COVID-19 and Pediatric Patients

Any special precautions on return to play for children/adolescents that had Covid and they are competitive athletes ?	Per American Academy of Pediatrics: Once an individual has completed the isolation period and is cleared to return to physical activity and/or sports by a physician, another visit with the physician for a final clearance is not required unless concerning pulmonary and/or cardiac signs and symptoms develop once physical activity resumes. The AAP recommends not returning to sports/physical activity until the individual can perform normal activities of daily living and displays no concerning signs/symptoms. All children younger than 12 years may progress back to sports/physical education classes according to their own tolerance. For children and adolescents 12 years and older, a graduated return-to-play protocol can begin once an individual has been cleared by a physician, the minimum amount of time without symptoms of COVID-19 has passed, and the individual does not exhibit cardiorespiratory symptoms when performing normal activities of daily living. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to individuals who experienced moderate COVID-19 symptoms, as outlined above.
Would you recommend the coronavac of sinovac to be vaccinated to children?	At this time, I would recommend those vaccines reviewed and authorized by the FDA, including the Pfizer, Moderna, and J&J vaccines.
Given the apparent low transmission rate in children, will vaccination focus only on those with risk factors or should all children be vaccinated?	The goal is to make the vaccines available to all children as soon as there is sufficient data to safely do so. Similar to adults and depending on the available vaccine supply, children with conditions that put them at high-risk for severe COVID illness may be prioritized first.
What do you recommend about travel outside country for non-vaccinated kids	In general, travel should be delayed when possible. Additional information, including advice for unvaccinated travelers, can be found here: https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html
Any contraindication for particular vaccines for breastfeeding ?	No. Per the CDC, “There are neither data on the safety of COVID-19 vaccines in lactating women nor on the effects of mRNA vaccines on the breastfed infant or on milk production/excretion. mRNA vaccines are not thought to be a risk to the breastfeeding infant. People who are breastfeeding and are part of a group recommended to receive a COVID-19 vaccine, such as healthcare personnel, may choose to be vaccinated.”
Do we have data about the potential danger of "latent" infection caused by the vaccinated person?	There are studies expected to help us understand if vaccination protects against asymptomatic infection. At this moment, since we do not have all the information, the

	guidance is to continue to follow precautions due to possibility of transmission from asymptomatic infection.
If only adults and teens at high school age get vaccinated, and we don't vaccinate those under age 14 years, do you think the population will be just fine, in the big picture of things?	While experts don't yet know what percentage of people would need to get vaccinated to achieve herd immunity, vaccination is a safer way to build protection than getting sick with COVID-19. It may not be possible to achieve that herd immunity without vaccinating younger children. That said, there is also significant uncertainty about how important children are in the transmission of COVID-19, so vaccinating older children and adults may make a significant difference.
Can Dr. Schwenk speak to ivermectin as potential treatment?	Available evidence, including an RCT recently published in JAMA (https://jamanetwork.com/journals/jama/fullarticle/2777389) do not support the use of ivermectin for the treatment of COVID. The FDA has received multiple reports of patients who have required medical support and been hospitalized after self-medicating with ivermectin intended for horses and strongly recommend against the use of this agent for the prevention or treatment of COVID in humans (https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19)
Once vaccinations are completed, can you still spread virus or be a carrier despite being protected from coming down with Covid?	This is an evolving question. Current guidance from the CDC is as follows, "Although COVID-19 vaccines are effective at keeping you from getting sick, scientists are still learning how well vaccines prevent you from spreading the virus that causes COVID-19 to others, even if you do not have symptoms. Early data show the vaccines do help keep people with no symptoms from spreading COVID-19, but we are learning more as more people get vaccinated. We're also still learning how long COVID-19 vaccines protect people. For these reasons, people who have been fully vaccinated against COVID-19 should keep taking precautions in public places, until we know more, like wearing a mask, staying 6 feet apart from others, avoiding crowds and poorly ventilated spaces, and washing your hands often."
In a setting where testing resources are limited, would you recommend prioritizing the use of Antigen testing in asymptomatic patients and RT-PCR testing for asymptomatic patients?	I would prioritize rapid testing (either antigen or RT-PCR based) when rapid cohorting is critical (e.g., congregate settings). Antigen tests tend to perform better when patients are earlier in their course of illness (within 5-7 days of symptom onset) and while symptomatic. This correlates to the time the patient is most contagious.
Is here any guide for the use of remdesivir in patients diagnosed with covid? When can i star using it and when can i stop its administration?	Multicenter guidance on the use of antivirals, including remdesivir, in children was recently published in the Journal of the Pediatric Infectious Diseases Society (https://academic.oup.com/jpids/article/9/6/701/5823622).

	There are similar guidelines available from the NIH (https://www.covid19treatmentguidelines.nih.gov/).
When do you project herd immunity will occur?	Experts don't yet know what percentage of people would need to get vaccinated to achieve herd immunity and our ability to reach any specific percentage of vaccinated individuals will depend, in large part, on vaccine availability. Media reports suggest that the US government believes there will be enough COVID vaccine to vaccinate every American by the end of May 2021. *Caveat – These sorts of projections are often wrong.