



COVID-19: The Impact to Children

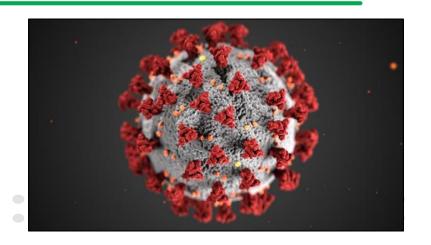
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Our shared goals

Keep teachers safe and healthy

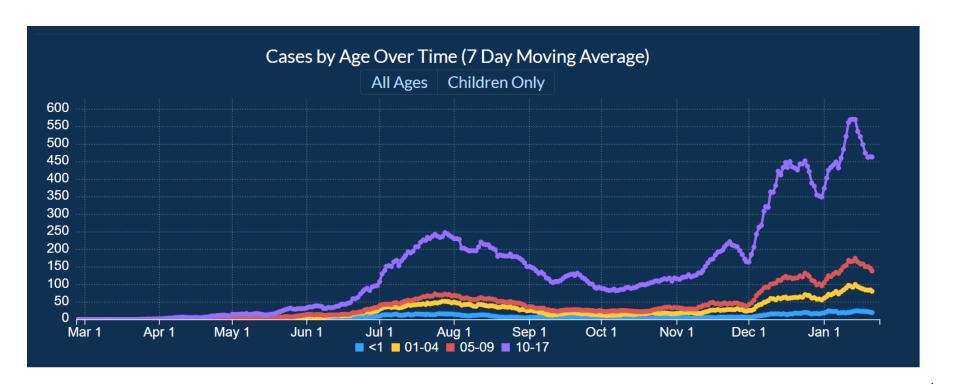
Keep the community safe and healthy

Keep children safe and healthy

Pediatric COVID-19 Cases in Georgia

Public Health Statewide Data (through 1/14/2021):

- **67,995** pediatric cases
- **10.4%** of all positive cases
- 805 children hospitalized (1.8% of all hospitalizations)
 - ICU care: 33% (mechanical ventilation 5.8%)
 - Hispanic: 45.8%
 - Black: 29.7%
- 8 pediatric deaths (0.08% of all deaths)

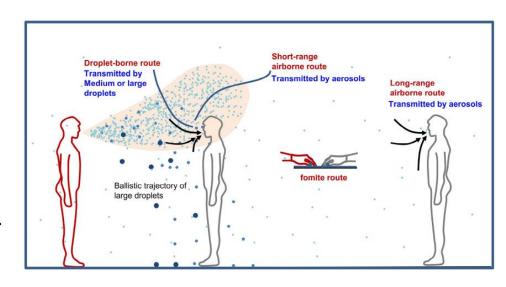


Multi-system Inflammatory Syndrome in Children

- April 27, alert from the NHS: cases of severe myocardial dysfunction, some with features of Kawasaki disease, and several with shock requiring vasopressive medications as supportive care
- Later this was described in NYC and throughout areas in the US
- Features similar to Kawasaki disease and toxic shock syndrome
- Over 1,000 cases of MIS-c reported in the US
 - More Black and Hispanic children affected

Transmission of COVID-19

- **Droplet transmission** predominates
- SARS-CoV-2 can survive surfaces for varying times depending on the surface
- Virus detected in aerosols; role in transmission remains unclear
- Prolonged exposure in a poorly ventilated space may allow virus laden particles to accumulate



Prevalence of Asymptomatic Children

- SARS-CoV-2 PCR testing of asymptomatic children
- Prior to surgical procedures or admission
- 250 of 33,041 asymptomatic children tested at 28 hospitals were positive for SARS-CoV-2
- Average prevalence 0.65% (0 2.2%)
- Prevalence was significantly associated with weekly incidence of COVID-19 in the general population
- In a study of healthcare worker exposures to asymptomatic children, no transmission occurred

A Weekly incidence in the general population and asymptomatic infection 2.5-1.0 1.0 Weekly incidence, No. per 1000 general population within CSA

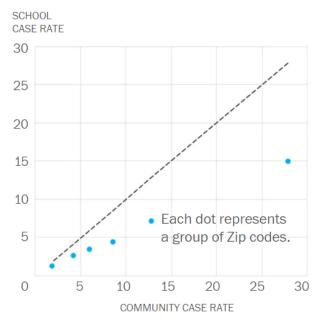
A, The weekly incidence of coronavirus disease 2019 infection in the general population and asymptomatic pediatric prevalence for 25 combined statistical areas (CSAs) is plotted here. The line of best fit (black solid line) and 95% CIs (dashed lines) are shown. Linear regression resulted in an unstandardized coefficient (B) of 1.07 (95% CI, 0.60-1.54; P < .001). Of the variation in the data, 49% was explained by the model. Equation of best-fit line: asymptomatic pediatric prevalence was equal to $1.07 \times (Johns Hopkins University weekly incidence) + 0.23. B, For 11 CSAs (n = 15 612 children), prevalence values in asymptomatic pediatric populations were available for defined periods in June$



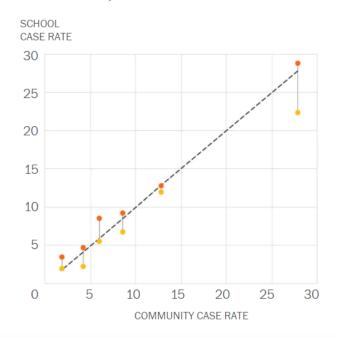
Back to school?

Transmission of COVID-19 in School vs the Community: NY state

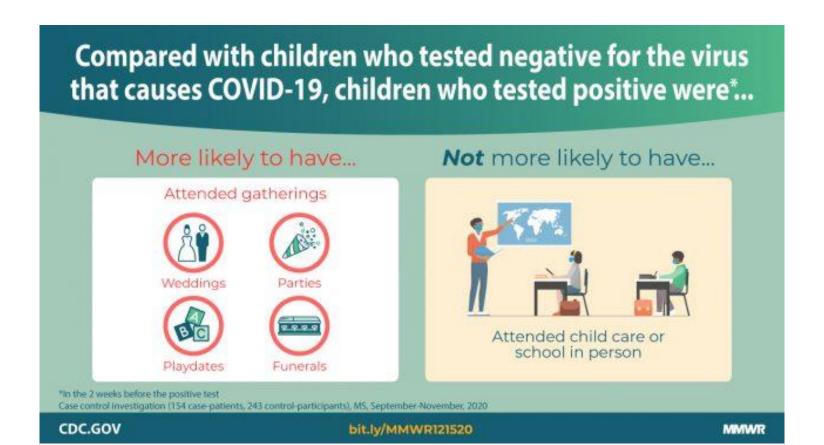
Case rate in schools among **elementary and middle school students** is lower than the rate in the overall community.



While case rate among **school staff** and **high school students** is similar to the community rate.



^{*}Cases per 100,000 people



PEDIATRICS

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Incidence and Secondary Transmission of SARS-CoV-2 Infections in Schools

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Secondary Transmission of COVID-19 in Schools

- 07/15/2020, NC's governor announced schools could open via remote learning or a "hybrid" model
- From 08/15/2020–10/23/2020, 11 of 56 school districts participating in ABC Science Collaborative (ABCs) were open for in-person instruction for all 9 weeks
- Schools tracked incidence and secondary transmission of SARS-CoV-2
- Health department adjudicated secondary transmission.
- 90,000 students and staff attend school in-person
 - 773 community-acquired SARS-CoV-2 infections
 - An additional 32 infections were acquired within schools.
 - No instances of child-to-adult transmission of SARS-CoV-2 were reported within schools.









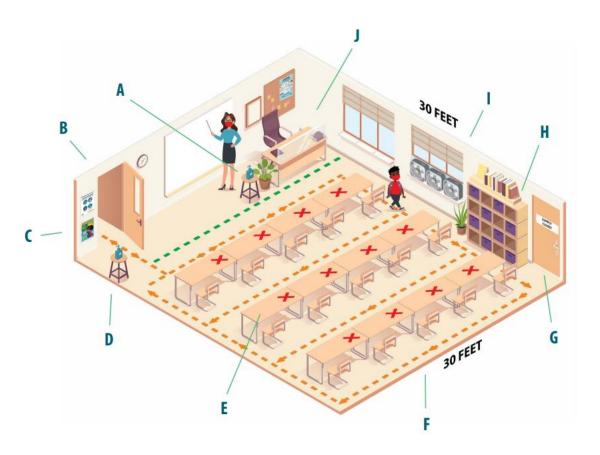




- pairs scientists and physicians with school and community leaders to help understand the most current and relevant information about COVID-19.
- helps school leaders make informed decisions about returning to school using data from their own communities.

COVID-19 in Sweden, spring 2020

- March to June, 2020
- Entire country had ongoing schools, no universal masking, social distancing
- Country estimates: 15 children with COVID-19 admitted to ICU (0.77 per 100,000)
- As compared with other occupations (excluding health care workers), sexand age-adjusted relative risks of severe disease:
 - 1.10 (95% confidence interval [CI], 0.49 to 2.49) among preschool teachers
 - 0.43 (95% CI, 0.28 to 0.68) among schoolteachers



- **A.** A hand sanitizing station is set up near the teacher's desk.
- B. The door is open to increase ventilation and to avoid touching the doorknob.
- C. Signs are posted in the classroom that promote everyday protective measures and describe how to stop the spread of germs.
- **D.** A hand sanitizing station is set up near the door.
- E. A modified layout can be used with long tables. Mark "X's" on tables to keep at least 6 feet of distance between students using colorful tape. Explain to students that they should not sit in "X" zones.
- **F.** Walking paths are marked with tape on the floor.
- **G.** A locked supply cabinet is used to store cleaning and disinfecting supplies.
- H. Each student's belongings are separated from others' in individual cubbies.
- **I.** The windows are open to increase ventilation, as feasible.
- J. A "teacher zone" is marked around the teacher's desk and in the front of the room. Green tape is used as a physical guide to mark this space. A physical barrier is installed on the teacher desk.

The Science of Masking to Control COVID-19: Summary

- Cloth masks reduce community exposure to SARS-CoV-2
- Cloth masks offer both source control and personal protection
 - The relationship is likely complementary and possibly synergistic
 - Community benefit derives from the combination of these effects
 - Individual benefit increases with increasing community mask use
- Wearing masks by both the infected and uninfected person gives the uninfected person the most protection
 - "Masking can protect you and works best for you when everyone does it"
 - "When you wear a mask, you protect others as well as yourself"



Multiple Epidemiologic Investigations Document the Effectiveness of Masking

High-risk exposure event

- Universal masking in hair salon where 2 ill stylists attended to 139 clients; no infections developed in 67 clients subsequently tested
- Use of face covering onboard the USS Theodore Roosevelt during an outbreak was associated with a 70% reduced risk of infection

Retrospective case-control study of exposed contacts

Always wearing a mask before and during high-risk exposures reduced risk of infection by 70%

Household surveys

Household mask use before index case developed symptoms reduced infection risk 79%

Air travel

With masking, no infections transmitted on multiple flights with infected passengers



SARS CoV-2 Infection in Children

- Typically milder illness, severe disease more with health issues
- MIS-C in otherwise healthy, more common in Black children

- Community transmission as a whole is main driver
 - No excessive transmission of infection in schools
 - Cases identified in schools mirror community transmission

Back to School... As Safe as Possible

Schools transmission can be mitigated with:

Universal masking

Hand hygiene

Physical distancing

Contact tracing

Community participation

