COVID-19 in Children

August 31, 2021

Why We Are Concerned About COVID-19 in Kids

While the total number of COVID-19 cases and the severity of infection in children is typically less than for adults, **children are not immune from COVID-19 or its consequences**. A total of 18,173 children ages birth to 18 in Delaware have tested positive for the disease. Additionally, pediatric hospitalizations in the state are increasing and at least 430 children in the U.S., including two in Delaware, have died from COVID.

Many children are at higher risk for consequences from COVID-19 due to their underlying health conditions. Delaware children who have asthma, are obese, or have other similar conditions are among those most at risk. Nonetheless, approximately 30% of hospitalized children have no underlying health condition and would otherwise be considered healthy.

We do not fully understand long-COVID in children, but we know it happens. Headaches and fatigue are the most common post-COVID symptoms. But children can suffer cardiovascular, respiratory, neurodevelopmental, cognitive (brain-fog), and mental health issues after being infected with COVID-19.

The explosion of the Delta variant has become a game-changer on all fronts. Children are more likely to become infected by the Delta variant compared to the original virus and are more likely to spread the infection. Based on [studies](#), we know even infants and toddlers are playing a role in spreading the virus to others in the household, putting immunocompromised, and elderly persons, at risk.

According to the CDC, pediatric hospitalizations are at their highest number of cases so far during this pandemic. Pediatric hospitals in Florida, Louisiana and Texas are reportedly overwhelmed with COVID-19. Delaware does not want to follow their lead if we can prevent it.

As we approach the start of a new school year, getting all kids back in school is a priority. While CDC guidance allows reducing social distancing to three feet between students as long as masks are worn consistently and correctly, at all times, full classrooms can increase the risk to those who cannot be vaccinated, or are at higher risk due to chronic conditions, including being immunocompromised.

This document provides an overview of current data regarding COVID-19 in children, and the importance of two key mitigation strategies: vaccination and face masks.

Current Situation/Data

- On June 28th Delaware had 10 total new COVID-19 cases; on August 26th we had 547 total new cases. Cases increased from 25 to 84 (up 236%), in the birth to 4 age group and increased from 54 to 333 (up 517%) among children 5-17 since early June.
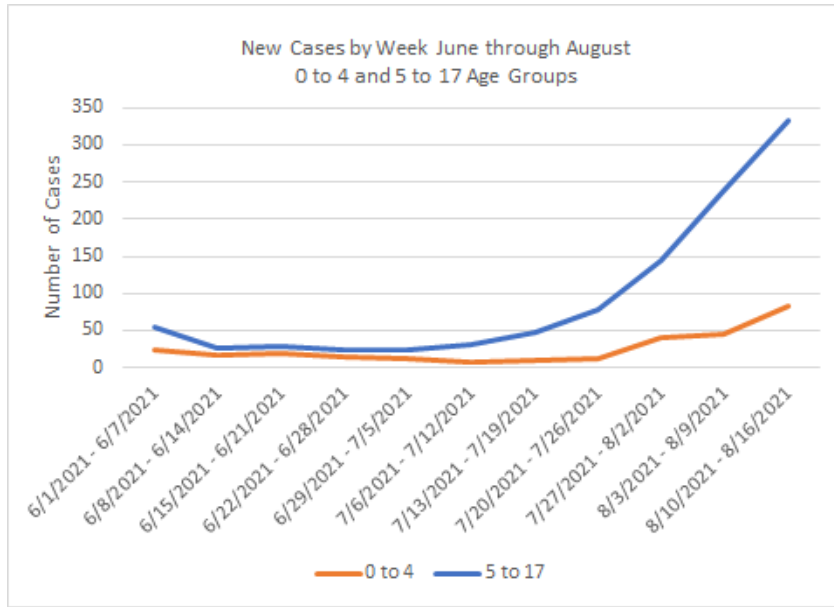

- Cases across all ages are increasing in multiple towns and cities statewide, but the greatest increases are in Kent and Sussex counties, especially in the areas with the lowest vaccination rates.
- Southern states have seen significant increases in pediatric hospitalizations. Delaware hospitalization data show that the number of hospitalized children and youth have increased from 7 to 28 in the last month alone.
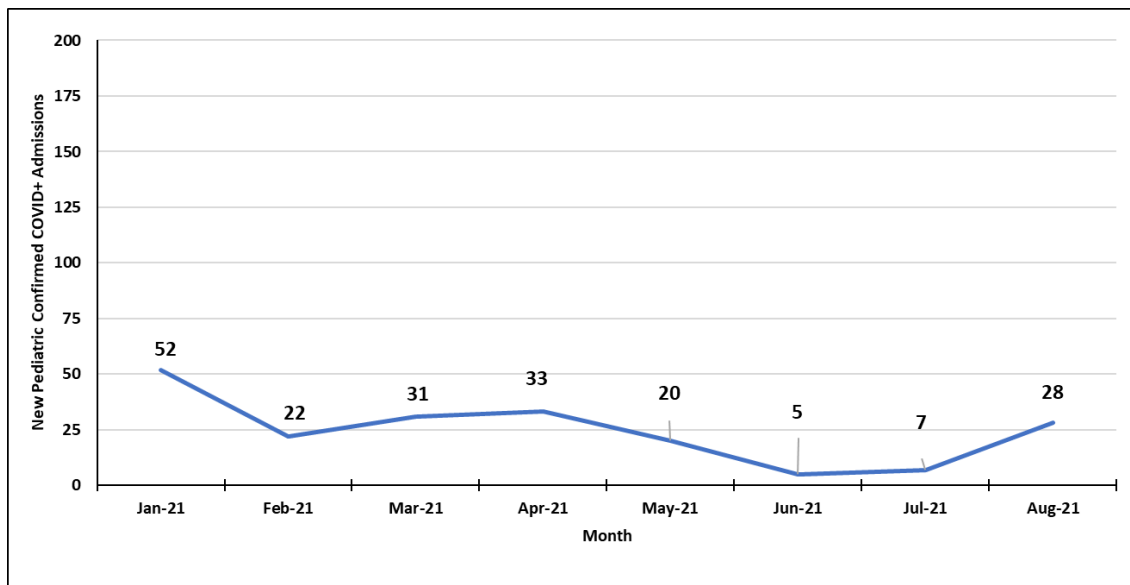
- K-12 schools have either just opened or will open soon, therefore, there are no 2021-22 school year data yet. However, we have been seeing clusters in early childhood settings daily, with several individual facilities seeing more than 20 confirmed cases each recently. Additionally, quarantine from exposure to COVID-19-positive persons pushes numbers of children and staff who must stay at home significantly higher, with some rooms or entire facilities closing because of the lack of staff or children present. In almost all of these clusters, lack of mask wearing, in addition to unvaccinated staff, are the key contributors.

- In the last month (7/25 to 8/25), **32** school/camp/daycare clusters have been detected. A cluster is defined as more than 2 cases. The average positive number of cases per cluster was 5; the average number of potentially exposed individuals per cluster was 38 and an average of 12% of exposed individuals became positive for COVID. For the week of 8/15 – 8/21, the number of pediatric clusters almost equaled the number of non-pediatric clusters.

New Pediatric Clusters (schools, camps, daycares) Detected in DE by Week of Detection 7/11/2021 - 8/21/2021
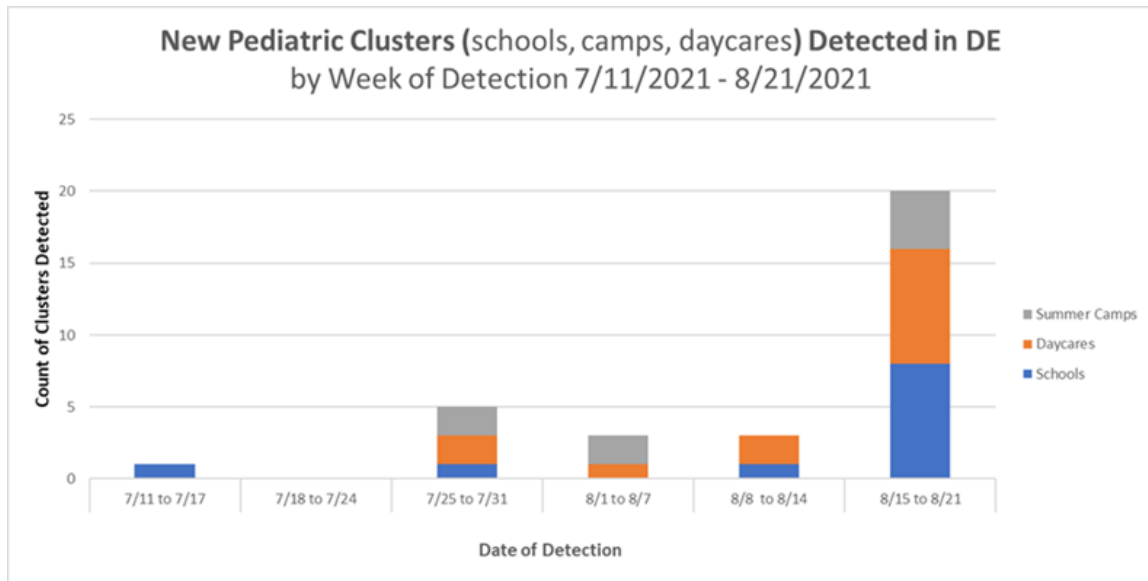
- Vaccination is the most important tool for preventing infections and the consequences of COVID-19. The under-12 age group is the only portion of Delawareans that are not yet eligible to be vaccinated. Among eligible youth ages 12-17, as of Aug. 25, only 51.5% have received at least one dose and 40.2% are fully vaccinated.

Precautions and Protections

Precautions taken in schools and other settings will protect those at home. Precautions taken at home will likewise protect those in schools. A layered mitigation strategy is key for a safe return to school and includes a combination of protective actions, such as vaccination, mask wearing, social distancing, screening, testing, ventilation, hand washing, covering coughs and sneezes, staying home when sick, and more.

Vaccination

- It's hard to overstate how simple this is: Get vaccinated. That's it. Get vaccinated to protect yourself, your family, and do your part to reduce community spread.
- If you have staff, visitors, eligible students, or others in your school who are choosing not to get vaccinated, they are putting your children and staff at risk.
- Staff and children who are able to be vaccinated can help avoid putting others at risk by getting vaccinated.

Masks

- Masks are one of the best protections we have available, particularly if you are not able to get vaccinated.
- There are abundant studies that show masks work to prevent the spread of COVID by as much as 70%. This includes studies that show that school districts with mask mandates have a lower rate of virus transmission from student-to-student, student-to-teacher, and teacher-to-student. (Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2 | CDC)
- Last year, we saw minimal spread in Delaware schools. We attribute much of this to mask wearing.
- What masks do:
  - **Limit transmission and protect people.** Masks reduce the spray of spit and respiratory droplets, protecting you from other people (and other people from you).
  - **Help reduce the need to quarantine.** Correct, consistent mask use can reduce the number of people that need to quarantine when exposed to someone who is infected with COVID-19.
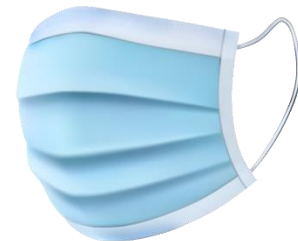
- What masks don't do:
    - Masks do not impact lung development. In fact, they help protect developing lungs from COVID-19.
    - Masks do not weaken the immune system.
    - Masks don't make it harder for children to breathe.
    - Masks don't trap CO2 or force us to re-breathe air we exhale. These particles are smaller than respiratory droplets and can get past masks. Prior studies claiming otherwise have since been debunked as not scientifically sound.
- Masks need to fit over the mouth and nose and fit snugly around the face. They should have two or more layers, be as comfortable as possible and made from breathable material. Parents may need to work with their children and help them adjust to wearing a mask. Parents and siblings can set a good example by wearing their masks when younger children have to wear theirs. Your Guide to Masks | CDC