Questions and Answers

Pediatric Providers Webinar

Last update: 7-20-20

Questions Asked July 1, 2020
"COVID-19 Update: Pediatric Epidemiology, MIS-C, Vaccine, and Prospects for Flu/SARS COVID Testing"
by Andy Pavia, MD, University of Utah Division Chief of Pediatric Infectious Diseases and Director of Epidemiology at Primary Children's Hospital

1. **Is decreasing death rate due to younger age of newly infected people as the economy opens or better healthcare?**
   Answer: Evidence supports both. The mortality in ICU is falling, probably due to better critical care, combined with medications, regardless of age admitted.

2. **Are we seeing minority children more involved, like we are with adults?**
   Answer: In Utah and western states Hispanic children are more likely to be diagnosed with Covid. Also seeing high numbers among black children in other areas of the country. This is likely a reflection of existing disparities. Children of color are infected at higher rate so we may see a rise in number that develop MIS-C.

3. **Are there any new estimates of actual prevalence based on serology studies?**
   Answer: CDC study estimated about 10 infections by serology to every 1 positive test (about 2%--high result). However, the study was about people with little published about them. A cluster sample survey of four Utah counties looked at sensitivity. We estimated about 1% overall serology prevalence.

4. **Obviously, school closures were crucial in controlling the spread of this disease. As we look to the fall do you have an opinion/data to guide the decision for families asking about return to preschool/school?**
   Answer: It's good for kids to get back to school. As shown by the infection data, it's an easier decision for preschoolers versus high schoolers. Recommend watching what is going on in Asia, and watching for reduction in rates in July before sending kids to school in August.

5. **Could immune potentiation potentially trigger MIS-C in children who receive the vaccine?**
   Answer: Unfortunately, we don't know which antigen triggers MIS-C, so hard to predict a vaccine. Need to continue watching this.

6. **I get questions every day like "what should I do with my child" regarding being around others, doing their sports or other activities, etc. With so much spread right now, how would you answer this question now and going forward?**
   Answer: So hard! Need to explain risk activities and share that being outdoors and social distancing should be encouraged.

7. **Regarding your comment of the antibodies decreasing after 4-8 weeks, do you think people that have had the virus should be every bit as careful as people that have not had the virus thinking they are at risk for reinfection. I was thinking there was not a single case of re-infection?**
   Answer: Well, to be safe yes. We have so much to still understand in this area but it doesn't seem that having antibodies or a known infection should give you a passport to different activities.

8. **Have there been cases of MIS-C in adults?**
   Answer: There are cases in young adults (age 25) that follow MIS-C pattern. Acknowledge that adult providers have not been looking for this though so don't know if it is there and just not recognized.