

The State of Our Children: Kids and COVID-19

September 14, 2020



Much of the San Joaquin Valley and Central Coast areas remain classified into the State's new 'purple' category - high risk communities with widespread transmission of COVID-19. And as if COVID-19 wasn't enough for our children and for us all, the wildfires have presented another unprecedented natural disaster for children, their families and our communities. This is the state of our children as of September 14, 2020.

Current Issues Facing our Children: Kids, COVID-19 and the Impact of the Wildfires

Carmela Sosa, MD - Medical Director, Primary Care and Guilds Center for Community Health

The wildfires have provided further disruption to our lives and to the lives our kids - from those displaced by the fire to all of us dealing with declining air quality levels in the Valley.

Valley Children's Hospital has seen an increase in Emergency Department visits for asthma, respiratory issues and burns since the wildfires began.

From a health perspective, layered on top of the ongoing concerns around COVID-19, there are some important considerations for our kids, useful for all of us, but particularly important for children with asthma, cystic fibrosis or other pulmonology issues:

1. "Social distancing" for COVID-19 remains essential and the need to stay indoors is elevated due to deteriorating air quality due to the wildfires.
2. Keep children indoors with doors and windows closed. For homes with air conditioners, run it with the fresh-air intake closed to keep outdoor smoke from getting indoors. Use of ozone-free air purifiers may be useful, as well. For families in living arrangements with no air conditioning, we encourage them to utilize indoor fans, but leave their windows closed while the wildfires and unhealthy air quality continue.
3. Regularly check air quality at www.valleyair.org for the daily air quality forecast. Wait until air quality improves to resume outdoor activities.
4. Although it is important to keep wearing a mask to protect you from COVID-19, a mask will not necessarily protect you from the harmful effects of ash and smoke. It is best to stay indoors until air quality improves.
5. Children should not participate in ash clean-up work as their lungs are more susceptible to airway toxicants. Environmental exposures can alter immune function and lung mechanics in at risk populations, including children.
6. Keep a 7-10 day supply of medication on hand.
7. Call the doctor if your child has trouble breathing, shortness of breath, a cough that won't stop or other symptoms that do not go away. If your child has any difficulty breathing, is very sleepy, refuses food and water or exhibits other health concerns, reduce their exposure to smoke and seek medical help right away by calling 9-1-1 or going to the closest emergency department.
8. If your child has asthma, allergies or a chronic health condition, they are at high risk from health effects related to wildfire smoke and ash. Seek medical advice, as needed. For children with asthma, follow your asthma action plan.
9. If you are at risk for evacuation, make sure you have a supply of your child's essential medical equipment ready to go. If evacuated, please do not return to your house until you have been told to return by local authorities.
10. Work to reassure your kids that you are doing all you can to keep them safe. And take care of your own mental health needs. These are challenging times. Ask for help from a friend or neighbor or family member, if you need it.

Key Findings: Joint Report of the American Academy of Pediatrics (AAP) and the Children's Hospital Association (CHA)

From Dr. David Christensen - SVP, Medical Affairs & Chief Physician Executive

On September 10, 2020, the AAP and CHA issued a joint report on children and COVID-19. The summary of their findings is included here. The complete statement is available at www.aap.org.

Cumulative Number of Child COVID-19 Cases*

- 549,432 total child COVID-19 cases reported, and children represented 10% (549,432/5,493,006) of all cases
- Overall rate: 729 cases per 100,000 children in the population

Change in Child COVID-19 Cases, 8/27/20 – 9/10/20

- 72,993 new child cases reported from 8/27-9/10 (476,439 to 549,432), a 15% increase in child cases over 2 weeks

Testing (11 states reported)*

- Children made up between 4%-15% of total state tests, and between 3.3%-16.6% of children tested were tested positive

Hospitalizations (24 states and NYC reported)*

- Children were 0.6%-3.6% of total reported hospitalizations, and between 0.3%-8.2% of all child COVID-19 cases resulted in hospitalization

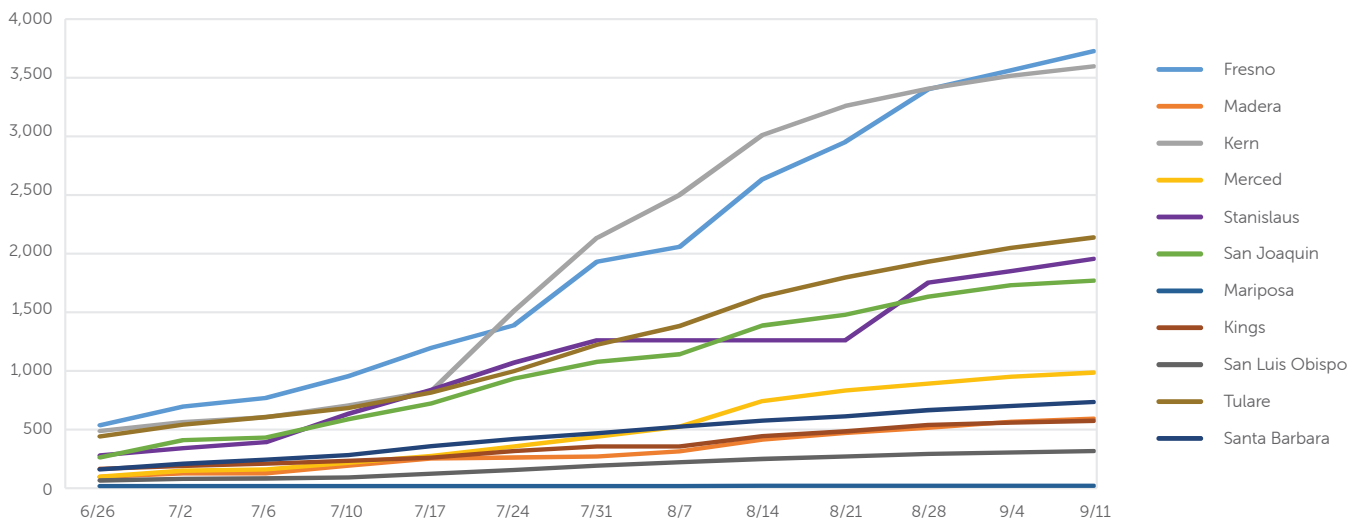
Mortality (42 states and NYC reported)*

- Children were 0%-0.3% of all COVID-19 deaths, and 18 states reported zero child deaths
- In states reporting, 0%-0.2% of all child COVID-19 cases resulted in death

Data aggregated from the health department websites of 49 states, New York City, the District of Columbia, Puerto Rico and Guam.

*Data represent cumulative counts since states began reporting; all data reported by state/local health departments are preliminary and subject to change.

COVID-19 Cases by County (for the week ending September 11, 2020)



Current Data and Trends

Across Valley Children's Healthcare Network (as of September 14, 2020)

