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BRIEF19

A daily review of covid-19 research and policy

BREAKING NEWS RESEARCH BRIEFING

Covid-19 has created thousands of newly single parents and orphans.

While children do not typically develop severe covid-19, the pandemic has left its mark on the next generation, nonetheless. Problems around [school closures](#) and concerns about pediatric and adolescent [mental health](#) have been widely discussed. But until now, the number of parents of children and adolescents who have succumbed to covid-19 has not been reported. This may be an important and inadequately understood part of the calculus for policymakers making choices on when and how much to remove protective measures.

A new study published today in [JAMA Pediatrics](#) specifically tracked the number deaths among parents who currently have children ages 0 to 17. The investigators then performed calculations in order to provide an estimate of how many children have been left to grapple with the loss of a parent as a result of the covid-19 pandemic. Included in the analysis were data on all known deaths in the United States up until February 2021. Those numbers were compared to deaths in pre-pandemic years.

The paper reports that between 37,300 to 43,000 children have lost a parent to covid-19 already. With a new wave of disease expected this spring, especially affecting younger adults not yet eligible for vaccination, this number has nowhere to go but up. If the US reaches herd immunity by way of natural infection (as opposed to vaccination), the researchers estimate that around 117,000 children will lose a parent before all is said-and-done, (though the number could be as low as 88,000 and as high as 188,000, depending on statistical uncertainties).

While it is possible to quantify the approximate numbers of lost parents that will come as a result of covid-19, trying to encapsulate what that *means* is an entirely different challenge. Many pediatricians are worried about children having to face an ever-growing collection of challenges (which experts call adverse childhood events, or [ACEs](#)) brought on by the stresses of the covid-19 pandemic. While the loss of a parent is not technically considered an ACE (ACEs include [events](#) like abuse, neglect, exposure to violence in the home, and parental suicide attempt or death by suicide), it clearly renders children more vulnerable to them. Moreover, without adequate resources to grieve, and adequate community support systems to help children respond to and adjust to major life changes, the odds of a full recovery are long.

This new and troubling study is a reminder that the effects of covid-19 extend far beyond hospitals and healthcare, and reach into the homes of Americans. As if the death of a parent were not bad enough of a loss, affected children are likely to face a future without the social and financial support they thought they could depend upon and which they probably took for granted.

To help the next generation, we must enact policies now that most protect our children. That may mean helping children protect their own families. This can be accomplished in part by more frequent at-school testing (and even school closures in areas of uncontrolled spread). Of course, increased mask use at schools (and by everyone) so that kids are less likely to bring SARS-CoV-2 into their own homes is paramount. New data suggests that kids may be bringing SARS-CoV-2 home to their families [more than previously appreciated](#).

It is important to discuss the mental health and educational setbacks put upon our children and adolescents by prolonged school closures and isolation, both of which have been taxing aspects of the pandemic response in many parts of the United States and elsewhere. But we also have to balance those sacrifices against the costs of going too far the other way. We can't allow tens or hundreds of thousands of young children to lose a parent. The mental health

and other long-term implications of the loss of parents must be a central part of the conversation too, as we move towards re-opening schools and resuming other normal activities for the nation's youth.

—Joanna Parga-Belinkie, MD

POLICY BRIEFING

Federal government investing in evidence.

One of the biggest limitations in accurately understanding and tracking the pandemic has been the availability of testing supplies and equipment. From [delays](#) in getting results and internal power [struggles](#) for control of the data, there have been many hurdles to overcome.

The federal government has recently made great strides in increasing the availability of testing, with the US Food and Drug Administration (FDA) [approving](#) home kits without a prescription for serial evaluation, and [partnering](#) with companies whose products automatically report their results, all in the name of increased surveillance.

On the heels of this, the US Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) have [launched](#) a new pilot program to determine the efficacy of such frequent monitoring. Rapid home antigen tests will be made available to residents in Pitt County, NC and Hamilton County, TN, in quantities such that 160,000 people will be able to test themselves three times a week for a month.

Part of the study will determine if self-awareness of infectivity will change daily behavior and decrease rates of transmission. While participation is voluntary, the program's designers hope that the ease of availability, speed of results, and online support will produce robust results. Up until now, many have theorized that at-home testing would give people the information they need to “do the right thing,” by staying home and isolating themselves from others while contagious. This new program will test whether such behavior modifications really happen, and how effective they are. At home testing may help decrease the spread of SARS-CoV-2 to a small degree. Alternatively, it could help decrease spread by a large amount. If the latter turns out to be the case, it will validate the opinions of many experts who have been saying for a year now that at-home and other point-of-care rapid antigen testing regimens could save hundreds of thousands of lives. *Various.*

—Brief19 Policy Team

Kimi Chernoby, MD, JD, Policy Section Founder, Joshua Niforatos, MD Research Section Editor, Frederick Milgrim, MD, Editor-at-Large, Joshua Lesko, MD Lead Policy Analyst, Barb Cunningham, Copy-editor, Benjy Renton, Thread-of-the-Week, Anna Fang, Week-in-Review, Megan Davis, social media, Kane Elfinan PhD, Publishing and Design. Jeremy Samuel Faust MD MS, Editor-in-Chief: <http://www.brief19.com/> Twitter: [@brief_19](https://twitter.com/brief_19) 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.