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Steckbrief COVID-19 – Clinical characteristics in children and adolescents

Updated 28 April 2020

<http://www.kinderkliniken.insel.ch/de/coronavirus/>

Causative agent	SARS-CoV-2 ¹
Receptor	<ul style="list-style-type: none">Angiotensin-Converting Enzyme 2 (ACE2 receptor)²ACE2 mainly expressed in lung, intestinal, renal and vascular tissues³, but also in oral mucosa [Xu]
Immunology/ Pathogenesis	<ul style="list-style-type: none">severe disease in adults associated with early functional exhaustion of innate immunity (NK cells) and CD8+ cytotoxic T cell activity⁴, innate immune suppression not supported by other authors [Kox]severe disease associated with cytokine storm similar to MAS/secondary HLH⁵convalescent sera contain neutralizing antibodies against the S1/S2 spike protein; titers correlate positively with age (adults) [Wu]protective role of reduced cellular expression or higher circulating ACE2 levels in children⁶ and of “trained innate immunity”?⁷
Transmission	<ul style="list-style-type: none">droplet; contact ½ life in aerosol ~1 hour, ½ life on plastic/steel 6-8 hours^{8,9}; detected also in patient rooms [Chia], clinical significance unknownviral transmission can start 1-2 days before the onset of symptoms («serial interval» < incubation period^{10,11}; recovery of virus from NPA before onset of symptoms (Woelfel R)¹²)viral RNA in NPA from children until <u>6 to >22</u> days after disease onset¹³⁻¹⁶viral RNA in feces from day <u>~5 to > 4 weeks</u> after disease onset^{14,16-20}viral load and duration of shedding do not correlate with severity of COVID-19^{15,16,21}vertical transmission: no RT-PCR positive cases reported; 2 reports on the presence of IgM in neonates to be interpreted with caution^{22,23}currently no evidence of transmission in human milk [Lackey]
Incubation period	4-6 days (range, 1 to >14 days)
Epidemiology	<ul style="list-style-type: none">basic reproduction rate R_0 2.2 (90% CI, 1.4-3.8)^{24,25}high risk for «superspread events» (dispersion parameter $k \downarrow$)²⁵Switzerland: age <10 years, 0.4%; age 10-19 years, 2.6% of all casesSweden: age <10 years, 0.5%; age 10-19 years 1.3% of all casesGermany: survey on hospitalized children infected with SARS-CoV-2Spain: 0.8% of COVID-19 positive persons were <18 years of age²⁶transmission to children mainly within families^{14,15,18,26-28}modelling suggests that <u>subclinical</u> infection (NOT resistance to infection) is the major factor explaining low case numbers in children (Davies)children unlikely to be sources case in household transmission (Zhu)population screening data from Iceland with no infections among <10-year-old vs. 0.8% in older individuals²⁹

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Clinical manifestations	<ul style="list-style-type: none"> common: asymptomatic^{19,30,31} common: fever ~40%^{14,15,27,28,30,32-35}; 56% in US series (163/291 patients) common: cough ~50%^{14,15,28,30,34,35} common: pharyngitis ~40%²⁸ common: mild diarrhea^{14,18,31,32} infrequent: rhinorrhea^{28,35}, wheezing^{14,15,27,31,32,34} infrequent: malaise, headache, myalgias olfactory dysfunction very common in adults [Menni], not reported in children conjunctivitis (RT-PCR positive) reported in adults³⁶ covid toe: painful, vasculitic, frost-bite like finger/toe lesions in often otherwise asymptomatic children reported (Spain, US) varicella-like papulovesicular rash reported in adults and children in Italy^{37,38} acute systemic inflammatory syndrome resembling toxic shock syndrome/Kawasaki disease reported in several countries (UK, Spain, Switzerland, Italy, US); RT-PCR in NPA typically negative; serology positive co-infections reported (e.g. Influenza A/B, <i>M. pneumoniae</i>)^{26,30,35}
Laboratory findings	<p>CBC differential, CRP, chemistry generally uncharacteristic^{19,28,35,39}</p> <ul style="list-style-type: none"> <u>Children:</u> leucopenia, lymphopenia and thrombocytopenia uncommon^{14,15,39}; CRP/PCT normal to moderately elevated^{14,28,30,34,35,40} <u>Adults with severe lung disease:</u> lymphopenia (NK, CD8), IL-6↑, CRP>200, PCT>0.5, ferritin>2500 D-Dimers>2500, LDH↑^{4,41}[Petrilli]
Diagnosis	<ul style="list-style-type: none"> RT-PCR from NPA; some laboratories offer quantitative copy number seroconversion ~1 week after onset of symptoms (Woelfel R) Nasal swab RT-PCR less sensitive than BAL/sputum in severely ill adults⁴² IgM/IgA appear on day ~5 of illness, IgG on day ~14 (adults)⁴³ commercial IgM/IgG tests are available on the market, currently evaluated
Radiology	<ul style="list-style-type: none"> conventional CXR: normal or non-specific findings chest CT: unilateral or bilateral, uni- or multifocal, peripheral, commonly subpleural lesions; focal lesions typically with central consolidation and halo sign or ground glass opacities (GGOs)^{15,28,30,34,35,44} <u>no</u> pleural effusion^{30,44} <u>no</u> hilar lymphadenopathy^{30,44}

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Clinical course	<ul style="list-style-type: none"> common: asymptomatic (reported all ages)^{13-15,27} common: upper respiratory tract infection (children and healthy adults)^{14,28} common: pneumonia (absent, mild or moderate clinical disease)^{28,30,34,45,46} very rare: severe lung disease requiring mechanical ventilation (3/171 [1.8%] reported by Lu²⁸, 2 infants reported in detail³⁵)^{18,28,34} several fatal cases in SARS-CoV-2 positive infants and children reported^{28,47}; no details on causes of death available first pediatric fatal case in Germany reported 09/04/2020 hospitalization, ICU admission and death more common in <1-year old in China³¹, Spain²⁶, US, Germany
Clinical course - immunodeficiency	<ul style="list-style-type: none"> <u>Primary immunodeficiency (PID)</u>: severe disease appears to be rare, no deaths among patients with PID reported to IPOPI <u>Cancer</u>: several cases of pediatric cancer patients in Italy, Spain, Switzerland, China; outcome pending, no deaths reported <u>Transplant patients</u>: No evidence for severe disease among solid organ transplant recipients in Italy⁴⁸ Autoimmune disease: Benign course in 8 children with IBD on immunomodulators/biologicals reported⁴⁶
Clinical course - pregnancy	<ul style="list-style-type: none"> infections reported mainly in 3rd trimester; characteristic complications have not been reported to date^{49,50} no virologically confirmed evidence for vertical transmission and fetal infection⁵⁰⁻⁵³; 2 reports on IgM positive neonates to be interpreted with caution^{22,23}
Clinical course - neonates	<ul style="list-style-type: none"> asymptomatic infection in neonates (including normal chest CT) has been reported^{18,30,51} 3 infected neonates reported with early and short viral RNA shedding (DOL #2+4 only)⁵⁴ complicated perinatal/postnatal courses among <u>non-infected neonates</u> of COVID-19 infected mothers have been reported⁵⁵
Treatment	<ul style="list-style-type: none"> supportive currently no evidence from clinical trials available drugs with antiviral activity against SARS-CoV-2 in vitro: remdesivir (nucleoside analog)^{56,57}, lopinavir/ritonavir⁵⁷, hydroxychloroquine⁵⁸ Compassionate use program <u>without control group</u> reported 68% respiratory improvement rate using remdesivir in severe disease⁵⁹ Lopinavir/ritonavir reported <u>ineffective</u> in one controlled trial⁶⁰ immunomodulation with mAbs, e.g. tocilizumab, siltuximab (anti-IL6) currently investigated ACE2/viral entry blocker (e.g., Nafamostat) effective in vitro^{61,62} <u>recommendations against use of NSAID</u> are NOT supported by the EMA, WHO, expert opinion⁶³

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Prevention	<ul style="list-style-type: none">Inpatients: precautions according to Swissnoso/PIGSOutpatients: precautions according to BAG, KAZANeonates: no separation of well mother/child pairs needed (Swissnoso/PIGS, SGGG, WHO, DGPI, AAP); management IMC/NICU according to local infection control policyBCG vaccine: nonspecific protective effect currently controversial [Szigeti]<u>Italian hospitals report >80% reduction in pediatric ER visits an increase in deaths unrelated to COVID-19 [Lazzerini]</u><u>Summary of vaccine pipeline with 5 products in phase I studies [Le]</u>
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Team Kinderinfektiologie (Pediatric Infectious Disease)

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