Welcome & Introduction
Dana Wollins, DrPH, MGC
Vice President, Clinical Affairs & Guidelines
IDSA

• 72nd in a series of weekly calls, initiated by CDC as a forum for information sharing among frontline clinicians caring for patients with COVID-19

• The views and opinions expressed here are those of the presenters and do not necessarily reflect the official policy or position of the CDC or IDSA. Involvement of CDC and IDSA should not be viewed as endorsement of any entity or individual involved.

• This webinar is being recorded and can be found online at www.idsociety.org/cliniciancalls.
Update on COVID-19 in the Pediatric Population
Hosted in partnership with the American Academy of Pediatrics

Update on SARS-CoV-2 Epidemiology and Transmission in Children
Hannah L. Kirking, MD
Co-Lead, Epidemiology Special Studies Team
Epidemiology Task Force, CDC COVID-19 Response
US Centers for Disease Control and Prevention

Emergency Department Visits and Hospital Admissions For COVID-19 Illness in Children and Adolescents
David Siegel, MD, MPH
Core Clinical Unit Lead, Clinical Disease and Health Systems Team
Health Systems Workers Safety Task Force
CDC COVID-19 Response
Centers for Disease Control and Prevention

Elliot Raizes, MD
Lead, Health Services and Worker Safety Task Force
COVID-19 Response
Centers for Disease Control and Prevention

Hospital Capacity Update
Mark Wietecha
Chief Executive Officer
Children’s Hospital Association

COVID-19 in Children and a Safe Return to School
Lee Ann Savio Beers, MD, FAAP
President, American Academy of Pediatrics
Professor of Pediatrics and Medical Director for Community Health and Advocacy
Children’s National Hospital

Update on Vaccine Trials for Children Under 12
Peter Marks, MD, PhD
Director, Center for Biologics Evaluation and Research
U.S. Food and Drug Administration
Question?
Use the “Q&A” Button

Comment?
Use the “Chat” Button
Epidemiology of SARS-CoV-2 in Children and Adolescents

Hannah Kirking, MD
Epidemiology Taskforce, COVID-19 Response

IDSA COVID-19 Clinician Call
August 28, 2021
Epidemiology of SARS-CoV-2 in Children: Published Literature

- Numerous published studies and reviews on epidemiology of SARS-CoV-2 in children
  - Early reports on children largely used convenience and/or observational data
  - “Children” often includes all participants <18 years of age
- Published literature on infection and transmission of SARS-CoV-2 and children is mixed
  - Some studies suggest children are infected less; others show similar rates of infection to adults
  - Some studies suggest children transmit less; others show transmission is similar for children as it is for adults
Important Epidemiologic Principles

▪ Young children are not physiologically or socially equivalent to older children, adolescents, or adults.
  – Age should be disaggregated when possible (e.g. <5 years, 6-11 years, 12-17 years, etc.)
▪ Beware of biases when interpreting data related to COVID-19 in children.
  – Exposures and behaviors impact observed infection rates
  – Incidence and transmission estimates should be unbiased by care-seeking behavior
  – Universal testing is important (i.e. independent of symptoms)
Epidemiology of COVID-19 in Children and Adolescents

- **Susceptibility** to Infection: Children/adolescents are susceptible to SARS-CoV-2 infection
- Risk of **Transmission**: Children/adolescents can transmit SARS-CoV-2
- **Medical care**: Children/adolescents are less likely to seek testing/medical care
- Risk for **Symptomatic or Severe Illness**: Lower rates of severe illness for children/adolescents compared to adults
Risk of SARS-CoV-2 Infection and Transmission is Similar Across Age Groups

<table>
<thead>
<tr>
<th>No. of cases / No. of contacts</th>
<th>Secondary Infection Risk, % (95% CI)</th>
<th>Risk Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years 3 / 6</td>
<td>47 (5, 93)</td>
<td>1.08 (0.07, 17.6)</td>
</tr>
<tr>
<td>5-11 years 6 / 11</td>
<td>52 (12, 89)</td>
<td>1.33 (0.16, 10.9)</td>
</tr>
<tr>
<td>12-17 years 18 / 67</td>
<td>25 (13, 43)</td>
<td>0.42 (0.19, 0.92)</td>
</tr>
<tr>
<td>18-49 years 130 / 247</td>
<td>45 (34, 56)</td>
<td>Referent</td>
</tr>
<tr>
<td>50-64 years 27 / 56</td>
<td>46 (28, 65)</td>
<td>1.04 (0.50, 2.18)</td>
</tr>
<tr>
<td>≥65 years 13 / 17</td>
<td>76 (38, 84)</td>
<td>3.98 (0.84, 18.9)</td>
</tr>
</tbody>
</table>

Children/Adolescents with COVID-19 Have Fewer Symptoms

Children/Adolescents Have Lower Rates of Hospitalization

Estimated Seroprevalence from US Multi-State Assessment for SARS-CoV-2 Survey in Commercial Laboratories (MASS-C), July 2021

Catchment Area: 50 States & DC

Number of Samples Tested: 59,072

Age Specific Seroprevalence Estimate

- 0-17: 26.0% (95% CI: 24.8-27.1%)
- 18-49: 22.6% (95% CI: 21.7-23.3%)
- 50-64: 18.6% (95% CI: 17.7-19.4%)
- 65+: 12.8% (95% CI: 12.1-13.6%)

https://covid.cdc.gov/covid-data-tracker/#national-lab; accessed 08/28/2021
Estimated Rates of COVID-19 Disease Outcomes, per 100,000, by Age Group — United States, February 2020–May 2021

<table>
<thead>
<tr>
<th>Age group</th>
<th>Infection rate per 100,000</th>
<th>95% UI*</th>
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<tbody>
<tr>
<td>0-17 years</td>
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<td>287</td>
<td>231 - 351</td>
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<td>All ages</td>
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<td>1,882</td>
<td>1,682 - 2,126</td>
<td>234</td>
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* Adjusted rates are presented in two parts: an uncertainty interval (UI) and a point estimate. The uncertainty interval provides a range in which the true number or rate of COVID-19 infections, symptomatic illnesses, hospitalizations, or deaths would be expected to fall if the same study was repeated many times, and it gives an idea of the precision of the point estimate. A 95% uncertainty interval means that if the study were repeated 100 times, then 95 out of 100 times the uncertainty interval would contain the true point estimate. Conversely, in only 5 times out of a 100 would the uncertainty interval not contain the true point estimate.

Estimated Rates of COVID-19 Disease Outcomes, per 100,000, by Age Group — United States, February 2020–May 2021

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High-Level Summary

- Children and adolescents are susceptible to SARS-CoV-2.
- Children tend to have fewer respiratory symptoms than adults.
- From prospective cohort and household transmission studies, infection rates are similar across age groups; children can transmit SARS-CoV-2 to others and with similar efficiency as adults.
- Children have lower rates of hospitalization and mortality compared to adults.
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Emergency Department Visits and Hospital Admissions for COVID-19 Illness in Children and Adolescents

David Siegel MD, MPH
Health Systems Workers Safety Task Force
COVID-19 Response

IDSA COVID-19 Clinician Call
August 28, 2021
Weekly Rates of Cases among Children and Adults by Age Group, July 2020 – July 2021

Weekly Case Rates among Children by Age Group

Weekly Case Rates among Adults by Age Group

Source: Case line level data, August 12, 2021
U.S. Emergency Department (ED) Visits in Patients Diagnosed with COVID-19 by Age in a Sample of Reporting Facilities*

Data Source: ED visits from the National Syndromic Surveillance Program (NSSP).

*Counts include only the subset of the 5,225 NSSP facilities with consistent reporting to NSSP and with high quality diagnosis codes throughout the time period. Fewer than 50% of facilities in California, Hawaii, Iowa, Minnesota, Oklahoma, and Ohio report to NSSP.
U.S. Emergency Department (ED) Visits for COVID-19 in Children and Young Adults, by State Vaccination Rate; Jan 9–Aug 14, 2021

ED visits in quartile of states with highest vaccination rates*
(>56% total population fully vaccinated; 12 states)

ED visits in quartile of states with lowest vaccination rates**
(<42% total population fully vaccinated; 12 states)

Patient Age
- 18-24 years
- 16-17 years
- 12-15 years
- 5-11 years
- 0-4 years

Data Source: ED visits from the National Syndromic Surveillance Program (NSSP). Fewer than 50% of facilities in CA, HI, IA, MN, OK, and OH report to NSSP.

* Highest vaccination states: VT, MA, ME, CT, RI, MD, NJ, NH, WA, NM, NY, OR.

** Lowest vaccination states: AL, MS, WY, AR, LA, ID, GA, WV, TN, ND, OK, SC. Two states; WY and OK excluded because they did not have consistent data.
New Admissions of Pediatric Patients with Confirmed COVID-19 per 100,000 Population, August 1, 2020–August 13, 2021, United States

Source: Unified Analytic Hospital Dataset, based on reporting from all hospitals (N = 5,253).
New Admissions of Pediatric Patients with Confirmed COVID-19 per 100,000 Population, August 1, 2020–August 13, 2021, HHS Regions

Source: Unified Analytic Hospital Dataset, based on reporting from all hospitals (N = 5,253).
New Admissions of Pediatric Patients with Confirmed COVID-19 per 100,000 Population, August 1, 2020–August 13, 2021, HHS Region 4

Source: Unified Analytic Hospital Dataset, based on reporting from all hospitals (N = 5,253).
New Admissions of Pediatric Patients with Confirmed COVID-19 per 100,000 Population, August 1, 2020–August 13, 2021, HHS Region 6

Source: Unified Analytic Hospital Dataset, based on reporting from all hospitals (N = 5,253).
COVID-19’s Impact on Children and a Safe Return to School
Lee Savio Beers, MD, FAAP
AAP President
Within the past 12 months, I have had no financial relationships with proprietary entities that produce health care goods and services.
United States: Number of Child COVID-19 Cases Added in Past Week

4.23.20 to 8.19.21

Source: AAP analysis of publicly available data from state/local health departments

Note: 4 states changed definition of child cases: AL as of 8/13, HI as of 8/27, RI as of 9/10, MO as of 10/1
TX reported age for only a small proportion of total cases each week (eg, 3-20%); as of 7/22/21, TX stopped updating demographic case data
As of 8/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21
Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21
Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate
As of 8/12/21, WV changed definition of child case from 0-19 to 0-20 years; the cumulative results in this 8/19 report represent the 0-20 age category
Child COVID-19 cases reported in the prior week, by region

Source: AAP analysis of publicly available data from state/local health departments
Note: Analysis excludes data from AL and MO due to change in definition of 'child' case
TX reported age for only a small proportion of total cases each week (eg, 3-20%); as of 7/22/21, TX stopped updating demographic case data
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Cumulative Number of US COVID-19 Vaccine Recipients Under Age 18

4.07.21 to 8.18.21

**Fully Vaccinated**

**At Least One Dose^**

^Includes those having received only 1 of 2 doses and those fully-vaccinated.

Source: AAP analysis of data series published by the CDC titled “Demographic Trends of People Receiving COVID-19 Vaccinations in the United States.”
Parents Are Most Likely To Trust Pediatricians To Provide Reliable Information About The COVID-19 Vaccine For Children

Percent of parents who say trust each of the following a great deal or a fair amount to provide reliable information about the COVID-19 vaccines for children:

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Total parents</th>
<th>Democrats</th>
<th>Independents</th>
<th>Republicans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their child's pediatrician</td>
<td>78%</td>
<td>88%</td>
<td>82%</td>
<td>74%</td>
</tr>
<tr>
<td>The CDC</td>
<td>66%</td>
<td>89%</td>
<td>69%</td>
<td>44%</td>
</tr>
<tr>
<td>Their local public health department</td>
<td>62%</td>
<td>84%</td>
<td>64%</td>
<td>45%</td>
</tr>
<tr>
<td>Their health insurance company**</td>
<td>58%</td>
<td>71%</td>
<td>60%</td>
<td>48%</td>
</tr>
<tr>
<td>Their employer*</td>
<td>53%</td>
<td>65%</td>
<td>57%</td>
<td>44%</td>
</tr>
<tr>
<td>Their child's school/daycare</td>
<td>44%</td>
<td>60%</td>
<td>42%</td>
<td>33%</td>
</tr>
<tr>
<td>Other parents</td>
<td>38%</td>
<td>42%</td>
<td>40%</td>
<td>33%</td>
</tr>
</tbody>
</table>

NOTE: *Among those who are employed and not self-employed. **Among those who are insured. See topline for full question wording.

COVID’s Impact on Children: Current and Lasting

- Biological, social, and environmental well-being
  - Impact of fear, physical isolation, socio-economic factors

- Disparities in health outcomes and education

- Individual and collective trauma

- Pediatric sub-populations
  - Higher rates of food insecurity
  - Increased risk of child abuse and neglect
  - Impact on children in immigrant families
  - Impact on nutrition and obesity
All Policy Considerations for School Plans Should Start with the Goal of Keeping Students Safe and Physically Present in School

• All students and staff who are eligible for a COVID-19 vaccine should get vaccinated.

• Families should make sure their children are up to date on all vaccines.

• All children over the age of two and all adult staff should wear face masks, regardless of whether they are vaccinated.

• Research shows if we follow public health precautions and using a multi-layer approach – getting vaccinated, universal mask use, distancing, testing, ventilation, cleaning and disinfecting – there is very low spread of COVID in schools.

• Schools should be prepared to offer resources to support student’s mental health.
Address Widening Disparities

- Persistent racial and social inequities in educational system have been exacerbated by the pandemic, including disparities in:
  - school funding
  - quality of school buildings
  - resources for curriculum and teachers
- Substantial impact on social services, food security, and physical activity
  - disproportionate impact on English language learners, children with disabilities, children living in poverty, and children and families of African American/Black, Latinx/Hispanic, and Native American/Alaska Native origin
- Need to provide adequate resources for schools and families to access support services
Thank You!
Pediatric COVID-19 Vaccine Development

Peter Marks, MD, PhD
August 28, 2021
COVID-19 Vaccines for Children

• Adolescents 12 years and older are being dosed as adults right now under EUA and in vaccine trials
• The various companies are conducting clinical trials
• Special considerations in children under 12 years
  – Determination of appropriate dose
  – Duration and number of children for safety follow-up
• Expecting data to FDA as early as end of September
• FDA will move quickly when get data
# Detection of Adverse Events

<table>
<thead>
<tr>
<th>Expected incidence of the adverse reaction</th>
<th>Number observed to detect one event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 100</td>
<td>300</td>
</tr>
<tr>
<td>1 in 250</td>
<td>750</td>
</tr>
<tr>
<td>1 in 1000</td>
<td>3000</td>
</tr>
<tr>
<td>1 in 2000</td>
<td>6000</td>
</tr>
<tr>
<td>1 in 5000</td>
<td>15000</td>
</tr>
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Q&A and Discussion
An online community bringing together information and opportunities for discussion on latest research, guidelines, tools and resources from a variety of medical subspecialties around the world.

Specialty Society Collaborators

- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Emergency Physicians
- American College of Physicians
- American Geriatrics Society
- American Thoracic Society
- Pediatric Infectious Diseases Society
- Society for Critical Care Medicine
- Society for Healthcare Epidemiology of America
- Society of Hospital Medicine
- Society of Infectious Diseases Pharmacists

www.COVID19LearningNetwork.org
@RealTimeCOVID19
#RealTimeCOVID19
Attend, Learn & Collaborate.
Advancing Science, Improving Care

Sept. 29 – Oct. 3, 2021
Virtual Conference

Register by Aug. 27 to Save!
idweek.org

Chasing the Sun: COVID-19
Beyond the Horizon

Join the event and access COVID-19 content at no charge!
CDC-IDSA Partnership: Clinical Management Call Support

FOR WHOM?
- Clinicians who have questions about the clinical management of COVID-19

WHAT?
- Calls from clinicians will be triaged by CDC to a group of IDSA volunteer clinicians for peer-to-peer support

HOW?
- Clinicians may call the main CDC information line at 800-CDC-INFO (800-232-4636)
- To submit your question in writing, go to www.cdc.gov/cdc-info and click on Contact Form
We want to hear from you!
Please complete the post-call survey.
Clinician calls are now twice a month:

Next Call
Saturday, September 11
A recording of this call will be posted Monday at
www.id society.org/cliniciancalls
-- library of all past calls available --

Contact Us:
Dana Wollins (dwollins@idsociety.org)
Deirdre Lewis (dlewis@idsociety.org)