

FAQ for Parents

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Q: Is it true that children are less likely to get COVID-19?

So far this does appear to be true – less children in the U.S. are contracting COVID-19 compared to adults. The Center for Disease Control and Prevention (CDC) recently published data looking at the first 150,000 cases in the U.S. Children only accounted for 1.7% of cases, and they remain at lower risk of severe illness from COVID-19 compared to adults.

However, infants under one year and children with underlying health conditions are still at a higher risk of serious illness and the need for hospitalization. All of these results are consistent with previously published data from China on the risks to children.

Q: Why do fewer children get COVID-19 compared to adults?

This has been a unique characteristic of the novel coronavirus that causes COVID-19 and no definitive answer has been found. Theories include the fact that the virus may have more trouble attaching to and entering cells in children, which would make it harder for the virus to replicate and spread. Another theory is simply that a child's immune system doesn't react as strongly to the virus as adult immune systems reducing the amount of damage the infection causes in children.

Q: Are children with certain health conditions still at a higher risk to contract the disease?

Doctors are seeing more severe disease in infants less than one year of age and children of all ages with underlying health conditions such as chronic lung diseases (including asthma), heart diseases and children who are immunosuppressed for any reason – either through a health condition or medications to treat a health condition which may cause immunosuppression.

Q: Are COVID-19 symptoms the same in children as adults? What are the most common symptoms of COVID in children?

If a child has symptoms, they are likely to be the same common symptoms as COVID-19 infection in adults, such as fever, cough and shortness of breath. However, many children have much milder symptoms. This means that they may not always have fever and cough.

One study showed that over 90% of children with COVID-19 had asymptomatic, mild or moderate cases. This means that many children will appear to have symptoms of a typical upper respiratory tract infection, consisting of fever, fatigue, aches, cough, sore throat, runny nose or sneezing. Some may not have fever. Children may also present with gastrointestinal symptoms such as nausea, vomiting, abdominal pain and diarrhea. Some children may progress to shortness of breath, wheezing or pneumonia. Severe symptoms would typically present as worsening of the respiratory symptoms that would require medical intervention.

Q: Are children more likely to be asymptomatic (symptom-free) carriers?

It does seem that children are potentially playing a key role in transmission and spread of the virus throughout our communities. Children typically have less severe symptoms than adults, so it would stand to reason that a child who does not appear ill with a fever or cough may not be readily identified as a case of COVID-19 and thus be more likely to unknowingly spread it to others. This may include their parents or caregivers, who may then spread it in the community, or it may mean that children may spread it to older caregivers with an underlying condition.

We do know that asymptomatic carriage is common in children, so because of that and for all of the reasons above, it is important to practice the recommended guidelines on social distancing and other preventive behaviors.

Q: What do I do if I think my child has COVID-19?

If your child has any of the symptoms listed above, then it is best to isolate at home if possible. You may want to contact your pediatrician to ensure that the child is well enough to remain at home without seeking any in-person medical attention. Many pediatricians are utilizing telehealth options that can help triage how ill your child is and tell you the appropriate steps to take.

If you feel that your child is getting worse, contact your pediatrician and they can help determine the best course of action. Call ahead at all times before going to your child's pediatrician or the emergency room so that they can be prepared for your arrival.

Q: Should I continue my child's routine checkups during this time?

During this time the American Academy of Pediatrics (AAP) and CDC are still recommending in-office routine well-child visits and vaccinations for children less than 2 years of age. This is especially important for newborns and young infants who need examinations and protection against vaccine preventable illnesses. For other healthcare needs telehealth may be an option during this time.

Q: What are the best ways to protect kids?

The best way to protect children is to practice social distancing and keep them out of public settings, while keeping six feet away and wearing a mask if appropriate any time you must run an errand or be around others.

- Wash your hands and your children's hands for at least 20 seconds with soap and water and use hand sanitizer that is at least 60% alcohol-based.
- Avoid close contact with others, including family members and friends who do not live in the household. Stay home as much as possible.
- Teach children to cough or sneeze into their elbow or a tissue.
- Clean frequently touched surfaces often with appropriate wipes and sprays. Avoid touching your face and teach your children this as well.

Reassure your children that we are doing the best we can to protect them and keep them safe. Stay informed and be a good role model for your child in practicing these guidelines as well.