 Oct 6. doi:10.3389/fpsyt.2020.571876

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Child maltreatment, child protective service (CPS), Israel, media coverage, policy documents	6-Oct-20	Invisible children and non-essential workers: Child protection during COVID-19 in Israel according to policy documents and media coverage	Child Abuse & Neglect	Original Article	The authors analyzed government policy documents and media coverage to examine the protection of Israeli children from maltreatment during the COVID-19 pandemic. The authors determined that policymakers' automatic response to COVID-19 neglected to address child maltreatment (CM). They overlooked the crucial role of the Child Protective Service (CPS) and declared social workers to be non-essential. Consequently, during the first few weeks of quarantine in Israel, the protection of children was not addressed in policies despite elevated risks for children and youth. Mainstream news media coverage appeared to have been critical of the government's handling of CM during the COVID-19 crisis, which might have explained the mild growth in the awareness of policymakers to CM and the importance of the CPS detected a few weeks into the quarantine. However, children had never become a top priority, and most of the policymakers' attention and resources remained devoted to supporting families, while neglecting direct coping with CM and abandoning the discourse of children's rights.	The authors analyzed government policy documents and media coverage to examine the protection of Israeli children from maltreatment during the COVID-19 pandemic. The results indicated the potentially harmful impact that lack of policy with respect to protecting children from maltreatment during the pandemic might have.	Katz C, Cohen N. Invisible children and non-essential workers: Child protection during COVID-19 in Israel according to policy documents and media coverage [published online 2020 Oct 6]. <i>Child Abuse Negl.</i> 2020. doi:10.1016/j.chiabu.2020.104770
Pediatric, cohort study, lockdown, school closure, Germany	6-Oct-20	The impact of the COVID-19 pandemic on families in Germany	medRxiv	Preprint (not peer-reviewed)	These authors performed a cross-sectional study in Germany to assess the impact of the COVID-19 pandemic on families with young children in 2 population-based childhood cohorts with differing COVID-19 prevalence. Online questionnaires were answered by families from the LIFE Child (n=306, Leipzig) and KUNO Kids (n=612, Regensburg) health studies 7-28 May 2020, at the end of the German lock-down period. Leipzig was mildly affected by the COVID-19 pandemic, while Regensburg had moderate COVID-19 prevalence. Socio-demographically, the cohorts were comparable. The age of children ranged from 1.5 to 5.9 years (Leipzig mean 3.6 years, Regensburg mean 3.4 years). Most participating families were concerned about the pandemic and lock-down measures, with major concerns directed towards the economic situation (>70%), the health of close ones (37%), and less towards their own health (<10%). Concerns were more pronounced, and trust in the necessity of protective measures was higher, in the more affected region. Approval of lock-down measures and concerns about economic recession were related to regional differences and not significantly dependent on educational status or being personally affected by the disease. Due to such regional differences, measures to specifically support families according to the regional impact of the COVID-19 pandemic are needed.	These authors performed a cross-sectional study in Germany to assess the impact of the COVID-19 pandemic on families with young children in 2 population-based childhood cohorts with differing COVID-19 prevalence.	Brandstetter S, Poulain T, Vogel M, et al. The impact of the COVID-19 pandemic on families in Germany. <i>medRxiv.</i> 2020. https://doi.org/10.1101/2020.10.05.20206805
Childhood heart disease, adult congenital heart disease, pandemic	6-Oct-20	CSANZ Position Statement on COVID-19 From the Paediatric	Heart, Lung and Circulation	Position Statement	This position statement was released by the Pediatric and Congenital Council of the Cardiac Society of Australia and New Zealand (CSANZ). The article reviews the mechanisms for cardiac involvement in COVID-19, especially as they impact patients with	This Position Statement from the Pediatric and Congenital Council of the Cardiac Society of Australia	Ayer J, Anderson B, Gentles TL, et al. CSANZ Position Statement on COVID-19 from the Paediatric and Congenital Council. <i>Heart, Lung</i>

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
response, Australia, New Zealand		and Congenital Council			childhood and adult heart disease. It also describes the impact of SARS-CoV-2 infection in the general pediatric population. For cases of PIMS-TS, prompt multi-disciplinary medical consultation is recommended, as is a system of regional surveillance. The authors provide guidance for re-organizing pediatric and adult heart disease services in the Australasian region during the pandemic, so as to protect health workers and still provide timely essential care. Tele-health visits are recommended when possible, but patients should be encouraged to access appropriate care when needed. Patients and families should be screened for COVID-19 symptoms prior to hospital or clinic visits, and COVID-19 testing should be performed when needed. Influenza vaccination is encouraged during the pandemic. Finally, the article reviews strategies for reducing COVID-19 risk for patients with heart disease. Proper PPE use and infection prevention measures are vital. The authors specifically recommend that patients continue ACE inhibitors during the COVID-19 pandemic. Additionally, patients with a history of rheumatic fever and/or rheumatic heart disease should continue prophylaxis with benzyl penicillin injections.	and New Zealand (CSANZ) describes the risks, mechanisms and impact of COVID-19, and offers guidance on re-organizing heart disease services during the current pandemic.	and Circulation. 2020. https://doi.org/10.1016/j.hlc.2020.07.005 .
Multi-system inflammatory syndrome in children, MIS-C, pediatric, Kawasaki disease, Brazil	6-Oct-20	COVID-19 in children: a case report of Multisystem Inflammatory Syndrome (MIS-C) in São Paulo, Brazil	The Brazilian Journal of Infectious Diseases	Case Report	These authors report a case of MIS-C in Brazil in April 2020. A previously healthy 10-year-old male was admitted to the hospital with fever, abdominal pain, dehydration, conjunctival erythema, hypoxemia, and diarrhea. He had no known contacts with COVID-19. Lab tests showed anemia and low lymphocytes. Chest CT initially demonstrated ground-glass opacities in <25% of the lungs. On hospital day (HD) 4, the patient had elevated inflammatory markers, and chest radiography showed increased cardiac area. Chest imaging subsequently suggested atelectasis and pericardial effusion. Nasopharyngeal swabs at admission and on HD 8 did not detect SARS-CoV-2 RNA. On HD 6, D-dimer and C-reactive protein levels had further increased. During admission, the patient received oseltamivir, albumin, furosemide, hydroxychloroquine, and several antibiotic regimens, as well as a blood transfusion due to anemia. Eventually the pleural and pericardium effusion resolved, lab tests normalized, and the patient was discharged on HD 14. Blood collected at discharge was tested for antibodies using 4 different test brands. SARS-CoV-2 IgG was positive in all 4 tests; IgM was positive in 1 of the 4 tests (Wondfo). Multi-organ involvement, SARS-CoV-2 serology results, and lab findings including lymphopenia and inflammatory markers, support a MIS-C diagnosis in this case. A developing understanding of the pathogenic mechanism behind MIS-C will help determine appropriate interventions in the future.	These authors report the clinical course of one of the first cases of MIS-C in Brazil, in April 2020. A developing understanding of the pathogenic mechanism behind MIS-C will help determine appropriate interventions in the future.	Matsuda EM, et al. COVID-19 in children: a case report of Multisystem Inflammatory Syndrome (MIS-C) in São Paulo, Brazil. <i>Braz J Infect Dis</i> . 2020. https://doi.org/10.1016/j.bjid.2020.09.002

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Intussusception, pediatrics, USA	6-Oct-20	Intussusception in a child with COVID-19 in the USA	Emergency Radiology	Case Report	In this paper, the authors discuss the management and treatment of a novel case of COVID-19-associated intussusception in a pediatric patient, representing the 1st case in the US and the 4th case worldwide. A 9-month-old Hispanic male presented to an outpatient clinic on June 27, 2020 with fussiness, congestion, cough, and sneezing for 4 days and fever of 100.7 °F for 1 day. Similar symptoms in close relatives were reported and SARS-CoV-2 was confirmed in the infant via PCR. 2 days later, the patient presented to the emergency department with vomiting, abdominal pain, decreased oral intake, blood-streaked stool, and signs of dehydration. Complete blood count showed decreased lymphocytes at $1.6 \times 10^3 \mu\text{l}$. Abdominal radiograph and ultrasound confirmed the presence of ileocolic intussusception and non-surgical management with fluoroscopy-guided hydrostatic reduction of the intussusception was performed. The patient remained stable and was discharged home the following day. Based on this case, the authors suggest that pediatricians consider the possibility of intussusception when a child with COVID-19 presents with abdominal pain.	The authors describe the case of a 9-month old infant in the US with confirmed SARS-CoV-2 infection and intussusception, suggesting that pediatricians consider the possibility of intussusception when a child with COVID-19 presents with abdominal pain.	Bazuaye-Ekwuyasi EA, Camacho AC, Saenz Rios F, et al. Intussusception in a child with COVID-19 in the USA. Emerg Radiol. 2020 Oct 6:1–4. doi: 10.1007/s10140-020-01860-8. Epub ahead of print. PMID: 33025218; PMCID: PMC7538184.
Children, immune-senescence, thymus, pediatrics	6-Oct-20	What chances do children have against COVID-19? Is the answer hidden within the thymus?	European Journal of Pediatrics	Short Communication	In this brief communication article, the authors theorize that children's resistance to COVID-19 complications is due to age differences in thymus capability. In the pathogenesis of a standard viral infection, the adaptive immune response is responsible for clearing the infection. T cells are a primary decisive element in adaptive immunity and develop in the thymus, making thymus-mediated immunity responsible for preventing invasive damage from a virus. The thymus is highly active in the intra-uterine and neonatal periods, but it begins to shrink after birth and continues its activity until adolescence. Regulatory T cells (T-regs) are active during the early periods of life and have precise immuno-modulatory roles. The loss of T-reg function with age results in difficulty with the control of the immune response, resulting in increased inflammation and cytokine storm, as shown in cases of severe COVID-19. The thymus is also typically able to replace the T cells destroyed by virus-induced cell death, which helps maintain long-lasting immunity to a virus. The authors suggest further investigation of options that stimulate the thymus as a treatment for COVID-19 patients.	In this short communication article, the authors speculate that thymus activity and T cell function in children protects them against adverse COVID-19 effects. The authors state that stimulating and preventing inhibition of the thymus could be a possible treatment against COVID-19.	Güneş H, Dinçer S, Acipayam C, et al. What chances do children have against COVID-19? Is the answer hidden within the thymus?. Eur J Pediatr. 2020; doi:10.1007/s00431-020-03841-y
Demographics, age, population group	6-Oct-20	The changing demographics of COVID-19	The Lancet - Respiratory Medicine	News	As societies around the world begin to reopen after many months of lockdown, a worrying shift is emerging in the demographics of COVID-19 cases towards individuals aged younger than 40 years. According to an analysis of 6 million cases between February - July 2020, the number of infected people aged 15–24 years old increased from 4.5% to 15%. These may be from a combination	The author discusses the changing demographics of COVID-19, including more cases of individuals younger than 40 years old. Reasons behind this	Venkatesan P. The changing demographics of COVID-19. The Lancet Respiratory Medicine. 2020. doi:10.1016/s2213-2600(20)30461-6

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					of increased socializing in younger age groups and reversion to previous routines, including attending workplaces, schools, and universities, as well as better surveillance. The excess figures in younger individuals has implications in terms of community transmission and infection of more vulnerable population groups. Many young people live with older people such as parents and grandparents, increasing the possibility of passing on infection to those likely to have severe disease. However, the findings might also be of concern for the younger individuals themselves. The driving force behind this excess is, however, more complicated. Many of the severe hospitalized cases of COVID-19 in this age group are individuals in the hospitality and service industries, such as bar managers and wait staff in restaurants—and most hospitality staff are women. The nature of the work itself increases the risk of exposure to the virus; and the greater the dose of the virus, the worse the disease. The author concludes by stating that no population group is completely safe from COVID-19 at the present time, and there is no room for complacency.	demographic shift may relate to individuals resuming previous routines. No population group is safe from COVID-19, and vigilance and restrictions remain vitally important.	
Allergy, asthma, children, pediatricians, survey, upper airway	6-Oct-20	Cross-sectional survey on impact of paediatric COVID-19 among Italian paediatricians: report from the SIAIP rhino-sinusitis and conjunctivitis committee	Italian Journal of Pediatrics	Original Research	To evaluate the impact of pediatric COVID-19 in Italy, the authors surveyed Italian pediatricians (n=99) between April and mid-May 2020, with a focus on allergic symptoms and upper airway involvement. The distribution of COVID-19 patients reported per month varied significantly according to geographical area, with the North of Italy seeing the highest rates (P= 0.02). Almost all respondents (98%) reported caring for up to 10 SARS-CoV-2 infected children. 75% of respondents stated up to 20% of infected patients were affected by allergic rhino-conjunctivitis. Similarly, 83% of responders declared that up to 20% of infected children were asthmatic. The authors found a higher incidence of allergic asthma in pediatric COVID-19 patients in the Centre and South Italy than in the North (P= 0.03). However, allergic rhino-conjunctivitis and asthma did not seem to be risk factors for severe COVID-19. 90% of participants agreed that immediate isolation and alerting the public health service system was the first step in case of a suspected infection. 45% of participants clarified that confirmed cases had nasopharyngeal and oropharyngeal swab sampling, with rates of screening suspected patients by these methods significantly higher in the North of Italy (P= 0.02).	This cross-sectional study in Italy showed that although distribution of pediatric COVID-19 and allergic symptoms in pediatric COVID-19 patients varied significantly by area, rhino-conjunctivitis and asthma seem not to be risk factors for severe COVID-19.	Diaferio L, Parisi GF, Brindisi G, et al. Cross-sectional survey on impact of paediatric COVID-19 among Italian paediatricians: report from the SIAIP rhino-sinusitis and conjunctivitis committee. Ital J Pediatr. 2020 Oct 6;46(1):146. doi: 10.1186/s13052-020-00906-4.
Transmission, children, adolescents, viral loads, adults, Greece	6-Oct-20	Children and Adolescents With SARS-CoV-2 Infection: Epidemiology, Clinical Course	The Pediatric Infectious Disease Journal	Original Research	The authors investigated the clinical and epidemiological characteristics and the viral loads of 203 children and adolescents ages 0-19 years with SARS-CoV-2 infection in Greece, from February 26 to June 30, 2020. The results showed that compared to other age groups, school-aged children 6–12 years old were more likely to have an asymptomatic infection, while children <	Findings from this study from Greece showed that adults might play a key role in introducing and spreading the SARS-CoV-2 virus in families, and most	Maltezou HC, Magaziotou I, Dedoukou X, et al. Children and Adolescents With SARS-CoV-2 Infection: Epidemiology, Clinical Course and Viral Loads [published online, 2020 Oct 6]. Pediatr Infect

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		and Viral Loads [Free Access to Abstract Only]			1-year-old were more likely to develop symptoms (P-value = 0.001). Also, of the 92 children (45.3%) with COVID-19, 24 (26.1%) were hospitalized. Furthermore, of the 164 children with available viral load results, 46 children (28.1%) had a high viral load, 44 (26.8%) moderate, and 74 (45.1%) low viral loads. There was no significant difference between viral load and age, sex, underlying condition, fever, and hospitalization. There was also no significant difference between the type of SARS-CoV-2 infection and age, sex, underlying condition, and viral load. Of note, transmission from a household member accounted for 132 of 178 (74.2%) pediatric cases with SARS-CoV-2 infection for which the source of infection was identified. However, there was only one case of transmission of infection from an adolescent with COVID-19 to her mother, and there was no evidence of child-to-child transmission. The authors suggest that these findings could help guide public health interventions, including school reopening and future vaccination guidelines.	children have moderate or high viral loads regardless of age, symptoms, or severity of the infection.	Dis J. 2020; doi:10.1097/INF.0000000000002899
Pregnancy, case report, preeclampsia, neurological manifestations	6-Oct-20	SARS-COV-2 infection during pregnancy, a risk factor for eclampsia or neurological manifestations of COVID-19? Case report	BMC Pregnancy and Childbirth	Case Report	While the majority of SARS-CoV-2 infected patients experience flu-like symptoms, the number of patients with neurological symptoms has been increasing. Extra-pulmonary disease symptoms could be explained by the endothelial tissue damage caused by the virus. The authors present a case study to illustrate the varied COVID-19 outcomes in different patient groups. A 35-year-old pregnant woman with optimal blood pressure control and no obstetric risk factors was admitted for tonic-clonic seizures and SARS-CoV-2 infection. Eclampsia was suspected upon admission, and the patient underwent an emergency C-section. After C-section, she developed blood pressure higher than 160/100 mmHg. Also, the patient experienced sudden blindness without other neurologic symptoms. A brain CT-scan and CT-angiography showed no anomalies. The patient was suspected of posterior reversible leuko-encephalopathy and was started on subcutaneous enoxaparin. The patient recovered her vision during the first 48 hours of treatment. Given that eclampsia, posterior reversible leuko-encephalopathy, and COVID-19 all damage the endothelial tissue, the authors speculate that SARS-CoV-2 infection during pregnancy could increase the risk of posterior reversible leuko-encephalopathy and pre-eclampsia syndrome. Further studies are necessary to understand the risk factors for neurological complications of COVID-19 in pregnant women.	COVID-19, pre-eclampsia, eclampsia, and posterior reversible leuko-encephalopathy share pathophysiology, including endothelial damage. This case study of a 35-year-old pregnant woman suggests that SARS-CoV-2 infection could induce brain endothelial damage and facilitate neurological complications during pregnancy.	Garcia Rodriguez, A., Marcos Contreras, S., Fernandez Manovel, S.M. <i>et al.</i> SARS-COV-2 infection during pregnancy, a risk factor for eclampsia or neurological manifestations of COVID-19? Case report. <i>BMC Pregnancy Childbirth</i> 20 , 587 (2020). https://doi.org/10.1186/s12884-020-03275-2
Pregnancy, Antenatal Care, prevalence, community,	6-Oct-20	Coronavirus Testing in Women	Women and Birth	Original Research	The authors aimed to assess the prevalence of SARS-CoV-2 positive tests among pregnant women receiving care at three maternity hospitals in Melbourne, Australia. SARS-CoV-2 testing was offered to all pregnant women attending face-to-face	The authors observed that in a two-week period of low disease prevalence, the rate of asymptomatic	Rolnik DL, Korman TM, Rindt A, et al. Coronavirus testing in women attending antenatal care. <i>Women and Birth</i> . 2020.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Screening, Australia		Attending Antenatal Care			antenatal visits and to those attending the hospital with symptoms of possible COVID-19, from May 6 to 19, 2020. Study participants underwent SARS-CoV-2 testing by multiplex-tandem PCR on combined oropharyngeal and nasopharyngeal swabs. The median maternal age was 32 years (IQR 28 to 35 years), and the median gestational age at testing was 33 weeks and four days (IQR 28 weeks to 36 weeks and two days). The authors estimated with 95% confidence that the true proportion of SARS-CoV-2 positive tests in the general population during the study period was between 0 and 1% ($\hat{p} = 0\%$, 95% CI 0% to 1.0%). Their results showed that of the 350 women tested for SARS-CoV-2, 19 had symptoms of possible COVID-19. However, all 350 tests were negative for SARS-CoV-2. The authors recommend that widespread testing of asymptomatic pregnant women may not be necessary in periods of low community prevalence.	coronavirus infection among pregnant women in Australia was negligible, reflecting low levels of community transmission.	doi:10.1016/j.wombi.2020.09.024
Pediatric, liver transplantation	6-Oct-20	Pediatric liver transplantation and COVID-19: a case report	BMC Surgery	Case Report	Immunosuppressed patients, including individuals with organ transplantation, have been among susceptible groups to COVID-19. On the other hand, pediatric patients more commonly undergo a mild COVID-19 clinical course. The authors report the case of a 3-year-old boy who had a liver transplantation at 18 months old. He was admitted to the hospital due to dyspnea with the impression of acute respiratory distress syndrome and transferred to the ICU. Chest X-ray at admission showed bilateral infiltration. Vancomycin, meropenem, azithromycin, voriconazole and co-trimoxazole were started on day 1 of hospitalization. On day 4 of admission, with suspicion of COVID-19, hydroxychloroquine, lopinavir/ritonavir and oseltamivir were added to the antibiotic regimen. PCR was positive for COVID-19. The patient developed multi-organ failure and died on day 6 of admission. The authors note that for pediatric patients with organ transplantations, extreme caution should be taken, to limit and prevent their contact with COVID-19 during the outbreak, as these patients are highly susceptible to severe forms of the disease.	The authors of this case report describe a 3-year-old boy who had a liver transplantation at 18 months old. He died due to complications of COVID-19. Extreme caution should be taken to prevent the risk of contact with COVID-19 for pediatric patients with organ transplantation.	Nikoupour H, Kazemi K, Arasteh P, Ghazimoghdam S, Eghlimi H, Dara N, Gholami S, Nikeghbalian S. Pediatric liver transplantation and COVID-19: a case report. BMC Surg. 2020 Oct 6;20(1):224. doi: 10.1186/s12893-020-00878-6. PMID: 33023552; PMCID: PMC7538038.
Neonatal infections, impact, low income countries, middle income countries, Bangladesh	6-Oct-20	The Direct and Indirect Impact of SARS-CoV-2 Infections on Neonates: A Series of 26 Cases in Bangladesh	The Pediatric Infectious Disease Journal	Original Study	The impact of SARS-CoV-2 on neonates in low- and middle-income countries (LMICs) remains largely unknown. The authors provided an epidemiological and clinical report of SARS-CoV-2 infections in neonates hospitalized in Bangladesh. Neonates externally admitted to Dhaka Shishu Hospital, a tertiary-care referral hospital, between March 29-July 1, 2020 were screened for SARS-CoV-2. Of 83 neonates tested, 26 were positive (median age 8 days old; range 0-28 days) and 14 out of 26 infants (53%) were in their first 5 days of life. Most neonates were admitted with diagnoses unrelated to SARS-CoV-2: 11 presented with serious non-communicable diseases, 7 with early-onset sepsis, 5	The authors examined the impact of SARS-CoV-2 infections on neonates in low- and middle-income countries and found that positive SARS-CoV-2 test results led to gaps in immediate clinical care for other morbidities. This likely also contributed to adverse clinical outcomes.	Saha S, Ahmed ANU, Sarkar PK, Bipul MRA, Ghosh K, Rahman SW, Rahman H, Hooda Y, Ahsan N, Malaker R, Sajib MSI, Islam MS, Anik AM, Saha S, Kanon N, Islam M, Hamer DH, Amin R, Shahidullah M, Saha SK. The Direct and Indirect Impact of SARS-CoV-2 Infections on Neonates: A Series of 26 Cases in Bangladesh. <i>Pediatr Infect Dis J</i> .

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					with late-onset sepsis, and 2 with pneumonia. In 3 of 5 chest X-rays, infiltrates and ground-glass or patchy opacities were noted. Two neonates developed metabolic acidosis, one developed disseminated intravascular coagulation. Most SARS-CoV-2 positive neonates were referred to government-designated COVID-19 hospitals, leading to gaps in treatment. 23 neonates could be followed-up: 12 were healthy, 8 died, and 3 were still seeking medical care. Of 9 caregivers tested, 8 were positive. SARS-CoV-2 may have serious adverse effects on children born in LMICs. This case series emphasizes the need to understand COVID-19 in neonates in LMICs and its indirect impacts.		2020 Oct 6. doi: 10.1097/INF.0000000000002921. Epub ahead of print. PMID: 33031143.
Kawasaki Disease, Multisystem Inflammatory Syndrome, Children	6-Oct-20	Kawasaki Disease and Multisystem Inflammatory Syndrome in Children with COVID-19	SN Comprehensive Clinical Medicine	Review	In this article, the authors describe the clinical manifestations, genetic background, and immune response of children with COVID-19, presenting with the severe MIS-C. They reported that COVID-19 could lead to MIS-C a few days after infection with SARS-CoV-2. The authors pointed out that pediatric patients' symptoms are very similar to Kawasaki disease (KD) symptoms. They also argue that KD's viral etiology was previously reported, and it is still unclear if the prevalence of this phenotype after SARS-CoV-2 is more prevalent than other viruses. They recommended that MIS-C be promptly treated, and patients are revisited one week after treatment and discharge because of the risk of developing heart failure or vascular disease.	Authors report that COVID-19 severe multisystem inflammatory syndrome (MIS-C) is very similar to Kawasaki disease. They recommended that MIS-C is promptly treated, and patients are revisited one week after treatment and discharge.	Sarzaeim, M., Rezaei, N. Kawasaki Disease and Multisystem Inflammatory Syndrome in Children with COVID-19. SN Compr. Clin. Med. (2020). https://doi.org/10.1007/s42399-020-00558-9
Infant death, mother-to-child transmissions, Iran	6-Oct-20	Death of a neonate with suspected coronavirus disease 2019 born to a mother with coronavirus disease 2019 in Iran: a case report	Journal of Medical Case Reports	Case Report	In the present case study, the authors report the death of a neonate 11 hours after birth, born to a 32-year-old mother with COVID-19 in Iran, with Kurdish ethnicity. The mother had no history of any serious diseases, substance abuse, or pregnancy complications. Routine ultrasound screening for fetal abnormalities was normal. The mother was admitted at 39 weeks of gestation to undergo elective C-section on March 10, 2020. Fetal health was assessed using fetal heart rate and a non-stress test before birth, showing no evidence of fetal distress. The chest X-ray (CXR) of the neonate marked abnormality 2 hours after birth, demonstrating COVID-19. Following a clinical deterioration in the neonate and the abnormal CXR, the mother was questioned again about symptoms of COVID-19 and underwent a blood test and a CXR. According to the mother, she only had a single dry cough and a family history of COVID-19 in her cousin, which resulted in his death. Throat swab samples of the mother were tested by RT-PCR and confirmed SARS-CoV-2. All the above-mentioned facts and radiographic abnormalities suggested that COVID-19 was involved in the death of this neonate. It should be noted that the neonatal pharyngeal swabs (RT-PCR) tested negative for SARS-CoV-2, but there was no opportunity for resampling due to the death.	In this case study, the authors report the death of a neonate born to a mother with COVID-19, 11 hours after birth, in Iran. The fetal health assessment before birth demonstrated no evidence of fetal distress, but the chest X-ray of the neonate showed abnormalities.	Rashidian T, Sharifi N, Fathnezhad-Kazemi A, et al. Death of a neonate with suspected coronavirus disease 2019 born to a mother with coronavirus disease 2019 in Iran: a case report. J Med Case Rep. 2020 Oct 6;14(1):186. doi: 10.1186/s13256-020-02519-1.

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Epidemiology, children, clinical manifestations, transmission, hyperinflammatory syndrome	6-Oct-20	COVID-19 in children: current evidence and key questions [Free Access to Abstract Only]	Current Opinion in Infectious Diseases	Review	This review outlines the current evidence of the epidemiology of infection in children, the clinical manifestations of the disease, the role of children in the transmission of the virus, and the recently described hyperinflammatory syndrome observed later during the first phase of the pandemic. International seroprevalence studies have found younger children to have a lower prevalence of antibodies to SARS-CoV-2, indicating they have not been infected as much as adults. This may be due to shielding by school closures, or by a reduced susceptibility to infection, as indicated by a significantly lower attack rate in children than adults in household contact tracing studies. The most well-recognized symptoms in adults of cough, fever, anosmia, and ageusia are less frequent in children, who may often present with mild and nonspecific symptoms, or with gastro-intestinal symptoms alone. Risk factors for severe disease in children include chronic lung, cardiac or neurological disease, and malignancy. However, the absolute risk still appears very low for these cohorts. A new hyperinflammatory syndrome has emerged with an apparent immune cause. Unanswered questions regarding why children have mild disease compared with adults; how children of different ages contribute to asymptomatic community transmission of the virus; and the pathophysiology of and most appropriate investigation and treatment strategies for the novel hyperinflammatory syndrome.	This review focusing on children concludes that (1) SARS-CoV-2 appears to infect children less readily than adults and causes more mild disease; (2) comorbidities increase the risk of requiring intensive care admission; (3) children do not play a significant role in the transmission; (4) a rare, newly described inflammatory condition may occur as a delayed immune response to the virus.	Munro APS, Faust SN. COVID-19 in children: current evidence and key questions. <i>Curr Opin Infect Dis.</i> 2020 Oct 6. doi: 10.1097/QCO.0000000000000690. Epub ahead of print. PMID: 33027185.
Children, adolescents, school reopening, in-person classes	6-Oct-20	COVID-19 in children: Considerations for returning to school	Brazilian Journal of Otorhinolaryngology	Editorial	Among the various measures taken by authorities in response to the COVID-19 pandemic has been social isolation with different levels of quarantine, campaigns to encourage people to stay at home, incentives to use face masks, frequent handwashing, the use of gel alcohol, and the closing of schools and universities. A highly debated topic is when in-person classes for students should be resumed at schools. The authors discuss the risks associated with resuming in-person classes. The authors explain the importance of in-person learning as there are several negative consequences of closing schools for children, such as decreased physical activity, increased screen time, and reduced social interaction with other students and teachers. There is limited evidence that school has a relevant role in COVID-19 transmission in the community; however, there are indications that community transmission can be imported into and reflected in the school setting. The authors also discuss the important role of doctors in explaining health risks that children and adolescents will face. They conclude that the return to in-person activities must be gradual, optional, and careful with regard to students, parents, teachers, and other professionals.	The authors of this editorial discuss the risks and considerations of returning to in-person school during the COVID-19 pandemic. They recommend that the return to school should be gradual, optional, and careful for all involved.	Guimarães A, Mau L, Maunsell R. COVID-19 in children: Considerations for returning to school. <i>Braz J Otorhinolaryngol.</i> 2020. doi:10.1016/j.bjorl.2020.09.005

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Pediatrics, type 1 diabetes, diabetic ketoacidosis, DKA, Australia	6-Oct-20	Increased pediatric presentations of severe diabetic ketoacidosis in an Australian tertiary center during the COVID-19 pandemic	Diabetic Medicine	Research Article	Diabetic ketoacidosis (DKA) is an avoidable complication of type 1 diabetes which has increased in frequency due to changes in healthcare utilization caused by COVID-19 restrictions. To determine if the frequency of severe DKA at presentation of new-onset type 1 diabetes, the authors collected data on all children (<18 years) presenting to the Emergency Department (ED) during the initial period of COVID-19 restrictions (1 March - 31 May 2020) and compared these data to the period March to May of the previous 5 years (pre-pandemic periods). Presentations of people aged <18 years to the ED decreased by 27% in the pandemic period compared to the average of the pre-pandemic periods (4799 vs 6550; range 6268-7131). The number of new diagnoses of type 1 diabetes was comparable in the pandemic period and pre-pandemic periods (11 in 2020 vs range 6-10 in 2015-2019). However, the overall frequency of DKA was significantly higher during the pandemic period (73% vs 26%; P <0.007), odds ratio 7.5 (95% CI 1.7, 33.5). The frequency of severe DKA was also significantly higher (45% vs 5%; P <0.003), odds ratio 16.7 (95% CI 2.0, 194.7). None of these children tested positive for COVID-19. The authors hypothesize that concern about presenting to hospital during a pandemic led to a delay in diagnosis; therefore, interventions aimed at raising community awareness of the signs and symptoms of type 1 diabetes are recommended to reduce the frequency of DKA at diagnosis.	This observational study collected data on all children (<18 years) presenting to a children's hospital in Australia during the initial period of COVID-19 restrictions and compared these data with the same time period of the previous 5 years. Results showed a decrease in presentations to the emergency department but a significant increase in the frequency of severe diabetic ketoacidosis at presentation of type 1 diabetes during the initial period of COVID-19 restrictions.	Lawrence C, Seckold R, Smart C, et al. Increased paediatric presentations of severe diabetic ketoacidosis in an Australian tertiary centre during the COVID-19 pandemic. Diabet Med. 2020 Oct 6:e14417. doi: 10.1111/dme.14417. PMID: 33020999.
health policy; health services research; COVID-19; maternal health; newborn health; equity; health systems	5-Oct-20	Health system redesign for equity in maternal and newborn health must be codesigned, country led, adapted to context and fit for purpose	British Medical Journal (BMJ) Global Health	Commentary	The authors comment on an article published by Roder-DeWan et al. (2020) on rethinking care models to close equity gaps in maternal and newborn health, which proposed system redesign centered on quality of care, moving these services from primary care to hospitals in all countries. While acknowledging that quality issues persist in primary care clinics in low and middle-income countries, the authors note that health system redesign should be centered on local needs and cognizant of bottlenecks, resource limitations, and the need for capacity building of health personnel, including through training skilled birth attendants. The authors also note that such a redesign should be done in a crisis-resilient manner, and interruptions in hospital care access, transportation systems, and fear of SARS-CoV-2 infection in crowded hospital wards during the COVID-19 pandemic are prompts to reconsider the proposed new model.	This article provides commentary on an article that proposed global health system redesign of maternal and newborn health services, centered on quality of care and moving these services to hospitals rather than primary care settings. The authors also note that such a redesign should be done in a crisis-resilient manner, and interruptions in hospital care access, transportation systems, and fear of SARS-CoV-2 infection in crowded hospital wards during the COVID-19 pandemic are	Hanson C, Waiswa P, Pembe A, Sandall J, Schellenberg J. Health system redesign for equity in maternal and newborn health must be codesigned, country led, adapted to context and fit for purpose. BMJ Glob Health. 2020;5(10):e003748. doi:10.1136/bmjgh-2020-003748

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						prompts to reconsider the proposed new model.	
COVID-19; child welfare; dependency; quality legal representation	5-Oct-20	A Crisis for a System in Crisis: Forecasting from the Short- and Long-Term Impacts of COVID-19 on the Child Welfare System	Family Court Review	Article	The author discusses the impact of the COVID-19 pandemic on the US child welfare system. Many child welfare agencies' and courts' first response to COVID-19 was to suspend in-person visitation for all youth in care; these blanket suspensions failed to consider individual family circumstances, violated federal guidance, and isolated youth from their families. Virtual visitation was not a meaningful substitute for all youth, particularly when considering age, developmental needs, and access to technology. During the pandemic, youth and families have been unable to access basic resources, services, and technology, and access to the courts has been curtailed. These short-term effects may lead to long-term harms for children, such as disrupted attachments and delays in achieving permanency. By creating and preserving a clear record of whether and how the pandemic has impacted cases, attorneys can mitigate permanency delays for their clients, immediately and long after the pandemic ends. The pandemic has reinforced the importance of key tenets of a well-functioning child welfare system: high-quality legal representation, creativity, and youth and family engagement.	The author discusses the impact of the COVID-19 pandemic on the US child welfare system. Short-term effects include cancellation of in-person visitations; inability of youth and families to access basic resources, services, and technology; and curtailed court access. These short-term effects may lead to long-term harms for children, such as disrupted attachments and delays in achieving permanency.	Pisani-Jacques K. A Crisis for a System in Crisis: Forecasting from the Short- and Long-Term Impacts of COVID-19 on the Child Welfare System. Fam Court Rev. 2020;58(4):955-964. doi:10.1111/fcre.12528.
COVID-19, SARS-CoV-2, respiratory tract infections, Iran	5-Oct-20	Coronavirus Disease 2019 in Children with Acute Respiratory Infection: A Study From Southeastern Iran	SHIRAZ E-MEDICAL JOURNAL (SEMJ)	Original Research	Different aspects of COVID-19 in children have not been well understood so far. In this study, the authors reported the clinical, paraclinical, and epidemiological features of the hospitalized children with SARS-CoV-2 in the southeast of Iran. All children <15 years old hospitalized with acute respiratory infection from February 20 to May 14, 2020, were included. Of 97 hospitalized children with an acute respiratory infection, 13 cases (13.4%) had tested positive for SARS-CoV-2 via PCR. The mean and median age of children was 68 months (SD = 55.9 months) and 60 months. Fever (84.6%), cough (61.5%), respiratory distress (38.5%), and gastro-intestinal symptoms (38.5%) were the most common symptoms in patients. The frequency of fever (84.6% vs 47.6%, p=0.016) and respiratory distress (38.8% vs 13.1%, p=0.022) were significantly higher in patients with COVID-19 compared to non-COVID individuals. Frequency of admission in the ICU (38.5% vs. 27.4%, p=0.668) and death rate (15.4% vs. 7.1%, p=0.291) were higher in patients with COVID-19 compared to non-COVID-19 subjects. A low proportion of children hospitalized with acute respiratory syndrome were infected by SARS-CoV-2. Most of the children with COVID-19 recovered with supportive care with no need for any specific treatment.	To better understand SARS-CoV-2 in children, the authors reported the clinical, paraclinical, and epidemiological features of hospitalized children in the southeast of Iran. A low proportion of children hospitalized with acute respiratory syndrome were infected by SARS-CoV-2; most recovered with supportive care.	Hosseninasab A, Bafti MH, Ebrahimi S, et al. Coronavirus disease 2019 in children with acute respiratory infection: A study from southeastern Iran. SEMJ. 2020;21(12).
Turkey, COVID-19, screen time, parenting	5-Oct-20	Relationship between parenting	Journal of Pediatric Nursing (JPN)	Original Research	This study investigates the relationship between parenting practices and children's screen time following the COVID-19 outbreak. The study population was 1,115 parents of children (6-	This study investigates the relationship between parenting practices and	Ozturk Eyimaya A, Yalçin Irmak A. Relationship between parenting practices and children's screen

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practices, quarantine		practices and children's screen time during the COVID-19 Pandemic in Turkey			13 years old; mean 9.03 years) in western, eastern, and central Turkey. The study data was collected between May 15-31, 2020, using a descriptive questionnaire form and the Parenting Practices Scale. 3 tables detail the population characteristics and correlation analysis results. The screen time of children in 71.7% of families increased, reaching an overall average of 6.42 ± 3.07 hours/day. The child's age (p ≤ .001), and parent's negative problem solving (p ≤ .001), over-reactive (p ≤ .001) and inconsistent (p ≤ .001) parenting practices were positively correlated with the children's screen time. Functional family (p ≤ .05) and interactive (p ≤ .001) parenting practices were negatively correlated with screen time. The authors conclude that screen time should be monitored, necessary support should be provided to children, and parents should set ground rules for their children's screen times.	children's screen time following the COVID-19 outbreak in Turkey. Screen time increased among children of 71.7% of families in this study. Parenting practices both positively and negatively correlated with increased screen time are described.	time during the COVID-19 Pandemic in Turkey [published online ahead of print, 2020 Oct 5]. <i>J Pediatr Nurs.</i> 2020;56:24-29. doi:10.1016/j.pedn.2020.10.002
COVID-19; pediatric; Iraq	5-Oct-20	Paediatric COVID-19 Infection in Iraq: Is it not prevalent or underestimated?	Sultan Qaboos University Medical Journal	Letter to the Editor	In this letter, the author expresses concern over the number of pediatric COVID-19 cases in Iraq. 4,043 SARS-CoV-2-positive pediatric cases out of 946,761 tested samples were detected across Iraq by 28 July 2020, yielding a positivity rate of 0.4%. This letter states the actual rate is underestimated due to several reasons: the milder clinical course in children compared to adults mimics simple flu and may be overlooked, the limited awareness pediatricians have about the disease, popular misbeliefs/misinformation among the public on the seriousness of the disease, and constrained laboratory testing capacity. Infected children represent an infection reservoir that might act as spreader of infection in the community. The disrupted healthcare system due to decades of conflict and underinvestment may impact vaccine import and coverage, particularly affecting internally displaced people. Early detection, registration, isolation, proper management of cases, increasing alertness of pediatricians and the public, preventive practices, and vaccine development (reported to be launched soon) represent the mainstay in the control of pediatric COVID-19 cases. The United Nations Children's Fund and the WHO could also help by promoting good nutrition and hygiene practices; providing access to water, food, education, and healthcare; developing proper information and recommending national guidelines on preventive measures; providing testing equipment and supplies; and encouraging more government investment in healthcare services and vaccination campaigns.	In this letter, the author expresses concern over the low number of reported pediatric COVID-19 cases in Iraq. Infected children represent an infection reservoir that might act as spreader of infection in the community. Early detection, registration, isolation, proper management of cases, increasing alertness of pediatricians and the public, preventive practices, and vaccine development (reported to be launched soon) represent the mainstay in the control of pediatric COVID-19 cases.	Al-Mendalawi MD. Paediatric COVID-19 Infection in Iraq: Is it not prevalent or underestimated? <i>Sultan Qaboos Univ Med J.</i> 2020;20(3):e374-e375. doi:10.18295/squmj.2020.20.03.021.
Israel, pediatric burns management,	5-Oct-20	Management strategies for pediatric burns during the	Journal of Burn Care & Research	Original Article	In order to better understand burn injury trends among children [age range not specified] during the COVID-19 pandemic, the authors conducted a retrospective study of all burn cases presenting to their pediatric emergency room (ER) in Israel during	This retrospective study compared burn injury trends among children at a pediatric emergency room	Yaacobi DS, Ad-El D, Kalish E, et al. Management strategies for pediatric burns during the COVID-19 pandemic. <i>J Burn Care Res.</i>

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COVID-19, children		COVID-19 pandemic			quarantine [time period not specified], and compared them to cases during the same time period in the previous 2 years (2018-2019). Compared to 2018-2019, time from injury to ER presentation was longer, more patients were hospitalized (4.5% vs. 2-2.6%), there was a predicted increase in indoor injuries, a lower rate of superficial 2nd degree burns, and higher rates of 1st degree and 3rd degree burns. The authors hypothesize that delayed care-seeking and preference for at-home treatment may explain these trends. On the other hand, average length of stay, surgery rate, and the length of follow-up until bandaging was no longer needed were all similar in comparison to routine periods, indicating that treatment quality and standards were not affected by the pandemic. The authors also summarize treatment and infection control recommendations based on their experiences in the following areas: changes in hospital and outpatient environment to reduce transmission risk, considerations for patient management, medical staff management, and surgery and bedside procedures.	in Israel during the COVID-19 pandemic to the same time period in the previous 2 years. The authors found that although time from injury to emergency room presentation was longer and rates of indoor injuries and 1st and 3rd degree burns increased, quality of care did not appear to be affected (as shown by comparable lengths of stay, surgery rate, and time to healing).	2020 Oct 5:iraa171. doi: 10.1093/jbcr/iraa171. Epub ahead of print. PMID: 33011781.
COVID-19, CT, Children, Lung, Radiography, Turkey	5-Oct-20	Imaging Features of Pediatric COVID-19 on Chest Radiography and Chest CT: A Retrospective, Single-Center Study	Academic Radiology	Original Article	This study explores the imaging features of COVID-19 in children. 69 chest radiographs and 37 chest CT examinations of 74 children (36 male; median (IQR) age: 11 (6.25-15) years, 38 female; median (IQR) age: 12 (5.75-16) years) with positive SARS-CoV-2 RT-PCR results from 10 March to 31 May 2020 at a medical center in Turkey, were evaluated in this retrospective study. The occurrence of right-sided (3/69, 4.3%) or bilateral (3/69, 4.3%) ground-glass opacities did not differ by age. Opacities were either single (7/37, 18.9%) or bilateral (7/37, 18.9%) around the distal third of the broncho-vascular bundle on CT. There was no significant difference in the median size of the largest opacities, total numbers of opacities and involved lobes, and the distance of the closest opacity to the pleura among age groups. The rate of ground-glass opacities with or without consolidation (17/37, 45.94%) was higher than consolidation alone (6/37, 16.2%). Feeding vessel sign (16/37, 43.2%), halo sign (9/37, 24.3%), pleural thickening (6/37, 16.2%), inter-lobular interstitial thickening (5/37, 13.5%), and lymphadenopathy (3/37, 8.1%) were other imaging findings. The opacity patterns were subtle and different than those in adults. Although COVID-19 imaging scoring systems have been developed for adults, these authors propose that a modified scoring system for children is needed. In some cases, imaging studies can be useful in evaluating children with possible COVID-19. However, given the risks of radiation exposure and varied imaging findings in children with COVID-19, the authors do not universally recommend chest CT for the diagnosis of pediatric COVID-19.	This study explores the imaging features of COVID-19 in children. Opacity patterns were subtle and different than those in adults. Although imaging studies can be useful in evaluating children with possible COVID-19, the authors do not universally recommend chest CT for the diagnosis of pediatric COVID-19.	Bayramoglu Z, Canipek E, Comert RG, Gasimli N, Kaba O, Sari Yanartaş M, Hançerli Torun S, Somer A, Erturk SM. Imaging Features of Pediatric COVID-19 on Chest Radiography and Chest CT: A Retrospective, Single-Center Study. Acad Radiol. 2020 Oct 5:S1076-6332(20)30558-4. doi: 10.1016/j.acra.2020.10.002. Epub ahead of print. PMID: 33067091; PMCID: PMC7534757.

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COVID-19; infant; Congenital Adrenal Hyperplasia; United States	5-Oct-20	COVID-19 in an Infant with Congenital Adrenal Hyperplasia: A Case Report	Global Pediatric Health	Case Report	The authors present the case of a 5-week-old boy with congenital adrenal hyperplasia (CAH) who acquired SARS-CoV-2 and recovered with minimal medical support in the United States. The infant presented with fever and fussiness but no respiratory distress, diarrhea, vomiting, rash or decreased feeding [date not specified]. His father reported symptoms of cough and a runny nose for a few days prior to this. The infant had been on hydrocortisone therapy at 30 mg/m ² per day, fludrocortisone 0.1 mg daily and sodium chloride (table salt) 2 grams divided in several feedings, for CAH. On physical examination, the infant was afebrile with 100% oxygen saturation. He had mottled skin and no chest retractions, tachypnea, or nasal flaring. SARS-CoV-2 by Nucleic Acid Amplification was detected on nasopharyngeal swab. Blood culture, urinalysis, and urine culture were negative. Chest X-ray demonstrated mild streaky bilateral perihilar streaks with no focal consolidation or pleural effusions. Costophrenic angles were clear with unremarkable lung apices and bronchoalveolar marking. He was placed on triple maintenance hydrocortisone for stress dosing every 8 hours along with fludrocortisone 0.15 mg daily. He received a normal saline bolus and placed on maintenance IV fluids. After 2 days in intensive care where he remained hemodynamically stable, fed appropriately and did not require respiratory support, he was discharged, and stress hydrocortisone dose was weaned down to his home regimen. This is one of the few COVID-19 cases that have been reported in infants with underlying medical disorders.	The authors present the case of a 5-week-old infant (male) with congenital adrenal hyperplasia (CAH) who acquired SARS-CoV-2 and recovered with minimal medical support in the United States. This is one of the few COVID-19 cases that have been reported in infants with underlying medical disorders.	Azouz H, Gerrits P, Surhigh J. COVID-19 in an Infant with Congenital Adrenal Hyperplasia: A Case Report. Glob Pediatr Health. 2020;7:2333794X20958933. doi:10.1177/2333794X20958933.
Complex trauma, PTSD, children, adolescents, school closures	5-Oct-20	The Complex Trauma Spectrum During the COVID-19 Pandemic: A Threat for Children and Adolescents' Physical and Mental Health	Psychiatry Research	Letter to the Editor	In this letter to the editor, the authors explore the risk of complex trauma victimization among children and adolescents during the COVID-19 pandemic. School closures place many children at greater risk of experiencing multiple traumas, such as violence, neglect, isolation, and household stressors and difficulties. The authors suggest various solutions to reduce youths' risk of experiencing trauma during the pandemic, ensure victims are identified, and provide care. Social services must develop and implement clear plans for childhood trauma prevention and intervention. Reporting measures should be diversified and expanded, as confinement will restrict children's and non-abusive parents' ability to report. Social services must visit children and adolescents already at risk and relocate youth who have experienced violence or any form of sexual abuse. At the end of the pandemic, governments should set up psychological first aid programs in schools by training all teachers in psycho-education and emotional regulation elements. The authors suggest performing studies once the pandemic recedes to further understand complex traumas experienced by youth during the	This letter to the editor discusses complex trauma victimization among children and adolescents during the COVID-19 pandemic. The authors propose specific actions to reduce risk, identify victims, and provide care.	Cenat JM, Dalexis RD. The Complex Trauma Spectrum During the COVID-19 Pandemic: A Threat for Children and Adolescents' Physical and Mental Health. Psych Research. 2020; 293: 113473. doi: 10.1016/j.psychres.2020.113473

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					COVID-19 pandemic, which will help countries prepare for future public health emergencies.		
Pregnancy, delivery, neonate, Korea	5-Oct-20	A case of delivery of a pregnant woman with COVID-19 infection in Daegu, Korea	Obstetrics and Gynecology Science	Case Report	In this case report, the authors describe the delivery of a healthy girl at 38 weeks gestation by a woman who had recovered from COVID-19 in Daegu, Korea. After having fever and cough for 2 days and a known contact with COVID-19 pneumonia, the woman tested positive for SARS-CoV-2. At this time, she was 36 weeks pregnant but with mild symptoms not requiring treatment. On the 13th day after confirmation of the infection, the patient was admitted to the hospital for delivery at 38 weeks of pregnancy due to concerns about the condition of the fetus. Upon admission, maternal physical examination findings, imaging, and labs were normal. A fetal ultrasound showed adequate growth and the nonstress test results were normal. After multi-disciplinary consultation she gave birth to a 3,130 g girl via cesarean delivery on maternal request under spinal anesthesia in a negative-pressure operating room staffed by personnel with adequate PPE. The umbilical cord was clamped right away and Apgar scores were 9 and 10 at 1 and 5 minutes, respectively. After delivery, the mother and infant were transferred to separate isolation rooms without any skin-to-skin contact. Infant nasopharyngeal swab, amniotic fluid, placental tissue, and umbilical venous blood yielded negative results twice in 24-hours. The placenta also yielded no abnormal findings. Breast milk was substituted with formula milk to minimize the risk of infection to the neonate via respiratory droplet or direct contact. On the 5th day after delivery, the mother and infant were discharged without any other symptoms associated with COVID-19.	In this case report, the authors describe the delivery of a healthy neonate at 38 weeks gestation to a mother who had recovered from a mild case of COVID-19 in Daegu, Korea.	Bae JG, Ha JK, Kwon M, Park HY, Seong WJ, Hong SY. A case of delivery of a pregnant woman with COVID-19 infection in Daegu, Korea. Korean Journal of Obstetrics & Gynecology. 2020 Oct 5.
United Kingdom, obstetric attendance, prenatal care, pregnancy, women, triage	5-Oct-20	Change in obstetric attendance and activities during the COVID-19 pandemic	The Lancet Infectious Diseases	Correspondence	The authors compared the number of women booking for prenatal care, attendances at obstetric triage service for unscheduled care, and number of births at a hospital in London, UK, in two time periods: February 1–June 15, 2020, and February 1–June 15, 2019. The mean number of pregnant women booking for antenatal care per week was 117.2 in 2020 compared with 119.6 in 2019 (mean difference –2.4). The mean number of women attending obstetric triage per week was 96.6 for 2020 and 119.4 for 2019 (mean difference –22.7). The number of births was 88.8 for 2020 versus 94.2 for 2019 (mean difference –5.4). The number of prenatal bookings did not differ between the two epochs (IRR 0.98, p=0.704). There were significantly fewer obstetric triage visits in 2020 than in 2019 (p<0.0001); this difference was significant for both the pre-lockdown (p=0.0001) and lockdown (p<0.0001) periods. There were fewer births in 2020 than in 2019 (p=0.050); however, this difference was significant only for the lockdown period (p=0.020 for lockdown vs	The authors compared the number of women booking for prenatal care, attendances at obstetric triage service for unscheduled care, and number of births at a hospital in London, UK, in two time periods in 2019 and 2020. The authors suggest that a possible explanation for the greater fall in triage attendance (19%) than in births (6%) is that women might have perceived triage attendance as avoidable,	Khalil A, Dadelzen P von, Kalafat E, et al. Change in obstetric attendance and activities during the COVID-19 pandemic. The Lancet Infectious Diseases. 2020;0(0). doi:10.1016/S1473-3099(20)30779-9

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					p=0.883 for pre-lockdown). The authors suggest that a possible explanation for the greater fall in triage attendance (19%) than in births (6%) is that women might have perceived triage attendance as avoidable, whereas labor and birth are not.	whereas labor and birth are not.	
Extremely preterm infant, preterm, infant, infant admissions, lockdown, SafeBoosC-III	5-Oct-20	Extremely preterm infant admissions within the SafeBoosC-III consortium during the COVID-19 lockdown	medRxiv	Preprint (not peer-reviewed)	Given the contradictory reports in the published studies on prematurity rates during the COVID-19 lockdown, the authors conducted a retrospective study of 46 NICUs from 17 countries to evaluate if the number of admitted extremely preterm (EP) infants has changed in the neonatal intensive care units (NICUs) of the SafeBoosC-III consortium during the global lockdown when compared to the corresponding time period in 2019. The SafeBoosC-III trial investigates the benefit and harms of treatment guided by cerebral near-infrared spectroscopy monitoring compared with treatment and monitoring as usual in extremely preterm infants, so the change in EP admissions is relevant. There was no significant difference between the number of EP infant admissions during the three most rigorous lockdown months of the COVID-19 pandemic compared to the corresponding three months in 2019 (n=428 versus n=457 respectively, p=0.33). There were no significant changes within individual geographic regions and no significant association between the level of lockdown restrictions and change in the number of EP infant admissions (p=0.334). This larger ad hoc study did not confirm previous studies' report of a major reduction in the number of extremely preterm births during the first phase of the COVID-19 pandemic.	Based on extremely preterm (EP) infant admissions from 46 NICUs across 17 countries, this retrospective study found no significant difference in the number of EP infant admissions during the three months with the most rigorous lockdown restrictions during the first phase of the COVID-19 pandemic compared with the corresponding three months in 2019. There were no significant changes within individual geographic regions and no significant association between the level of lockdown restrictions and change in the number of EP infant admissions.	Rasmussen MI, Hansen ML, Pichler G, et al. Extremely preterm infant admissions within the SafeBoosC-III consortium during the COVID-19 lockdown. medRxiv. Published online October 5, 2020. doi:10.1101/2020.10.02.20204578
Coronavirus, pediatric end-stage kidney disease, hemodialysis, eculizumab, immunosuppression, USA	5-Oct-20	Coronavirus Disease 2019 (COVID-19) in Two Pediatric Patients with Kidney Disease on Chronic Immunosuppression: A Case Series.	Hemodialysis International 2020	Case Report	The authors describe the clinical course of two pediatric patients with kidney disease and chronic immunosuppression in the United States who developed COVID-19 in the Spring of 2020 during the global COVID-19 pandemic. The first patient, a 13-year-old African American male with hemodialysis dependent end-stage renal disease secondary to Henoch-Schonlein Purpura, presented with fever, fatigue, headache, and poor appetite. He was found to be positive for SARS-CoV2 by PCR with seroconversion confirmed by ELISA. Subsequently, he was managed at home with the addition of hydroxychloroquine along with his chronic medications and thrice-weekly hemodialysis. Notably, he was found to have prolonged viral shedding with his first negative PCR occurring 28 days after the initial fever. The second patient was an 18-year-old Hispanic male with membranoproliferative glomerulonephritis who presented for his Eculizumab infusion with symptoms of anosmia and ageusia. He, too, had a positive PCR for SARS-CoV-2 and confirmatory antibodies by ELISA testing. He required no additional treatment	The authors describe mild COVID-19 illnesses in two pediatric patients with renal disease and chronic immunosuppression. The authors speculate that the mild illnesses might be related to their immunosuppression, their immunosuppressive mediations, or to their young age.	Rawson, A., Wilson, A.C., Schwaderer, A.L., et al.. (2020). Coronavirus disease 2019 (COVID-19) in two pediatric patients with kidney disease on chronic immunosuppression: A case series. Hemodialysis International. doi:10.1111/hdi.12876

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					and continued his chronic immunosuppression medications with symptom resolution in 10 days. The authors suggest that these mild cases may be due to the patients' impaired immune responses, the immunosuppressive medications they were receiving, or merely representative of the milder cases of COVID-19 seen in pediatric patients in general.		
Perinatal health, maternal health, neonatal health, sexual and reproductive health services, Africa	5-Oct-20	The SARS-CoV-2 pandemic scenario in Africa: What should be done to address the needs of pregnant women?	International Journal of Gynecology & Obstetrics	Brief Communication	This op-ed raises concerns about sexual and reproductive health (SRH) services amid the COVID-19 pandemic in Africa, calling for collaborative efforts to combat adverse effects on maternal and perinatal health. The authors cite that maternal deaths account for approximately 66% of deaths on the continent of Africa, and thus prospective monitoring of COVID-19 cases among pregnant women in low- and middle-income countries (LMICs) should be considered a high priority. Disruptions in SRH services pose risks to women of reproductive age and have the potential to negatively contribute to the incidence of high-risk pregnancies and maternal and perinatal deaths in LMICs, consequentially compromising objective 3.1 of the WHO Sustainable Development Goals 2030 agenda. The authors advocate for building a collaborative network to study the impact of COVID-19 on the obstetric population in Africa, arguing that a multi-national and multi-institutional effort would create a more robust surveillance system, standardize collected information, and promote shared strategies and information. The authors assert that collaboration is the best way to protect maternal and perinatal health during the COVID-19 pandemic and strengthen access to SRH services as the pandemic persists.	In this op-ed, the authors advocate for collaborative research and surveillance efforts to combat adverse COVID-19-related effects on maternal and perinatal health in low- and middle-income countries in Africa. The authors argue that a multinational network will standardize research and promote information sharing, resulting in positive clinical impacts for women and neonates.	Charles C.M., Modey Amoah E., Kourouma K.R., et al. The SARS-CoV-2 pandemic scenario in Africa: What should be done to address the needs of pregnant women?. Int J Gynecol Obstet. 2020; doi:10.1002/ijgo.13403
Transmission, gatherings, physical distancing, face mask, hand hygiene, rapid antigen tests, RT-PCR, reverse transcription polymerase-chain reaction testing	5-Oct-20	Adolescent with COVID-19 as the Source of an Outbreak at a 3-Week Family Gathering — Four States, June–July 2020	Morbidity and Mortality Weekly Report (MMWR)	Case Report	The authors report a COVID-19 outbreak that occurred during a 3-week family gathering of five households in four states (USA) in July-August 2020. A 13-year-old adolescent was the index and suspected primary patient. She was exposed to SARS-CoV-2 in June 2020 and tested negative on a rapid antigen test 4 days after exposure; however, she developed nasal congestion 2 days later and tested positive on a chemi-luminescent immuno-assay. On the day her symptoms started, the patient and her family attended a gathering with 15 other relatives, with an age range of 9 years to 72 years. 14 relatives, including the index patient, stayed in the same house for 8-25 days, and they did not wear face masks or practice physical distancing. 12 out of 14 persons experienced symptoms and tested positive for COVID-19. An additional 6 relatives attended the gathering only for a few hours, and they remained outdoors and maintained physical distance without face masks. None of them developed symptoms, and the four who were tested had negative results. Children and adolescents can serve as a COVID-19 source within families, and	This paper report a COVID-19 outbreak that occurred during a 3-week family gathering of 5 households in the USA during the summer 2020. A 13-year-old adolescent was the index and suspected primary patient. SARS-CoV-2 can spread efficiently during gatherings, especially with prolonged, close contact. Physical distancing, face mask use, and hand hygiene can reduce transmission, and gatherings without such	Schwartz NG, Moorman AC, Makaretz A, et al. Adolescent with COVID-19 as the Source of an Outbreak at a 3-Week Family Gathering — Four States, June–July 2020. MMWR Morb Mortal Wkly Rep. ePub: 5 October 2020. DOI: http://dx.doi.org/10.15585/mmwr.mm6940e2external icon

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					physical distancing can prevent SARS-CoV-2 transmission. Rapid antigen tests generally have lower sensitivity compared with RT-PCR, and regardless of negative test results, persons should quarantine for 14 days after a known exposure or after travel. Gatherings without physical distancing and face mask use should be avoided.	preventive measures should be avoided.	
Cross-sector partnerships, crisis response, children, nutrition, telemedicine, United States	5-Oct-20	Leveraging Cross-sector Partnerships to Preserve Child Health: A Call to Action in a Time of Crisis	JAMA Pediatrics	Commentary	The authors share the Department of Pediatrics experience at the University of Rochester, USA, during the COVID-19 pandemic and discuss how child health–community partnerships shaped the response. The department engaged leaders from other local health systems; health insurers; local school districts; government officials; food banks/kitchens; the regional public transportation system; and other community-based organizations. The department developed a unified community-wide pediatric plan to limit foot traffic through clinics to prevent viral transmission. Collectively, practices agreed that in-person appointments would be reserved for essential preventive visits, defined as screenings and immunizations for children up to age two years. To prevent the financial impact of reduced revenue on the healthcare system, they partnered with local accountable care organizations and the medical community to increase reimbursement for telemedicine encounters. The department also developed a tiered protocol to assess and manage children with behavioral health concerns. They addressed children’s nutrition by a temporary regulation change, allowing new enrollees to join the Women, Infants, and Children program by phone. Additionally, they coordinated with the transportation department to transport more than 500 low-income infants and children to preventive care visits while considering social measures for COVID-19.	The authors present an example of the important and necessary role that academic medical centers can play in efforts to improve child health. They discuss how cross-sector partnerships helped community response to COVID-19 in Rochester, USA	Yaeger JP, Kaczorowski J, Brophy PD. Leveraging Cross-sector Partnerships to Preserve Child Health: A Call to Action in a Time of Crisis. JAMA Pediatrics. 2020. doi: 10.1001/jamapediatrics.2020.3228.
COVID-19, rooming-in, infants	5-Oct-20	Rooming-in for well term infants born to asymptomatic mothers with COVID-19	Journal of the Pediatric Infectious Diseases Society	Letter to the Editor	In this retrospective pilot study from a U.S. hospital, well neonates (n=49) born at or near term (>36 weeks gestational-age) were roomed-in with their mothers who were positive for SARS-Co-V-2 and given American Academy of Pediatrics-recommended infection control education. Mother-infant dyads qualified for this study if mothers were asymptomatic or had mild COVID-19 symptoms at time of delivery. Naso-pharyngeal and pharyngeal swabs were obtained from all infants 24 hours after birth and analyzed for SARS-CoV-2 RNA via RT PCR, and dyads were followed for 2 weeks after discharge through weekly telehealth appointments. No neonates in this study developed any symptoms of COVID-19. 1 infant tested positive for SARS-CoV-2, but repeat testing at 48-hours was negative. The authors urge ongoing evaluation to achieve a balance that optimizes newborn protection while promoting rooming-in benefits. The	This retrospective pilot study from a U.S. hospital found that well neonates roomed-in with SARS-CoV-2-infected mothers did not develop COVID-19 symptoms. 1 neonate tested positive for SARS-CoV-2. The authors suggest providers consider rooming-in for well term and near term infants with asymptomatic infected mothers if transmission risk is limited through	Kest H, Kaushik A, Skroce L, et al. Rooming-in for well term infants born to asymptomatic mothers with COVID-19. J Pediatric Infect Dis Soc. 2020;pii:120. doi:10.1093/jpids/piaa120

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					authors argue that rooming-in may be considered for term and near term infants with asymptomatic SARS-CoV-2-infected mothers if transmission risk is limited through infection control and education measures.	infection control and education measures.	
Global public health, child health, maternal health, international response, poverty	5-Oct-20	Impact of the COVID-19 pandemic on global child health: joint statement of the International Child Health Group and the Royal College of Paediatrics and Child Health	Archives of Diseases in Childhood	Viewpoint	This brief statement argues that women and children in the most impoverished areas of the world currently suffer significant COVID-19-related impacts on health and care. As international focus has shifted to responding to the COVID-19 pandemic, attention to child health has decreased, resulting in compromised vaccine access and a projected 100+ million children going without measles vaccination in 2020. Childhood malaria deaths and malnutrition are both expected to double this year. Maternal and child health services, which already suffer from under-investment, are now severely compromised in low-resource settings due to closures, fear of attending health facilities, transportation restrictions, and lack of PPE. Over 1 million excess child deaths could occur in the next 6 months as a result. Children's mental health and safety are also at risk due to exacerbated poverty and domestic violence. The authors assert that governments, donors, international agencies, and civil society organizations confronting COVID-19 must monitor and publicly report the effects of the pandemic response on families and children. The authors also argue that global investments in COVID-19 recovery must prioritize investment in family-centered health systems.	This statement explores the indirect impacts of COVID-19 on global maternal and child health. The authors advocate for increased governmental and humanitarian attention on adverse effects of the pandemic response on families and urge prioritization of family-centered healthcare in COVID-19 recovery planning.	International Child Health Group; Royal College of Paediatrics & Child Health; Royal College of Paediatrics & Child Hea. Impact of the COVID-19 pandemic on global child health: joint statement of the International Child Health Group and the Royal College of Paediatrics and Child Health. Arch Dis Child. 2020; doi:10.1136/archdischild-2020-320652
Italy, pediatric traumatology, fractures, injuries, hospital management, health resources, children	5-Oct-20	How the pandemic spread of COVID-19 affected children's traumatology in Italy: changes of numbers, anatomical locations, and severity [Free access to abstract only]	Minerva Pediatrica	Article	The COVID-19 epidemic in Europe began impacting Italy from 21 February 2020, with Lombardy being most affected area. This article shares the experiences of an Italian hospital in re-organizing and managing pediatric traumatology during the early stage of the COVID-19 pandemic. Anticipating a reduction in admissions, increased severity of conditions, and a change in fracture patterns, this hospital centralized pediatric traumatology and re-organized the structure of operations. The authors retrospectively evaluated the admission and treatment data to observe the epidemiological evolution of pediatric trauma during the lockdown and compared them with the same period in 2019. Results showed a 78% reduction of pediatric visits to the ER but no decrease in the amount of pediatric fractures; rather, the rate of pediatric fractures increased by 21.62%. Upper limb fractures were the most common. This hospital was able to effectively spare resources and reduce the pediatric traumatology load of other hospitals dealing with an unexpected number of critical COVID-19 patients. Despite the significant reduction of pediatric admissions, the authors argue the number of fractures observed	This article shares the experiences of an Italian hospital in re-organizing and managing pediatric traumatology during the early stage of the COVID-19 pandemic. Retrospective evaluation of admission and treatment data showed a reduction of pediatric visits to the ER, but an increase of pediatric fractures.	Memeo A, Priano D, Caldaroni C, et al. How the pandemic spread of COVID-19 affected children's traumatology in Italy: changes of numbers, anatomical locations, and severity. Minerva Pediatr. 2020 Oct 5. doi: 10.23736/S0026-4946.20.05910-1. PMID: 33016683.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					justified the necessity of a specialized hub to collect all pediatric fractures.		
Epidemiology, vitamin D, nutrition, deficiency, children, pediatric	5-Oct-20	Is Vitamin D Deficiency a Risk Factor for Covid 19 in Children?	Pediatric Pulmonology	Original Article	This study investigated the prevalence and clinical importance of vitamin D deficiency in children with COVID-19. 85 children (ages 1 month - 18 years) presenting to a university hospital in Turkey were included: 40 patients diagnosed with COVID-19 via RT-PCR and hospitalized were matched with 45 healthy control subjects with normal vitamin D levels. The mean age of COVID-19 patients was 101.76 ± 27.91 months (range: 3 months-18 years); mean age of control subjects was 75.68 ± 27.34 months (range: 1 month-18 years). No difference was found between the groups in terms of age and gender distribution (p = 0.061, p=0.248, respectively). Patients with COVID-19 had significantly lower vitamin D levels (median 13.14 µg/L; range 4.19-69.28) than did the controls (median 34.81 µg/L; range 3.8-77.42) (p < 0.001). Patients with COVID-19 also had significantly lower serum phosphorus (4.09±0.73 vs. 5.06±0.93vs (U/L) (p<0.001) values compared with the controls. The symptom of fever was significantly higher in COVID-19 patients who had deficient and insufficient vitamin D levels (<20 ng/ml) than in patients who had sufficient vitamin D levels (p=0.038). There was a negative correlation found between fever symptom and vitamin D level (r=-0.358, p = 0.023). These results suggest vitamin D values may be associated with the occurrence and management of COVID-19 by modulating the immunological mechanism to the virus in the pediatric population.	This case-control study of 85 children (ages 1 month - 18 years) presenting to a university hospital in Turkey investigated the prevalence and clinical importance of vitamin D deficiency in children with COVID-19. Results showed significantly lower serum phosphorus level and vitamin D level in the COVID-19 diagnosed patient group. Among COVID-19 patients, fever was significantly more common in patients with deficient or insufficient vitamin D.	Yılmaz K, Şen V. Is Vitamin D Deficiency a Risk Factor for Covid 19 in Children? <i>Pediatr Pulmonol.</i> 2020 Oct 5. doi: 10.1002/ppul.25106. Epub ahead of print. PMID: 33017102.
Children, adolescents, policy, funding, grants, nutrition, childcare, healthcare workers, food insecurity, mental health, USA, low- and middle-income countries, LMICs	5-Oct-20	Funding Children's Health: COVID-19 And Beyond	Health Affairs	Article	This article provides a sampling of current global and US-specific grant-based funding opportunities to improve children's health, some of which have been expanded to meet emergent needs caused by the COVID-19 pandemic crisis. Grants included address the following aspects of children's health: childhood hunger and nutrition, improving access to healthy food, child mental health services, emergency child care for health care workers on the frontlines of the COVID-19 pandemic, prevalence and outcomes of COVID-19 in children in low- and middle-income countries, and comprehensive paid family leave policy (US-focused). Outcomes of ongoing initiatives, relevant blogs of interest, and additional funders supporting children's and adolescent's health in the United States are also included.	This article summarizes current global and US-specific grant-based funding opportunities to improve children's health, some of which have been expanded to meet emergent needs caused by the COVID-19 pandemic crisis.	Funding Children's Health: COVID-19 And Beyond. <i>Health Aff (Millwood).</i> 2020 Oct;39(10):1837-1838. doi: 10.1377/hlthaff.2020.01653. PMID: 33017238.
School closures, children, adolescents, food insecurity, inequity, race, socio-economic	5-Oct-20	How COVID-19 Threatens The Safety Net For US Children	Health Affairs	Article	School closures appear to slow the spread of SARS-CoV-2, but for many children in the US the health ramifications are far broader. This article briefly summarizes the impacts of school closures on children's health, with a focus on food insecurity, children with special needs, and exacerbated inequities experienced by low-income students and students of color. Initiatives at the federal,	This article briefly summarizes the impacts of US school closures on children's health and proposes policy solutions in the following areas:	Bylander J. How COVID-19 Threatens The Safety Net For US Children. <i>Health Aff (Millwood).</i> 2020 Oct;39(10):1668-1671. doi: 10.1377/hlthaff.2020.01576. PMID: 33017239.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
status, special needs, developmental disabilities		[Free access to abstract only]			state, and local levels are attempting to fill the gaps in essential and health and social services typically provided by schools. Proposed US policies to address food insecurity include universal eligibility for free school meals, expanded food access (in-school, grab-and-go sites, and meal delivery), and expanded pandemic benefits, which are currently equivalent to the cost of meals bought wholesale by schools and do not translate to an equivalent amount of food when bought by families on the private market. Children with special needs can be better served by standardizing comprehensive and preventive health care services covering developmental and specialty services that are currently covered by Medicaid, but not other private health insurance plans. Programs that pair undergraduate and post-graduate students with underserved kindergarten - 12th grade students either one-on-one or in learning pods may help temporarily alleviate educational inequities made worse by school closures.	expanding food access, supporting children with special needs, and reducing educational inequities.	
MIS-c, pediatric, myocarditis, rash, conjunctivitis, edema, vomiting, diarrhea, abdominal tenderness	4-Oct-20	Multisystem Inflammatory Syndrome in Children	Journal of Emergency Medicine	Case Report	The authors present a detailed case report of a 12-year-old boy who presented to an emergency department (ED) in New Jersey, United States with a clinical history and symptoms consistent with MIS-c during the COVID-19 pandemic of 2020. The child had a COVID-19 exposure 3 weeks prior to the start of his symptoms. He was seen three times over one week at health care sites for symptoms including fever, erythematous lips, sore-throat, rash, abdominal pain, vomiting, and diarrhea. A rapid COVID-19 test, a streptococcus test, chest X-ray and abdominal film were negative. He was given a “viral syndrome” diagnosis. On illness day 7, he was evaluated in a different ED with improving rash, fatigue, abdominal pain, vomiting, and diarrhea. Vital signs were notable for tachycardia, and tachypnea. Exam revealed a drowsy, ill pediatric patient with strawberry tongue, diffuse abdominal tenderness, and lower extremity rash. Laboratory evaluation and radiology workup were initiated. He developed hypotension with fever and increased work of breathing prompting cultures to be drawn and antibiotics started. Multiple inflammatory markers were elevated as were ProBNP and hs-troponin levels along with a positive COVID-19 PCR test. He was transferred to a Children’s hospital where an echocardiogram revealed an enlarged left ventricle with normal ejection fraction. He was treated with one dose of IV immunoglobulin, steroids and low dose aspirin for MIS-c associated with myocarditis. Labs normalized and he was discharged on low dose aspirin and a steroid taper.	The authors present the clinical course of a pediatric patient who presented to an ED after a COVID-19 exposure with multiple clinical symptoms consistent with MIS-c. The authors hope to increase ED provider’s familiarity of this new disease process with particular attention to its association with myocarditis.	Tabaac S, Kothari P, Cassidy-Smith T. Multisystem Inflammatory Syndrome in Children. J Emerg Med. 2020 Oct 4:1-5. doi.10.1016/j.jemermed.2020.10.009.
Blood donation, blood banks,	4-Oct-20	Dangerous shortage of blood banks as	International Journal of	Clinical Article	The objective of this study was to describe the impact of the SARS-CoV-2 pandemic on the frequency of blood donation (BD) in a Latin American hospital and how the social isolation policy	The authors of this retrospective study examined and described	Nieto-Calvache AJ, Quintero-Santacruz M, Macia-Mejía C, López-Girón MC, Vergara-Galliadi

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
postpartum hemorrhage		an indirect effect of SARS-CoV-2: An obstetrics perspective	Gynecology and Obstetrics		implemented during the pandemic jeopardized the quality of postpartum hemorrhage (PPH) care due to shortages at blood banks. The authors conducted a retrospective, descriptive study, lasting for 31 months, including the start of the pandemic. Frequency of BD and the use of obstetric emergency services was observed. A direct relationship was observed between the pandemic and a decrease in BD. Although emergency obstetric visits decreased, the frequency of deliveries and cases of PPH remained unchanged. After applying strategies to promote voluntary BD, a very slight increase was observed in the frequency of BD, with a negative indicator persisting between donation and blood demand. The authors concluded that the SARS-CoV-2 pandemic has led to shortages at blood banks. In this context, typical measures to encourage an altruistic attitude toward BD have not had a significant impact. As causes of PPH continue, quality of care may be affected by the current situation at blood banks. Governments and institutions must implement new strategies to motivate BD.	the shortage of blood banks as an indirect effect of the COVID-19 pandemic from the perspective of obstetricians. They found that the COVID-19 pandemic requires certain measures to be taken to motivate blood donations.	LM, Ariza F. Dangerous shortage of blood banks as an indirect effect of SARS-CoV-2: An obstetrics perspective. Int J Gynaecol Obstet. 2020 Oct 4. doi: 10.1002/ijgo.13409. Epub ahead of print. PMID: 33011971.
Cardiovascular, MIS-C, pediatric	4-Oct-20	Role of a Pediatric Cardiologist in the COVID-19 Pandemic	Pediatric Cardiology	Review Article	This literature review summarizes the cardio-vascular concerns in children with COVID-19 and particularly MIS-C and identifies the role of a pediatric cardiologist in caring for these patients. Signs of heart failure such as edema, organo-megaly, murmur, gallop, or friction rub may be present in MIS-C. Chest pain, palpitations, tachycardia, tachypnea, or new murmurs should prompt further evaluation by electrocardiogram (ECG), echocardiogram, or lab testing. Patients with COVID-19 or MIS-C may have cardiac dysfunction from the disease itself, but also from pharmacotherapies. The authors discuss possible ECG and echocardiographic findings in children with COVID-19 or MIS-C. Advanced cardiac imaging may be necessary for some patients. The authors recommend cardiac follow-up for children with a history of MIS-C, since long-term outcomes are still unknown. They offer suggestions for management of myocardial injury, myocarditis, arrhythmias, and thrombotic complications related to pediatric COVID-19 and MIS-C. Many management strategies are similar to those for Kawasaki disease. Managing children with congenital heart diseases or underlying cardiovascular conditions may be additionally challenging. Disease management and follow-up need to be individualized based on patient characteristics and risk factors.	This literature review summarizes the cardio-vascular concerns in children with COVID-19 and particularly MIS-C and identifies the role of a pediatric cardiologist in caring for these patients.	Niaz T, Hope K, Fremed M, Misra N, Altman C, Glickstein J, Sanchez-de-Toledo J, Fraisse A, Miller J, Snyder C, Johnson JN, Chowdhury D. Role of a Pediatric Cardiologist in the COVID-19 Pandemic. Pediatr Cardiol. 2020 Oct 4:1–17. doi: 10.1007/s00246-020-02476-y. Epub ahead of print. PMID: 33015722; PMCID: PMC7533115.
Pregnancy, rostering, segregated teams, tertiary care, India	4-Oct-20	The impact of a segregated team roster on obstetric and gynecology	International Journal of Gynecology and Obstetrics	Clinical Article	The authors aimed to determine the impact of roster reorganization on ensuring uninterrupted services while providing necessary relief to healthcare workers in the obstetrics department of a tertiary care center in India during the COVID-19 outbreak. The COVID-19 rostering response began in April 2020	The authors evaluated the effects of roster reorganization within the obstetrics department on the health of healthcare	Mahey R, Sharma A, Kumari A, Kachhawa G, Gupta M, Meena J, Bhatla N. The impact of a segregated team roster on obstetric and gynecology services

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		services in response to the COVID-19 pandemic in a tertiary care center in India			and evolved in two phases: (1) development of new areas for screening and managing suspected/positive cases of COVID-19 and (2) team segregation according to area of work. The impact of these changes on healthcare workers and patients were assessed 3 months later. Developing separate areas helped to minimize the risk of exposure of patients and healthcare workers to those with COVID-19. Residents and consultants worked intensively in clinical areas for 1 week followed by 1-2 weeks of non-clinical or standby assignments, providing adequate opportunity for isolation. Frequent re-evaluation of the roster was required as the pandemic progressed. Segregating teams vertically significantly reduced the number of contacts identified on contact tracing and quarantine leaves, while maintaining patient satisfaction with no increase in adverse events. The COVID-19 emergency roster helped ensure quality care with minimum risk of exposure and sufficient breaks for the physical and psychological recovery of healthcare workers.	workers in order to ensure their well-being during the pandemic. This COVID-19 rostering response involved creating screening areas for suspected/positive cases and segregating teams according to work area.	in response to the COVID-19 pandemic in a tertiary care center in India. Int J Gynaecol Obstet. 2020 Oct 4. doi: 10.1002/ijgo.13408. Epub ahead of print. PMID: 33011974.
Domestic violence, child abuse, gender-based violence, Brazil	4-Oct-20	Decrease in child abuse notifications during COVID-19 outbreak: A reason for worry or celebration?	Journal of Paediatrics and Child Health	Original Research	This retrospective population-based study compares data on child abuse (age range 0-17 years) during the first half of 2019 and 2020 in Sergipe State, Northeast Brazil, the country's poorest region. Information on child abuse was extracted from the official child maltreatment database of the Coordination of Statistics and Criminal Analysis of the Sergipe State. The authors were interested in non-accidental physical injury inflicted on a child by his or her guardians. From 1 January-30 June 2020, 53 cases of child physical injuries were reported: 15 (28.3%) in boys and 38 (71.7%) in girls. 37 (69.8%) cases were in children aged 12-17 years, and most children were considered either black or brown (n=39, 73.6%). No differences were found in child demographics between 2020 and 2019; however, the reported rate of child physical injury decreased in 2020 by 24.3%. With child-helplines reducing staff and limiting child protection services due to pandemic-related curfews and funding restrictions, the authors speculate that child abuse incidence may be under-reported. The authors assert that policymakers must implement measures to protect vulnerable people against domestic violence during the COVID-19 pandemic, especially black teenage girls in poor communities.	This retrospective population-based study found that the reported rate of child physical injury in Sergipe State, Brazil decreased by 24.3% in the first half of 2020 compared to the same period in 2019; however, the authors theorize that child abuse may be under-reported due to COVID-19 pandemic-related causes. The authors advocate for policy changes supporting those most vulnerable to domestic abuse.	Martins-Filho PR, Damascena NP, Lage RC, et al. Decrease in child abuse notifications during COVID-19 outbreak: A reason for worry or celebration. J Paediatr Child Health. 2020; doi:10.1111/jpc.15213
Oral health, dental care, pandemic	4-Oct-20	Paediatric Oral Health during and after the COVID-19 Pandemic	International Journal of Paediatric Dentistry	Review Article	This paper examines the possible clinical conditions that may require intervention by the pediatric dentist, distinguishing clinical situations that fall into the category of pediatric dental emergencies from conditions of oral pathologies that normally do not represent an emergency. The authors discuss the risk factors associated with pediatric dental treatment, prevention during the COVID-19 pandemic, dental management during the COVID-19	This article assesses the protocols and guidelines for pediatric oral and dental health with the hopes of allowing for the implementation of	Luzzi V, Ierardo G, Bossù M, Polimeni A. Paediatric Oral Health during and after the COVID-19 Pandemic. Int J Paediatr Dent. 2020 Oct 4. doi: 10.1111/ipd.12737.

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					outbreak, and the clinical implications in implementing these procedures. The authors stress that the definition of rigorous and highly effective infection control protocols in the dental settings must be complemented by the development and strengthening of remote communication techniques with the parents, who must also be educated on preventative and palliative measures for the management of their child's oral health. They state that the experience gained with these approaches and models of treatment will improve the communication skills of the pediatric dentist.	pandemic-safe procedures.	
physical activity; adolescents; social distancing; COVID-19; pandemic	3-Oct-20	Physical activity in adolescents during the social distancing policies of the COVID-19 pandemic	Asia Pacific Journal of Public Health	Research Article	The authors studied 63 adolescents (14-18 years; mean age 15.54 ±1.16 years) living in Saudi Arabia on their baseline physical activity level (PAL) compared to the PAL during social distancing for the COVID-19 pandemic. Physical activity was measured using the Adolescents Physical Activity Questionnaire, which has proven to be a valid measure of physical activity for adolescents in Arab countries. The follow-up physical activity level (FL-PAL: 2.77±0.47) was significantly reduced from the baseline physical activity level (BL-PAL: 3.05±0.54) for the entire sample (p<0.001). The difference was significant for sex, with boys having a significantly reduced FL-PAL (BL-PAL: 3.20±0.57 vs. FL-PAL: 2.76±0.49; p<0.001) and girls having a slight reduction which was not statistically significant (BL-PAL:2.87±0.45 vs. FL-PAL: 2.79±0.44; p=0.07) in their FL-PAL. The BL-PAL differed between sexes (p=0.014); however, the FL-PAL was similar (p=0.86). These results indicate that physical activity was reduced among adolescents in Saudi Arabia during the COVID-19 pandemic, and that differences may have been gender-related. The authors stress the need to investigate factors that may have influenced PAL changes during the COVID-19 pandemic and to find ways to encourage physical activity in adolescents.	The authors studied 63 adolescents (14-18 years) living in Saudi Arabia on their baseline physical activity level (PAL) compared to the PAL during social distancing for the COVID-19 pandemic. The authors stress the need to investigate factors that may have influenced PAL changes during the COVID-19 pandemic and to find ways to encourage physical activity in adolescents.	Elmaggar RK, Alqahtani BA, Mahmoud WS, Elfakharany MS. Physical Activity in Adolescents During the Social Distancing Policies of the COVID-19 Pandemic. <i>Asia Pac J Public Health</i> . 2020;32(8):491-494. doi:10.1177/1010539520963564
COVID-19; drug approval; parental attitudes; vaccine	3-Oct-20	Caregivers' Willingness to Accept Expedited Vaccine Research During the COVID-19 Pandemic: A Cross-Sectional Survey	Clinical Therapeutics (Clin Ther.)	Original Research	The authors sought to determine predictors of caregivers' willingness to accept an accelerated regulatory process for COVID-19 vaccines. A cross-sectional survey was administered to 2557 caregivers of children <18 years old in 17 pediatric emergency departments from March to June 2020 in 6 countries: United States, Canada, Israel, Japan, Spain, and Switzerland. Of those surveyed, 43% were willing to accept less rigorous testing and post-research approval of a COVID-19 vaccine. Factors associated with willingness to accept the expedited vaccine included having children with an up-to-date vaccination schedule (OR=1.72, 95% CI 1.29-2.31, p<0.001), concern of the caregivers about having had COVID-19 (OR = 1.1, 95% CI, 1.05-1.16, p<0.001), and the intent of the caregivers to have their child vaccinated against COVID-19 (OR = 1.84, 95% CI, 1.54-2.21,	A cross-sectional survey was administered to caregivers in 6 countries, to assess predictors of willingness to accept a COVID-19 vaccine developed under an accelerated regulatory process. Odds ratios of these predictors are reported, including that mothers were less likely than fathers to accept	Goldman RD, Marneni SR, et al. Caregivers' Willingness to Accept Expedited Vaccine Research During the COVID-19 Pandemic: A Cross-Sectional Survey [published online ahead of print, 2020 Oct 3]. <i>Clin Ther</i> . 2020;S0149-2918(20)30462-8. doi:10.1016/j.clinthera.2020.09.012

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					p<0.001). Mothers were less likely than fathers to accept changes to the vaccine development process (OR = 0.641; 95% CI, 0.529-0.775, p<0.01). This study provides insight into caregivers' attitudes towards the COVID-19 vaccine development process and the need to integrate this insight into efforts to increase acceptance of COVID-19 vaccines.	changes to the vaccine development process.	
Childhood, children, immunizations, vaccinations, vaccine-preventable disease, Saudi Arabia	3-Oct-20	Impact of the COVID-19 Pandemic on Routine Childhood Immunization in Saudi Arabia	Vaccines	Original Research	The authors aimed to identify the prevalence of delayed immunization and explore the reasons and barriers for delayed immunization during the COVID-19 pandemic in the Qassim region, Saudi Arabia. They conducted a cross-sectional study using an online self-administered questionnaire for parents of children <2 years old during the period from May 1st to June 30th, 2020. Most of the 749 participants (82.6%) were mothers, with 31 to 40 years being the most common age group (49.8%). Findings showed that nearly three-quarters (73.2%) of the parents had appointments scheduled for their child's vaccination during the pandemic, and approximately 23.4% of the parents reported a delay of more than one month in the immunization of their child. They found that the most common reason for the delay was the fear of being infected by SARS-CoV-2 (60.9%). Large household size and lack of insurance were also shown as risk factors for immunization delay. The COVID-19 pandemic has affected the timeliness of routine childhood immunization in Saudi Arabia. The authors argued that childhood immunization should be prioritized, as well as the implementation of focused strategies to achieve significant and sustainable vaccination rates during pandemics.	The present study assessed the prevalence of, and reasons for, delayed childhood vaccinations during the COVID-19 pandemic. Their results indicated that the COVID-19 pandemic affected the timeliness of childhood immunization in the Qassim region of Saudi Arabia. To the authors' knowledge, this was the first study to measure the effects of the COVID-19 pandemic on childhood immunization in Saudi Arabia.	Alsuhaibani M, Alaqeel A. Impact of the COVID-19 Pandemic on Routine Childhood Immunization in Saudi Arabia. Vaccines (Basel). 2020 Oct 3;8(4):E581. doi: 10.3390/vaccines8040581.
Anxiety, depression, mental health, pregnant women, China	3-Oct-20	Investigation on the Mental Health Status of Pregnant Women in China During the Pandemic of COVID-19	Archives of Gynecology and Obstetrics	Original Research	The authors investigated the mental health status of pregnant women in different regions within China and its influencing factors during the COVID-19 pandemic. They conducted an online questionnaire of 156 pregnant women, including demographic characteristics, a self-rating anxiety scale (SAS), and a self-depression rating scale (SDS), from February 22 to February 27, 2020. A "normal" SAS or SDS score was defined as less than or equal to 50. The results showed that of the 156 patients analyzed, 9 (50.6%) were depressed, and 13 patients (8.3%) suffered from anxiety and depression. Also, 91.67% of patients had "normal," while 8.3% of patients were in a mild anxiety state for the SAS score. However, 46.79% of patients were "normal" for the SDS score, while 23.72% showed mild depression, 22.44% showed moderate depression, and 4.49% showed severe depression. The authors found no significant changes in SAS and SDS scores among patients of different ages, regions, health states, gestational weeks, educational backgrounds, and living conditions (P > 0.05). Furthermore, no significant differences	The authors observed that during the COVID-19 pandemic, the anxiety level of pregnant women in China was unchanged, while the level of depression was significantly higher. Also, pregnant women who lived in Wuhan, the epicenter of the pandemic, were not more anxious or depressed compared to pregnant women in other regions. The authors recommend that more attention be paid to the mental health status of	Dong H, Hu R, Lu C, Huang D, Cui D, Huang G, Zhang M. Investigation on the mental health status of pregnant women in China during the Pandemic of COVID-19. Arch Gynecol Obstet. 2020 Oct 3. doi: 10.1007/s00404-020-05805-x. Epub. PMID: 33009997; PMCID: PMC7532741.

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					were observed between pregnant women in Wuhan compared to other regions (P > 0.05).	pregnant women during the COVID-19 pandemic.	
Pediatric, cancer, repeat positive SARS-CoV2, reinfection, viral shedding, India	3-Oct-20	Repeat Positive SARS-CoV-2 in a Child With Cancer	Pediatric Blood and Cancer	Letter to the Editor	The authors present a case report of a 4- year-old child in India receiving treatment for acute lymphoblastic leukemia (ALL) during the global COVID-19 pandemic, who had two distinct episodes of SARS-CoV-2 positivity in the summer of 2020. The patient was on day 5 of his maintenance phase therapy for high risk ALL with methotrexate (HRMTX) and 6 mercaptopurine (6-MP) when he and his caregiver tested positive for SARS-CoV2 via RT-PCR on June 27, 2020. They were subsequently isolated in the hospital, and the patient's 6-MP treatment was stopped. Both had repeat positive tests 5 and 10 days later as well as negative tests on days 14 and 21. His 6-MP was restarted to complete the round of chemotherapy. Both tested negative before his subsequent round of therapy in August. However, both he and his caregiver were positive on September 1 of 2020, 65 days after their first positive test and 51 days after their first negative tests. Of note, both had remained completely asymptomatic for COVID-19 throughout this time and antibodies had not been checked to confirm seroconversion. The authors suggest that oncologists should perform serial and detailed SARS-CoV-2 testing for their patients receiving chemotherapy as such patients may be more susceptible to COVID-19 reinfection.	The authors present the first case report of distinct episodes of repeat SARS-CoV-2 positivity in a pediatric cancer patient undergoing chemotherapy for acute lymphoblastic leukemia (ALL). Because neither antibody testing to confirm seroconversion nor genetic sequencing of the viruses was performed, it cannot be determined whether the repeat positivity episodes are reinfection, prolonged viral shedding, or testing inaccuracies (false positives).	Radhakrishnan V, Gangopadhyay D. Repeat-positive SARS-CoV-2 in a child with cancer [published online, 2020 Oct 3]. <i>Pediatr Blood Cancer</i> . 2020;e28744. doi:10.1002/pbc.28744
ACE2 receptor, placenta, trophoblast, pregnancy, gestation	3-Oct-20	SARS-CoV-2 ACE-Receptor Detection in the Placenta Throughout Pregnancy	Clinical Microbiology and Infection	Letter to the Editor	The authors present their research findings from their investigation of angiotensin-converting enzyme 2 (ACE2) expression in the placenta throughout pregnancy during the COVID-19 pandemic. They selected formalin-fixed placental tissues between 14- and 40-weeks gestation from 28 patients who delivered before the COVID-19 outbreak. They also collected placental tissues at 19 weeks gestation from a COVID-19 positive patient. Kidneys were used as positive (brush border of proximal renal tubules and podocytes of glomeruli) and negative (distal renal tubules and renal medulla) controls. Using a monoclonal anti-ACE2 antibody, the authors demonstrated in situ expression of ACE2 at the maternal-fetal interface, a prerequisite for transplacental transmission. Furthermore, they observed a strong and diffuse membranous staining of cytotrophoblast and syncytiotrophoblast cells of placental villi, as well as a membranous expression in extra-villous trophoblast. Therefore, by testing placental tissues at various gestational ages in both COVID-19 positive and negative mothers, the authors confirmed that ACE2 expression is present consistently throughout pregnancy regardless of COVID-19 status.	The authors observed that trophoblastic cells, which are in direct contact with the maternal blood in the intervillous space, show strong expression of ACE2 throughout pregnancy, indicating that SARS-CoV2 can infect the placenta via a receptor-mediated mechanism. These findings may lead to increased protective measures for pregnant women and a heightened level of concern or monitoring of pregnancies exposed to SARS-CoV-2.	Gengler C, Dubruc E, Favre G, Greub G, Leval L, Baud D. SARS-CoV-2 ACE-Receptor detection in the placenta throughout pregnancy [published online, 2020 Oct 3]. <i>Clin Microbiol Infect</i> . 2020;S1198-743X(20)30603-0. doi:10.1016/j.cmi.2020.09.049
Chilblain-like lesions, children	3-Oct-20	Immunological and virological	Journal of the European	Letter to the Editor	In this study, the authors investigated the link between SARS-CoV-2 and reported cutaneous manifestations in children, using 3	The authors assessed a possible correlation	Fertitta L, Welfringer A, Ouedrani A, et al. <i>Immunological and</i>

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		profile of children with chilblain-like lesions and SARS-CoV-2	Academy of Dermatology and Venereology (JEADV)		different SARS-CoV-2 tests (nasal PCR for systemic symptoms within past 48 hours, serology, and interferon assay). 30 patients (20 boys, mean age = 9.5 years) [age range not provided] were enrolled from April - June 2020, all presenting with skin manifestations and symptoms of COVID-19 themselves or in any first-degree relatives. Chilblains were reported in 17 patients with a large spectrum of severity. Elevated C-reactive protein [average 14mg/L (0 to 200)] and/or increased inflammatory cytokines were noted in 11 children (37%) including 8/17 with chilblains (47%). High levels of cytokines were noted in 47% of chilblains patients. Peak of incidence of COVID-19 and the reported chilblains occurred simultaneously. The 3/3 nasal PCR were negative. Serology was positive in only 1/16 chilblains patient among the 26 patients tested. Interferon-assay was negative in all 10 chilblains patients tested. In children with chilblains, tests were performed an average of 45 days from lesions onset. While epidemiological data, clinical manifestations and elevated cytokines suggest an association with SARS-CoV-2, no evident link can be made.	between pediatric dermatological manifestations and biological investigations 30 pediatric patients in France, using 3 different SARS-CoV-2 tests. While epidemiological data, clinical manifestations and elevated cytokines suggest an association with SARS-CoV-2, no evident link can be made.	virological profile of children with chilblain-like lesions and SARS-CoV-2. J Eur Acad Dermatol Venereol. 2020 Oct 3. doi: 10.1111/jdv.16972. Epub ahead of print. PMID: 33010072.
Breast feeding, infant, milk, vertical transmission, influenza	3-Oct-20	Covid-19 and breastfeeding: what's the risk?	Journal of Perinatology	Commentary	As a general rule, breastfeeding provides the cleanest and safest form of young child nutrition in disaster situations, and is the normative standard for infant nutrition. Studies of breastfeeding during influenza infection serve as a potential model for the way breastmilk may protect infants against illness, such as COVID-19. If the mother is infected, her milk may provide antibodies against that specific infection. Breastfeeding also allows the mother to independently provide for her child despite the helplessness that occurs during a disaster. There is limited data on the presence of SARS-CoV-2 in breastmilk and the possibility of mother-infant transmission; these topics need continued research. Due to this limited data, guidelines vary on managing obstetric and newborn care when mothers have COVID-19. Most guidelines do recommend that mothers who room-in or breastfeed should follow strict hand washing and use of masks, and they also recommend that the expressed breastmilk of these mothers to be fed to their infants. Future guidance on separating infants and mothers need to consider not just the risks of the virus, but also the risks to breastfeeding.	This commentary recommends further research on the potential risks of breastfeeding while infected with COVID-19, but also reminds readers of the benefits of breastfeeding during disaster situations, such as the COVID-19 pandemic.	Hand IL, Noble L. Covid-19 and breastfeeding: what's the risk? J Perinatol. 2020 Oct;40(10):1459-1461. doi: 10.1038/s41372-020-0738-6. Epub 2020 Jul 13. PMID: 32661368; PMCID: PMC7355136.
Anesthesia, obstetrics, pregnancy, testing	3-Oct-20	The importance of COVID-19 screening and testing in the obstetric patient population	Journal of Clinical Anesthesia	Letter to the Editor	This letter responds to a recently published article by Herman et al, regarding anesthesia management of the obstetric patient in the era of COVID-19. The authors of the letter state that the article did not mention SARS-CoV-2 screening and testing of obstetric patients. The authors discuss the reported prevalence of asymptomatic COVID-19 infections in pregnant patients, as well as COVID-19 symptoms that may be mistaken for common	This letter responds to a recently published article by Herman et al, regarding anesthesia management of the obstetric patient in the era of COVID-19. The authors recommend	Hoyle MM, Abramovitz S, Aaronson J, White RS. The importance of COVID-19 screening and testing in the obstetric patient population. J Clin Anesth. 2020 Nov;66:109938. doi:

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					pregnancy symptoms. In addition, they voice concerns regarding the accuracy of existing tests. As part of obstetric anesthesia care considerations, and particularly in communities and institutions with high burdens of SARS-CoV-2 infection, the authors suggest routinely managing obstetric patients as high-risk for COVID-19 infection. They emphasize the importance of universal testing for the protection of patients and clinicians alike.	universal COVID-19 testing in obstetric patients, for the protection of patients and clinicians.	10.1016/j.jclinane.2020.109938. Epub 2020 May 28. PMID: 32480211; PMCID: PMC7253998.
MIS, hematologic, RBC, WBC	3-Oct-20	Hematological manifestations of SARS-CoV-2 in children	Pediatric Blood and Cancer	Review	In this review, the authors summarize hematological findings in children with SARS-CoV-2 infection. The majority of children had normal white blood cell count, with a few displaying leukopenia. Lymphopenia was rarer in children, which could possibly be due to the immature immune system or milder manifestation of COVID-19 in the pediatric cohort. This may indicate a differential immune response to SARS-CoV-2. In neonates and infants with COVID-19, lymphocytosis was the rarest observed symptom, indicating clinical severity and age may have an impact on white blood cell counts. No red blood cell or hemoglobin abnormalities were reported within COVID-19 positive pediatric populations. Anemia and hypercoagulability were reported mainly in children presenting with multisystem inflammatory syndrome (MIS) associated with SARS-CoV-2. COVID-19 has also been associated with a novel MIS in children, which may be an immunologically mediated inflammation syndrome. Studies reported no improvement in hematological parameters following administration of convalescent plasma as a therapeutic agent, despite SARS-CoV-2 RNA test being negative. The authors conclude by mentioning the poor documentation of hematological manifestations of COVID-19 in pediatric patients, especially patients with malignancies.	The authors review hematological findings in pediatric COVID-19. Leukopenia was the most common abnormality in children, while infants and neonates displayed lymphocytosis as the most common abnormality.	Kosmeri, C, Koumpis, E, Tsabouri, S, Siomou, E, Makis, A. Hematological manifestations of SARS-CoV-2 in children. <i>Pediatr Blood Cancer</i> . 2020;e28745. https://doi.org/10.1002/pbc.28745
Pregnancy, mental health, fear, interventions, China	2-Oct-20	Impact of the COVID-19 epidemic on patterns of pregnant women's perception of threat and its relationship to mental state: A latent class analysis	PLoS One	Original Research	This cohort study examined pregnant women's perceptions of threat and preventative public health knowledge during the COVID-19 pandemic. 298 women from 27 Chinese cities participated in the study by completing a questionnaire. The results were segmented into 5 clusters of responses. The first cluster (n=120, 39%) was unthreatened and confident in their safety from infection (confident). Cluster 2 (n = 84, 28%) was unthreatened but not confident. Cluster 3 (n = 49, 17%) was threatened but confident. Cluster 4 (n = 25, 9%) was threatened, not confident, and knowledgeable, and Cluster 5 (n = 20, 7%) was threatened, not confident, and lacking knowledge. Support from work and family and intrapartum and postpartum complications impacted classifications. The authors state that these findings can help assess pregnant women's mental health risks during public health emergencies and could be helpful for families, work units,	This cohort study examined the mental health status of pregnant women in China during the COVID-19 pandemic. Support from work and family and intrapartum and postpartum complications influenced participants' feelings of threat, confidence in safety from infection, and perceived knowledge of public health precautions. The authors suggest these findings could help assess	Qi M, Li X, Liu S, et al. Impact of the COVID-19 epidemic on patterns of pregnant women's perception of threat and its relationship to mental state: A latent class analysis. <i>PLoS One</i> . 2020;15(10):e0239697. doi:10.1371/journal.pone.0239697

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					communities, and medical institutions to make targeted intervention decisions for pregnant women.	pregnant women's mental health in public health crises.	
Case report, intrauterine vertical transmission, vaginal delivery, Wuhan, China	2-Oct-20	Vaginal Delivery in Women With COVID-19: Report of Two Cases	BMC Pregnancy and Childbirth	Case Report	The authors analyzed the clinical characteristics and outcomes of two pregnant women with COVID-19 who delivered vaginally at the Maternal and Child Health Hospital of Hubei Province, in Wuhan, China, in February 2020, to determine if vertical transmission occurred. The first case is a 35-year-old pregnant woman at 37 weeks 6 days gestation admitted in spontaneous labor. Except for the abnormalities on her chest CT, she was asymptomatic. She subsequently had an uncomplicated spontaneous vaginal delivery, and her infant was discharged home for isolation. Her SARS-CoV-2 results returned positive on the 2nd day after sampling, and she was therefore transferred to the designated hospital for further management. By postpartum day 14, neither the neonate nor his father and grandmother, who cared for him at home, developed COVID-19-related symptoms. The second case is a pregnant woman at 38 weeks 2 days gestation, also admitted in labor. However, she had the typical manifestations of COVID-19, including cough, lymphopenia, and abnormal chest CT images. She subsequently delivered a healthy neonate vaginally and was transferred to the designated hospital for treatment and isolated from the neonate. The mother decided to temporarily suspend breastfeeding. On postpartum day 2, her nasopharyngeal SARS-CoV-2 swab result returned positive, while the neonate's result was negative. Both neonates were followed for more than 14 days, and neither developed COVID-19-related symptoms.	This study showed no evidence of vertical transmission of COVID-19 to neonates of 2 women who underwent vaginal deliveries in Wuhan, China. The authors concluded that there is still insufficient evidence supporting maternal-fetal vertical transmission for COVID-19-infected mothers in late pregnancy, and vaginal delivery may not increase the possibility of neonatal infection.	Cao D, Chen M, Peng M, Yin H, Sun G. Vaginal delivery in women with COVID-19: report of two cases. BMC Pregnancy Childbirth. 2020 Oct 2;20(1):580. doi: 10.1186/s12884-020-03281-4. PMID: 33008308; PMCID: PMC7530846.
Family planning, postpartum, abortion care, essential services, maternal health, pregnancy	2-Oct-20	Opportunities and Challenges of Delivering Postabortion Care and Postpartum Family Planning During the COVID-19 Pandemic	Global Health, Science and Practice	Commentary	In this commentary, the authors discuss the importance of reproductive health care, including access to voluntary family planning in the critical postabortion and postpartum periods. Global actors have called for family planning to remain on the list of essential services during the COVID-19 pandemic, given they are critical means to protect vulnerable postpartum and postabortion women and reduce unintended and closely spaced pregnancies. The COVID-19 pandemic has affected both supply- and demand-side access to family planning, thus the authors call for enhancing safe delivery of existing integrated service models (drawing lessons from previous emergencies) and also implementing innovative, alternative service delivery mechanisms. They highlight several approaches to address challenges and maximize opportunities for voluntary postpartum family planning and postabortion family planning counseling and services. They conclude that prioritizing integrated service provision now will have returns for improved health and well-	The authors describe the importance of and challenges to providing postpartum and postabortion family planning services during the COVID-19 pandemic, and propose several approaches to addressing challenges.	Pfitzer A, Lathrop E, Bodenheimer A, RamaRao S, Christofield M, MacDonald P, Arnold B, Bhatnagar N, Mielke E, Mikulich M. Opportunities and Challenges of Delivering Postabortion Care and Postpartum Family Planning During the COVID-19 Pandemic. Glob Health Sci Pract. 2020 Oct 2;8(3):335-343. doi: 10.9745/GHSP-D-20-00263. PMID: 33008851.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					being by preventing a rise in closely spaced pregnancies that may require care and burden facilities during subsequent waves of the epidemic.		
Children, pediatric assistant, telemedicine, telehealth, Italy	2-Oct-20	Point of view of the Italians pediatric scientific societies about the pediatric care during the COVID-19 lockdown: what has changed and future prospects for restarting	Italian Journal of Pediatrics	Research Article	Although COVID-19 is currently rare in children and they seem to have a milder disease course and better prognosis, the pandemic has indirectly caused problems in pediatric medical assistance. The authors sent a questionnaire to Italian pediatric scientific societies about pediatric care activity during the COVID-19 emergency and future perspectives for the phase of post-containment. Responses indicated a decrease of admission (-70%), outpatient visits (-80%), and specialist consultancy activities (-50%) during the COVID-19 emergency, primarily linked to the fear of infection. Diagnoses decreased by 60%. Most of scientific societies (86%) maintained the relationship with chronic patients through some form of telemedicine, reporting a strong positive opinion about this modality. The authors recommend greater use of telemedicine, communications strategies to reduce fear of COVID-19, and educational campaigns for families on red flags of pathologies and autonomous first basic level management of children diseases.	This study surveying Italian pediatric scientific societies about pediatric care activity during the COVID-19 emergency indicates a decrease of admission, outpatient visits, diagnoses, and consultations among the pediatric population in Italy.	Lubrano R, Villani A, Berrettini S, et al. Point of view of the Italians pediatric scientific societies about the pediatric care during the COVID-19 lockdown: what has changed and future prospects for restarting. Ital J Pediatr. 2020 Oct 2;46(1):142. doi: 10.1186/s13052-020-00907-3. PMID: 33008445; PMCID: PMC7531060.
China, Shanghai, transmission, epidemiology	2-Oct-20	Cross-Sectional Seroepidemiologic Study of Coronavirus Disease 2019 (COVID-19) among Close Contacts, Children, and Migrant Workers in Shanghai	Environmental Research and Public Health	Proposal	This paper presents a proposal for a cross-sectional sero-epidemiologic study of COVID-19 among key populations in Shanghai, China. Researchers will examine the serum antibody level and carrying status for SARS-CoV-2 among close contacts of COVID-19 patients, domestic migrant workers returning to urban areas, and school children aged 6 years and above who attend primary, middle, or high school. They recruited participants from multiple study sites and gathered samples of blood specimens, nasopharyngeal swab, and feces or anal swab. Researchers will then perform laboratory tests and analyze the data. As Shanghai has begun to open up, schools have opened, and migrant workers are returning to urban areas, there could be a potential spread of COVID-19. This will inform the extent of transmission and thus future decisions to control its spread.	This paper presents a proposal for a cross-sectional sero-epidemiologic study of COVID-19 among key populations, including school-aged children, in Shanghai, China.	Xu, S.F., Lu, Y.H., Zhang, T. et al. Cross-Sectional Seroepidemiologic Study of Coronavirus Disease 2019 (COVID-19) among Close Contacts, Children, and Migrant Workers in Shanghai. Int. J. Environ. Res. Public Health 2020, 17, 7223.
School, children, weekly incidence, underlying conditions, positive tests, United States	2-Oct-20	COVID-19 Trends Among School-Aged Children - United States, March 1-September 19, 2020	Morbidity & Mortality Weekly Report (MMWR)	Report	The authors present the characteristics, clinical outcomes, and trends in weekly COVID-19 incidence from March 1 to September 19, 2020, among 277,285 laboratory-confirmed cases in school-aged children (aged 5-17 years) in the United States. They note that from May to September 2020, average weekly COVID-19 incidence (cases per 100,000 children) among adolescents aged 12-17 years (37.4) was approximately twice that of children aged 5-11 years (19.0). Also, among school-aged children, the weekly percentage of positive SARS-CoV-2 test results increased from 10% on May 31 to 14% on July 5, 2020, and COVID-19 incidence increased from 13.8 per 100,000 on May 31 to 37.9 on July 19,	This study's findings showed that the weekly incidence, SARS-CoV-2 test volume, and percentage of positive tests among school-aged children varied over time and by region of the United States. The authors suggest that monitoring trends in multiple	Leeb RT, Price S, Sliwa S, et al. COVID-19 Trends Among School-Aged Children - United States, March 1-September 19, 2020. MMWR Morb Mortal Wkly Rep. 2020;69(39):1410-1415. Published 2020 Oct 2. doi:10.15585/mmwr.mm6939e2

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					2020. During July and August, test volume and incidence decreased then plateaued, and incidence decreased further during early September and might be increasing. Furthermore, the percentage of positive test results decreased during August and plateaued during September, 2020. Although mortality and hospitalization in school-aged children were low, Hispanic ethnicity, Black race, and underlying conditions were more commonly reported among children hospitalized or admitted to an ICU.	indicators of COVID-19 among school-aged children could inform mitigation measures to prevent COVID-19 spread in schools and communities.	
Immune responses, intrauterine transmission, neonates, pregnancy metabolic complications, China	2-Oct-20	The metabolic and immunological characteristics of pregnant women with COVID-19 and their neonates	European Journal of Clinical Microbiology and Infectious Diseases	Original Research	Some women experience metabolic complications near the end of pregnancy. Additionally, whether SARS-CoV-2 can be transmitted in utero, and how COVID-19 infection affects fetuses, remain largely unknown. The authors aimed to investigate whether SARS-CoV-2 infection raises the risk of late pregnancy complications and fetal/neonatal health problems. They analyzed the data of 16 women (age range 24-34 years, no median given) admitted to a hospital in Wuhan, China, at 35 to 39 weeks of pregnancy. The 16 women tested positive for SARS-CoV-2 by RT-PCR, and all delivered via C-section. This report reviews the lab and chest CT results for all mothers and infants in detail. One infant had a fever 24 hours after birth; this neonate tested positive for SARS-CoV-2 via nasopharyngeal swab, and CT scans were also consistent with COVID-19. Another woman remained positive for SARS-CoV-2 for 4 weeks, and then delivered a neonate who had SARS-CoV-2 IgM and IgG on day 1 after birth. In this study, the authors concluded that in the third trimester, COVID-19 infection in pregnant patients raised the risk of ketonuria, hypercoagulability, and hyperfibrinolysis, which could lead to severe complications. COVID-19 increased placental inflammatory response, with potential organ dysregulation and coagulation disorders of the fetus and neonate. The study showed potential intra-uterine transmission of SARS-CoV-2, but detection of SARS-CoV-2 in cord blood, placenta, and amniotic fluid is necessary to further confirm intra-uterine infection. The authors also recommend monitoring blood glucose and urine ketones in pregnant women with COVID-19.	This small study showed that SARS-CoV-2 infection in the third trimester might raise the risks of pregnancy complications, as well as potential organ dysregulation and coagulation disorders of the fetus and neonate. The study also showed potential intra-uterine transmission of SARS-CoV-2, but further research is needed on this topic.	Zhou J, Wang Y, Zhao J, Gu L, Yang C, Wang J, Zhang H, Tian Y, Tuo H, Li D, Wei M, He B. The metabolic and immunological characteristics of pregnant women with COVID-19 and their neonates. <i>Eur J Clin Microbiol Infect Dis</i> . 2020 Oct 2:1–10. doi: 10.1007/s10096-020-04033-0. Epub ahead of print. PMID: 33006691; PMCID: PMC7530551.
Pregnancy, fetus, infant, outcomes, study design	2-Oct-20	The epidemiology and pathogenesis of SARS-CoV-2 infection in pregnancy: More questions than answers	EclinicalMedicine	Commentary	The authors of this commentary discuss a systematic review and meta-analysis of published literature on SARS-CoV-2 in pregnancy, written by Khalil et al. Overall the Khalil et al article reports reassuring outcomes, though the incidence of adverse pregnancy events, including preterm birth, may be increased with SARS-CoV-2. Pregnant women with comorbidities and obesity appear at higher risk for such events. However, the risk of preterm birth, its etiology, and the contribution of iatrogenic C-section to preterm rates require further investigation. The review	The authors of this commentary discuss a systematic review and meta-analysis regarding SARS-CoV-2 in pregnancy, written by Khalil et al. Overall the Khalil et al article reports reassuring outcomes, but these	Odayar J, Myer L, Malaba TR. The epidemiology and pathogenesis of SARS-CoV-2 infection in pregnancy: More questions than answers. <i>EclinicalMedicine</i> . 2020 Sep;26:100534. doi: 10.1016/j.eclinm.2020.100534.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					also indicates heterogeneity in findings, and limitations of the studies published to date. Research on SARS-CoV-2 in pregnancy is complicated by both the methodological nuances of epidemiologic studies during pregnancy, and the pressures of conducting research during a pandemic. Due to the lack of high-quality data on SARS-CoV-2 infection in pregnancy, informed public health recommendations present a challenge. Data on infection in early pregnancy, risks of preterm birth, indications for C-sections, the potential for vertical transmission, and the effect of changes in health care provision due to COVID-19, are required to inform evidence-based guidelines. To address these gaps, future research needs to consider selection of representative samples, accurate ascertainment of exposures and outcomes, standardization of definitions and robust methods to support assessment of causality.	authors state that the review ultimately provides more questions than answers. This commentary offers suggestions for further research.	Epub 2020 Sep 20. PMID: 32984789; PMCID: PMC7502179.
Cardiac arrhythmia, pediatric COVID-19, Turkey	2-Oct-20	Assessment of Cardiac Arrhythmic Risk in Children With Covid-19 Infection	Pediatric Cardiology	Original Research	In this study, the authors investigate the effects of COVID-19 infection on trans-myocardial repolarization parameters in asymptomatic or mildly symptomatic children without treatment. A prospective, cross-sectional, controlled and double blinded study was performed between April and May 2020 in the pediatric cardiology clinic at Ankara City Hospital, Turkey. COVID-19 patient (n=105, mean age 11.2±0.3 years) and age- and sex-matched control (n=40, mean age 10.8±2.1 years) groups were compared by calculating the QT interval, corrected QT (QTc), QT dispersion, QTc dispersion, Tp-e, Tp-e dispersion, Tp-e/QT ratio, and Tp-e/QTc ratio on the 12-lead surface electrocardiogram. The COVID-19 group displayed statistically higher QTd, QTcd, Tp-e, Tp-e dispersion, Tp-e/QT ratio, and Tp-e/QTc ratio than the control group. Ventricular repolarization was observed to be impaired even in children who were asymptomatic with COVID-19. The authors proposed severe systemic and myocardial inflammatory reaction to be a plausible mechanism of cardiac injury and arrhythmias. Additionally, drugs like hydroxychloroquine and azithromycin cause prolongation of the QT interval, which can be rare but potentially fatal due to the risk of induced polymorphic ventricular tachycardia. The authors suggest the need to further assess the long-term risks of prolonged QT dispersion in the setting of COVID-19 infection. They recommend performing a baseline ECG in all COVID-19 positive patients, especially those planning to receive QT prolonging medications.	The authors investigated the effects of COVID-19 on the trans-myocardial repolarization parameters in children without treatment. They determined that ventricular repolarization was impaired in children with COVID-19. The authors suggest that systemic and myocardial inflammation may cause the impairment, however the usage of QT interval prolonging drugs could cause adverse effects.	Ece, İ., Koçoğlu, M., Kavurt, A.V. <i>et al.</i> Assessment of Cardiac Arrhythmic Risk in Children With Covid-19 Infection. <i>Pediatr Cardiol</i> (2020). https://doi.org/10.1007/s00246-020-02474-0
Health services, accessibility, maternal death, pregnancy, Brazil	2-Oct-20	Risk factors for adverse outcomes among pregnant and	International Journal of Gynecology and Obstetrics	Clinical Article	The authors' objective was to evaluate whether clinical and social risk factors were associated with negative outcomes for COVID-19 disease among Brazilian pregnant and postpartum women. They conducted a secondary analysis of the official Acute	The authors of this study determined that clinical and social risk factors as well as barriers to	Menezes MO, Takemoto MLS, Nakamura-Pereira M, Katz L, Amorim MMR, Salgado HO, Melo A, Diniz CSG, de Sousa LAR,

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		postpartum women with acute respiratory distress syndrome due to COVID-19 in Brazil			Respiratory Syndrome Surveillance System database. There were 2475 cases of COVID-19 acute respiratory distress syndrome (ARDS). 23.8% of women had the composite endpoint and 8.2% died. Of those who died, 5.9% were not hospitalized, 39.7% were not admitted to the ICU, 42.6% did not receive mechanical ventilation, and 25.5% did not have access to respiratory support. Multivariate analysis showed that postpartum period, age > 35 years, obesity, diabetes, black ethnicity, living in a peri-urban area, no access to Family Health Strategy, or living more than 100 km from the notification hospital were associated with an increased risk of adverse outcomes.	healthcare access are associated with adverse outcomes among maternal cases of COVID-19 ARDS in Brazil.	Magalhaes CG, Knobel R, Andreucci CB; Brazilian Group of Studies for COVID-19, Pregnancy. Risk factors for adverse outcomes among pregnant and postpartum women with acute respiratory distress syndrome due to COVID-19 in Brazil. Int J Gynaecol Obstet. 2020 Oct 4. doi: 10.1002/ijgo.13407. Epub ahead of print. PMID: 33011966.
Antenatal care, telehealth, home visiting, community clinics, pregnancy, maternal health	2-Oct-20	Models of maternity care for pregnant women during the COVID-19 pandemic	Eastern Mediterranean Health Journal	Commentary	Antenatal care remains the most cost-effective approach for the prevention of neonatal deaths. To ensure continuity of care to pregnant women, this commentary presents specific considerations recommended by the WHO for models of care suited to the COVID-19 pandemic crisis; home visiting, self-quarantine or isolation, community clinics, and hybrid models. General principles in home visiting during the COVID-19 pandemic include: preparation according to care most likely to be required during the visit, minimizing equipment to be taken into the home, maintaining IPC standards (hand hygiene, disposal of consumables, equipment cleaning, social distancing), and continuous re-assessment of care schedule according individual needs and current risks. Consultations using telehealth, SMS and phone should be taken into account whenever possible. Self-quarantine/isolation is recommended when pregnant women have had close contact (>15 minutes face-to-face or >2 hours in a closed space) with a confirmed/suspected COVID-19 case within the past 14 days. Strategies are provided for community clinics to limit the number of patients waiting in common areas and maintain social distance before and during appointments. Hybrid modes of care involve taking history and assessing needs prior to visit by phone or video, limiting face-to-face visits to 15 minutes for physical examination, and arranging for follow-up via phone or video. A schedule of antenatal care, including method of contact, is provided based on WHO recommendations.	To ensure continuity of care to pregnant women, this commentary presents specific considerations recommended by the WHO for models of care suited to the COVID-19 pandemic crisis; home visiting, self-quarantine or isolation, community clinics, and hybrid models.	Larki M; Sharifi F; Roudsari RL. Models of maternity care for pregnant women during the COVID-19 pandemic. East Mediterr Health J. 2020;26(9):994-998. https://doi.org/10.26719/emhj.20.097
COVID 19; pediatric; emergency; Pakistan	1-Oct-20	Impact of covid 19 pandemic on presentation, treatment and outcome of paediatric surgical emergencies	Journal of Ayub Medical College Abbottabad	Article	The authors evaluated the impact of the COVID-19 pandemic on pediatric surgical emergencies in Pakistan. Data of pediatric surgical emergencies during March-May 2019 and March-May 2020 was collected from a database of the pediatric surgical department of Khyber Teaching Hospital Peshawar, and Pre-COVID and COVID groups were compared for the number of emergency admissions, the number of emergency surgeries, complications at the time of presentation and surgical treatment given. There were 47.8% fewer emergency admissions and a	The authors evaluated the impact of the COVID-19 pandemic on pediatric surgical emergencies in Pakistan. The findings indicate that delay in presentation, complications and requirement for extensive	Ali S, Khan MA, Rehman IU, et al. Impact of covid 19 pandemic on presentation, treatment and outcome of paediatric surgical emergencies. J Ayub Med Coll Abbottabad. 2020;32(Suppl 1)(4):S621-S624.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					77.45% reduction in the number of emergency surgeries done in COVID time as compared to the Pre-COVID time. Perforated appendix was found in 8 cases out of 120 in the Pre-COVID group, versus 23 out of 42 in the COVID group (p=0.001). Complicated intestinal obstruction was found in 15 patients out of 103 in the Pre-COVID group, compared to 15 out of 35 in the COVID group (p=0.017). Exploratory laparotomy was indicated for a significantly higher number of patients with complicated appendix in the COVID group when compared with the Pre-COVID group (12 of 42 vs. 4 of 120, p=0.008). The findings indicate that delay in presentation, complications and requirement for extensive surgical procedures are indirect impacts of the current pandemic on emergency surgical conditions of children.	surgical procedures are indirect impacts of the current pandemic on emergency surgical conditions of children.	
COVID-19; children; asthma; immunosuppression; obesity; comorbidities	1-Oct-20	Who is at a Higher Risk? A brief review of Recent Evidence on comorbidities in children infected with COVID-19	Journal of Ayub Medical College Abbottabad	Review	In this review, the authors discussed the determinants of severe COVID-19 among pediatric patients, primarily asthma, immune-status, obesity and MIS-C. Asthma and underlying lung pathologies can be a strong predictor (~20% prevalence) for development of severe SARS-CoV-2 infection, irrespective of age. However, as compared to asthma, a higher mortality rate was reported in immune-compromised patients. With a weakened immune system, immunosuppressed individuals were 1.55 times and immunocompromised patients 3.29 times more vulnerable to developing severe disease. Similarly, evidence suggests that a BMI of <35 kg/m ² renders individuals more susceptible to developing COVID-19-related complications. This observation is based on the negative impacts obesity has on pulmonary functions and in downplaying the immune system. Furthermore, a possible association of COVID-19 and MIS-C has been reported by a number of studies, which might lead to symptoms of shock and multi-organ failure. The authors highlight the need for more research to fill the knowledge gap in the pediatric population, which will better enable pediatricians to make informed decisions.	In this review, the authors discussed the determinants of severe COVID-19 disease among pediatric patients, primarily asthma, immune-status, obesity and MIS-C. The authors highlight the need for more research to fill the knowledge gap in the pediatric population, which will better enable pediatricians to make informed decisions.	Qamar MA, Sajid MI, Dhillon RA, et al. Who is at a Higher Risk? A brief review of Recent Evidence on comorbidities in children infected with COVID-19. J Ayub Med Coll Abbottabad. 2020;32(Suppl 1)(4):S695-S700.
Knowledge, practice, and attitude; IPC; PPE; pregnancy; obstetrics; Nepal	1-Oct-20	Evaluation of Knowledge, Attitude, Practice and Hospital Experience Regarding COVID-19 among Post-partum Mothers at a Tertiary Care	Kathmandu University Medical Journal (KUMJ)	Article	Efforts to enhance the knowledge, attitudes, and practice of the public, especially high-risk groups like pregnant and postpartum women, are crucial to manage the COVID-19 pandemic. This study from 28 March - 5 April, 2020 surveyed 203 postpartum women (median age 25 years; range 15-40 years) at a tertiary care center in Nepal to analyze the knowledge, attitude, practice and hospital experience regarding COVID-19. While only 40.9% of participants were asked about the clinical features of COVID-19 during admission, almost all participants had heard about COVID-19 (96.6%). Television or radio was the most common source of information (81.8%). Most of the participants (88.2%) knew that COVID-19 has effects on pregnancy. A majority were aware about	This survey of 203 postpartum mothers at a single site in Nepal found that this cohort showed good knowledge, attitude, and practice regarding the COVID-19 pandemic.	Adhikari SP, Pariyar J, Sapkota K, Gurung TK, Adhikari SR. Evaluation of Knowledge, Attitude, Practice and Hospital Experience Regarding COVID-19 among Post-partum Mothers at a Tertiary Care Center: A Cross-sectional Study. Kathmandu Univ Med J (KUMJ). 2020;18(70):10-14.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		Center: A Cross-sectional Study			how SARS-CoV-2 is transmitted and its preventive measures. Almost all of participants (97%) wore a mask during their hospital stay and all participants washed their hands with soap and water or alcohol-based sanitizer. A majority (79.3%) wore a mask while breastfeeding their infants. Among the healthcare workers who were involved in delivery and clinical examination, only about 30% used PPE. The authors cite other studies that confirm the need to educate healthcare workers on the proper use of PPE and its rationale. The authors conclude that this cohort of postpartum mothers had good knowledge, attitude, and practice regarding the COVID-19 pandemic.		
COVID-19; pediatric; transmission; Portugal	1-Oct-20	COVID-19 screening in a Portuguese pediatric population	Enfermedades Infecciosas y Microbiología Clínica	Article	This retrospective study assesses the rate and spread of SARS-CoV-2 in a pediatric population at the beginning of the pandemic in Portugal. 94 suspected COVID-19 cases (59% female; median age=11 years, IQR=1-13 years) were tested by SARS-CoV-2 RT-PCR in a Portuguese hospital between 17 March-2 April 2020. 21% of the patients had at least 1 underlying disease, such as asthma, recurrent wheezing, or diabetes mellitus. All the cases were symptomatic for possible COVID-19 and treated without hospitalization. Only 5 (5.3%) had previous exposure to a person with confirmed COVID-19. The most common symptoms were cough (80%, n=75), rhinorrhea (72%, n=68) and fever (60%, n=56). Only 1 positive SARS-CoV-2 case was found, in a 5-year-old child with mild illness characterized by fever, odynophagia, myalgia, and vomiting, and without epidemiologic linkage. The findings indicate a low rate of confirmed COVID-19 in children at the time of the study, and illustrates how differently the virus may transmit in the pediatric population compared to adults.	This retrospective study assesses the rate and spread of SARS-CoV-2 in a pediatric population at the beginning of the pandemic in Portugal. Only 1 positive SARS-CoV-2 case was found, in a 5-year-old child with mild illness characterized by fever, odynophagia, myalgia, and vomiting, and without epidemiologic linkage. The findings indicate a low rate of confirmed COVID-19 in children at the time of the study, and illustrates how differently the virus may transmit in the pediatric population compared to adults.	Costa A, Almeida H, Moniz M, et al. COVID-19 screening in a Portuguese pediatric population. <i>Enferm Infecc Microbiol Clin.</i> 2020;S0213-005X(20)30294-9. doi:10.1016/j.eimc.2020.09.004.
Obstetrics, labour and delivery, COVID-19, clinical management	1-Oct-20	Obstetric protocols in the setting of a pandemic	Seminars in Perinatology	Report	The authors review key areas in the obstetric protocol that should be considered and modified in the face of the COVID-19 pandemic. In the realm of patient triage, the authors recommend appropriate training of administrative staff on screening protocols, as well as utilization of phone/remote triage to redirect patients to the appropriate settings, such as outpatient clinics and hospital evaluations. They also recommend screening at labor and delivery, with the appropriate personal PPE being issued to staff and management of COVID-19 patients. For the labor and delivery (L&D) unit, the authors recommend universal screening and testing procedures as well as isolation of cases (or persons under investigation) to limit transmission of SARS-CoV-2. They also suggest modifications and considerations for bed	In this report, the authors make recommendations for modification and review for key areas in obstetric management, including patient triage, labor and delivery management, critical care, obstetric management, as well as post-partum care during the COVID-19 pandemic. These may include modification to	Boelig RC, Lambert C, Pena JA, et al. Obstetric protocols in the setting of a pandemic. <i>Semin Perinatol.</i> 2020;44(6):151295. doi:10.1016/j.semperi.2020.151295

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					management, the utilization of critical care resources in L&D, modifications to visitor policy and the scheduling of deliveries. They suggest modifications to labor management protocols such as delivery timing/mode of affected patients, anesthesia, intrapartum care, intrapartum resuscitation, the impact of obstetric medications on disease course, as well as discuss the risk of vertical transmission, the second stage of labor, and tips on the reduction of hemorrhagic labor. They also recommend modifications in post-partum care practices such as breastfeeding and discharge planning for pregnant patients. As such, they recommended modifications to current obstetrics management to mitigate risks for pregnant patients, neonates, families, and healthcare staff.	visiting policy and discussion of vertical transmission. They introduce the modifications with the aim of risk mitigation for pregnant patients, neonates, their families, as well as healthcare staff.	
COVID-19, SARS-CoV2, Clinical practice guidelines, Pediatric otolaryngology, Canada	1-Oct-20	Strategies for restarting Pediatric Otolaryngology outpatient clinics after a pandemic-related shutdown such as from COVID-19	International Journal of Pediatric Otorhinolaryngology	Review Article	The authors describe their guidelines on restarting elective clinical work during the second phase of the COVID-19 pandemic in a Canadian pediatric otolaryngology outpatient clinic. The authors described the division of the team between the operating room, clinic, and home office for telehealth visits. Two otolaryngologists perform in-person clinics. One surgeon performs elective and urgent procedures. Two otolaryngologists perform telehealth visits and triage patients. The clinic facilities were organized to prevent risk of infection and maintain social distancing, including use of telehealth consultations, COVID-19 screening, and reduced patient volume. Full history is taken, and a provisional plan formulated, including whether in-person appointment is required, during telehealth consultations. The patient volume is reduced by scheduling longer appointment intervals (e.g. 30 min) allowing time for PPE use, cleaning of consultation rooms and telehealth consultations between in-person appointments. The authors emphasize avoiding waiting time and crowding in the clinic, along with continued social distancing and basic precautions.	The authors describe their guidelines on restarting elective clinical work during the second phase of the COVID-19 pandemic in a Canadian pediatric otolaryngology outpatient clinic. Their plan includes strategic structuring of the medical team, reshaping of the clinic facilities, utilizing telehealth consultations and ensuring practitioner safety during examinations.	Leitmeyer K, Felton M, Chadha NK. Strategies for restarting Pediatric Otolaryngology outpatient clinics after a pandemic-related shutdown such as from COVID-19 [published online ahead of print, 2020 Oct 1]. Int J Pediatr Otorhinolaryngol. 2020;139:110414. doi:10.1016/j.ijporl.2020.110414
Neurology, GBS, polyneuropathy, children, pediatrics, USA	1-Oct-20	Guillain-Barré Syndrome in a Child With COVID-19 Infection	Pediatrics	Case Report	This report illustrates a case of a child with Guillain-Barré Syndrome in the setting of acute COVID-19 infection. An 8-year-old male presented to the emergency department in Indiana, USA with progressive, ascending weakness with areflexia. He was intubated for airway protection due to secretions. MRI of the spine revealed abnormal enhancement of posterior nerve roots and a lumbar puncture demonstrated albumin-cytologic dissociation with 1 nucleated cell/cumm and protein of 620 mg/dl. Electro-diagnostic findings were compatible with sensorimotor demyelinating polyneuropathy. The lumbar puncture, MRI and electro-diagnostics were all consistent with a diagnosis of Guillain-Barré Syndrome. SARS-CoV2 nucleic acid amplification and SARS-CoV2 IgG antibody were positive.	The authors present a case of an 8 year old with Guillain-Barré Syndrome in the setting of acute COVID-19 infection who was treated with IV immunoglobulin and demonstrated slow improvement in symptoms.	Curtis M, Bhumbra S, Felker MV, et al. Guillain-Barré syndrome in a child with COVID-19 infection. Pediatrics. 2020; doi: 10.1542/peds.2020-015115

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					Treatment was initiated with IV immunoglobulin for a total of 2 g/kg. His neurological exam demonstrated slow improvement and he was extubated after 4 days of intubation. The authors conclude that children with unexplained neurological symptoms should be tested for SARS-CoV-2.		
COVID-19, prevention and control, children, China	1-Oct-20	China's experience in COVID-19 prevention and control among children in its different regions	European Review for Medical and Pharmacological Sciences	Original Article	This article aims to summarize the experience of 3 Chinese cities (Wuhan, Shanghai, and Haikou) and provide a reference for global efforts to combat SARS-CoV-2 spread among children. Through collecting the measures and outcomes of preventing and controlling COVID-19 in 3 hospitals, the authors compared the effect of different strategies. From January - March 2020, the number of suspected and confirmed COVID-19 cases in Wuhan increased exponentially, and Wuhan Children's Hospital as a whole transformed into a quarantine and treatment facility for children, known as the "Wuhan Model" (10 wards, 262 beds, 271 suspected case admissions). Shanghai had better capabilities to tackle public health emergencies but had a small caseload. Children's Hospital of Fudan University, Shanghai, is famous for its well-equipped building for infectious disease treatment and professional medical team, and no major transformation was required. That is the "Shanghai Model" (1 ward, 22 beds, 63 suspected case admissions). A temporarily idle hospital in Haikou and the island of Hainan was converted to a quarantine and treatment facility for pediatric cases. That is the "Hainan Model" (1 ward, 34 beds, 104 suspected case admissions). The 3 models enabled the treatment of all suspected and confirmed pediatric cases and no fatality was reported. The authors conclude the Wuhan Model is best for handling a public health crisis in high-risk areas; in low-and middle risk areas, children's hospitals can act according to local conditions.	This study assessed basic facts, preparation, admission, treatment, discharge, and follow-up in 3 children's hospitals in China during the outbreak to compare the effect of different strategies and hospital 'models' and provide a reference for global efforts.	Luo Q, Yuan L, Zhang J, et al. China's experience in COVID-19 prevention and control among children in its different regions. Eur Rev Med Pharmacol Sci. 2020 Oct;24(20):10867-10873. doi: 10.26355/eurrev_202010_23450. PMID: 33155249.
Children, Coronavirus, Pandemic, School	1-Oct-20	Holidays over: A review of actual COVID-19 school outbreaks up to September 2020	Early Human Development	Practice Guideline	COVID-19-related school closures have impacted families economically and have affected children's mental and physical health. However, the easing of public health restrictions has led to a second wave of COVID-19. The authors wrote this article in September 2020, as restrictions were being lifted. They reviewed the effects on viral surges due to school openings thus far, in several countries. The article also discusses guidelines for maintaining public health measures in school settings, from 6 European countries. The authors state that as schools open, outbreaks have likely occurred due to failure to adhere to public health principles, including hand washing and distancing. School re-openings may require targeted closure of other establishments (such as restaurants and shops) so as to keep the locality's COVID-19 reproduction rate below 1. Re-openings	The authors wrote this article in September 2020, as COVID-19 restrictions were being lifted. They reviewed the effects on viral surges due to school openings thus far, and offered guidance on re-openings.	Grech V, Grech E, Borg Myatt J. Holidays over: A review of actual COVID-19 school outbreaks up to September 2020. Early Hum Dev. 2020 Oct 1:105206. doi: 10.1016/j.earlhumdev.2020.105206. Epub ahead of print. PMID: 33039259; PMCID: PMC7528890.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					should be done slowly and cautiously, in order to control potential COVID-19 outbreaks.		
Health systems, child health, school closures, transmission	1-Oct-20	How to manage children if a second wave of COVID-19 occurs [Free Access to Abstract Only]	The International Journal of Tuberculosis and Lung Disease	Letter to the Editor	The authors present lessons learned from the first wave of COVID-19 to inform management of child health during the second wave. Because children are more frequently asymptomatic or undergo a milder form of COVID-19 than adults, most children with suspected COVID-19 should be cared for in the community rather than be automatically hospitalized, as was seen in many countries in the early phases of the pandemic. Telemedicine and increased availability of well-functioning community health houses (CHHs) could be effective in this regard. Intermediate structures between primary care pediatric surgery and the hospital, such as CHHs, could be even more effective in confirming suspicion of COVID-19 by performing basic laboratory investigations in the community. The authors also argue that the disruption of children's lives caused by school closures is not warranted or supported by adequate evidence of reduced community transmission, and therefore should be avoided.	In this letter to the editor, the authors present lessons learned from the first wave of COVID-19 to inform the management of child health in the second wave, calling for increased availability of telemedicine and community health houses to reduce hospital overload. They also argue that future school closures should be avoided.	Esposito S, Zona S, Vergine G, et al. How to manage children if a second wave of COVID-19 occurs. Int J Tuberc Lung Dis. 2020 Oct 1;24(10):1116-1118. doi: 10.5588/ijtld.20.0543. PMID: 33126950.
Immune suppression, Kawasaki disease, multisystem inflammatory syndrome in children, MIS-C, research	1-Oct-20	Delayed Development of Coronary Artery Dilation in Suspected Severe Acute Respiratory Syndrome Coronavirus 2 Multisystem Inflammatory Syndrome: More Research Needed	Critical Care Explorations	Case Report	Emerging reports suggest that a robust immune suppression instead of hyperinflammatory response may be more relevant in COVID-19 pathogenesis. The authors describe a case of a 12-year-old previously healthy MIS-C male without robust hyperinflammation who subsequently developed coronary artery dilation. At admission, he had a vasodilatory septic shock with laboratory and cardiac abnormalities including profound lymphopenia, thrombocytopenia, hyponatremia, hypophosphatemia, and fever. He tested negative for COVID-19 PCR but tested positive for SARS-CoV-2 IgG. Transthoracic echocardiogram (TTE) showed borderline left ventricle ejection fraction with a dyskinetic septum. Both pro-brain natriuretic peptide and troponin-I were significantly elevated. On day 11, a predischARGE TTE revealed diffuse dilation of coronary arteries, especially in the right coronary artery. Unlike other MIS-C case series, this patient had much higher nonspecific inflammatory markers without IL-6 or TNF- α elevation and an absolute lymphocyte count of less than 400, which is similar to that seen in AIDS. The authors distinguish MIS-C from Kawasaki-like disease based on epidemiology, laboratory findings, and symptomatology. Divergent findings of elevation and depression of some hyperinflammatory markers highlight the differing innate and adaptive immune phenotypes. Better elucidation of relevant signaling pathways is important for understanding both COVID-19 disease and KD associated with other pathogens.	An MIS-C case without robust hyperinflammation and delayed development of coronary artery dilation highlights the need for a further mechanistic understanding of COVID-19 and MIS-C. The authors propose potential disease mechanisms and clinical evolution considerations to guide future studies and therapeutics development.	Orr WB, Elward AM, Lin JC, et al. Delayed Development of Coronary Artery Dilation in Suspected Severe Acute Respiratory Syndrome Coronavirus 2 Multisystem Inflammatory Syndrome: More Research Needed. Crit Care Explor. 2020 Oct 1;2(10):e0236. doi: 10.1097/CCE.000000000000236. PMID: 33063036; PMCID: PMC7531755.

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Acute respiratory failure, convalescent plasma, pediatric intensive care unit, pediatrics	1-Oct-20	Convalescent Plasma Therapy in Four Critically Ill Pediatric Patients With Coronavirus Disease 2019: A Case Series	Critical Care Explorations	Case Report	While a randomized control trial and a few case series suggest trends toward more favorable outcomes among critically ill adult patients with COVID-19, data on critically ill pediatric patients are lacking. The authors report a case series of four critically ill pediatric patients (5-16 years old) with acute respiratory failure who received COVID-19 Convalescent Plasma (CCP). They summarize demographic, clinical characteristics, and a timeline of hospital courses including treatment strategies, respiratory support, and outcome in a table and figures. All patients had elevated C-reactive protein, erythrocyte sedimentation rate, ferritin, fibrinogen, and D-dimer at the time of admission. Troponin and pro-B-type natriuretic peptide were elevated in 2 out of 4 patients. All patients received CCP within the first 26 hours of hospitalization, and additional disease-modifying agents including remdesivir and anakinra were used. All patients made a full recovery and were discharged home off oxygen support. No adverse events occurred. The outcomes support that convalescent plasma is most effective when given early in the disease process. However, this case series cannot investigate CCP's independent therapeutic effects because all patients received combination therapy. Well-designed clinical trials that include pediatric patients are critical to assess the safety and efficacy of CCP.	The first case series of pediatric patients receiving COVID-19 convalescent plasma (CCP) indicate that CCP is a feasible therapy for critically ill pediatric patients with COVID-19. Given the presence of confounding variables from combination therapy in this case series, well-designed clinical trials are critical to assess the CCP safety and efficacy in the pediatric population.	Schwartz SP, Thompson P, Smith M, et al. Convalescent Plasma Therapy in Four Critically Ill Pediatric Patients With Coronavirus Disease 2019: A Case Series. Crit Care Explor. 2020 Oct 1;2(10):e0237. doi: 10.1097/CCE.0000000000000237 . PMID: 33063037; PMCID: PMC7531759.
Bone marrow transplant, macrophage activation-like syndrome, pediatric acute respiratory distress syndrome, pediatrics, hematopoietic stem cell transplant	1-Oct-20	Severe Coronavirus Disease 2019 Infection in an Adolescent Patient After Hematopoietic Stem Cell Transplantation	Chest Journal	Case Report	The authors present a pediatric case report of an immunosuppressed 15-year old female who developed SARS-CoV-2 induced severe acute respiratory distress syndrome (ARDS) one week after haplo-identical hematopoietic stem cell transplant (HSCT) at a NY hospital during the COVID-19 pandemic in 2020. Prior to admission, this patient was on multiple immunosuppressant medications and had received CD34-selected peripheral blood stem cells. She became febrile 8 days post-transplantation. Chest CT showed findings typical of COVID-19 and PCR was positive for SARS-CoV-2. She initially required Bipap support, then mechanical ventilation. She developed severe pediatric ARDS, septic shock, macrophage activation-like syndrome (MALS), a severe proinflammatory cascade including hyper-ferritinemia, and renal failure requiring continuous renal replacement therapy. She was treated with Hydroxychloroquine, Azithromycin, Anakinra, steroids and Tocilizumab before recovery.	The authors present an adolescent post-HSCT with COVID-19 induced hyperferritinemic acute lung injury, multisystem organ failure, and MALS. This case report shows an example of severe illness in a pediatric patient with underlying immune dysregulation. The authors propose that delaying HSCT in nonemergent cases should be considered during the COVID-19 pandemic.	Fisler G, Haimed A, Levy CF, Stiles J, Capone CA, Fish JD, Brochstein JA, Taylor MD. Severe Coronavirus Disease 2019 Infection in an Adolescent Patient After Hematopoietic Stem Cell Transplantation. Chest. 2020 Oct;158(4):e139-e142. doi: 10.1016/j.chest.2020.05.579. PMID: 33036110; PMCID: PMC7533688.
Children, adolescents, household transmission, school closures,	1-Oct-20	SARS-CoV-2 Infection in Children: Special Considerations	Pediatric Annals	Article	Drawing on evidence from multiple countries, this article covers the unique features of SARS-CoV-2 infection and the clinical course of COVID-19 in children with a special focus on the effectiveness of school closures in preventing transmission. There are some manifestations of SARS-CoV-2 that seem to be specific	Drawing on evidence from multiple countries, this article broadly covers the role of children in community and household	Khan L. SARS-CoV-2 Infection in Children: Special Considerations. Pediatr Ann. 2020 Oct 1;49(10):e407-e412. doi:

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infection control, symptomology, risk factors		[Free Access to Abstract Only]			to children, such as chilblains, involvement of the feet and fingers, and MIS-C. Children with congenital heart and lung disease, chronic heart or kidney disease, or long-term immunosuppressant use are at higher risk of COVID-19 complications. However, more than 90% of children fall into the asymptomatic, mild, or moderate disease categories. For those children who do experience symptomatic COVID-19, their disease is clinically similar to other acute respiratory viral infections, although SARS-CoV-2 tends to produce fewer nasal symptoms. The predominance of mild and asymptomatic cases may lead to many cases going unnoticed and contribute to community transmission. However, many studies indicate that children most frequently acquire SARS-CoV-2 from adults in their household rather than transmitting it to them. Children <10 years old appear to be at the lowest risk for spreading the virus. Studies comparing full school closures in Finland to partial school closures in Sweden (for children and young adults ≥16 years) found no difference overall in the incidence of confirmed SARS-CoV-2 cases in children aged 1-19 years. The author also references guidelines for the safe re-opening of schools and daycares.	transmission of SARS-CoV-2, the clinical profile of COVID-19 and unique features of SARS-CoV-2 infection in children, and special considerations for preventing SARS-CoV-2 transmission in the school environment.	10.3928/19382359-20200919-01. PMID: 33034653.
PIMS, MIS-C, Kawasaki, pediatric inflammatory multisystem syndrome, multisystem inflammatory syndrome in children	1-Oct-20	Multisystem Inflammatory Syndrome in Children (MIS-C) in an Adolescent that Developed Coronary Aneurysms: A Case Report and Review of the Literature	The Journal of Emergency Medicine	Case Report	Although most pediatric patients experience mild COVID-19 symptoms, a small subset develop multi-system inflammatory syndrome in children (MIS-C). The authors describe a case study to increase awareness of the COVID-19 associated condition among emergency physicians. A 15-year-old girl who presented to the Emergency Department with fever and malaise was diagnosed with an acute viral syndrome and was discharged with a COVID-19 PCR test pending; however, she returned 3 days later with persistent fever, conjunctivitis, and symmetric targetoid rash over her palms. MIS-C was suspected, and the patient subsequently tested positive for COVID-19. The initial echocardiogram showed mild dilation of the left main coronary artery, and the follow-up echocardiogram showed a right coronary artery aneurysm. While Kawasaki Disease (KD) typically affects children under 5 years old and of Asian descent, children and adolescents of all racial and ethnic backgrounds are at risk of developing MIS-C. The authors compare MIS-C and KD clinical criteria and present a table comparing the case definition of MIS-C between the CDC (USA) and WHO. They also provide a proposed diagnostic algorithm and stress the importance of early diagnosis and intervention to prevent cardiovascular complications.	The authors present a case study of a 15-year-old girl with multi-system inflammatory syndrome in children (MIS-C), who developed coronary aneurysms. Early diagnosis in the emergency department is important because these patients are at high risk of multiple cardiovascular complications.	Nelson C, Ishimine P, Hayden SR, et al. Multisystem Inflammatory Syndrome in Children (MIS-C) in an Adolescent that Developed Coronary Aneurysms: A Case Report and Review of the Literature. J Emerg Med. 2020 Sep 30:S0736-4679(20)30941-0. doi: 10.1016/j.jemermed.2020.09.008 . Epub ahead of print. PMID: 33011038; PMCID: PMC7527793.
Influenza, respiratory syncytial virus,	1-Oct-20	How lethal is SARS-CoV-2 pneumonia	Australian Journal of	Review Article	A disproportionately low number of pediatric COVID-19 cases are reported in most available epidemiological datasets. The author reviews published SARS-CoV-2 infection case series and COVID-19	For children less than 5 years old, SARS-CoV-2 infection is likely to be less	Wei JS. How lethal is SARS-CoV-2 pneumonia when compared with respiratory syncytial virus and

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RSV, case fatality rate, CFR		when compared with respiratory syncytial virus and influenza in young children?	General Practice		epidemiological data from official government websites between 18 March and 16 April 2020. The aim was to estimate the case fatality rate (CFR) for SARS-CoV-2 pneumonia in children under 5 years of age and compare it with estimated CFRs for respiratory syncytial virus (RSV) and influenza. Information on CFRs is critical for general practitioners because they often lead national childhood vaccination programs. Based on data from China, Italy, and the USA, the CFR of SARS-CoV-2 infection may range from 0.043% to 0.58% among children aged 0-18 years. RSV pneumonia CFR may range from 0.3% to 2.1% in children less than 5 years old. Influenza CFR may range from 0.0031% to 0.030% among children less than 5 years old. The author estimates the CFR for SARS-CoV-2 pneumonia for children under 5 years old to be 0.15–1.35%. However, he stresses that this is a very crude estimate, because existing case series and epidemiological datasets have different age cut-offs. Based on the available information, SARS-CoV-2 pneumonia in children under 5 years old appears more lethal than influenza, but not as lethal as RSV. Early childhood vaccination programs are crucial to prevent vaccine-preventable diseases of higher lethality. High-quality epidemiological studies on the pediatric population are critical to developing better estimates of the SARS-CoV-2 CFR.	lethal than RSV, but more lethal than influenza. Childhood vaccination programs are critical to control vaccine-preventable diseases.	influenza in young children? Aust J Gen Pract. 2020 Oct;49(10):683-686. doi: 10.31128/AJGP-04-20-5357. PMID: 33015684.
Attitude, concerns, experiences, pregnancy, Turkey	1-Oct-20	The experiences of pregnant women during the COVID-19 pandemic in Turkey: A qualitative study	Women Birth	Article	This qualitative study aims to understand the concerns, problems and attitudes of pregnant women in Turkey related to the COVID-19 pandemic through interviews using a semi-structured questionnaire conducted via mobile phone. 15 pregnant women were chosen to be interviewed by snowball sampling method, with an attempt to maintain diversity in terms of various socio-demographic characteristics (age, working status, family type), province where they live, and gestational week. As a result of the content analysis of the interviews, 3 main themes were identified as follows: not understanding the seriousness and fear of the unknown, COVID-19 pandemic and disruption of routine prenatal care, and disrupted routines and social lives. The results of the study show that the COVID-19 pandemic has a significant potential for creating anxiety, adversity and fear, which has a negative emotional effect on pregnant people. Conditions that have a negative impact on pregnant women include worrying about their own health and infant's health, deterioration in the expectation of prenatal care, inability to access reliable information, and reduced daily routines and social interactions. It will be useful to provide awareness for midwives and nurses not only about the physical health of pregnant women, but also their mental health, and to cooperate with mental health experts if necessary.	This qualitative study aims to understand the concerns, problems, and attitudes of pregnant women in Turkey related to the COVID-19 pandemic through interviews using a semi-structured questionnaire conducted via mobile phone.	Mizrak SB, Kabakci EN. The experiences of pregnant women during the COVID-19 pandemic in Turkey: A qualitative study. Women Birth. 2020;S1871-5192(20)30340-1. doi: 10.1016/j.wombi.2020.09.022.

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Spain, pediatric surgery, safety protocol, intervention, MIS-C	1-Oct-20	Pediatric Surgery during the SARS-CoV-2 pandemic	Cirugia pediátrica	Editorial	The author describes how a pediatric surgical unit in Madrid, Spain participated in the development of safety protocols, suppression of all non-essential pediatric surgical activities, and restriction to interventions to urgent and oncological cases that could not be deferred. The author explains that COVID-19 affects a small proportion of 0 to 18-year-old patients (60% in men and 40% in women); this represents 1% of the population. The symptoms observed in children are mild: fever, cough and respiratory symptoms. 5% evolve into severe symptoms, especially in infants and viral coinfections, which forces pediatric surgeons to be cautious and to foresee a flare-up for the next autumn-winter. Immunosuppressed pediatric patients do not have a worse prognosis, ICU admissions have accounted for 8-14% of all admissions with an average stay of 3-7 days, and mortality has been low, 0.1 to 0.3%. At the end of the confinement period, the author observed the appearance of a multisystemic inflammatory syndrome in schoolchildren, which, although rare, has been severe. The author concludes that the interventions and methods of the pediatric surgical unit contributed to these positive outcomes.	The author describes how a pediatric surgical unit in Madrid, Spain participated in the development of safety protocols, suppression of all non-essential pediatric surgeries, and restriction to interventions to urgent cases. The author details the COVID-19 health outcomes of the pediatric patients served in the hospital in Madrid.	de Agustín Asensio JC. Pediatric Surgery during the SARS-CoV-2 pandemic. La cirugia pediátrica durante la pandemia por SARS-CoV-2. Cir Pediatr. 2020;33(4):153. Published 2020 Oct 1.
Extracorporeal membrane oxygenation, ECMO, pediatrics, neonates, children, inflammation	1-Oct-20	Extracorporeal membrane oxygenation in children with COVID-19: Preliminary report from the collaborative EuroELSO prospective survey	American Society for Artificial Internal Organs (ASAIO) Journal	Article	To provide contemporaneous data on extracorporeal membrane oxygenation (ECMO) utilization and activity during the COVID-19 pandemic, the European chapter of the Extracorporeal Life Support Organization established a prospective survey among European neonatal and pediatric centers from the March - June 2020. Preliminary data from 52 neonatal and pediatric ECMO centers across Europe shows 7 children (<18 years of age) from four countries received ECMO support for SARS-CoV-2 infection. The median age was 11.5 years (range 54 days-16 years), three (43%) were male, and two (29%) had underlying comorbidities (transposition of great arteries and primary immunodeficiency disease). The median time from the onset of symptoms to ECMO deployment was 5 (range 2-32) days; median time from intubation to ECMO was 34 (range 10-624) hours. In contrast to adult data, the use of ECMO in children with COVID-19 infection patients in Europe is both scarce and of diverse etiology, indicating an age-specific immune-protective mechanism to SARS-CoV-2.	To provide data on extracorporeal membrane oxygenation (ECMO) utilization and activity during the COVID-19 pandemic, a prospective survey among European neonatal and pediatric centers showed the median time from the onset of symptoms to ECMO deployment was 5 (range 2-32) days; median time from intubation to ECMO was 34 (range 10-624) hours.	Di Nardo M, Hoskote A, Thiruchelvam T, et al; EuroELSO Neonatal & Pediatric Working Group & collaborators on COVID-19. Extracorporeal membrane oxygenation in children with COVID-19: Preliminary report from the collaborative EuroELSO prospective survey. ASAIO J. 2020 Oct 1. doi: 10.1097/MAT.0000000000001309. Epub ahead of print. PMID: 33009172.
Acute disseminated encephalomyelitis (ADEM), brain diseases, central nervous system,	1-Oct-20	Acute disseminated encephalomyelitis in a COVID-19 pediatric patient	Neuroradiology	Case Report	The authors present a case of acute disseminated encephalomyelitis in a COVID-19 pediatric patient in Brazil. A previously healthy 12-year-old-girl presented with a skin rash, headache, and fever. 5 days after that, she had an acute, progressive, bilateral, and symmetrical motor weakness. Symptoms evolved to respiratory failure. MRI of the brain and cervical spine showed extensive bilateral and symmetric	This report of a 12-year-old patient in Brazil highlights the polymorphism of COVID-19 neurological manifestations and the possibility of activation of	de Miranda Henriques-Souza AM, de Melo ACMG, de Aguiar Coelho Silva Madeiro B, et al. Acute disseminated encephalomyelitis in a COVID-19 pediatric patient. Neuroradiology. 2020 Oct 1:1-5.

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child, spinal cord diseases					restricted diffusion involving the subcortical and deep white matter, a focal hyperintense T2/fluid-attenuated inversion recovery lesion in the splenium of the corpus callosum with restricted diffusion, and extensive cervical myelopathy involving both white and gray matter. Follow-up examinations of the brain and spine were performed 30 days after the first MRI examination. Imaging demonstrated mild dilatation of the lateral ventricles and widespread widening of the cerebral sulci, complete resolution of the extensive white matter restricted diffusion, and complete resolution of the restricted diffusion in the lesion of the splenium of the corpus callosum, leaving behind a small gliotic focus. The follow-up examination of the spine demonstrated nearly complete resolution of the extensive signal changes in the spinal cord, leaving behind scattered signal changes in keeping with gliosis. She evolved with partial clinical and neurological improvement and was subsequently discharged.	an auto-immune response against the central nervous system following SARS-CoV-2 infection.	doi: 10.1007/s00234-020-02571-0. Epub ahead of print.
Pregnancy, fetus, newborn, vertical transmission, preterm delivery, stillbirth	1-Oct-20	Special Issue on COVID-19 and Pregnancy: Consequences for Maternal and Neonatal Health	American Journal of Reproductive Immunology	Editorial	This editorial introduces a periodical special edition, which focuses on consequences of COVID-19 for maternal and neonatal health, and presents current information on SARS-CoV-2 infection, the placenta as an infectious target, and clinical observations in pregnant women. Articles also discuss diagnostic challenges, therapeutic controversies, and intra-uterine transmission. To date, the authors report no definite evidence of vertical transmission of COVID-19. On the other hand, there have been reports of higher preterm delivery and stillbirth incidence in COVID-19 positive pregnant women. Long-term effects of in utero exposure to COVID-19 are not known. The authors question whether pregnancy is an immunological contributor to severe COVID-19 illness. They also ask whether gestational age-dependent ACE2 expression in the placenta may curtail or enhance vertical transmission. In conclusion, the authors report that the manuscripts in this special edition provide cutting-edge insights for COVID-19 in pregnant women, and its effects on maternal and neonatal health.	This editorial introduces a periodical special edition, which focuses on consequences of COVID-19 for maternal and neonatal health.	Sharma S, Burd I, Liao A. Special Issue on COVID-19 and Pregnancy: Consequences for Maternal and Neonatal Health. Am J Reprod Immunol. 2020 Oct 1:e13354. doi: 10.1111/aji.13354. Epub ahead of print. PMID: 33001481.
Diarrhea, infant, stool, viral shedding	1-Oct-20	A Case of COVID-19 in a 45-Day-Old Infant with Persistent Fecal Virus Shedding for More Than 12 Weeks	Yonsei Medical Journal	Case Report	This case report details a SARS-CoV-2 infection in a 45-day-old male infant in South Korea with mild fever, diarrhea, and no respiratory distress. Positive-to-negative nasal swab conversion occurred 21 days from the onset of symptoms. SARS-Cov-2 RT PCR stool positivity persisted for 20 total weeks and finally turned negative 142 days from the start of symptoms. The viral load of stool samples showed waxing and waning patterns, possibly due to variations in separately performed PCR analysis or the stool samples' quality. The authors state that the continuous positive detection of viral RNA from feces suggests that the infectious virions are secreted from virus-infected gastro-intestinal cells.	This case report describes a SARS-CoV-2-infected infant in South Korea with persistent viral shedding lasting over 12 weeks after a negative nasal swab RT PCR test. The authors recommend closely monitoring fecal viral shedding in infants and young children out of	Cho SM, Ha GY. A Case of COVID-19 in a 45-Day-Old Infant with Persistent Fecal Virus Shedding for More Than 12 Weeks. Yonsei Med J. 2020;61(10):901-903. doi:10.3349/ymj.2020.61.10.901

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					The authors suggest that asymptomatic patients, especially infants and young children, with viral shedding may cause secondary community infection. The authors propose clinicians and public health officials focus on reducing the risk of fecal transmission and recommend that pediatric COVID-19 patients with initial gastro-intestinal symptoms be monitored carefully.	concern for possible secondary community infection.	
COVID-19 trends, children	1-Oct-20	National Trends of Cases of COVID-19 in Children Based on US State Health Department Data	Pediatrics	Research Brief	In this study from the US, the authors explore the trends in pediatric COVID-19 over April 16 - September 10, 2020, utilizing data posted on 49 states (except New York), 2 urban (NYC and DC), and 2 territory (Puerto Rico, Guam) health department websites. As of September 10, 2020, there were a cumulative of 549,432 child COVID-19 cases in the US, with a rate of 729 cases per 100,000 children. The proportion of pediatric COVID-19 cases has increased from <3% in April 2020 to ~12-15.9% in the 8-week period preceding the last collection date. Children represented 1.7% of total hospitalizations with 2% of pediatric cases requiring hospitalization. Children made up 0.07% of total daily deaths, and 0.01% of pediatric cases resulted in death, which has remained stable over the study period. Limitations on data are due to the states' heterogeneous data reporting methods. However, the share of tests administered to children (ages 0-17 years) has remained stable (5-7%) since late April 2020. The authors conclude by encouraging states to report cases, testing, hospitalizations, and mortality by age so the effects of COVID-19 on children's health can be monitored closely.	The authors report the increase in the proportion of cases of pediatric COVID-19 from April 16 - September 10, 2020 using data obtained from health department websites. However, the total proportion of daily deaths and pediatric cases resulting in death remained stable over the study period.	Sisk B, Cull W, Harris JM, Rothenburger A, Olson L. National trends of cases of COVID-19 in children based on US state health department data. Pediatrics. 2020; doi: 10.1542/peds.2020-027425
Perinatal outcomes, pregnancy, Canada	1-Oct-20	COVID-19 during pregnancy: an overview of maternal characteristics, clinical symptoms, maternal and neonatal outcomes of 10,996 cases described in 15 countries [Free Access to Abstract Only]	Journal of Pediatric Medicine	Review Article	This review identifies the most significant studies reporting on COVID-19 during pregnancy and provides an overview of SARS-CoV-2 infection in pregnant women and perinatal outcomes. A total of 8 studies representing 10,966 cases spanning 15 countries published up until July 2020 were included in this review. The authors indicated that the maternal characteristics, clinical symptoms, and the maternal and neonatal outcomes were not worse or different from those of the general population. On a mechanistic level, the authors note that the gestational shift from type 1 to type 2 immune response, which is known as a potential contributor to the severity of viral infections in pregnancy, is counter-regulated by the enhanced-pregnancy-induced ACE2-Ang-(1-7) axis. Additionally, the authors suggest that the down-regulation of ACE2 receptors induced by SARS-CoV-2 cell entry might have been detrimental in subjects with pre-existing ACE2 deficiency associated with pregnancy and may explain some of the severe perinatal outcomes described in specific case studies.	This review collects data on SARS-CoV-2 infection in pregnant women and proposes possible mechanisms behind the uncommon severe infections seen in pregnant women.	Figueiro-Filho EA, Yudin M, Farine D. COVID-19 during pregnancy: an overview of maternal characteristics, clinical symptoms, maternal and neonatal outcomes of 10,996 cases described in 15 countries. J Perinat Med. 2020 Oct. doi: 10.1515/jpm-2020-0364.
COVID-19, SARS-CoV-2, PCR	1-Oct-20	The Challenge of Clearly Counting	Pediatrics	Solicited Commentary	The authors respond to a study that describes temporal and geographic trends in COVID-19 among children in the US over a 4-	In order to improve surveillance data, the	Cruz AT, Shaman J, Dayan PS. The challenge of clearly counting

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		COVID-19 Cases in Children			<p>month period. They claim that heterogeneity of definitions (including the chronological definition of "child"), surveillance methods, and tests used may have led to an inaccurate estimation of the burden of COVID-19. Given evidence that transmission appears to be more common for older children, the authors caution that this study may have missed important epidemiological associations and trends by not disaggregating age groups. Protocols necessitating patients to seek medical care in order to be tested, combined with milder clinical presentation, high rates of asymptomatic infection, and difficulty screening for non-observable symptoms (e.g. anosmia) in pre-verbal children may result in underestimation of SARS-CoV-2. In order to improve surveillance data, the authors recommend expanding the accessibility of tests to children, conducting active as well as passive surveillance, more fully integrating children into contact tracing, standardizing reporting criteria across US states, and disaggregating pediatric data into more epidemiologically meaningful age brackets.</p>	<p>authors recommend expanding the accessibility of tests to children, conducting active as well as passive surveillance, more fully integrating children into contact tracing, standardizing reporting criteria across US states, and disaggregating pediatric data by age group.</p>	<p>COVID-19 cases in children. Pediatrics. 2020; doi: 10.1542/peds.2020-031682</p>