



American College of Pediatricians

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Patient Information Handout

Pediatric COVID-19 Update

By Scott Field, MD, FCP

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In these trying pandemic times, we hope that you found our [patient handout](#) to be helpful. As you know, we are learning more about COVID-19 daily. I have since reviewed the pediatric COVID-19 literature from a 3/23/20 ACPeds posted link, along with over 50 other PubMed articles (at least the Abstracts). It is becoming apparent that the range of symptoms and progression of symptoms can vary greatly, including infections occurring without symptoms. The virus is present in saliva, nasal passages, and often in the stools of children. Children are more likely than adults to have nasal symptoms, but still not nearly as likely as with the overwhelming majority of other respiratory viruses. Children are also more likely to have vomiting and/or diarrhea. The virus can be present in the nose, throat, and stool for up to several weeks, spanning both before the symptoms first show up and weeks after symptoms go away. Lack of symptoms is much more common in children with infection than in adults, with 6-10 year-olds having the greatest (32%) rates of asymptomatic infection. Children in China were most likely to be infected from adults in the home, but as more children become infected, children may become the drivers of sustained community transmission especially with daycare and school spread.

Because infected people can have very mild and varying symptoms, or no symptoms at all, it would be best for adults to assume that anyone might have the virus. It is not likely to go away anytime in the next year or two. The two most likely ways that the virus can enter one's body is through the respiratory tract, mostly from a cough or sneeze of an infected person, and by virus on a contaminated person or object, transferred to mouth or nose by hands. Infection by aerosol, while possible, is much less likely, but literature on that is limited.

Face shields can block most viral spread by coughs or sneezes both from the wearer and from those around the wearer. They would be more effective than surgical masks and definitely better than using hands or elbows. Shields can be regularly disinfected and reused for a long time. Their adoption in the public arena may be as effective as social distancing, while allowing more normal work and school activities. Their use at least deserves studying.

It is nice to know that COVID-19 infections in children are mostly mild. Flu tends to be much worse for children. As bad as things are now, they will eventually get much better.