EDITORIAL

THE PEDIATRIC FACE OF THE CORONAVIRUS DISEASE 2019 PANDEMIC

Sileshi Lulseged*, M.D, MMed

"This is a universal crisis and, for some children, the impact will be lifelong"
United Nations Children's Fund (UNICEF)

Although children are not the face of the coronavirus disease-19 (COVID 19) pandemic, their lives can be affected in profound ways, in particular by the socio-economic impacts and, in some cases, by mitigation measures that may inadvertently do more harm than good (1). Children in resource limited settings and more so those who are already in disadvantaged or vulnerable situation, are more likely to be heavily affected by the pandemic. With immediate loss of income caused by the pandemic, families are less able to afford basics like food and water, access health care or education, and are more at risk of violence, exploitation and abuse (2).

The direct impact of COVID-19 on child mortality is limited, but the indirect effects may be substantial and widespread. Indeed, it is suggested that an additional 1.2 million under-five deaths could occur in just six months due to reductions in the coverage of routine health service and an increase childhood diseases of public health importance, including acute malnutrition (3). Available evidence indicates that more vulnerable children are becoming malnourished due to dietary and food inadequacy and the multiple shocks created by the COVID 19 pandemic and its containment measures. Efforts to mitigate the transmission of coronal virus are disrupting food systems, upending health and nutrition services, devastating livelihoods, and threatening food security (4).

COVID-19 also threatens to roll back decades of progress made in reducing preventable child deaths by hindering access to life-saving services. With the pandemic putting enormous pressure on the already weak or overstretched health systems, the number of unvaccinated and under-vaccinated children is expected to increase, particularly in continental Africa (5). COVID 19 will also disrupt basic health programs for children, including HIV care and treatment services. In the last decade, new HIV infections among young children have decreased by half. With the pandemic, not only will the progress halted, but also the number of new HIV infections double in a matter of six months if HIV care and treatment is disrupted, and the number of pediatric deaths will similarly soar (6).

COVID-19 has quickly changed the context in which children live. Lockdowns and shelter-in measures heighten the risk of children witnessing or suffering violence and abuse. Published and anecdotal evidence shows confinement measures are likely to result in increased risk for

*Department of Pediatrics and Child Health, Faculty of Medicine, Collage of Health Sciences Addis Ababa University.
Corresponding author: Sileshi Lulseged, sileshilulseged@gmail.com

children, including heightened tensions in the household, added stressors placed on caregivers, economic uncertainty, job loss or disruption to livelihoods, and social isolation (7). Prevention and control measures such as home containment, school closures and restrictions on movement disrupt children's routines and social support, and changes in a host of socio-economic and behavioral factors like stigmas, gender inequality, and overcrowded settings, and child labor make children more vulnerable to violence and psychosocial distress (8).

COVID-19 is a dynamic and uncertain pandemic. The potential losses in learning for the current generation are hard to fathom, and mitigation measures like distance learning are less accessible in low-income countries where almost one third of the young were already digitally excluded even before the COVID 19 crisis. There is a pressing need for updated epidemiological data well-coordinated and accessible databases to inform responses targeting children. The indirect impacts of COVID 19 pandemic are potentially catastrophic for children and the effects graver for migrant and displaced children (9),

On the clinical frontier, it is critically important to also have an in-depth understanding of child-specific features and relevant interventions related to COVID 19 based on the available evidence. We know that that predominant symptoms are fever, cough, or shortness of breath, and laboratory and imaging findings are variable (10). Why COVID-19 appears to be less common and less severe in children is unclear. Obviously, the crisis is dragging on and evolving; thus. While we are grappling with the short terms impacts of the pandemic, we should look into longer-term and locally embedded strategies, which surely will have major implications for children in particular.

REFERENCES

1. United Nations Children's Fund. COVID-19 and children. Monitoring the situation of children and women. August 2020.
2. United Nations Children's Fund Children in monetary poor households and COVID-19. Technical note. June 2020.
3. Headey D, Heidkamp R, Osendarp S, et al. Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality. The Lancet 2020;3969(10250):519-521.
4. Akseer N, Kandru G, Keats EC, Bhutta ZA. COVID-19 pandemic and mitigation strategies: implications for maternal and child health and nutrition. Am J Clin Nutr 2020
5. Abbas A, Procter SR, van Zandvoort K, Clark A, et al. Routine childhood immunization during the COVID-19 pandemic in Africa. Lancet Glob Health 2020.

6. United Nation Children's Fund. Children, HIV and AIDS: How will progress be impacted by COVID-19? July 2020.
7. The Alliance Child for Child Protection in Humanitarian Action. Technical note: Protection of children during the coronavirus pandemic (v.2). June 9, 2020.
8. United Nations Human Rights office of the High Commissioner. UN experts call for urgent action to mitigate heightened risks of violence against children. April 7, 2020.
9. United Nations Children's' Fund. Dashboard on government responses to COVID-19 and the affected populations August 2020.
10. Liguoro I, Pilotto C, Bonanni M, et al. SARS-COV-2 infection in children and newborns: a systematic review. Eur J Pediatr 2020;179:1029.