To the Editor:

As of July 18, 2020, there were 15,392 confirmed cases of coronavirus disease 2019 (COVID-19) in patients age 0 to 17 years in the United States as reported by state and local public health laboratories to the Centers for Disease Control and Prevention (CDC).\(^1\) This population represents 0.46% of the total 3,336,749 cases among all ages. Previously, it was thought that children were not significantly affected by COVID-19; however, as mentioned by Dr. Joseph Hageman in the article “What Are the Newest Effects of COVID-19 in Children?”\(^2\) in the June 2020 issue of Pediatric Annals, new data have revealed a related condition presenting with features similar to Kawasaki syndrome and toxic shock syndrome, defined by the CDC as multisystem inflammatory syndrome (MIS-C) in children and adolescents.\(^3\) Currently, much is still unknown about this condition and more data are needed to understand clinical presentations, outcomes, and management to best serve our pediatric patients. A recent study by Davies et al.\(^4\) showed that 21% of infections in those age 10 to 19 years resulted in clinically symptomatic cases, as compared to 69% in adults older than age 70 years; in the remainder of cases, patients were asymptomatic or paucisymptomatic. These data suggest that children and adolescents pose a risk to the public health of our communities because many may function as asymptomatic vectors of COVID-19, especially as compared to adults.\(^5\) As cases increase and states begin reopening, a new question has arisen among pediatric health care providers: which pediatric patients should be tested?

An informal survey was sent out to pediatric emergency health care providers around the United States raising the question of which pediatric patients are being tested for COVID-19 using a real time real-time reverse transcription polymerase chain reaction test for the qualitative detection of nucleic acid from COVID-19.\(^3\) The results showed that 85% of surveyed providers were testing symptomatic patients and 95% were testing children either admitted to the hospital and/or patients undergoing surgery. In regard to asymptomatic patients with either a known exposure or patients considered to be at high risk for complications related to COVID-19, the data showed greater variation among providers, with only 40% to 45% responding that they would test these patients. Given the data suggesting a higher rate of asymptomatic pediatric patients compared to adult patients, a lack of consistency for testing patients could lead to more pediatric patients positive for COVID-19 within communities who are not taking appropriate precautions to limit its spread, including children who may return to group settings such as schools or summer camps. As more states begin to reopen, asymptomatic children who are positive for COVID-19 pose a risk of transmission to the community. To limit this risk as much as possible and to provide more data to better understand MIS-C, consistent guidelines should be established by local or state public health departments for testing children.

REFERENCES


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