**Question or request:**
1. Are there any significant implications for public health practice related to this 4/6 MMWR article on COVID-19 in children? [https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm?s_cid=mm6914e4_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm?s_cid=mm6914e4_w)

**RECOMMENDATION:**
- Children, like adults should also follow social distancing guidelines put in place since they may be more likely asymptomatic and infected with COVID-19.
- Children’s activities such as organized sports, school gatherings, music concerts, etc. should continue to be avoided or cancelled for as long as the social distancing guidelines remain in effect.
- Children are probably no more contagious than other populations, but it is important to recognize that if children play together they can spread the infection among themselves and the asymptomatic infected children can then spread COVID-19 to their parents.
- It is also important to continue to address the social and emotional needs of children as some recent studies have shown the social isolation and economic pressures due to COVID-19 can increase child abuse, teen suicide and substance abuse among children.

**Assessment:**
Children can be asymptomatic carriers of COVID-19, and therefore they have a potential role in spreading disease in the community. For example, they appear to be less likely to show symptoms such as cough, shortness of breath, myalgias, etc. and are less likely to be admitted to a hospital than adults despite being infected and contagious. Given that so many children remain asymptomatic, it is unlikely that a significant portion of kids are being tested. As a result, we do not know what proportion of children may actually have COVID-19 and could be unknowingly exposing others.

We also know from the study of other respiratory illnesses that children are less “hygienic” than adults (e.g. less likely to wash their hands and use a tissue, etc.) and, as such, could serve as a reservoir for infection even if they themselves appear to be fine. Children, just like adults, also need to follow social distancing rules, which could impact decisions such as re-opening schools, youth sports, the use of playground equipment, etc. For example, if a small group of adults go to the park and sit 10 feet apart but allow their 10 children to run all over the playground and climb on the equipment and tag one another then those children may become infected and can spread COVID-19 to their parents.

Partial contact at schools (e.g. opening schools but wiping down desks, keeping kids 6 feet apart in the classroom and closing playgrounds) might be impossible, as enforcing these measures in a group of small children would be difficult. Radical measures or approaches would require extensive input from medical experts, educational experts, etc. and would still depend on how prevalent the disease was in the community at a given time, the prevalence of virulence mutations, and the availability of vaccines or treatment.

**Red flags and Concerns:**
Many children who test positive for COVID-19 have an exposure history suggesting that they likely contract it from a family member, so it will be important to also consider explicitly including children in any social distancing measures. However, they are no more dangerous or contagious than anyone else.

It will also be important to consider the implications of COVID-19 Social Isolation and economic pressure on increasing rates of child abuse, teenage suicide and substance abuse. Many families are facing increasing financial challenges as a result of COVID-19, which can increase the prevalence of abuse and substance use. Pediatricians are recommending that we not lose focus on the social challenges children face from a public health perspective while also continuing to monitor virus transmission and rates and support families and children as best we can.
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### Resources/Reference:
American Psychological Association “How COVID-19 may increase domestic violence and child abuse”