Abstract from Current Literatures

Duration of Viral Clearance in Children with SARS-CoV-2 Infection in Rajasthan, India

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Objective: To study the clinical and laboratory profile and to assess period for viral clearance in COVID 19 children.

Methods: We reviewed hospital records of children (<18 years) admit-ted from 1 April to 31 May, 2020 at a tertiary-care public hospital and identified those positive for severe acute respiratory syndrome corona virus (SARS-CoV-2) by RT-PCR of respiratory secretions.

Results: 81.2% of the 85 children studied were asymptomatic and 3 (8.5%) died. Severe lymphopenia (43.8%), raised C-reactive protein (93.8%), raised erythrocyte sedimentation rate (75%) and high (>500ng/mL) levels of D-dimer (37.5%) were common. Median(IQR) duration of viral shedding was 7 (5-10) days, with range of 2 to 45 days; 96.3% had viral clearance within 14 days.

Conclusions: Majority of children aged <18 years with SARS-CoV-2 infection had viral clearance within 14 day

Neonates Born to Mothers with COVID-19: Data from the Spanish Society of Neonatology Registry

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Objectives: To describe neonatal and maternal characteristics of the largest prospective cohort of newborns from mothers with coronavirus disease 2019 (COVID-19), the data of which were prospectively collected from the nationwide registry of the Spanish Society of Neonatology.

Methods: Between March 8, 2020, and May 26, 2020, the data of 503 neonates born to 497 mothers diagnosed with COVID-19 during pregnancy or at the time of delivery were collected by 79 hospitals throughout Spain.

Results: Maternal symptoms were similar to that of the general population, with 5% of severe forms. In 45.8% of asymptomatic women at the time of delivery, severe acute respiratory syndrome coronavirus 2 infection was detected because of recommendations established in Spain to perform COVID-19 screening in all women admitted to the hospital for labor. The rate of preterm deliveries was 15.7% and of cesarean deliveries, 33%. The most common diagnostic test was detection of viral RNA by polymerase chain reaction of naso-pharyngeal swabs at a median age of 3 hours after delivery (1–12 hours). Almost one-half of neonates were left skin-to-skin after delivery, and delayed clamping of umbilical cords was performed in 43% of neonates. Also, 62.3% of asymptomatic neonates were managed with rooming-in. Maternal milk was received by 76.5% of neonates, 204 of them as exclusive breastfeeding.

Conclusions: The current study indicates that there is no need for separation of mothers from neonates, allowing delayed cord clamping and skin-to-skin contact along with maintenance of breastfeeding in a high percentage of newborns from mothers with COVID-19.

Association of the Timing of School Closings and Behavioral Changeswith the Evolution of the Coronavirus Disease 2019 Pandemic in the US

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Importance: The consequences of school closures for children's health are profound,but existing evidence on their effectiveness in limiting severe acute respiratory syndromecoronavirus 2 transmission is unsettled.

Objective: To determine the independent associations of voluntary behavioral change,school closures, and bans on large gatherings with the incidence and mortality due tocoronavirus disease 2019 (COVID-19).

Design, Setting, and Participants: This population-based, interrupted-time-series analysisof lagged independent variables used publicly available observational data from US statesduring a 60-day period from March 8 to May 18, 2020. The behavioral measures werecollected from anonymized cell phone or internet data for individuals in the US and comparedwith a baseline of January 3 to February 6, 2020. Estimates were also controlled for severalstate-level characteristics.

Exposures: Days since school closure, days since a ban on gatherings of 10 or more people,and days since residents voluntarily conducted a 15% or more decline in time spent at workvia Google Mobility data.

Main outcomes and measures: The natural log of 7-day mean COVID-19 incidenceand mortality.

Results: During the study period, the rate of restaurant dining declined from 1 year earlier bya mean (SD) of 98.3% (5.2%) during the study period. Time at work declined by a mean (SD)of 40.0% (7.9%); time at home increased by a mean (SD) of 15.4% (3.7%). In fully adjustedmodels, a delay of 1 day in implementing mandatory school closures was associated with a3.5% reduction (incidence rate ratio [IRR], 0.965; 95% CI, 0.946-0.984) in incidence,whereas each day of delay in behavioral change was associated with a 9.3% reduction(IRR, 0.907; 95% CI, 0.890-0.925) in incidence. For mortality, each day of delay in schoolclosures was associated with a subsequent 3.8%reduction (IRR, 0.962; 95% CI,0.926-0.998), and each day of delay in behavioral change was associated with a 9.8%reduction (IRR, 0.902; 95% CI, 0.869-0.936). Simulations suggest that a 2-week delay inschool closures alone would have been associated with an additional 23 000 (95% CI,2000-62 000) deaths, whereas a 2-week delay in voluntary behavioral change with schoolclosures remaining the same would have been associated with an additional 140 000(95% CI, 65 000-294 000) deaths.

Conclusions: In light of the harm to children of closing schools, thesefindings suggest that policy makers should consider better leveraging the public's willingnessto protect itself through voluntary behavioral change