

11 January 2021

## **BRIEF19**

*A daily review of covid-19 research and policy*

### **RESEARCH BRIEFING**

#### **Covid-19 associated with major increase in hospitalizations for pediatric patients.**

Hospitalization indicates a certain level of morbidity or sickness. To be admitted to hospital for an in-patient stay, a patient's needs must go beyond requiring Tylenol (i.e. acetaminophen) or Motrin (i.e. non-steroidal anti-inflammatory) for fever, aches, and pains. This is especially true for children. Children often get sick from viruses. They only need to be hospitalized if there are services that cannot safely be achieved elsewhere. Hospitals provide vital sign monitoring, oxygen, intravenous medications, and hands-on care from a multidisciplinary professional team. Long-story-shot: if a child is being hospitalized, a physician has determined that they are already quite sick, or at risk for progressing to serious illness in a short period of time.

A new [research letter](#) out today in *JAMA Pediatrics* looks at trends in pediatric hospitalizations for covid-19 in 2020. The data came from researchers at the University of Minnesota which tracked hospitalizations in 22 US states. (Only the states that collected hospitalizations by age could be included in the analysis. This paper assessed overall hospitalizations for adults, and those for patients under 19 years of age from May to November 2020.

Out of over 300,000 hospitalizations for covid-19, 5,364 of them were for children. Over the course of the study, overall hospitalization of children increased from a rate of 2 per 100,000 children in the state population to 17 per 100,000 children, an impressive jump. There was variation seen between states, and for two of the states in May there were no pediatric hospitalizations specifically recorded as being related to covid-19. By the end of the study period, though, every state had pediatric covid-19 hospitalizations, and the 20 states who had previously reported them in May showed increases in pediatric covid-19 admissions ranging from 42 percent to 5,067 percent.

By now, it doesn't matter what state you live in; children are suffering from this disease across the United States, though fortunately at rates far lower than adults and with far fewer serious outcomes.

Pediatricians are accustomed to counseling families on managing viral symptoms at home, but covid-19 has started pushing children into hospital beds. It has forced families to reconsider visits to [pediatric offices](#), and continually and increasingly threatened the health and safety of our children in a variety of ways. Uncontrolled spread has meant school closures, as well as [complications](#) like MIS-C, a post-covid-19 inflammatory syndrome. Is this data finally enough for us to realize how much our youth are affected by this deadly virus? At a minimum it should raise our concerns, especially as we learn more about the B.1.1.7. [variant](#), which many believe is causing an increase in infections among children. Regardless, say it with me now: children are not immune to covid-19.

—*Joanna Parga-Belinkie*

## **POLICY BRIEFING**

### **Biden announces federal vaccination plan.**

This week President-Elect Joe Biden [announced](#) the outline of his vaccination plan, with a focus on mass distribution of the currently available supply. Vowing to supply “at least 100 million Covid vaccine shots into the arms of the American people” in his first 100 days, Biden’s plan includes federally-run vaccination centers in the community as well as mobile sites to cover high-risk populations.

He further pledged to follow the recommendations of the US Food and Drug Administration (FDA), and not to modify recommendations regarding the two-dose vaccination schedule. Such an approach has been piloted in other countries in order to try to get more people immune in a shorter period of time. While this approach has many appeals, including the notion that more lives could be saved in certain circumstances by getting more people their first dose sooner (as [covered](#) in *Brief19*) there are also many compelling reasons *not* to adopt this plan, not the least of which is that just how long immunity would last with either a one dose regimen or a two-dose approach but with the second booster shot coming later than 21 or 28 days, remains unknown; for public health experts to insist on science and then abandon some of its findings could undermine public faith in the process. Right now, bolstering vaccine confidence is also a priority.

Operation Warp Speed’s plan so far has involved keeping half of the available vaccine supply “in reserve” to ensure availability of follow-up second dosing, and while the current administration has distributed approximately 22 million doses, roughly seventy percent of these lots remain [unadministered](#) due to local logistics issues.

Biden’s decision to activate this reserve has set off intense debate in the medical community, with concern over adequate availability on one side and more effective use of the supplies available on the other. The President-Elect’s team plans to announce the details of the revised rollout strategy this week. Hopefully this will address the disparate distribution plans that have been the norm thus far. *Various*.

—*Brief19 Policy Team*

*Kimi Chernoby, MD, JD, Policy Section Founder, Joshua Niforatos, MD Research Section Editor, Frederick Milgrim, MD, Editor-at-Large, Barb Cunningham, Copy-editor, Anna Fang, Week-in-Review. Megan Davis, social media. Kane Elfman PhD, Publishing and Design. Jeremy Samuel Faust MD MS, Editor-in-Chief.*  
<http://www.brief19.com/> Twitter: [@brief\\_19](#) [submissions@brief19.com](mailto:submissions@brief19.com). *Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health and public policy.*