



**CONFERINȚA DE
ANTIBIOTERAPIE ȘI
IMUNODEPRESIE**

PROGRAM SIMPOZION

Conferința de Antibioterapie și Imunodepresie, 19-20 noiembrie 2021

Coordonator științific – Prof. univ. dr. Sorin Rugină; Conf. univ. dr. Irina Magdalena Dumitru

Cazuri COVID la copii – cu sau fără antibiotic?

Conf dr Mihai CRAIU

Disciplina 2 Pediatrie INSMC “Alessandrescu-Rusescu”

UMF Carol Davila

NOI

Antibiotic in COVID-19

Elsevier Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

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PMCID: PMC7785281

PMID: [33418017](https://pubmed.ncbi.nlm.nih.gov/33418017/)

Antibiotic prescribing in patients with COVID-19: rapid review and meta-analysis

Bradley J. Lingsford^{1,2,*}, Miranda So^{3,4,5}, Sumit Raybanshan⁶, Valensia Leung^{1,7}, Jean-Paul R. Socoy⁸,
Duncan Westwood⁹, Nick Daneman^{1,4,9,10} and Derek R. MacFadden¹¹

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Associated Data

• [Supplementary Materials](#)

Abstract

Go to: 

Background

The proportion of patients infected with SARS-CoV-2 that are prescribed antibiotics is uncertain, and may contribute to patient harm and global antibiotic resistance.

Objective

The aim was to estimate the prevalence and associated factors of antibiotic prescribing in patients with COVID-19.

Study Eligibility Criteria

We included randomized controlled trials; cohort studies; case series with ≥ 10 patients; and experimental or observational design that evaluated antibiotic prescribing.

Participants

The study participants were patients with laboratory-confirmed SARS-CoV-2 infection, across all healthcare settings (hospital and community) and age groups (paediatric and adult).

Methods

The main outcome of interest was proportion of COVID-19 patients prescribed an antibiotic, stratified by geographical region, severity of illness and age. We pooled proportion data using random effects meta-analysis.

Results

We screened 7469 studies, from which 154 were included in the final analysis. Antibiotic data were available from 30 623 patients. The prevalence of antibiotic prescribing was 74.6% (95% CI 68.3–80.0%). On univariable meta-regression, antibiotic prescribing was lower in children (prescribing prevalence odds ratio (OR) 0.10, 95% CI 0.03–0.33) compared with adults. Antibiotic prescribing was higher with increasing patient age (OR 1.45 per 10 year increase, 95% CI 1.18–1.77) and higher with increasing proportion of patients requiring mechanical ventilation (OR 1.35 per 10% increase, 95% CI 1.13–1.54). Estimated bacterial co-infection was 8.6% (95% CI 4.7–15.2%) from 31 studies.

Conclusions

Three-quarters of patients with COVID-19 receive antibiotics, prescribing is significantly higher than the estimated prevalence of bacterial co-infection. Unnecessary antibiotic use is likely to be high in patients with COVID-19.

SUMMARY AND COMMENT | GENERAL MEDICINE,
HOSPITAL MEDICINE

INFORMING PRACTICE

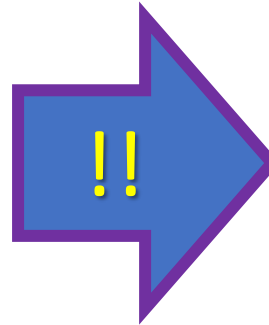
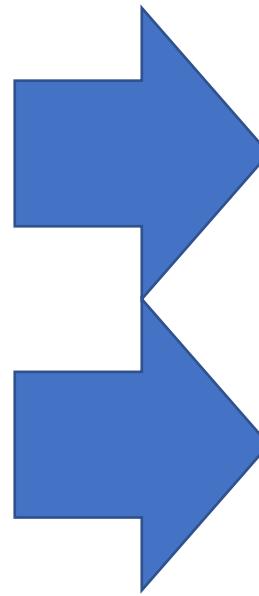
November 4, 2021

Bacterial Superinfection Is Found in a Minority of Patients Admitted with COVID-19 Respiratory Failure

Patricia Kritek, MD, reviewing Pickens CO et al. *Am J Respir Crit Care Med* 2021 Oct 15

More frequent use of bronchoalveolar lavage might minimize empirical broad-spectrum antibiotic coverage for patients with COVID-19.

When patients with COVID-19 are admitted to the intensive care unit, guidelines recommend empirical coverage for bacterial superinfection with community-associated pathogens. Broad-spectrum antibiotics also are given commonly when concern is raised for ventilator-associated pneumonia (VAP), often without sampling of lower airspaces to minimize risk to clinicians.



Chicago hospital performed bronchoalveolar lavage (BAL) on all 179 patients admitted with respiratory failure due to COVID-19 during a 4-month period; three quarters of patients had initial BAL within 48 hours of admission. Additional BAL was performed in COVID-19 patients when clinical concern for VAP was present.

Fluid was sent for both quantitative culture and multiplex polymerase chain reaction (PCR) testing.

After initial BAL, bacteria were detected in 21% of patients. Only three patients had resistant organisms (i.e., methicillin-resistant *Staphylococcus aureus* or *Stenotrophomonas maltophilia*); all three patients had received antibiotics previously. Other clinical criteria did not reliably predict bacterial infection. Mortality was not statistically different between patients with early bacterial superinfection and other patients. Almost all patients had BALs to assess for VAP at some point; half of these were unrevealing. Only seven VAPs were diagnosed with PCR alone (i.e., negative culture), and fewer than one third were caused by resistant organisms.

COMMENT

Most patients admitted with respiratory failure due to COVID-19 do not need empirical bacterial coverage. However, determining which patients do need such coverage is difficult. Although routine BAL for all admitted COVID-19 patients is not standard practice (and I don't think should be), these results suggest that more-aggressive lower airway sampling can be beneficial, particularly to avoid unnecessary antibiotic use.

- Va fi o prezentare despre noul coronavirus si copii.
- Scopul prezentării este acela de a trece in revistă particularitățile infecției SARS-CoV-2 in populații pediatrice, de diverse vârste.
- Obiectivul prezentării este acela de a va convinge că nu pot fi extrapolate toate strategiile utilizate la adult, in abordarea comunităților de copii.
- Mesajul de luat acasă – “Copilul nu este un adult in miniatură”

In Romania



Conform unui studiu de piata al GfK publicat in 2017 *in Romania 74% din persoanele confruntate cu o problema de sanatate apeleaza **INAINTE** de a merge la medic la Social Media si la cautarea on-line pe Google.*

Retete “minune”




VIDEO Adina Alberts a publicat rețeta cu schema clasică de tratament pentru COVID-19

de Iulia Gorgorin | 10 Noi 2020 • 09:30



Medicul Adina Alberts a decis să facă publică rețeta cu schema clasică de tratament în cazul infectării cu SARS-Cov2. Adina Alberts spune că majoritatea a medicilor de familie sunt de acord cu această schemă de tratament.



Dr Adina Alberts 6 noiembrie 2020 · 🌐

Dragi colegi, medici de familie!
Mă adresez dvs în mod special acum, pentru că pe umerii dvs va cădea, în curând, greul acestei pandemii!
Trebuie să gestionați prin telefon mii de situații medicale. Trebuie să oferiți explicații, să dați rețete, să acordați atenție și grijă tuturor celor care din nefericire se vor infecta cu SARS-Cov2. Și nu vor fi puțini!
Este multă muncă. Trebuie să aveți disponibilitate pentru a spune mereu "prezent". "Linia întâi" se muta încet, încet către dvs, în cabinetele și pe telefoanele/ laptopurile dvs.
Fac un apel la toleranță și înțelegere.
Ca de obicei, EU ÎNCERC SĂ AJUT!
De aceea voi posta mai jos, schema clasică de tratament în cazul în care cetățenii au neșansa de a fi testați pozitiv la SARS-Cov2.
👉 Subliniez, aceste medicamente trebuie luate la indicația medicului dvs.
Marea majoritate a medicilor de familie sunt de acord cu această schemă de tratament:

1. Azitromicina cp de 500 mg, 1cp/ zi, 5-7 zile.
2. Paracetamol cp de 500 mg, 1cp la 8 ore, în caz de febră sau dureri, 14 zile.
3. Aspiroter, cp de 75 mg, 1 cp pe zi, 14 zile.
4. Medrol cp 4 mg, 1 cp /zi timp de 2 zile, apoi 2 cp/zi încă 2 zile, apoi câte 3 cp/zi până la 10 zile, la ora 10 dimineața.
5. Protecție gastrică. Sunt multe variante. De exemplu: Omeran cp 20 mg, 1 cp la 12 ore, 14 zile.
6. Probiotice. Sunt multe variante. De exemplu: Linex forte cp 60 mg, 1-2 cp pe zi, 14 zile.
7. Antitusive. Sunt multe variante. De exemplu: BronhoKlir, 5 ml de 3 ori/zi, cât persistă tusea.
8. Septosol cu albastru de metilen pentru igiena orofaringiană, 1-3 cp/zi, 14 zile
9. Vitamine C 2 g/zi, 14 zile
10. Vitamina D 1000 UI/ zi, 14 zile.
11. Zinc cp 25 mg, 2 cp/zi, 14 zile.

Unde suntem?

Covid 'infodemic': Contested truths are a reality we must deal with

A general suspicion of all kinds of expertise has played out across a range of issues

© Tue, Jun 22, 2021, 01:00

Nuala O'Connor

186

LISTEN NOW 5:53



Anti-vaccine protest outside the Four Courts in Dublin on Monday. Distrust of medical and public health experts has deep roots and predates Covid. Photograph: Collins Courts

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Journal of Medical Internet Research

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Call for Papers: "Theme Issue 2021: Social Media, Ethics, and COVID-19 Misinformation" in the Journal of Medical Internet Research

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The Journal of Medical Internet Research welcomes submissions to a special theme issue examining the intersection of social media, ethics, and COVID-19 misinformation.

This call for papers is released ahead of the virtual consensus conference, "INFODEMIC: A Stanford Conference on Social Media and COVID-19 Misinformation", scheduled for August 26, 2021. Participants and attendees are encouraged to submit research papers relevant to the conference proceedings. This call for papers is open to the public, including authors not affiliated with the meeting.

FACT CHECK

TikTok says anti-vaccine misinformation video from conspiracy theorist 'doesn't violate guidelines'

BMIT ABC Fact Check
Posted 8h ago, updated 4h ago







Copilul nu este un adult in miniatură !



Diferente adult/copil

Table 1. Clinical characteristics of SARS-CoV-2 infection in children and adults.

| | Children | Adults |
|--|---|-------------------------------------|
| Asymptomatic or mild illness |  More likely | Less likely |
| Main presentation symptoms (e.g., fever, cough, shortness of breath) | Similar | Similar |
| Upper respiratory tract involvement | Predominantly | Present |
| Lower respiratory tract involvement |  Less common | Frequent |
| Wheezing | Infrequent | Infrequent |
| ARDS |  Infrequent (mainly < 1 year old) | Possible (mainly > 65 years old) |
| Rate of co-infection with other respiratory viruses | Higher | Lower |
| Chest radiographic changes | Generally less pronounced | Pronounced in most cases |
| Neurological disorders and coagulopathy | Unknown prevalence | Present |
| Increased inflammation markers in severe cases | Yes | Yes |
| Severe Systemic Inflammatory Response Syndrome |  Yes, as MIS-C | Yes, as Cytokine Storm |
| Mortality | Lower | Higher |

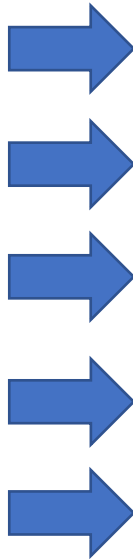
MIS-C: Multisystem Inflammatory Syndrome; ARDS: Acute Respiratory Distress Syndrome.

PIMS/MIS-C

2. Definition of MIS-C

On 13 May, the Centers for Disease Control (CDC) issued a health advisory establishing the following definition for a reportable case of MIS-C (see [Box 1](#) and [Figure 1](#) for details) [5]:

Box 1. CDC case definition for multisystem inflammatory syndrome in children (MIS-C).

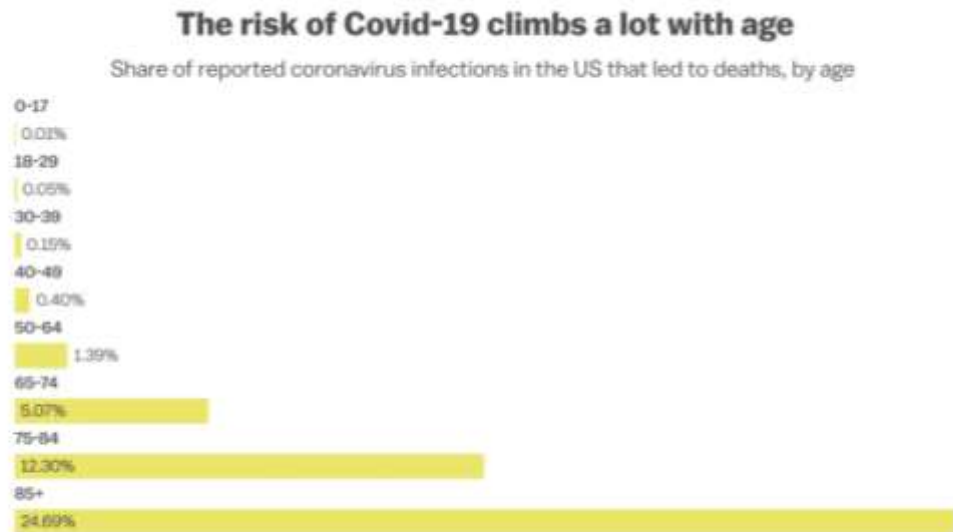


- (1) An individual aged < 21 years with:
- (2) Clinical criteria:
 - A minimum 24-h history of subjective or objective fever ≥ 38.0 °C AND
 - Severe illness necessitating hospitalization AND
 - Two or more organ systems affected (i.e., cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic, neurological)
- (3) Laboratory evidence of inflammation
 - One or more of the following: an elevated CRP, ESR, fibrinogen, procalcitonin, D-dimer, ferritin, LDH, or IL-6; elevated neutrophils or reduced lymphocytes; low albumin
- (4) Laboratory or epidemiologic evidence of SARS-CoV-2 infection
 - Positive SARS-CoV-2 testing by RT-PCR, serology, or antigen OR
 - COVID-19 exposure within 4 weeks prior to onset of symptoms
- (5) No alternative diagnosis

Abbreviations: CDC, Centers for Disease Control; CRP, C-reactive protein; ESR, erythrocyte sedimentation rate; LDH, lactate dehydrogenase; RT-PCR, reverse transcriptase polymerase chain reaction; SARS-CoV-2, severe acute respiratory syndrome coronavirus-2.

[About MIS \(cdc.gov\)](https://www.cdc.gov/about-mis)

Cum evolueaza COVID-19 la copil?



*Data includes all Covid-19 cases and deaths in the US from January 2020 to September 2021.

Source: Centers for Disease Control and Prevention

Vox



Infectia cu SARS-CoV-2 la copil produce rareori forme semnificative de boala si **DOAR 2% din copiii infectati ajung spitalizati** – American Academy of Pediatrics*
[Children and COVID-19: State-Level Data Report \(aap.org\)](https://www.aap.org/child-adolescent/children-and-covid-19/state-level-data-report)

Cum evolueaza COVID-19 la copil?

American Academy
of Pediatrics



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Children and COVID-19: State-Level Data Report

[Home](#) / [Critical Updates on COVID-19](#) / Children and COVID-19: State-Level Data Report



State-level reports are the best publicly available and timely data on child COVID-19 cases in the United States. The American Academy of Pediatrics and the Children's Hospital Association are collaborating to collect and share all publicly available data from states on child COVID-19 cases. The definition of "child" case is based on varying age ranges reported across states (see report Appendix for details and links to all data sources).

As of November 4, over 6.5 million children have tested positive for COVID-19 since the onset of the pandemic. This week over 107,000 child cases were added, a slight increase over the prior week. Child cases have declined since a peak of 252,000 the week of September 2nd, but COVID cases among children remain extremely high. For the 13th week in a row child COVID-19 cases are above 100,000. Since the first week of September, there have been almost 1.5 million additional child cases.



Sunt toti copiii la fel??

PLOS ONE


RESEARCH ARTICLE

Prevalence of COVID-19 in adolescents and youth compared with older adults in states experiencing surges

Barbara Romain^{1,2*}, Moshe Schneiderman³, Allan Geliebter⁴

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Abstract

Purpose

There has been considerable controversy regarding susceptibility of adolescents (10–19 years) and youth (15–24 years) to COVID-19. However, a number of studies have reported that adolescents are significantly less susceptible than older adults. Summer 2020 provided an opportunity to examine data on prevalence since after months of lockdowns, with the easing of restrictions, people were mingling, leading to surges in cases.

Methods

We examined data from Departments of Health websites in six U.S. states experiencing surges in cases to determine prevalence of COVID-19, and two prevalence-related measures, in adolescents and youth as compared to older adults. The two other measures related to prevalence were: (Percentage of cases observed in a given age group) ÷ (percentage of cases expected based on population demographics); and percentage deviation, or [(% observed—% expected)/ % expected] x 100.

Citation: Romain B, Schneiderman M, Geliebter A (2021) Prevalence of COVID-19 in adolescents and youth compared with older adults in states experiencing surges. *PLoS ONE* 16(3): e0242587. <https://doi.org/10.1371/journal.pone.0242587>


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 **Experimental Biology and Medicine**

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Published online 2020 Nov 19. doi: [10.1177/1535370220975118](https://doi.org/10.1177/1535370220975118)

PMCID: PMC7859671
PMID: 33210552


A mini-review on the effects of COVID-19 on younger individuals

Madhumitha Manivannan,^{1,*} Manasi P. Jooolekar,^{2,*} Muthu Subash Karitha,³ Balu Atepar Veeramathu Maran,⁴ and Prakash Gaogadaran^{5,6}

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Abstract

Go to: 

Coronavirus disease 2019 (COVID-19) pandemic has uprooted our lives like never before since its onset in the late December 2019. The world has seen mounting infections and deaths over the past few months despite the unprecedented measures countries are implementing, such as lockdowns, social distancing, mask-wearing, and banning gatherings in large groups. Interestingly, young individuals seem less likely to be impacted by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus responsible for COVID-19. While the rate of transmission, symptom presentation, and fatality is lower in children than people from other age groups, they have been disproportionately affected by strict lockdown measures needed to curb viral spread. In this review, we describe the association between patient age and COVID-19, epidemiology of SARS-CoV-2 infection in children, psychological effects associated with lockdowns and school closures, and possible mechanisms underlying lower transmission rate of COVID-19 in children.

Keywords: COVID-19, younger individuals, SARS-CoV-2, immune system, psychology, education

Pana la Delta copiii nu erau o problema...

Meta-Analysis > Clin Infect Dis. 2021 Jun 15;72(12):e1146-e1153. doi: 10.1093/cid/ciaa1825.

A Meta-analysis on the Role of Children in Severe Acute Respiratory Syndrome Coronavirus 2 in Household Transmission Clusters

Yanshan Zhu¹, Conor J Bloxham², Katina D Hulme¹, Jane E Sinclair¹, Zhen Wei Marcus Tong¹, Lauren E Steele¹, Ellesandra C Noye¹, Jiahai Lu³, Yao Xia⁴, Keng Yih Chew¹, Janessa Pickering⁵, Charles Gilks⁶, Asha C Bowen⁵, Kirsty R Short¹

Affiliations + expand

PMID: 33283240 PMCID: PMC7799195 DOI: 10.1093/cid/ciaa1825

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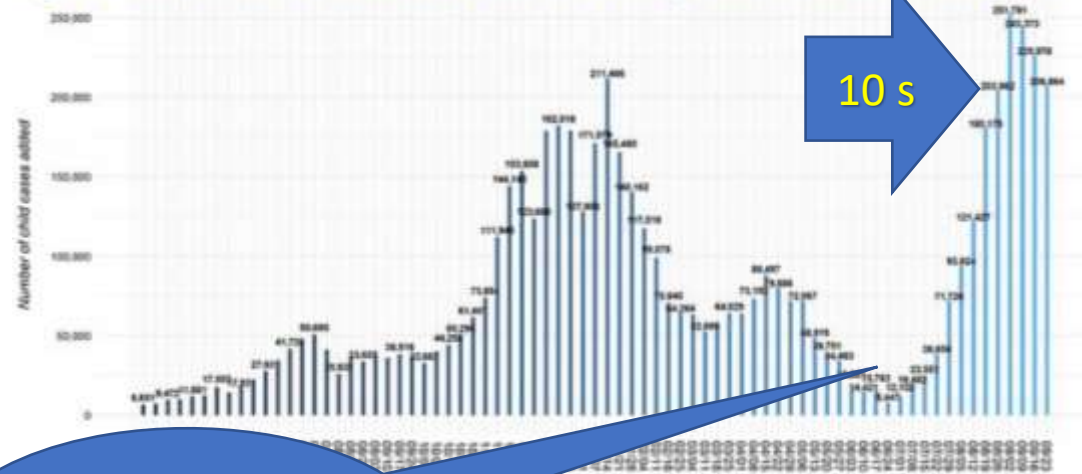
Abstract

The role of children in the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) remains highly controversial. To address this issue, we performed a meta-analysis of the published literature on household SARS-CoV-2 transmission clusters (n = 213 from 12 countries). Only 8 (3.8%) transmission clusters were identified as having a pediatric index case. Asymptomatic index cases were associated with a lower secondary attack in contacts than symptomatic index cases (estimate risk ratio [RR], 0.17; 95% confidence interval [CI], 0.09-0.29). To determine the susceptibility of children to household infections the secondary attack rate in pediatric household contacts was assessed. The secondary attack rate in pediatric household contacts was lower than in adult household contacts (RR, 0.62; 95% CI, 0.42-0.91). These data have important implications for the ongoing management of the COVID-19 pandemic, including potential vaccine prioritization strategies.

Keywords: COVID-19; SARS-CoV-2; children; household; transmission.

Valul 4 in SUA (unde a inceput scoala in august)

Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week*



x30 crestere a nr de cazuri

Summary of Findings (data available as of 9/30/21) :

Cumulative Number of Child COVID-19 Cases*

- 5,899,148 total child COVID-19 cases reported, and children represented 16.2% (5,899,148/36,501,460) of all cases
- Overall rate: 7,838 cases per 100,000 children in the population

Change in Child COVID-19 Cases*

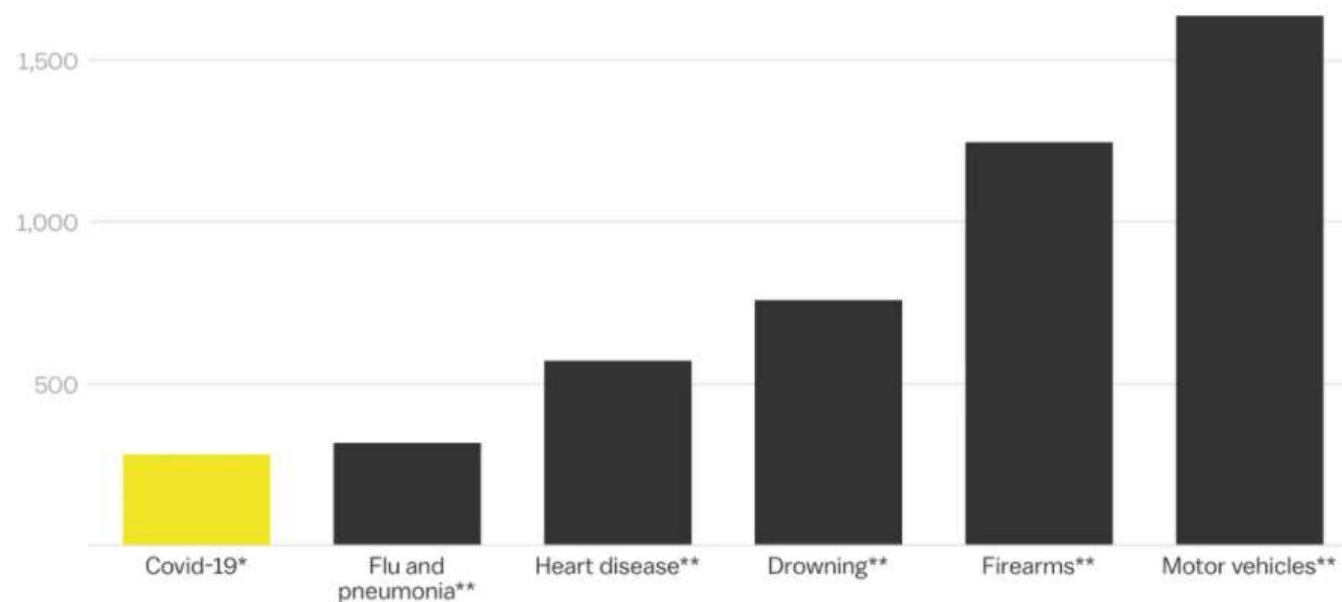
- 173,469 child COVID-19 cases were reported the past week from 9/23/21-9/30/21 (5,725,680 to 5,899,148) and children represented 26.7% (173,469/648,881) of the weekly reported cases
- Over two weeks, 9/16/21-9/30/21, there was an 7% increase in the cumulated number of child COVID-19 cases since the beginning of the pandemic (380,333 cases added (5,518,815 to 5,899,148))

[Children and COVID-19: State-Level Data Report \(aap.org\)](https://www.aap.org/children-and-covid-19)

Risc relativ de deces al COVID-19 la copil

Childhood deaths in the US from Covid-19 and other causes

Average annual deaths of children under 18 in recent years, from January through September



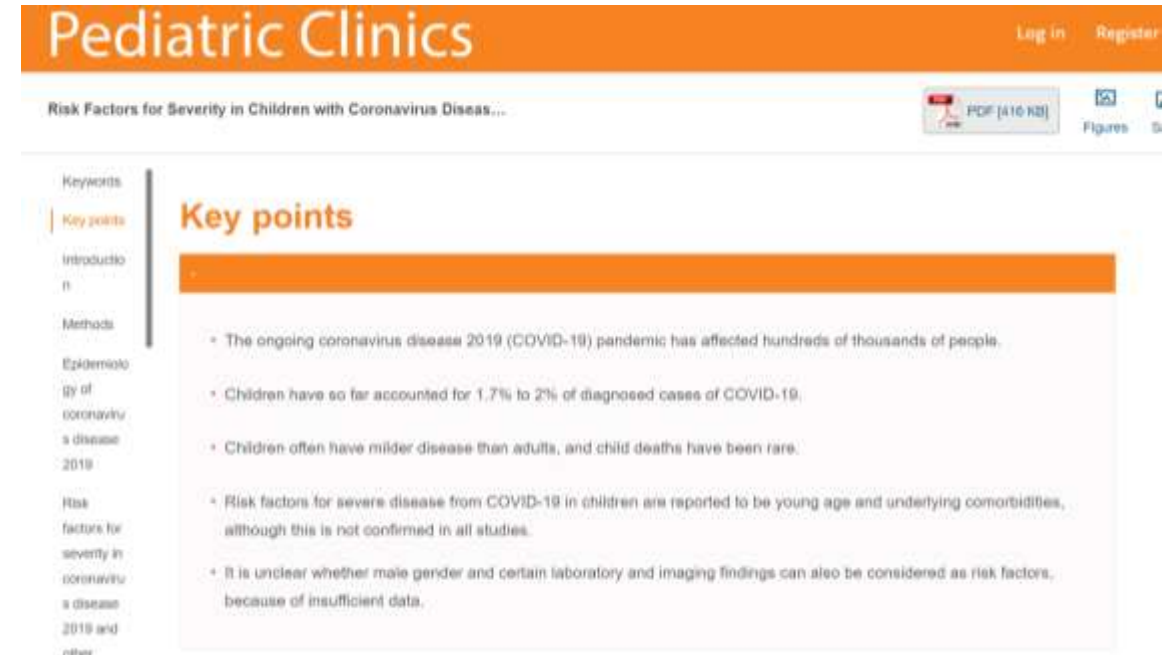
*Covid-19 deaths: January through September 2021

**Other deaths: Annual average from January through September across 2015 to 2019 (latest available data)

Source: Centers for Disease Control and Prevention

Vex

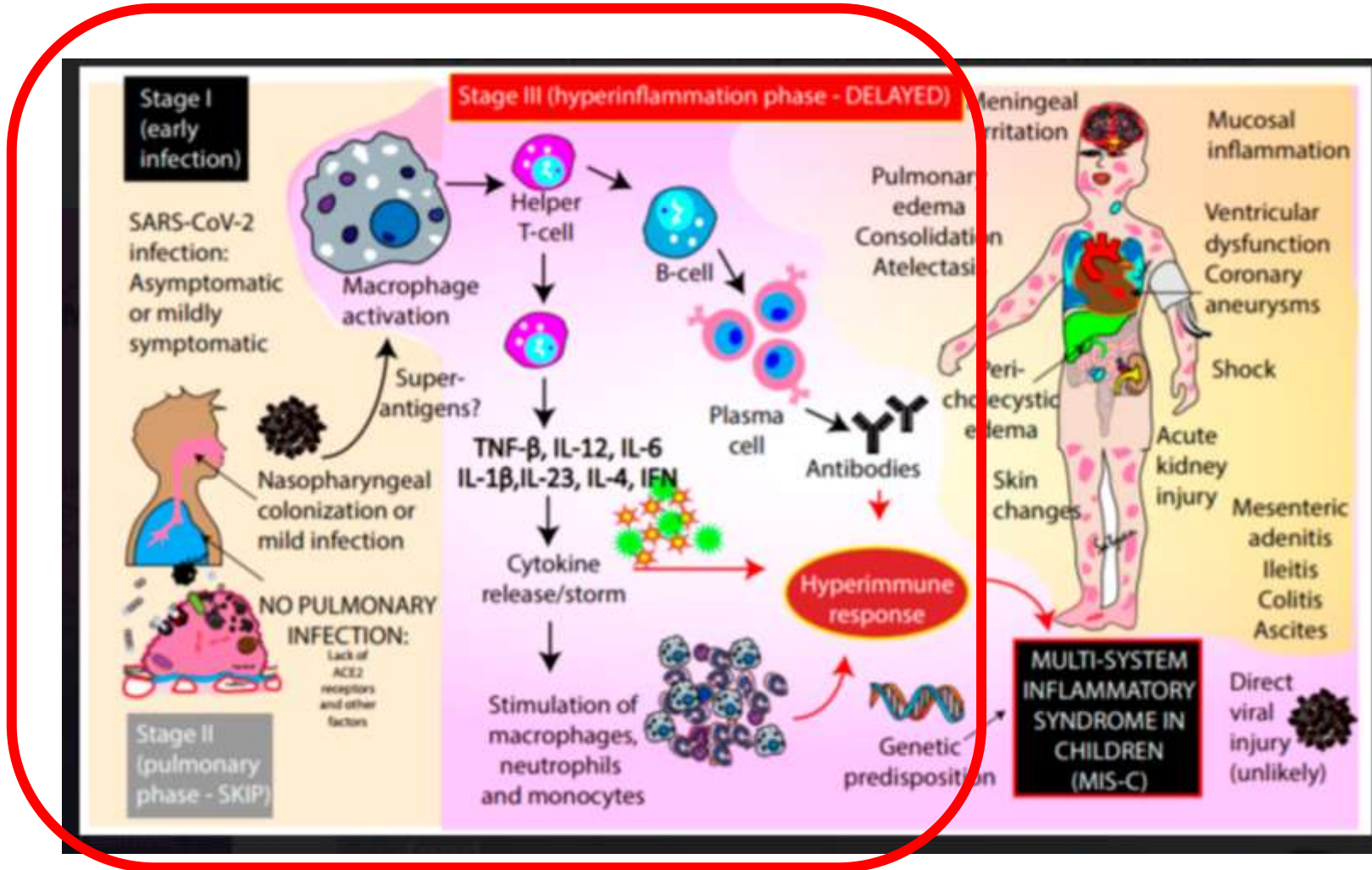
Factori de risc la copil



Specifically, the proportions of severe and critical cases by age group were 10.6% for <1 years, 7.3% for 1–5 years, 4.2% for 6–10 years, 4.1% for 11–15 years, and 3.0% for ≥16 years *

* Dong Y., Mo X., Hu Y., Qi X., Jiang F., Jiang Z., Tong S. Epidemiological Characteristics of 2143 Pediatric Patients With 2019 Coronavirus Disease in China. *Pediatrics* 2020 doi: 10.1542/peds.2020-0702.

Cum evolueaza procesele patogenice la copil?



Ordin al Ministrului Sanatatii 13 Oct 2021



1/16

MONITORUL OFICIAL AL ROMÂNIEI

Anul 189 (XXXIII) — Nr. 978

PARTEA I
LEGI, DECRETE, HOTĂRĂRI ȘI ALTE ACTE

Miercuri, 13 octombrie 2021

SUMAR

| Nr. | Pagina |
|---|--------|
| ACTE ALE ORGANELOR DE SPECIALITATE ALE ADMINISTRAȚIEI PUBLICE CENTRALE | |
| 2.103. — Ordin al ministrului sănătății, interimar, privind modificarea anexei la Ordinul ministrului sănătății nr. 487/2020 pentru aprobarea protocolului de tratament al infecției cu virusul SARS-CoV-2 | 2-15 |
| ACTE ALE COLEGIULUI MEDICILOR DIN ROMÂNIA | |
| 11. — Decizie pentru stabilirea procedurii de consultare și efectuare a fotocopiilor din dosarele disciplinare aflate pe rol și în arhiva Comisiei de jurisdicție a Consiliului național al Colegiului Medicilor din România și a Comisiei superioare de disciplină a Colegiului Medicilor din România..... | 16 |

A.2. Recomandări pentru cazurile pediatrice

1. Infecția cu SARS-CoV-2 este, în general, mai ușoară la copii decât la adulți și o proporție substanțială a copiilor prezintă infecție asimptomatică.

2. Există date limitate privind patogenезa, tabloul clinic și terapia bolii COVID-19 la copii. În absența unor date adecvate privind tratamentul copiilor cu COVID-19 acut, recomandările se bazează pe rezultatele și datele de siguranță pentru pacienții adulți și riscul copilului de progresie a bolii.

3. Forme de severitate ale infecției cu SARS-CoV-2 la copil:
— forma ușoară: simptome generale și/sau de tract respirator superior, fără manifestări evocatoare de pneumonie, fără afectare pulmonară;

— forma medie: pacienți cu pneumonie confirmată imagistic, dar fără hipoxemie (dacă nu există afectare respiratorie anterioară bolii actuale);

— forma severă: detresa respiratorie cu SaO₂ sub 94% în aerul atmosferic și anomalii imagistice de afectare pulmonară;

— forma critică: pacienți care prezintă insuficiență respiratorie severă cu necesar de suport ventilator, șoc septic și/sau disfuncție multiplă de organe.

4. Conform datelor actuale din literatură, copiii care prezintă în antecedente afecțiuni cronice (patologie neurologică, sindroame genetice — inclusiv trisomia 21, obezitate, boli cardiopulmonare cronice), imunocompromiși, precum și adolescenții mai mari (vârsta peste 16 ani) pot fi considerați cu risc crescut de boală severă.

5. Terapie specifică

a) Majoritatea copiilor cu infecție cu SARS-CoV-2 nu vor necesita terapie specifică.

b) Utilizarea corticoterapiei se recomandă în special pentru copiii spitalizați cu COVID-19 care necesită oxigenoterapie.

c) Remdesivir este recomandat pentru:

— copii cu vârsta ≥ 12 ani cu COVID-19 spitalizați care au factori de risc pentru boli severe și necesită oxigenoterapie;

— copii cu vârsta ≥ 16 ani cu COVID-19 spitalizați care necesită oxigenoterapie, indiferent de prezența factorilor de risc pentru boala severă.

Remdesivirul poate fi luat în considerare pentru copiii cu COVID-19 spitalizați, indiferent de vârstă, dar cu greutate peste 3,5 kg, în situațiile în care necesită oxigenoterapie și la recomandarea medicului specialist de boli infecțioase.

d) Tratamentul anticoagulant profilactic sau curativ este rezervat formelor severe sau critice și va fi luat în considerare la recomandarea medicului specialist boli infecțioase sau ATI.

e) Nu există dovezi suficiente pentru sau împotriva utilizării produselor de anticorpi monoclonali anti-SARS-CoV-2 pentru copiii cu COVID-19 care nu sunt spitalizați, dar care au factori de risc pentru boli severe. Pe baza studiilor la adulți, bamlanivimab plus etesevimab sau casirivimab plus imdevimab pot fi luate în considerare de la caz la caz pentru copiii spitalizați cu vârsta peste 12 ani și care prezintă risc crescut pentru forma severă de boală. Se recomandă consultarea unui specialist în boli infecțioase în astfel de cazuri.

adulți și riscul copilului de progresie a bolii.

3. Forme de severitate ale infecției cu SARS-CoV-2 la copil:
— forma ușoară: simptome generale și/sau de tract respirator superior, fără manifestări evocatoare de pneumonie, fără afectare pulmonară;

A.3. Strategie terapeutică în funcție de forma de boală pentru cazurile pediatrice

1. Forma ușoară:

- simptomatice;
- antiinflamator nesteroidian;

4

MONITORUL OFICIAL AL ROMÂNIEI, PARTEA I, Nr. 978/13.X.2021

— +/- antibioticoterapie (când există semne de asociere a unei infecții bacteriene).

2. Forma medie (fără oxigenoterapie):

- simptomatice;
- antiinflamator nesteroidian sau corticoterapie (la latitudinea medicului curant);
- antibioticoterapie (se vor folosi antibioticele indicate în pneumonia comunitară).

3. Forma severă (cu necesar de oxigenoterapie):

- simptomatice;
- antibioticoterapie adaptată;
- corticoterapie iv (dexametazonă 0,15 mg/kg/zi — maximum 6 mg/zi, metilprednisolon — 0,8 mg/kg/zi — maximum 32 mg/zi, hidrocortizon);

— anticoagulant în doză profilactică (enoxaparina) — în funcție de factorii de risc (clinici și biologici) pentru tromboza venoasă;

— antiviral (remdesivir) — la recomandarea medicului specialist de boli infecțioase;

— +/- imunomodulator (tocilizumab) — la recomandarea medicului specialist de boli infecțioase.

4. Forma critică (cu necesar de suport ventilator) pentru cazurile internate în secțiile ATI:

- simptomatice;
- antibioticoterapie adaptată;
- corticoterapie iv (dexametazonă, metilprednisolon);
- anticoagulant în doză curativă (enoxaparină);
- antiviral (remdesivir) — cu eventuala recomandare a medicului specialist de boli infecțioase;
- imunomodulator (tocilizumab) — cu eventuala recomandare a medicului specialist de boli infecțioase;
- tratamentul șocului și al disfuncțiilor de organ.

Durata tratamentului antiviral este una orientativă, în raport cu evoluția pacientului, inclusiv apariția de efecte adverse severe.

Rezultatele studiilor efectuate sunt influențate atât de eficiența produselor testate, cât și de eterogenitatea loturilor de pacienți în privința momentului infecției cu SARS-CoV-2 în care au fost tratați.

Persoanele cu infecție asimptomatică cu SARS-CoV-2 nu primesc tratament deoarece nu s-a demonstrat că ar reduce durata excreției virusului și nici nu ar preveni evoluția către forme severe de boală.

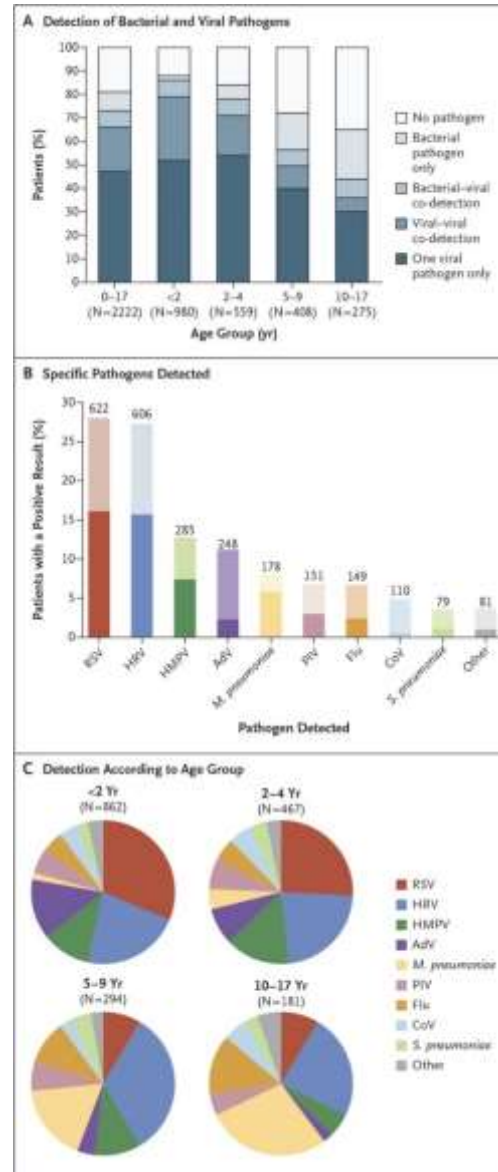
Medicamentele cu acțiune antivirală potențial active împotriva SARS-CoV-2 sunt:

B.1.a. Remdesivir

Remdesivir este un antiviral potențial util pentru tratamentul COVID-19, care inhibă ARN polimeraza ARN dependentă, blocând prematur transcripția ARN. Are activitate *in vitro* împotriva coronavirusurilor, inclusiv împotriva SARS-CoV-2.

Datele obținute în studii clinice în tratamentul COVID-19 au fost contradictorii; includerea unor procente diferite de pacienți aflați în diferite faze evolutive ale COVID-19 poate fi una dintre explicațiile majore ale acestor diferențe. Un prim studiu randomizat, controlat, dublu orb (RCT), derulat în China, a fost întrerupt prematur din cauza lipsei de eficiență și a unei rate sporite de efecte adverse: 12% față de 5% placebo. Datele unui alt RCT, comunicate de Beigel JH și colaboratorii, au arătat o reducere a duratei medii a simptomatologiei de la 15 zile la 10 zile și a riscului de deces după 29 de zile de la 15,2% la 11,4% la pacienții tratați cu remdesivir. Datele studiului SOLIDARITY nu evidențiază o reducere semnificativă a letalității și a duratei de spitalizare, dar rezultatele au fost mai bune la pacienții la care s-a administrat mai devreme în cursul bolii, când aveau un necesar redus de oxigen.

Pathogens Detected in U.S. Children with Community-Acquired Pneumonia Requiring Hospitalization.



Jain S et al. *N Engl J Med* 2015;372:835-845.

Concluzia EPIC

- Diagnostic testing for multiple pathogens revealed a pathogen in 81% of the children with pneumonia
 - a viral pathogen was detected in **73% of the children**
 - a bacterial pathogen **in 15%**
- Multiple pathogens were detected in 26% of the children

COVID-19 la copii – cu sau fără antibiotic?

ATM

ANNALS OF
TRANSLATIONAL
MEDICINE

Ann Transl Med. 2020 May; 8(10): 619.
doi: [10.21037/atm-20-3300](https://doi.org/10.21037/atm-20-3300)

PMCID: PMC7290645
PMID: [32566556](https://pubmed.ncbi.nlm.nih.gov/32566556/)

Efficacy and safety of antibiotic agents in children with COVID-19: a rapid review

Jianjian Wang,^{1,2,#} Yuvi Tang,^{3,4,5,#} Yanfang Ma,^{2,#} Qi Zhou,^{2,6} Weiguo Li,^{3,4,5} Muna Baskota,^{3,4,5} Yiomei Yang,^{3,4,5} Xingmei Wang,^{3,4,5} Qingyuan Li,^{3,4,5} Xufei Luo,^{1,2} Toshio Fukukoka,^{7,8} Hyeong Sik Ahn,^{9,10} Myeong Soq Lee,^{11,12} Zhongxiu Luo,^{3,4,5} Enmei Liu,^{3,4,5} Yaolong Chen,^{11,2,13,14,15} and on behalf of COVID-19 Evidence and Recommendations Working Group

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This article has been [cited by](#) other articles in PMC.

Abstract

Go to: 

Background

The aim of this review was to evaluate the efficacy and safety of antibiotic agents in children with COVID-19, as well as to introduce the present situation of antibiotics use and bacterial coinfections in COVID-19 patients.

Methods

We searched Cochrane library, Medline, Embase, Web of Science, CBM, Wanfang Data and CNKI from their inception to March 31, 2020. In addition, we searched related studies on COVID-19 published before March 31, 2020 through Google Scholar. We evaluated the risk of bias of included studies, and synthesized the results using a qualitative synthesis.

Results

Six studies met our inclusion criteria. Five studies on SARS showed an overall risk of death of 7.2% to 20.0%. One study of SARS patients who used macrolides, quinolones or beta lactamases showed that the mean duration of hospital stay was 14.2, 13.8 and 16.2 days, respectively, and their average duration of fever was 14.3, 14.0 and 16.2 days, respectively. One cohort study on MERS indicated that macrolide therapy was not associated with a significant reduction in 90-day mortality (adjusted OR 0.84, 95% CI: 0.47–1.51, P=0.56) and improvement in MERS-CoV RNA clearance (adjusted HR 0.88, 95% CI: 0.47–1.64, P=0.68). According to the findings of 33 studies, the proportion of antibiotics use ranged from 19.4% to 100.0% in children and 13.2% to 100.0% in adults, despite the lack of etiological evidence. The most commonly used antibiotics in adults were quinolones, cephalosporins and macrolides and in children meropenem and linezolid.

Conclusions

The benefits of antibiotic agents for adults with SARS or MERS were questionable in the absence of bacterial coinfections. There is no evidence to support the use of antibiotic agents for children with COVID-19 in the absence of bacterial coinfection.

COVID-19 la copii – cu sau fără antibiotic?

Wiley Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

Acta Paediatr. 2021 Jun; 110(6): 1902–1910.

PMCID: PMC8251202

Published online 2021 Mar 26. doi: [10.1111/apa.15847](https://doi.org/10.1111/apa.15847)

PMID: [33742466](https://pubmed.ncbi.nlm.nih.gov/33742466/)

High rates of antibiotic prescriptions in children with COVID-19 or multisystem inflammatory syndrome: A multinational experience in 990 cases from Latin America

Adriana Yock-Corrales,¹ Jacopo Lenzi,² Rolando Ulloa-Gutiérrez,³ Jessica Gómez-Vargas,¹ Omar Yassef Antúnez-Montes,⁴ Jorge Alberto Ríos Aida,⁵ Olguita del Aguila,⁶ Erick Arteaga-Menchaca,⁷ Francisco Campos,⁸ Fadia Uribe,⁸ Andrea Parra Buitrago,^{9, 10} Lina María Betancour Londoño,⁹ Martín Britzuela,¹¹ and Danilo Buonsenso^{12, 13, 14}

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Associated Data

• Data Availability Statement

Abstract

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Aim

This study aims to assess rates of antibiotic prescriptions and its determinants in children with COVID-19 or Multisystem Inflammatory Syndrome (MIS-C).

Results

A total of 990 children were included: 921 (93%) with COVID-19, 69 (7.0%) with MIS-C. The prevalence of antibiotic use was 24.5% ($n = 243$). MIS-C with (OR = 45.48) or without (OR = 10.35) cardiac involvement, provision of intensive care (OR = 9.60), need for hospital care (OR = 6.87), pneumonia and/or ARDS detected through chest X-rays (OR = 4.40), administration of systemic corticosteroids (OR = 4.39), oxygen support, mechanical ventilation or CPAP (OR = 2.21), pyrexia (OR = 1.84), and female sex (OR = 1.50) were independently associated with increased use of antibiotics. There was significant variation in antibiotic use across the hospitals.

Conclusion

Our study showed a high rate of antibiotic prescriptions in children with COVID-19, in particular in those with severe disease or MIS-C. Prospective studies are needed to provide better evidence on the recognition and management of bacterial infections in COVID-19 children.

Keywords: COVID-19, SARS-COV-2, antibiotics, stewardship

Abbreviations

MIS-C multisystem inflammatory syndrome
NICU neonatal intensive care unit
PICU pediatric intensive care unit
RT-PCR real time polymerase chain reaction
CDC centers for disease and control

Key Notes

- To date, there are no comprehensive data on antibiotic use in children with COVID-19 and Multisystem Inflammatory Syndrome.
- Our study showed a high rate of antibiotic prescriptions in children with COVID-19 and in particular in those with severe disease or Multisystem Inflammatory Syndrome
- High antibiotic prescriptions may fuel antibiotic resistance, better local guidelines are needed to ensure that antibiotics are prescribed to those with higher risk of bacterial co-infections

COVID-19 la copii – cu sau fără antibiotic?

Acta Paediatr. 2021 Sep; 110(9): 2646–2649.
Published online 2021 Jun 21. doi: [10.1111/apa.15980](https://doi.org/10.1111/apa.15980)

PMCID: PMC8444676
PMID: [34115903](https://pubmed.ncbi.nlm.nih.gov/34115903/)

Comment on 'High rates of antibiotic prescriptions in children with COVID-19 or multisystem inflammatory syndrome: A multinational experience in 990 cases from Latin America'

Paediatric Research Across the Midlands (PRAM) Network

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CONFLICT OF INTEREST

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The authors declare that there is no conflict of interest.

We read the article 'High rates of antibiotic prescriptions in children with COVID-19 or multisystem inflammatory syndrome: A multinational experience in 990 cases from Latin America' by Yock-Corrales A. et al. published in *Acta Paediatrica* in March 2021 with interest. We would like to congratulate the authors and make some contributions based on our regional observational study from the UK on this highlighted concern.

Yock-Corrales A. et al. report on the antibiotic prescriptions and its determinants in children with COVID-19 or MIS-C in five Latin American countries. Antibiotic prescription prevalence was reported to be 24.5%.¹ A high rate of antibiotic prescriptions was observed in children with MIS-C, on respiratory support, radiological evidence of pneumonia and fever. It raises a real emerging concern of antibiotic resistance as an effect of this pandemic. We report a similar observation made in the West Midlands, UK, in hospitalised children, reviewing the regional practice of management of children with suspected/confirmed COVID-19 and PIMS-TS (MIS-C).² Children (≤ 16 years old) admitted to paediatric wards with suspected COVID-19 infection between 1 March and 31 July 2020 from nine district general hospitals were included. During this first wave, the suspicion levels for COVID-19 were high; however, timely screening and turnover time of RT-PCR swab were evolving. Hence, diagnoses were predominantly based on clinical suspicion and contact history. 'Suspected COVID-19' was defined as those admitted with fever and symptoms associated with upper and/or lower respiratory tract symptoms or gastrointestinal symptoms or a rash of unknown cause, or where there was a documented strong clinical suspicion from a senior clinician. Among the 607 children included, 447 (74%) were <5 years old. COVID-19 swabs were taken in 566 (93%), and 45 (7.4%) were positive. 115 (19%) had a discharge diagnosis of suspected COVID-19. Eight (1.3%) had PIMS-TS. 273 (45%) children had blood cultures taken and 255 (93%) were negative. 197 (32%) had reported chest radiograph abnormalities out of 397 performed. 390 (64%) children received antibiotics, a higher rate in comparison with the study published (24.5%). 186 (31%) received broad-spectrum antibiotics. There was no difference in antibiotic use between suspected (62%) and confirmed COVID (64%) cases (p -value=0.768). However, as reported by Yock-Corrales A. et al, antibiotic use was significantly higher in PIMS-TS cases (84%, p -value =0.011).

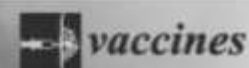
This observed high antibiotic use in a UK cohort, in particular broad-spectrum antibiotics, in the presence of low culture positivity and PIMS-TS is alarming. However, this study was conducted in the first wave, when there was an uncertainty on the impact of novel coronavirus on children and the challenges in distinguishing PIMS-TS and sepsis persisted. Our knowledge has since exponentially heightened, and it is evident that the majority of children infected with COVID-19 have mild or few symptoms. From the reported evidence, the rates of bacterial and fungal co-infections are low in the early phase of COVID-19.³ With the ongoing pandemic worldwide and the concern of a third wave, it is important that this awareness is disseminated and antibiotic stewardship strategies are incorporated in the management of children with COVID-19.

Ce este la copil altfel in infectia cu SARS-CoV-2?

Kids and COVID: why young immune systems are still on top

Innate immunity might be the key to why children have fared better with the virus. But the Delta variant poses fresh unknowns.

Smith Mallapaty



Vaccines (Basel). 2021 Sep, 9(9): 1002.

Published online 2021 Sep 8. doi: [10.3390/vaccines9091002](https://doi.org/10.3390/vaccines9091002)

PMCID: PMC8473426

PMID: [34579240](https://pubmed.ncbi.nlm.nih.gov/34579240/)

Pediatric COVID-19: Immunopathogenesis, Transmission and Prevention

Geraldine Blanchard-Rohner,^{1,2,3,*} Arnaud Didierlaurent,² Anne Tilmanne,⁴ Pierre Smeesters,⁴ and Arnaud Marchant⁵

Nabila Seddiki, Academic Editor and Roger Le Grand, Academic Editor

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Associated Data

[Data Availability Statement](#)

Abstract

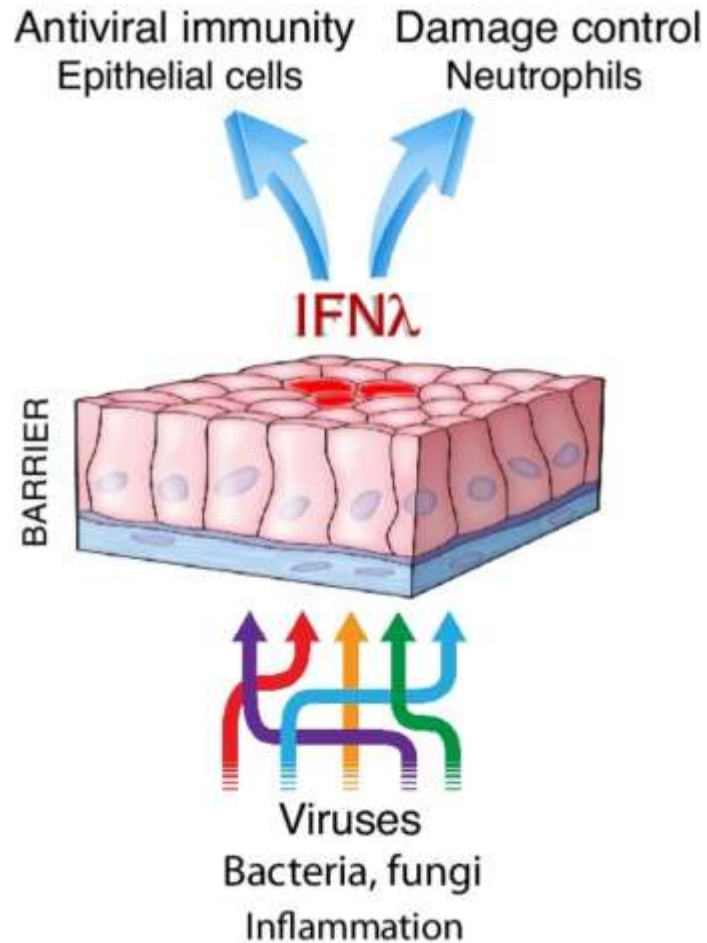
Go to:

Children are unique in the context of the COVID-19 pandemic. Overall, SARS-CoV-2 has a lower medical impact in children as compared to adults. A higher proportion of children than adults remain asymptomatic following SARS-CoV-2 infection and severe disease and death are also less common. This relative resistance contrasts with the high susceptibility of children to other respiratory tract infections. The mechanisms involved remain incompletely understood but could include the rapid development of a robust innate immune response. On the other hand, children develop a unique and severe complication, named multisystem inflammatory syndrome in children, several weeks after the onset of symptoms. Although children play an important role in the transmission of many pathogens, their contribution to the transmission of SARS-CoV-2 appears lower than that of adults. These unique aspects of COVID-19 in children must be considered in the benefit–risk analysis of vaccination. Several COVID-19 vaccines have been authorized for emergency use in adolescents and clinical studies are ongoing in children. As the

Vaccines (Basel)

Vaccines (Basel)

Ce este la copil altfel in infectia cu SARS-CoV-2?



The screenshot shows a Science journal article page. The main title is "Autoantibodies against type I IFNs in patients with life-threatening COVID-19". The article is categorized as a "RESEARCH ARTICLE". The authors listed are Paul Bastard, Lindsey S. Rosen, Emmanuel Charrier, et al. The article is dated 20 Oct 2020. The page also features a "CURRENT ISSUE" section with a cover image and a "BATTERY GUIDES" section. The article abstract discusses the immune system's complexity and the role of interferons (IFNs) in severe COVID-19.

Imunitatea are performante diferite in functie de varsta

Allergy EUROPEAN JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY

ORIGINAL ARTICLE | Free Access

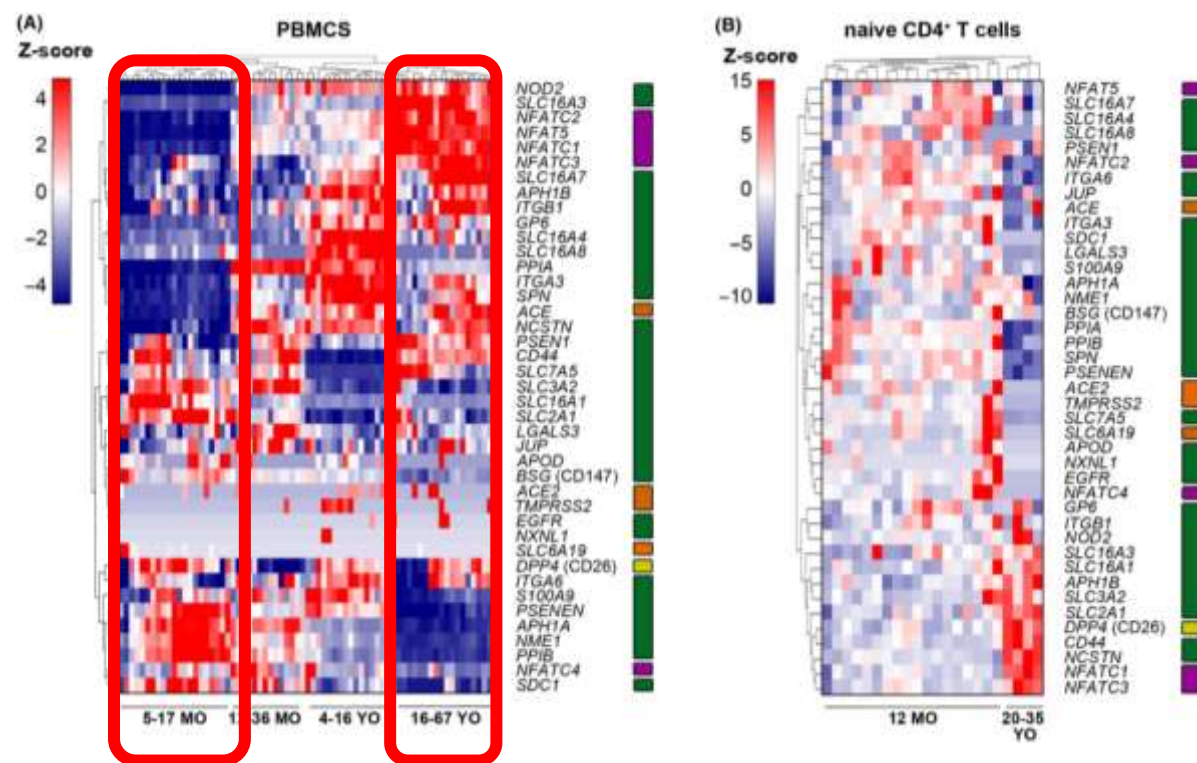
Distribution of ACE2, CD147, CD26, and other SARS-CoV-2 associated molecules in tissues and immune cells in health and in asthma, COPD, obesity, hypertension, and COVID-19 risk factors

Urszula Radzikowska, Mei Ding, Ge Tan, Demir Zhakparov, Yang Peng, Paulina Wawrzyniak, Ming Wang, Shao Li, Hideaki Morita, Can Altunbulakli, Matthias Reiger, Axelsen U. Neumann, ... See all authors

First published: 04 June 2020 | <https://doi.org/10.1111/all.14429> | Citations: 171

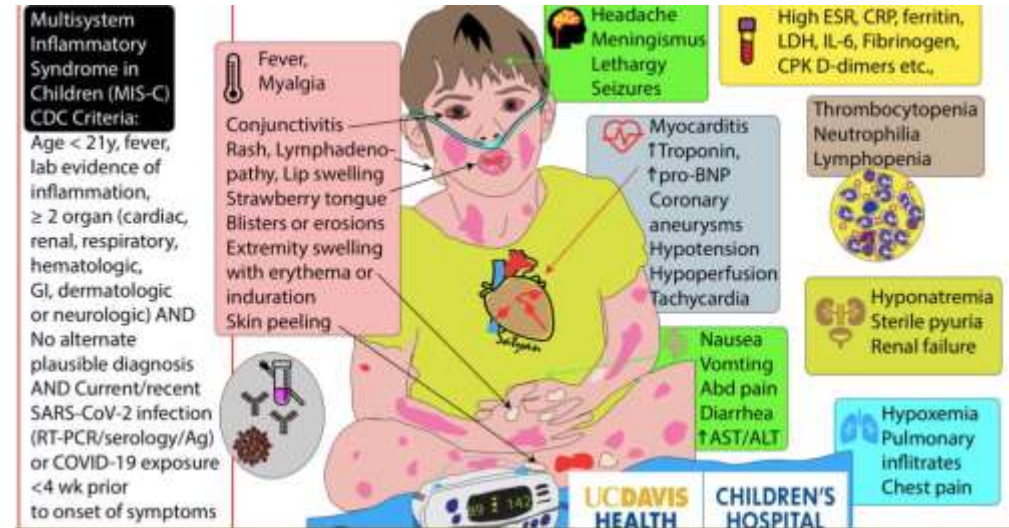
Volume 25, Issue 11
November 2020
Pages 2829-2843
This article also appears in:
COVID-19 Articles in Allergy

Recommended
Frequency of Foxp3⁺CD4⁺CD25⁺ T cells is associated with the phenotypes of



La copil problemele se situeaza ... in viitor

- **PIMS –TS** (Sindromul Pediatric de Inflamație Multisistemică asociat temporal cu infecția produsă de SARS-CoV-2) sau **MIS-C** (Multisystem Inflammatory Syndrome in Children)



- **PACS** (Post-Acute COVID-19 Syndrome)



PIMS-TS / MIS-C

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Multisystem Inflammatory Syndrome in Children (MIS-C) Interim Guidance

Home / Critical Updates on COVID-19 / COVID-19 Interim Guidance / Multisystem Inflammatory Syndrome in Children (MIS-C) Interim Guidance



What is the case definition of multisystem inflammatory syndrome in children (MIS-C)?

The CDC issued a [Health Advisory](#) on May 14, 2020, that outlines the following case definition for MIS-C:

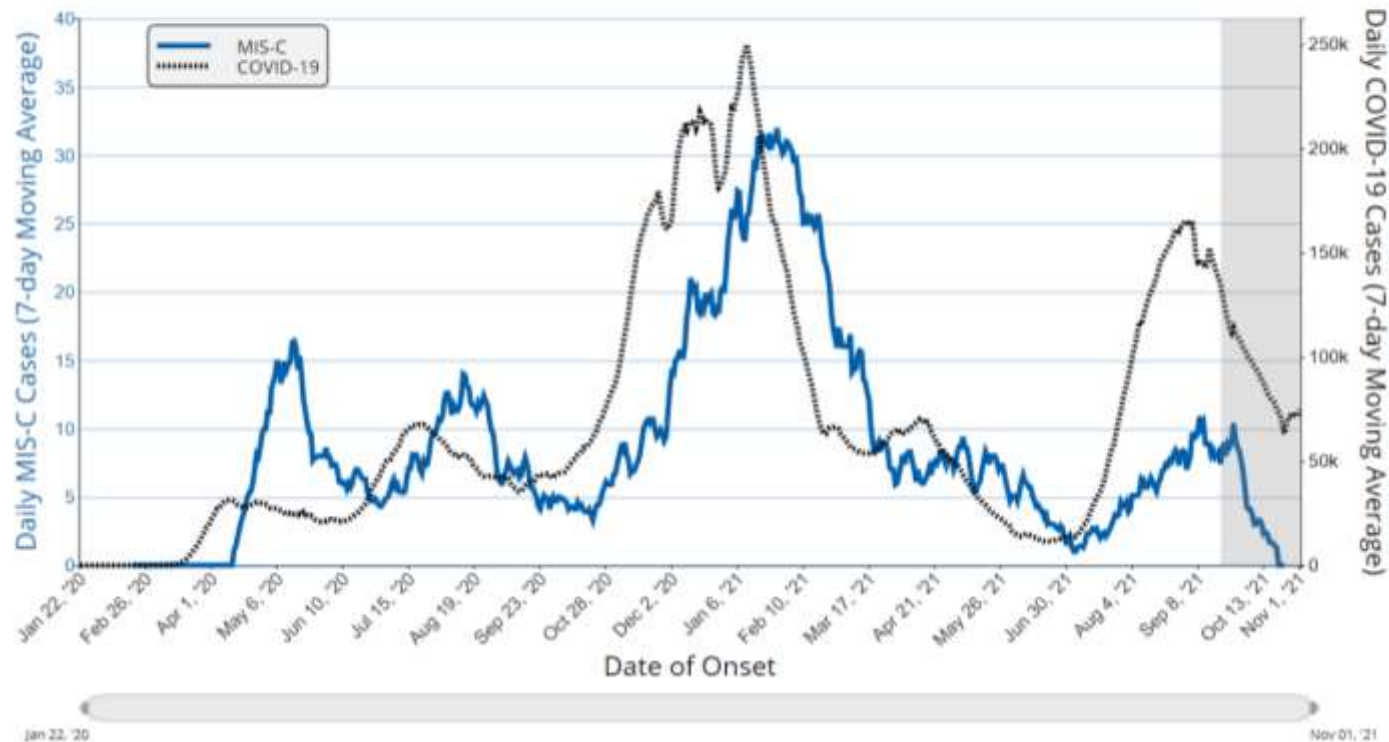
- An individual aged <21 years presenting with fever,¹ laboratory evidence of inflammation,² and evidence of clinically severe illness requiring hospitalization, with multisystem (≥2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic, or neurological); **AND**
- No alternative plausible diagnoses; **AND**



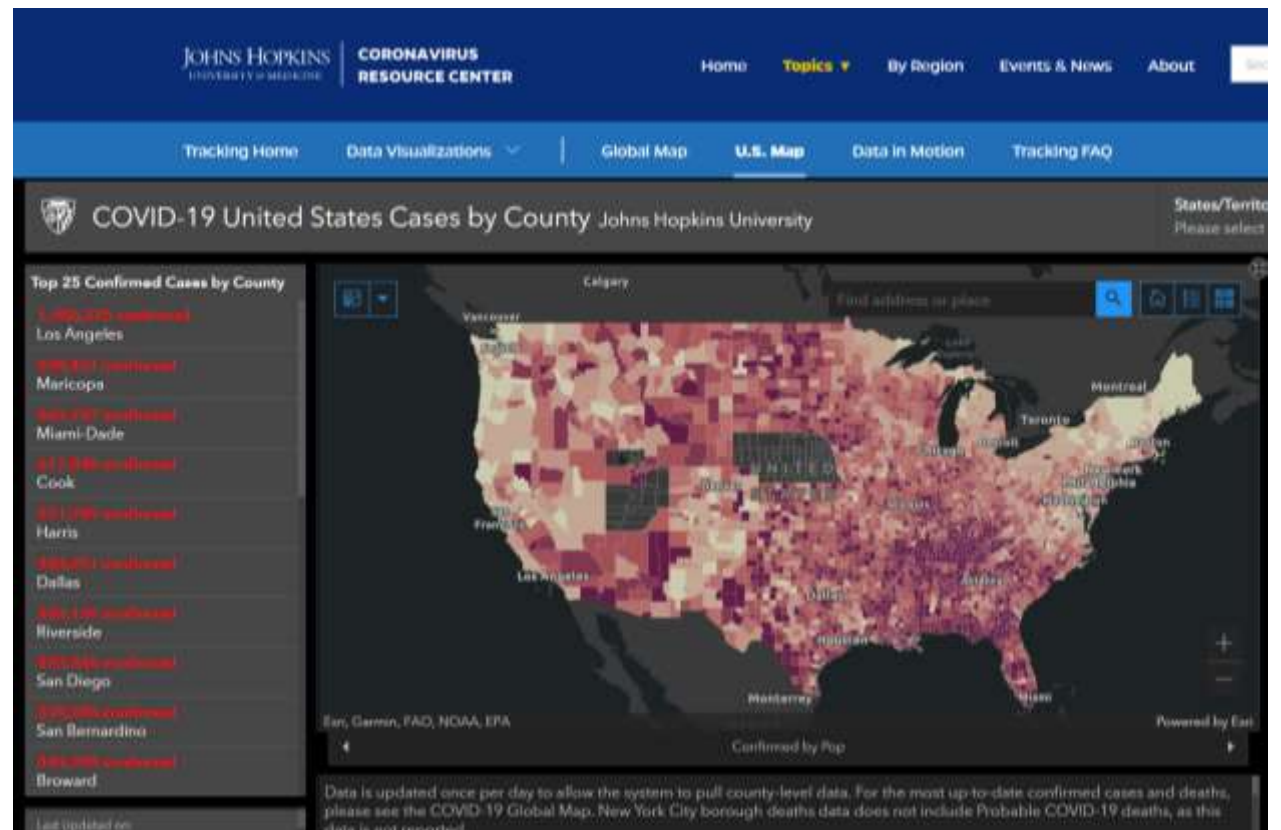
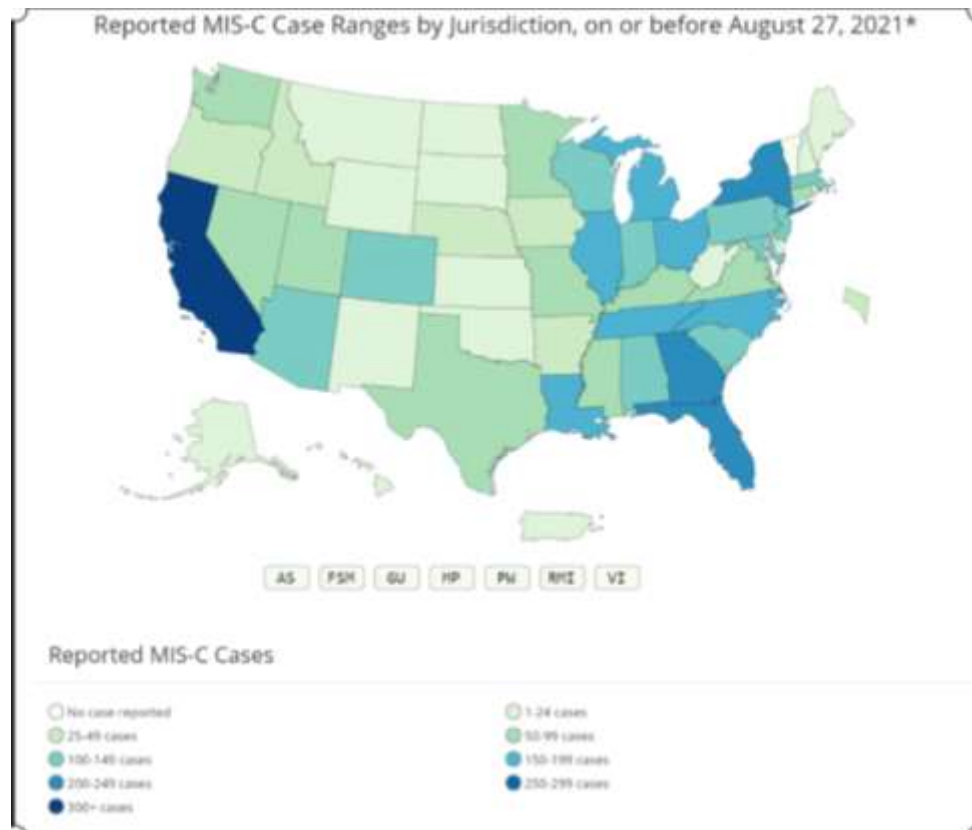
Positive for current or recent SARS-CoV-2 (COVID-19) infection by RT-PCR, serology, or antigen test or COVID-19 exposure within the 4 weeks prior to the onset of symptoms

MIS-C conform CDC

Daily MIS-C Cases and COVID-19 Cases Reported to CDC (7-Day Moving Average)



Sindromul Pediatric de Inflamație Multisistemică asociat temporar cu infecția produsă de SARS-CoV-2



MIS-C conform CDC

Health Department-Reported Cases of Multisystem Inflammatory Syndrome in Children (MIS-C) in the United States

Since mid-May 2020, CDC has been tracking case reports of [multisystem inflammatory syndrome in children \(MIS-C\)](#), a rare but serious condition associated with COVID-19. CDC is working to learn more about why some children and adolescents develop MIS-C after having COVID-19 or contact with someone with COVID-19, while others do not.

Data on this page are reported voluntarily to CDC by each jurisdiction's health department. CDC encourages all jurisdictions to report the most complete and accurate information that best represents the data available in their jurisdiction [Learn more about the data](#).

Last updated with cases reported to CDC on or before November 1, 2021*

| | |
|---|--|
| TOTAL MIS-C PATIENTS MEETING CASE DEFINITION* | TOTAL MIS-C DEATHS MEETING CASE DEFINITION |
| 5,526 | 48 |

*Additional patients are under investigation. After review of additional clinical data, patients may be excluded if there are alternative diagnoses that explained their illness.

Summary

- The median age of patients with MIS-C was 9 years. Half of children with MIS-C were between the ages of 5 and 13 years.
- 61% of the reported patients with race/ethnicity information available occurred in children who are Hispanic/Latino (1,444 patients) or Black, Non-Hispanic (1,568 patients).
- 98% of patients had a positive test result for SARS CoV-2, the virus that causes COVID-19. The remaining 2% of patients had contact with someone with COVID-19.
- 60% of reported patients were male.



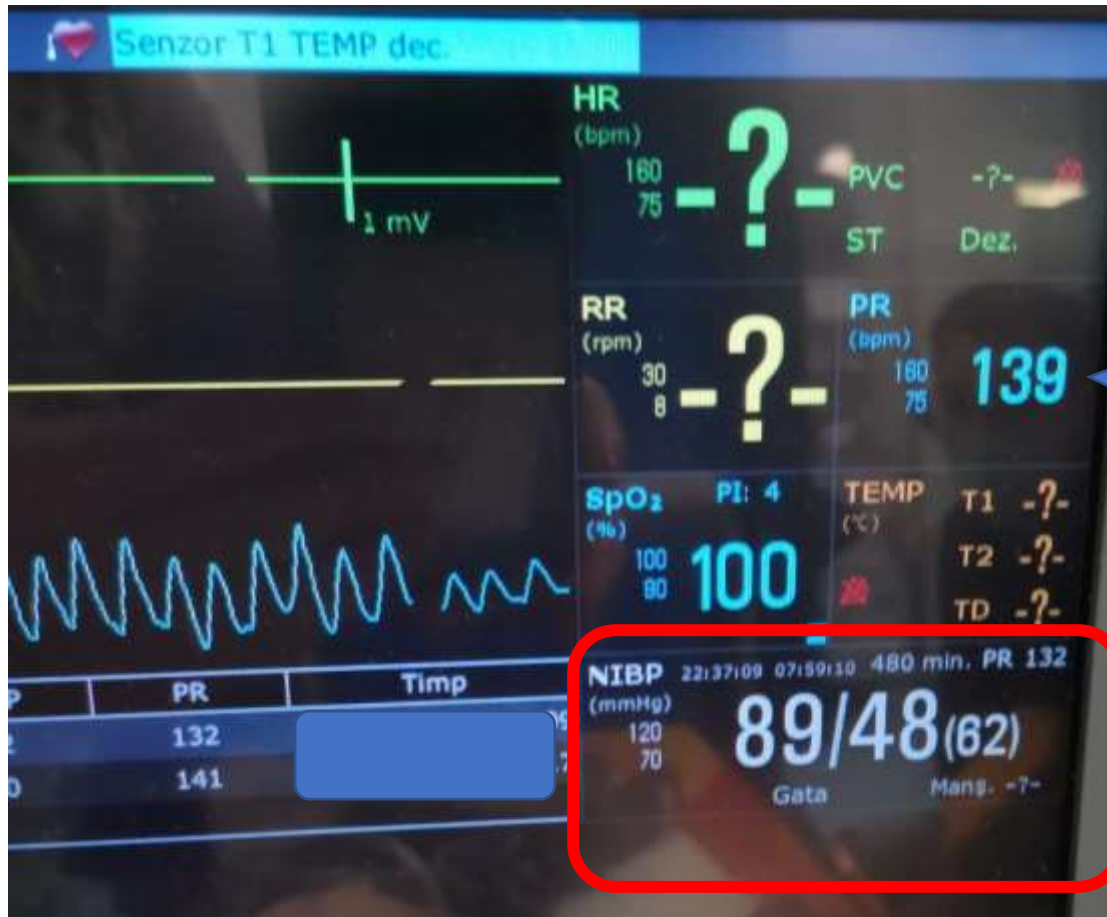
Caz clinic

- Domnisoara A, in varsta de 8 ani
- Adusa de urgenta de catre salvare
- Suspiciune de abdomen acut
 - Dureri abdominale violente
 - Varsaturi
 - Absenta diaree
 - Somnolenta
 - Febra

Aspecte clinice



Evaluarea functiilor vitale



Afebrila,
hiporeactiva,
zace in pat,
lipsita de putere,
fara detresa

$70 + 2 \times \text{varsta} = 86!$

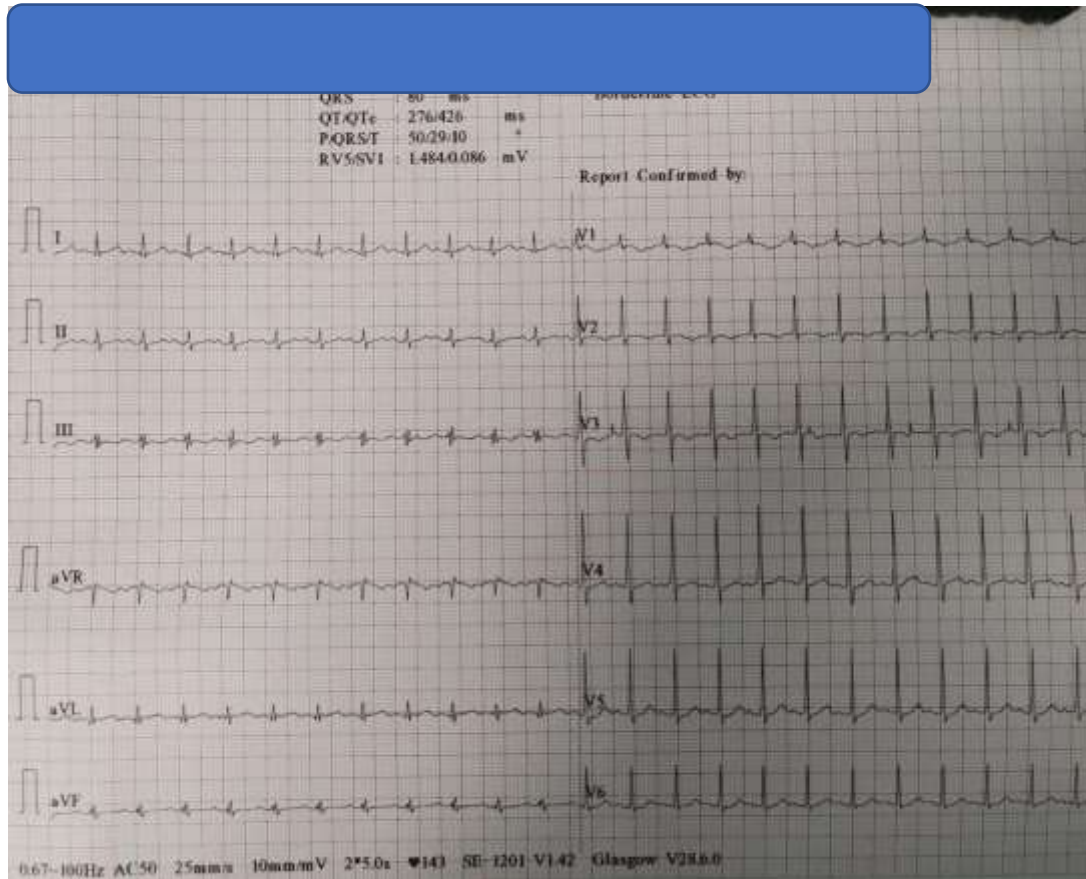
Evaluarea functiilor vitale



Deteriorare progresiva cu accentuarea somnolentei

$70 + 2 \times \text{varsta} = 86!$

Investigatii initiale



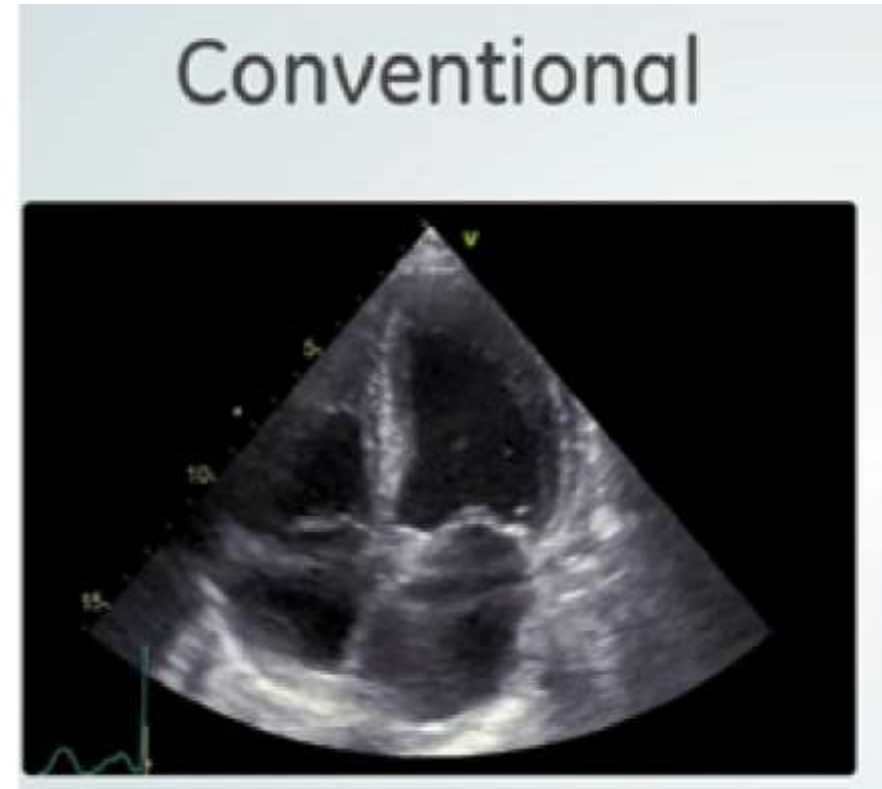
RADIOMETER ABL90 SERIES

| | | |
|--|-------------|-------------------|
| Blood gas values | | |
| pH | 7.367 | [7.350 - 7.450] |
| ↑ pCO ₂ | 47.8 mmHg | [35.0 - 45.0] |
| ↓ pO ₂ | 49.1 mmHg | [80.0 - 100.0] |
| Oximetry values | | |
| ↓ ctHb | 10.3 g/dL | [11.0 - 14.0] |
| ↓ sO ₂ | 88.2 % | [95.0 - 100.0] |
| FO ₂ Hb | 83.9 % | [0.0 - |
| FCO ₂ Hb | 0.5 % | [0.5 - 1.5] |
| FIHb | 13.4 % | [- |
| ↑ FIctHb | 2.2 % | [0.0 - 1.5] |
| FIctF | 60 % | [- |
| Electrolyte values | | |
| ↑ cK ⁺ | 6.7 mmol/L | [3.5 - 5.0] |
| cNa ⁺ | 141 mmol/L | [135 - 145] |
| cCa ²⁺ | 1.36 mmol/L | [1.20 - 2.00] |
| cCl ⁻ | 106 mmol/L | [98 - 110] |
| Metabolite values | | |
| cGlu | 89 mg/dL | [70 - 100] |
| ↑ cLac | 3.3 mmol/L | [1.5 - 2.0] |
| cBil | 3 mg/L | [- |
| Temperature-corrected values | | |
| pH(T) | 7.367 | |
| pCO ₂ (T) | 47.8 mmHg | |
| pO ₂ (T) | 49.1 mmHg | |
| Oxygen status | | |
| sO _{2c} | 12.2 Vol% | |
| pO _{2c} | 25.27 mmHg | |
| Acid-base status | | |
| sBase(Ecf) _c | 2.1 mmol/L | |
| cHCO ₃ ⁻ (P.st) _c | 25.6 mmol/L | |

Evolutie

- Febricitateaza la valori inalte
- Somnolenta
- Aggravare progresiva pe fondul scaderii TA
- Initiere PEV continua cu inotrop

- Evaluare cardiologica
(Conf dr Eliza CINTEZA la Spitalul MS Curie)



Optiuni de tratament

The NEW ENGLAND JOURNAL of MEDICINE

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Multisystem Inflammatory Syndrome in Children — Initial Therapy and Outcomes

Mary Beth F. Son, M.D., Nancy Murray, M.Sc., Kevin Friedman, M.D., Cameron C. Young, Margaret M. Newhams, M.PH., Leora R. Feldstein, Ph.D., Laura L. Lofis, M.D., Keiko M. Tarquinio, M.D., Aakok R. Singh, M.D., Sabrina M. Heidemann, M.D., Vijaya L. Soma, M.D., Becky J. Riggs, M.D., et al., for the Overcoming COVID-19 Investigators*

Article Figures/Media

28 References 1 Citing Article Letters

Abstract

BACKGROUND

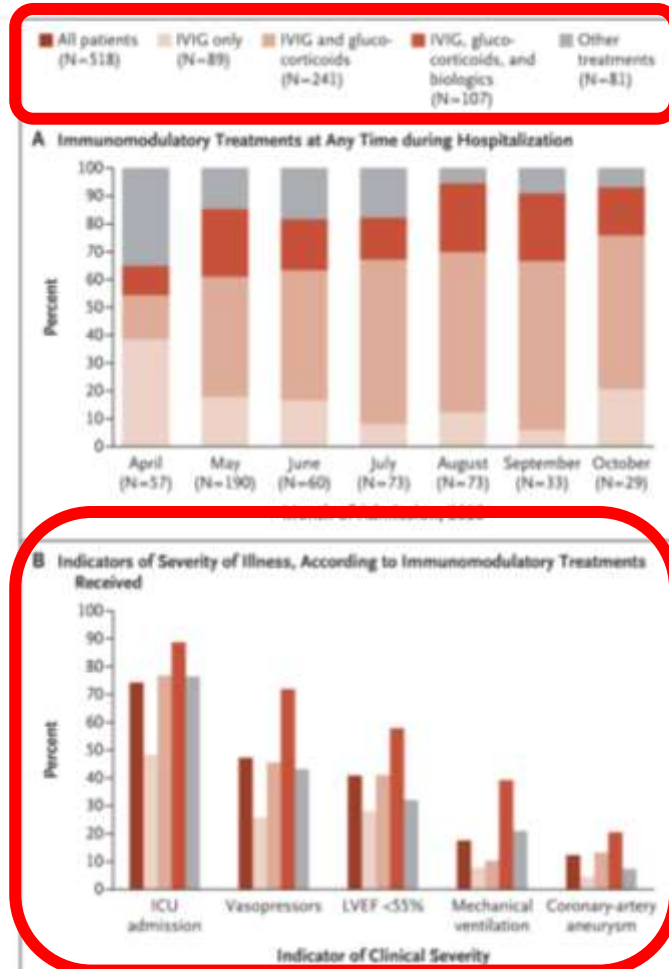
The assessment of real-world effectiveness of immunomodulatory medications for multisystem inflammatory syndrome in children (MIS-C) may guide therapy.

Metrics

July 1, 2021
N Engl J Med 2021; 385:23-34
DOI: 10.1056/NEJMoa2102805

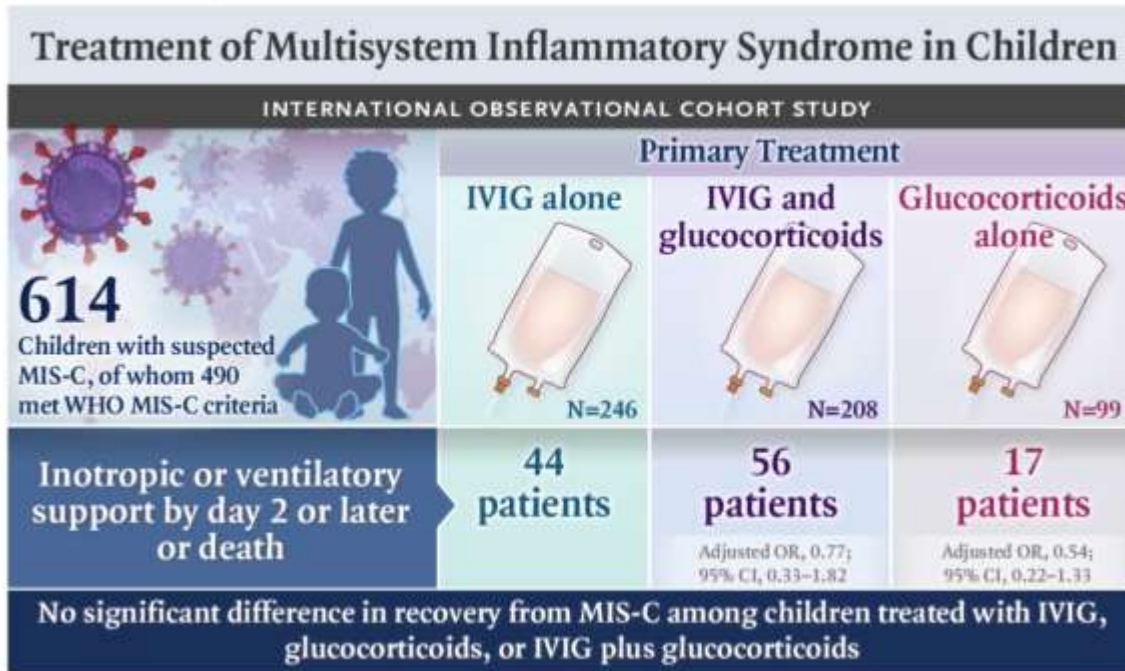
Related Articles

EDITORIAL July 1, 2021
Immunotherapy for MIS-C — IVIG, Glucocorticoids, and Biologics
R. L. Dellaci



Therapie

THE NEW ENGLAND JOURNAL of MEDICINE



A.J. McArdle et al. 10.1056/NEJMoa2102968

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Radia T, Williams N, Agrawal P, Harman K, Weale J, Cook J, Gupta A. Multi-system inflammatory syndrome in children & adolescents (MIS-C): A systematic review of clinical features and presentation. *Paediatr Respir Rev* 2021 Jun;38:51-57.

THE NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Treatment of Multisystem Inflammatory Syndrome in Children

Andrew J. McArdle, M.B., B.Ch., Ottavio Vito, M.Sc., Heredia Pineda, M.B., B.S., Eleanor C. Sealy, B.M., B.S., Piyen Shah, M.B., B.S., Clare Wilson, M.B., B.Ch., Claire Brinkley, M.B., B.S., Raaf Nigam, M.D., Ph.D., Adriana H. Tomaszewski, M.D., Daniel Murillo, M.D., Ph.D., Solenka Ulua-Gutierrez, M.D., Michael J. Cohen, B.M., B.Ch., D.Phil., et al., for the BRIS Consortium*

Article | 30 References | Abstract

BACKGROUND Evidence in support of inflammatory...

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Original Investigation

February 1, 2021

Association of Intravenous Immunoglobulins Plus Methylprednisolone vs Immunoglobulins Alone With Course of Fever in Multisystem Inflammatory Syndrome in Children

Naim Ouldali, MD, PhD^{1,2,3}, Julie Toubiana, MD, PhD^{4,5}, Denise Antona, MD⁶, et al.

> Author Affiliations | Article Information

JAMA. 2021;325(9):855-864. doi:10.1001/jama.2021.0694

Ce facem cand nu merge nimic??

Practice Guideline > Arthritis Rheumatol. 2021 Apr;73(4):e13-e29. doi: 10.1002/art.41616.

Epub 2021 Feb 15.

American College of Rheumatology Clinical Guidance for Multisystem Inflammatory Syndrome in Children Associated With SARS-CoV-2 and Hyperinflammation in Pediatric COVID-19: Version 2

Lauren A Henderson ¹, Scott W Canna ², Kevin G Friedman ¹, Mark Gorelik ³, Sivia K Lapidus ⁴, Hamid Bassiri ⁵, Edward M Behrens ⁵, Anne Ferris ⁶, Kate F Kernan ⁷, Grant S Schuler ⁸, Philip Seo ⁹, Mary Beth F Son ¹, Adriana H Tremoulet ¹⁰, Rae S M Yeung ¹¹, Amy S Mudano ¹², Amy S Turner ¹³, David R Karp ¹⁴, Jay J Mehta ⁵

Affiliations + expand

PMID: 33277976 · PMCID: PMC8559788 (available on 2022-04-01) DOI: 10.1002/art.41616

Abstract

Objective: To provide guidance on the management of Multisystem Inflammatory Syndrome in Children (MIS-C), a condition characterized by fever, inflammation, and multiorgan dysfunction that manifests late in the course of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. Recommendations are also provided for children with hyperinflammation during coronavirus disease 2019 (COVID-19), the acute, infectious phase of SARS-CoV-2 infection.

Methods: The Task Force was composed of 9 pediatric rheumatologists and 2 adult rheumatologists, 2 pediatric cardiologists, 2 pediatric infectious disease specialists, and 1 pediatric critical care physician. Preliminary statements addressing clinical questions related to MIS-C and hyperinflammation in COVID-19 were developed based on evidence reports. Consensus was built through a modified Delphi process that involved anonymous voting and webinar discussion. A 9-

Review > Nat Rev Rheumatol. 2021 Oct 29;1-18. doi: 10.1038/s41584-021-00709-9.

Online ahead of print.

Multisystem inflammatory syndrome in children and Kawasaki disease: a critical comparison

Chetan Sharma ^{* 1}, Madhusudan Ganigara ^{* 2}, Caroline Galeotti ³, Joseph Burns ⁴, Fernando M Berganza ⁵, Denise A Hayes ⁶, Davinder Singh-Grewal ⁷, Suman Bharath ⁸, Sujata Sajjan ⁹, Jagadeesh Bayry ^{10 11}

Affiliations + expand

PMID: 34716418 · PMCID: PMC8554518 · DOI: 10.1038/s41584-021-00709-9

Free PMC article

Abstract

Children and adolescents infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) are predominantly asymptomatic or have mild symptoms compared with the more severe coronavirus disease 2019 (COVID-19) described in adults. However, SARS-CoV-2 is also associated with a widely reported but poorly understood paediatric systemic vasculitis. This multisystem inflammatory syndrome in children (MIS-C) has features that overlap with myocarditis, toxic-shock syndrome and Kawasaki disease. Current evidence indicates that MIS-C is the result of an exaggerated innate and adaptive immune response, characterized by a cytokine storm, and that it is triggered by prior SARS-CoV-2 exposure. Epidemiological, clinical and immunological differences classify MIS-C as being distinct from Kawasaki disease. Differences include the age range, and the geographical and ethnic distribution of patients. MIS-C is associated with prominent gastrointestinal and cardiovascular system involvement, admission to intensive care unit, neutrophilia, lymphopenia, high levels of IFN γ and low counts of naive CD4⁺ T cells, with a high proportion of activated memory T cells. Further investigation of MIS-C will continue to enhance our understanding of similar conditions associated with a cytokine storm.

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February 24, 2021

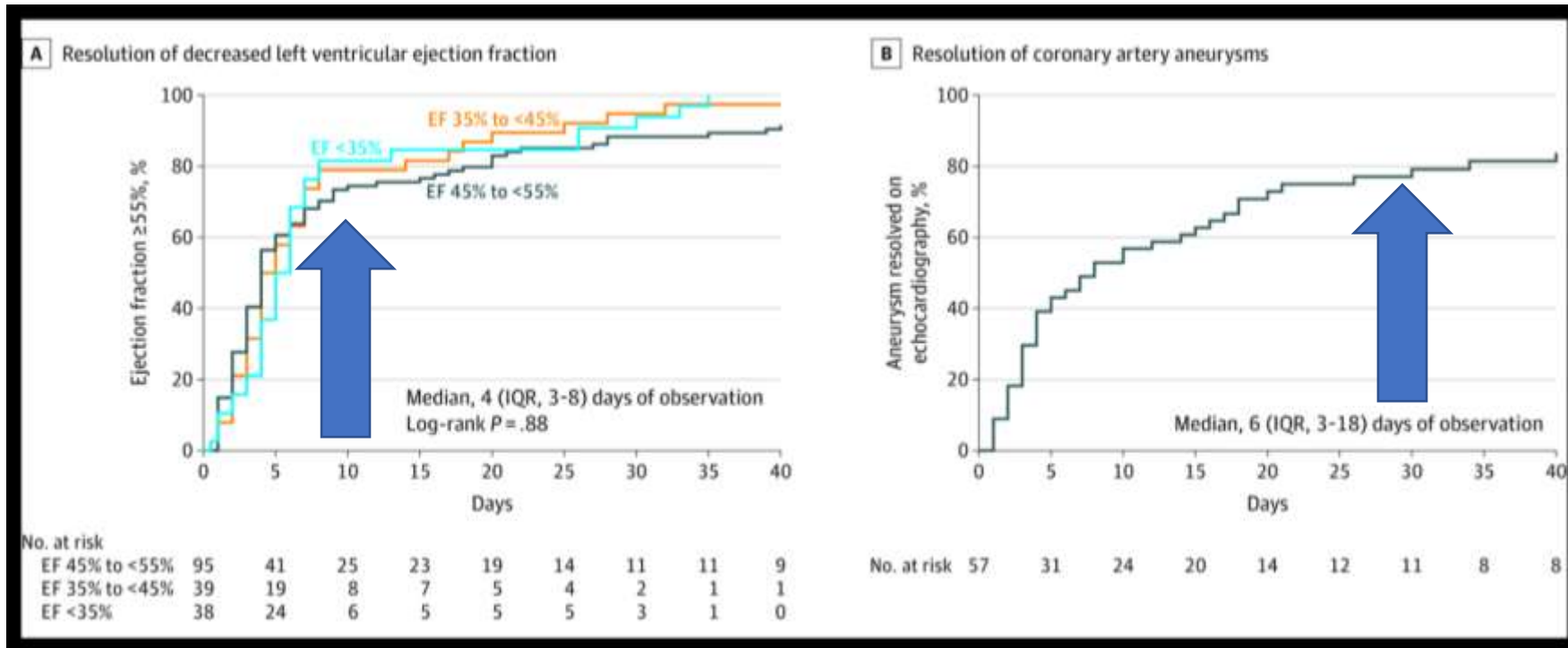
Characteristics and Outcomes of US Children and Adolescents With Multisystem Inflammatory Syndrome in Children (MIS-C) Compared With Severe Acute COVID-19

Evolutie

Leora R. Feldstein, PhD^{1,2}; Mark W. Tenforde, MD¹; Kevin G. Friedman, MD³; et al

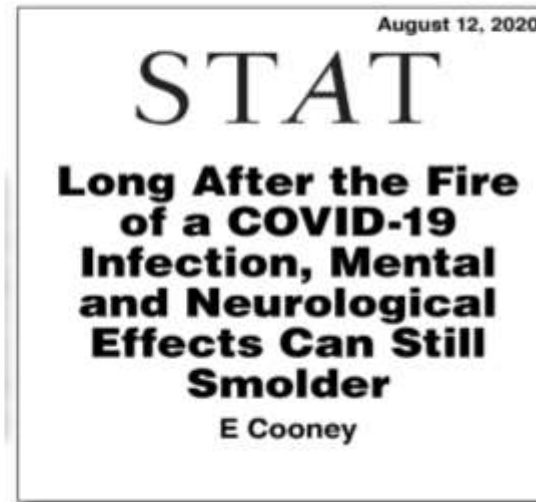
» Author Affiliations | Article Information

JAMA. 2021;325(11):1074-1087. doi:10.1001/jama.2021.2091



PACS – Post-Acute COVID-19 Syndrome

Post-Acute COVID-19 Syndrome



Long COVID/Post-Acute COVID-19 Syndrome (PACS) a Punch

Patients are reporting lingering symptoms after acute COVID-19. Read about post-acute COVID-19 syndrome (PACS) also known as long COVID.



Heather D. Marshall, PhD | Vito Iacoviello, MD
April 22, 2021

A majority of non-hospitalized COVID-19 patients are not back to normal health or normal biochemistry three months on, with one or more symptoms **persisting in 57% of those patients up to six months following the acute phase**

Nathan G. Lawler et al. Systemic Perturbations in Amine and Kynurenine Metabolism Associated with Acute SARS-CoV-2 Infection and Inflammatory Cytokine Responses, *Journal of Proteome Research* (2021). [DOI: 10.1021/acs.jproteome.1c00052](https://doi.org/10.1021/acs.jproteome.1c00052)

PACS – Post-Acute COVID-19 Syndrome

Received: 3 November 2020 | Revised: 13 November 2020 | Accepted: 16 November 2020

DOI: 10.1111/apa.15673

REGULAR ARTICLE

ACTA PEDIATRICA WILEY

Case report and systematic review suggest that children may experience similar long-term effects to adults after clinical COVID-19

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Abstract

Aim: Persistent symptoms in adults after COVID-19 are emerging and the term long COVID is increasingly appearing in the literature. However, paediatric data are scarce.

Methods: This paper contains a case report of five Swedish children and the long-term symptoms reported by their parents. It also includes a systematic literature review of the MEDLINE, EMBASE and Web of Science databases and the medRxiv/bioRxiv pre-print servers up to 2 November 2020.

Results: The five children with potential long COVID had a median age of 12 years (range 9–15) and four were girls. They had symptoms for 6–8 months after their clinical diagnoses of COVID-19. None were hospitalised at diagnosis, but one was later admitted for peri-myocarditis. All five children had fatigue, dyspnoea, heart palpitations or chest pain, and four had headaches, difficulties concentrating, muscle weakness, dizziness and sore throats. Some had improved after 6–8 months, but they all suffered from fatigue and none had fully returned to school. The systematic review identified 179 publications and 19 of these were deemed relevant and read in detail. None contained any information on long COVID in children.

Conclusion: Children may experience similar long COVID symptoms to adults and females may be more affected.

Dar la copil?

4 F / 1 B

PACS – Post-Acute COVID-19 Syndrome

| | Asymptomatic or Presymptomatic | Mild Illness | Moderate Illness | Severe Illness | Critical Illness |
|-------------------------------|--|---|---|--|---|
| Features | Positive SARS-CoV-2 test; no symptoms | Mild symptoms (e.g., fever, cough, or change in taste or smell); no dyspnea | Clinical or radiographic evidence of lower respiratory tract disease; oxygen saturation $\geq 94\%$ | Oxygen saturation $< 94\%$; respiratory rate ≥ 30 breaths/min; lung infiltrates $> 50\%$ | Respiratory failure, shock, and multiorgan dysfunction or failure |
| Testing | Screening testing; if patient has known exposure, diagnostic testing | Diagnostic testing | Diagnostic testing | Diagnostic testing | Diagnostic testing |
| Isolation | Yes | Yes | Yes | Yes | Yes |
| Proposed Disease Pathogenesis | Viral replication | | | | |
| | Inflammation | | | | |
| Potential Treatment | Antiviral therapy | | | | |
| | | Antibody therapy | Antiinflammatory therapy | | |
| Management Considerations | Monitoring for symptoms | Clinical monitoring and supportive care | Clinical monitoring; if patient is hospitalized and at high risk for deterioration, possibly remdesivir | Hospitalization, oxygen therapy, and specific therapy (remdesivir, dexamethasone) | Critical care and specific therapy (dexamethasone, possibly remdesivir) |



Home > News > New study into long-term impacts of lung damage after COVID-19

New study into long-term impacts of lung damage after COVID-19

UK Interstitial Lung Disease-Long COVID Study (UKILD-Long COVID)



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Evolutia in faza a Iva a bolii - PACS



PACS – Post-Acute COVID-19 Syndrome

Mecanisme patogenice

> J Thromb Haemost. 2021 Oct;19(10):2546-2553. doi: 10.1111/jth.15490. Epub 2021 Sep 12.

Persistent endotheliopathy in the pathogenesis of long COVID syndrome

Helen Fogarty¹, Liam Townsend^{2,3}, Hannah Morrin¹, Azaz Ahmad¹, Claire Comerford¹, Ellie Karampini¹, Hanna Englert⁴, Mary Byrne⁵, Colm Bergin^{2,3}, Jamie M O'Sullivan¹, Ignacio Martin-Loeches⁶, Parthiban Nadarajan⁷, Ciaran Bannan², Patrick W Mallon^{8,9}, Gerard F Curley¹⁰, Roger J S Preston^{1,11}, Aisling M Rehill⁵, Dennis McGonagle^{12,13}, Cliona Ni Cheallaigh^{2,3}, Ross I Baker^{14,15}, Thomas Renné^{4,16}, Soracha E Ward¹, James S O'Donnell^{1,5,11,15}, Irish COVID-19 Vasculopathy Study (iCVS) investigators

Collaborators, Affiliations + expand

PMID: 34375505 PMID: PMC8420256 DOI: 10.1111/jth.15490

[Free PMC article](#)

Abstract

Background: Persistent symptoms including breathlessness, fatigue, and decreased exercise tolerance have been reported in patients after acute SARS-CoV-2 infection. The biological mechanisms underlying this "long COVID" syndrome remain unknown. However, autopsy studies have highlighted the key roles played by pulmonary endotheliopathy and microvascular immunothrombosis in acute COVID-19.

Objectives: To assess whether endothelial cell activation may be sustained in convalescent COVID-19 patients and contribute to long COVID pathogenesis.

> F1000Res. 2020 Nov 19;9:1349. doi: 10.12688/f1000research.27287.2. eCollection 2020.

'The long tail of Covid-19' - The detection of a prolonged inflammatory response after a SARS-CoV-2 infection in asymptomatic and mildly affected patients

Ivan Doykov^{1,2}, Jenny Hällqvist^{1,2,3}, Kimberly C Gilmour¹, Louis Grandjean¹, Kevin Mills¹, Wendy E Heywood¹

Affiliations + expand

PMID: 33391730 PMID: PMC7745182 DOI: 10.12688/f1000research.27287.2

[Free PMC article](#)

Abstract

'Long Covid', or medical complications associated with post SARS-CoV-2 infection, is a significant post-viral complication that is being more and more commonly reported in patients. Therefore, there is an increasing need to understand the disease mechanisms, identify drug targets and inflammatory processes associated with a SARS-CoV-2 infection. To address this need, we created a targeted mass spectrometry based multiplexed panel of 96 immune response associated proteins. We applied the multiplex assay to a cohort of serum samples from asymptomatic and moderately affected patients.

All patients had tested positive for a SARS-CoV-2 infection by PCR and were determined to be subsequently positive for antibodies. Even 40-60 days post-viral infection, we observed a significant remaining inflammatory response in all patients. Proteins that were still affected were associated with the anti-inflammatory response and mitochondrial stress. This indicates that biochemical and inflammatory pathways within the body can remain perturbed long after SARS-CoV-2 infections have subsided even in asymptomatic and moderately affected patients.

PACS – Post-Acute COVID-19 Syndrome

BMJ Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

BMJ Open Respir Res. 2021; 8(1): e001049.

Published online 2021 Sep 23. doi: [10.1136/bmjresp-2021-001049](https://doi.org/10.1136/bmjresp-2021-001049)

PMCID: PMC8461362

PMID: [34556492](https://pubmed.ncbi.nlm.nih.gov/34556492/)

Understanding the burden of interstitial lung disease post-COVID-19: the UK Interstitial Lung Disease-Long COVID Study (UKILD-Long COVID)

Jim M Wild,¹ Joanna C Porter,^{2,3,4} Philip L Molyneaux,^{5,6} Peter M George,^{5,6} Iain Stewart,⁵ Richard James Allen,⁷ Raminder Aul,⁸ John Kenneth Baillie,⁹ Shaney L Barratt,¹⁰ Paul Beirne,¹¹ Stephen M Bianchi,¹² John F Blaikley,^{13,14} Jonathan Brooke,^{15,16,17} Nazia Chaudhuri,^{14,18} Guilhem Collier,¹ Emma K Denroy,^{2,3,4} Annemarie Docherty,¹⁹ Laura Fabbri,⁵ Michael A Gibbons,^{20,21} Fergus V Gleeson,²² Bibek Gooptu,^{23,24} Ian P Hall,^{16,17} Neil A Hanley,^{14,25} Melissa Heightman,³ Toby E Hillman,³ Simon R Johnson,^{16,17} Mark G Jones,^{26,27} Fasihul Khan,^{16,17} Rod Lawson,¹² Puja Mehta,^{2,28} Jane A Mitchell,⁵ Manuela Plate,^{2,29} Krishnah Poinasamy,³⁰ Jennifer K Quint,⁵ Pilar Rivera-Ortega,¹⁸ Malcolm Semple,³¹ A John Simpson,^{32,33} DJF Smith,^{5,5} Mark Spears,^{34,35} Lisa G Spencer,³⁶ Stefan C Stanel,^{16,37} David R Thickett,^{38,39} AA Roper Thompson,¹ Simon LF Walsh,⁵ Nicholas D Weatherley,¹ Mark Everard Weeks,⁵ Dan G Wootton,^{36,40} Chris E Brightling,²⁴ Rachel C Chambers,² Ling-Pei Ho,^{41,42} Joseph Jacob,^{4,43} Karen Piper Hanley,³⁷ Louise V Wain,^{7,24} and R Gisli Jenkins^{35,6}

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Abstract

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Introduction

The COVID-19 pandemic has led to over 100 million cases worldwide. The UK has had over 4 million cases, 400 000 hospital admissions and 100 000 deaths. Many patients with COVID-19 suffer long-term symptoms, predominantly breathlessness and fatigue whether hospitalised or not. Early data suggest potentially severe long-term consequence of COVID-19 is development of long COVID-19-related interstitial lung disease (LC-ILD).

Meta-analysis of initial observations has identified substantial levels of LC-ILD with an estimated 27% of CT scanned patients having fibrotic changes during hospitalisation, and an estimated 33% with fibrotic changes at 6 months, which suggests **minimal regression over time** *

*Laura Fabbri SM, Khan F, Chi W. Post-viral parenchymal lung disease of COVID-19 and viral pneumonitis: a systematic review and meta-analysis.

medRxiv 2021. 10.1101/2021.03.15.21253593

PACS – Post-Acute COVID-19 Syndrome

Table 1. Symptoms commonly reported among people with post-COVID conditions

- Dyspnea or increased respiratory effort
- Fatigue
- Post-exertional malaise and/or poor endurance
- “Brain fog,” cognitive impairment
- Cough
- Chest pain
- Headache
- Palpitations and/or tachycardia
- Arthralgia
- Myalgia
- Paresthesia
- Abdominal pain
- Diarrhea
- Insomnia and other sleep difficulties
- Fever
- Lightheadedness
- Impaired daily function and mobility
- Pain
- Rash (e.g., urticaria)
- Mood changes
- Anosmia or dysgeusia
- Menstrual cycle irregularities

* Post-exertional malaise (PEM) is the worsening of symptoms following even minor physical or mental exertion, with symptoms typically worsening 12 to 48 hours after activity and lasting for days or even weeks.

PACS – Post-Acute COVID-19 Syndrome

Table 4a. Selected assessment tools for evaluating people with post-COVID conditions

| CATEGORY | TOOLS |
|--|---|
| Functional status and/or quality of life | Patient-Reported Outcomes Measurement Information System (PROMIS) (e.g., Cognitive Function 4a) Post-Covid-19 Functional Status Scale (PCFS) EuroQol-5D (EQ-5D) |
| Respiratory conditions | Modified Medical Research Council Dyspnea Scale (mMRC) |
| Neurologic conditions | Montreal Cognitive Assessment (MoCA) Mini Mental Status Examination (MMSE) Compass 31 (for dysautonomia) Neurobehavioral Symptom Inventory |



Research article | [Open Access](#) | Published: 01 October 2012

The modified Medical Research Council scale for the assessment of dyspnea in daily living in obesity: a pilot study

[Claire Launois](#)  [Coralie Barbe](#), [Éric Bertin](#), [Julie Nardi](#), [Jeanne-Marie Perotin](#), [Sandra Dury](#), [François Lebargy](#) & [Gaëtan Deslee](#)

BMC Pulmonary Medicine **12**, Article number: 61 (2012) | [Cite this article](#)

53k Accesses | **47** Citations | **2** Altmetric | [Metrics](#)

Abstract

Background

Dyspnea is very frequent in obese subjects. However, its assessment is complex in clinical practice. The modified Medical Research Council scale (mMRC scale) is largely used in the assessment of dyspnea in chronic respiratory diseases, but has not been validated in obesity. The objectives of this study were to evaluate the use of the mMRC scale in the assessment of dyspnea in obese subjects and to analyze its relationships with the 6-minute walk test (6MWT), lung function and biological parameters.

Launois, C., Barbe, C., Bertin, E. *et al.* The modified Medical Research Council scale for the assessment of dyspnea in daily living in obesity: a pilot study. *BMC Pulm Med* **12**, 61 (2012). <https://doi.org/10.1186/1471-2466-12-61>

PACS – Post-Acute COVID-19 Syndrome

BMJ Open, 2021; 11(8): e052838

Published online 2021 Aug 26. doi: 10.1136/bmjopen-2021-052838

Protocol

PMCID: PMC8392739

PMID: 34446502

Long COVID and the mental and physical health of children and young people: national matched cohort study protocol (the CLoCk study)

Terence Stephenson,¹ Roz Shafran,¹ Bianca De Stavola,¹ Natalia Rojas,¹ Felicity Asano,² Zahin Amin-Chowdhury,² Kelsey McCewit,² Ruth Simmons,² Maria Zavala,² CLoCk Consortium,¹ Shamez N Ladhani,² and CLoCk Consortium members

[Author information](#) [Article notes](#) [Copyright and License information](#) [Disclaimer](#)

Associated Data

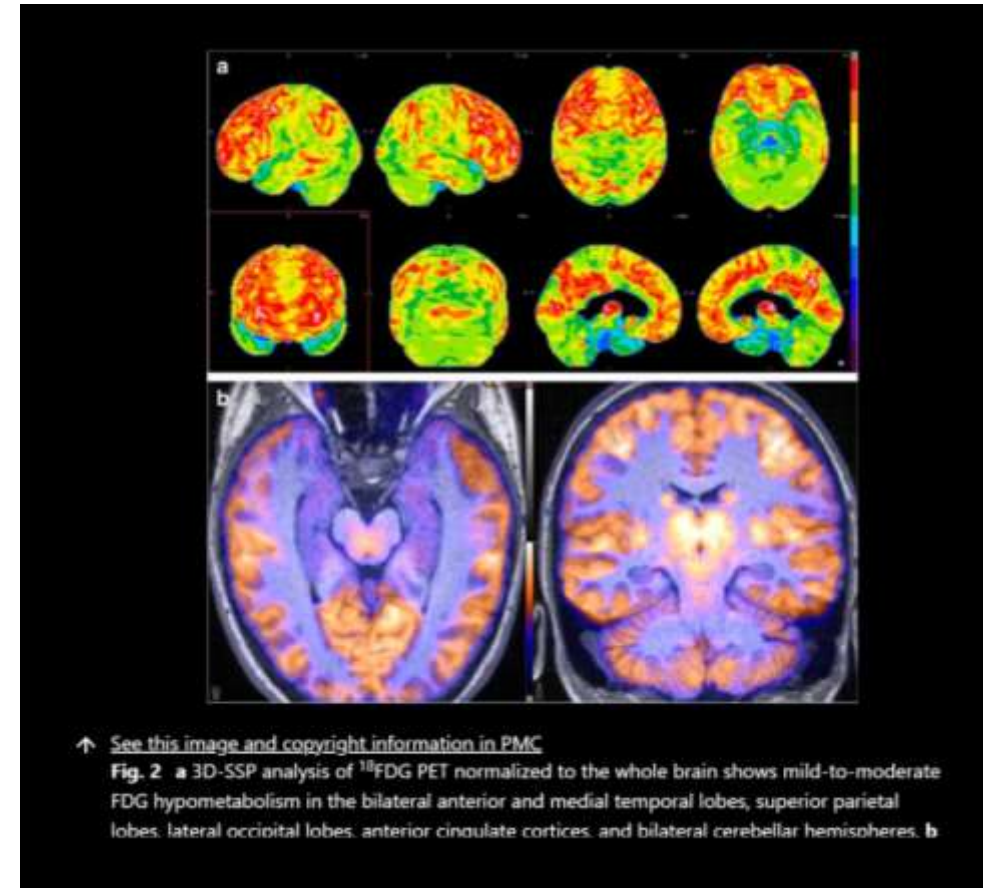
[Supplementary Materials](#)

Abstract

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Introduction

There is uncertainty surrounding the diagnosis, prevalence, phenotype, duration and treatment of Long COVID. This study aims to (A) describe the clinical phenotype of post-COVID symptomatology in children and young people (CYP) with laboratory-confirmed SARS-CoV-2 infection compared with test-negative controls, (B) produce an operational definition of Long COVID in CYP, and (C) establish its prevalence in CYP.



Younger DS. Post-acute sequelae of SARS-CoV-2 infection (PASC): peripheral, autonomic, and central nervous system features in a child. *Neurol Sci* 2021 Oct;42(10):3959-3963.

Ce putem face?

United States 0 - 17 Years

58,394
Total Admissions
Aug 01, 2020 - Sep 15, 2021

340
Current 7-Day Average
Sep 09, 2021 - Sep 15, 2021

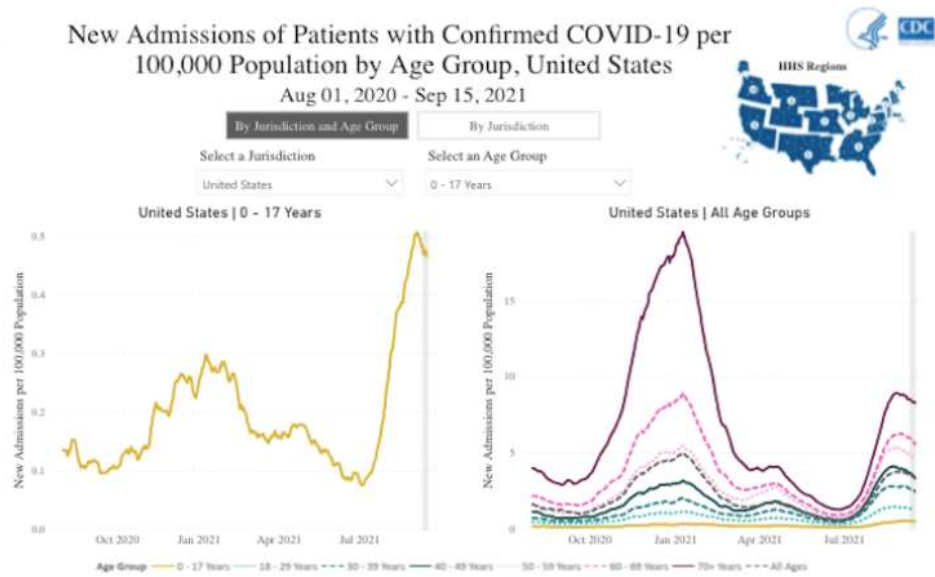
359
Prior 7-Day Average
Sep 02, 2021 - Sep 08, 2021

371
Peak 7-Day Average
Aug 29, 2021 - Sep 04, 2021

-5.2%
Percent change from prior 7-day avg. of Sep 02, 2021 - Sep 08, 2021

-8.3%
Percent change from peak 7-day avg. of Aug 29, 2021 - Sep 04, 2021

New Admissions of Patients with Confirmed COVID-19 per 100,000 Population by Age Group, United States Aug 01, 2020 - Sep 15, 2021



Israel reports that 11.2 percent of all children infected with SARS-CoV-2 suffer from long COVID

Emily Ochiai
17 September 2021

The Israeli Health Ministry announced Monday that over 10 percent of Israeli children who have been diagnosed with coronavirus are showing signs of post-acute COVID-19 ("long COVID"), meaning they are suffering COVID-19 symptoms for over four weeks after initial infection, according to the *Times of Israel*.

Its follow-up survey of 15,864 children between the ages 3-18 who recovered from COVID-19 found that a staggering 11.2 percent reported symptoms of long COVID. The troubling figures come as child infections and death continue to skyrocket across the world as a result of the Delta variant which is affecting and hospitalizing children at alarming rates.

A CDC study published earlier this month found that hospitalization rates were 10 times higher among unvaccinated kids than among fully vaccinated kids.

Testarea la copil pentru maladie COVID-19

Multicenter Study > Clin Infect Dis. 2021 Jun 15;72(12):2215-2217. doi: 10.1093/cid/ciaa1044.

Systematic Severe Acute Respiratory Syndrome Coronavirus 2 Screening at Hospital Admission in Children: A French Prospective Multicenter Study

Julie Poline^{1,2}, Jean Gaschignard^{1,3,4}, Claire Leblanc⁵, Fouad Madhi⁶, Elsa Foucaud⁵, Elodie Nattes⁶, Albert Faye^{1,4,7}, Stéphane Bonacorsi^{3,4,8}, Patricia Mariani⁸, Emmanuelle Varon^{9,10}, Mounira Smati-Lafarge⁵, Marion Caseris^{1,4}, Romain Basmaci^{3,11}, Noémie Lachaume^{4,11}, Naim Ouldali^{1,4,7,12}

Affiliations + expand

PMID: 32710743 PMCID: PMC7454330 DOI: 10.1093/cid/ciaa1044

[Free PMC article](#)

Abstract

To assess the relevance of systematic severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) screening of all children admitted to hospital, we conducted a prospective multicenter study including 438 consecutive hospitalized children. A symptom-based SARS-CoV-2 testing strategy failed to identify 45% (95% confidence interval, 24%-68%) of hospitalized children infected by SARS-CoV-2. To limit intrahospital transmission, a systematic screening of children admitted to hospital should be considered.

Keywords: COVID-19; SARS-CoV-2 infection; children; intra-hospital transmission; systematic screening.

> Emerg Infect Dis. 2021 Feb;27(2):404-410. doi: 10.3201/eid2702.202318. Epub 2021 Jan 4.

Universal Admission Screening for SARS-CoV-2 Infections among Hospitalized Patients, Switzerland, 2020

Thomas Scheier, Adrian Schibli, Geri Eich, Christian Rüegg, Frank Kube, Adrian Schmid, Urs Karrer, Aline Wolfensberger, Hugo Sax, Peter W Schreiber

PMID: 33395382 PMCID: PMC7853575 DOI: 10.3201/eid2702.202318

[Free PMC article](#)

Abstract

Switzerland began a national lockdown on March 16, 2020, in response to the rapid spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). We assessed the prevalence of SARS-CoV-2 infection among patients admitted to 4 hospitals in the canton of Zurich, Switzerland, in April 2020.

symptoms of coronavirus disease (COVID-19). Overall, 529 (18.8%) persons had >1 symptom of COVID-19, of whom 60 (11.3%) tested positive for SARS-CoV-2. Eight asymptomatic persons (0.4%) also tested positive for SARS-CoV-2. Our findings indicate that screening on the basis of COVID-19 symptoms, regardless of clinical suspicion, can identify most SARS-CoV-2-positive persons in a low-prevalence setting.

Keywords: 2019 novel coronavirus disease; COVID-19; PCR; SARS-CoV-2; Switzerland; asymptomatic transmission; coronavirus; coronavirus disease; diagnosis; emerging infections; epidemiology; respiratory infections; screening; severe acute respiratory syndrome coronavirus 2; testing; viruses; zoonoses.



Delta!

Redeschiderea scolii & testarea

Determining the optimal strategy for reopening schools, the impact of test and trace interventions, and the risk of occurrence of a second COVID-19 epidemic wave in the UK: a modelling study

Jamima Pawlowska-Groffins, Cliff C Kien, Robyn M Stuart, Dina Misty, Dawei J Klein, Russell M Viner*, Chris Bonell*

Summary

Background As lockdown measures to slow the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection begin to ease in the UK, it is important to assess the impact of any changes in policy, including school reopening and broader relaxation of physical distancing measures. We aimed to use an individual-based model to predict the impact of two possible strategies for reopening schools to all students in the UK from September, 2020, in combination with different assumptions about relaxation of physical distancing measures and the scale-up of testing.

Methods In this modelling study, we used Covasim, a stochastic individual-based model for transmission of SARS-CoV-2, calibrated to the UK epidemic. The model describes individuals' contact networks stratified into household, school, workplace, and community layers, and uses demographic and epidemiological data from the UK. We simulated six different scenarios, representing the combination of two school reopening strategies (full time and a part-time rota system with 50% of students attending school on alternate weeks) and three testing scenarios (68% contact tracing with no scale-up in testing, 68% contact tracing with sufficient testing to avoid a second COVID-19 wave, and 40% contact tracing with sufficient testing to avoid a second COVID-19 wave). We estimated the number of new infections, cases, and deaths, as well as the effective reproduction number (R) under different strategies. In a sensitivity analysis to account for uncertainties within the stochastic simulation, we also simulated infectiousness of children and young adults aged younger than 20 years at 50% relative to older ages (20 years and older).

Findings With increased levels of testing (between 59% and 87% of symptomatic people tested at some point during an active SARS-CoV-2 infection, depending on the scenario), and effective contact tracing and isolation, an epidemic rebound might be prevented. Assuming 68% of contacts could be traced, we estimate that 75% of individuals with symptomatic infection would need to be tested and positive cases isolated if schools return full-time in September, or 65% if a part-time rota system were used. If only 40% of contacts could be traced, these figures would increase to 87% and 75%, respectively. However, without these levels of testing and contact tracing, reopening of schools together with gradual relaxing of the lockdown measures are likely to induce a second wave that would peak in December, 2020, if schools open full-time in September, and in February, 2021, if a part-time rota system were adopted. In either case, the second wave would result in R rising above 1 and a resulting second wave of infections 2–9–2–3 times the size of the original COVID-19 wave. When infectiousness of children and young adults was varied from 100% to 50% of that of older ages, we still found that a comprehensive and effective test-trace-isolate strategy would be required to avoid a second COVID-19 wave.

Interpretation To prevent a second COVID-19 wave, relaxation of physical distancing, including reopening of schools, in the UK must be accompanied by large-scale, population-wide testing of symptomatic individuals and effective tracing of their contacts, followed by isolation of diagnosed individuals.

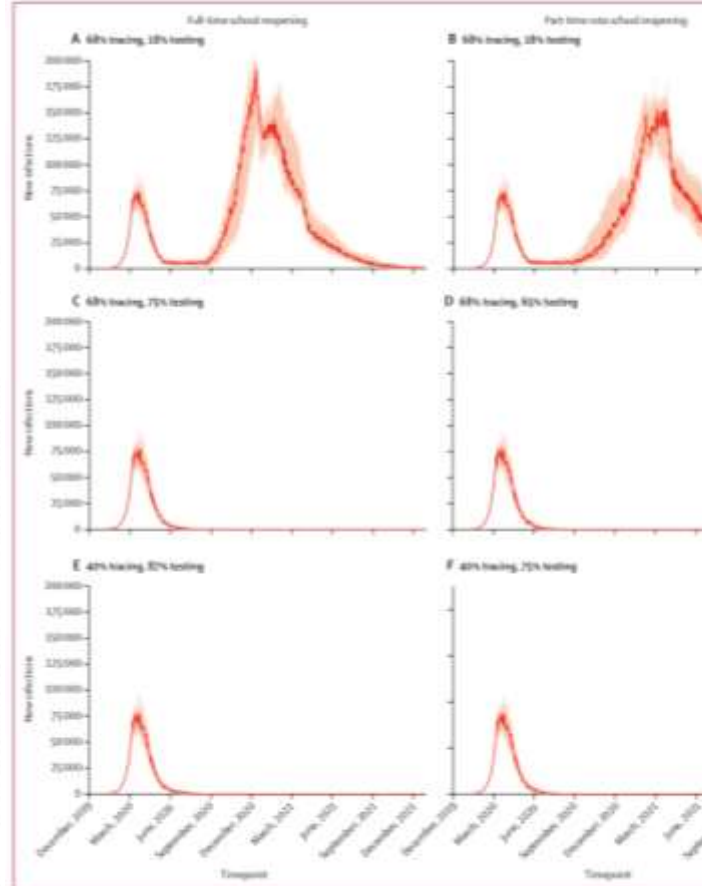


Figure 2. Model estimates of daily new SARS-CoV-2 infections from Jan 21, 2020, to Dec 31, 2021. (A) New infections with 68% tracing and 12% testing in the full-time school reopening scenario. (B) New infections with 68% tracing and 12% testing in the part-time school reopening scenario. (C) New infections with 68% tracing and 75% testing in the full-time school reopening scenario. (D) New infections with 68% tracing and 75% testing in the part-time school reopening scenario. (E) New infections with 40% tracing and 87% testing in the full-time school reopening scenario. (F) New infections with 40% tracing and 87% testing in the part-time school reopening scenario.

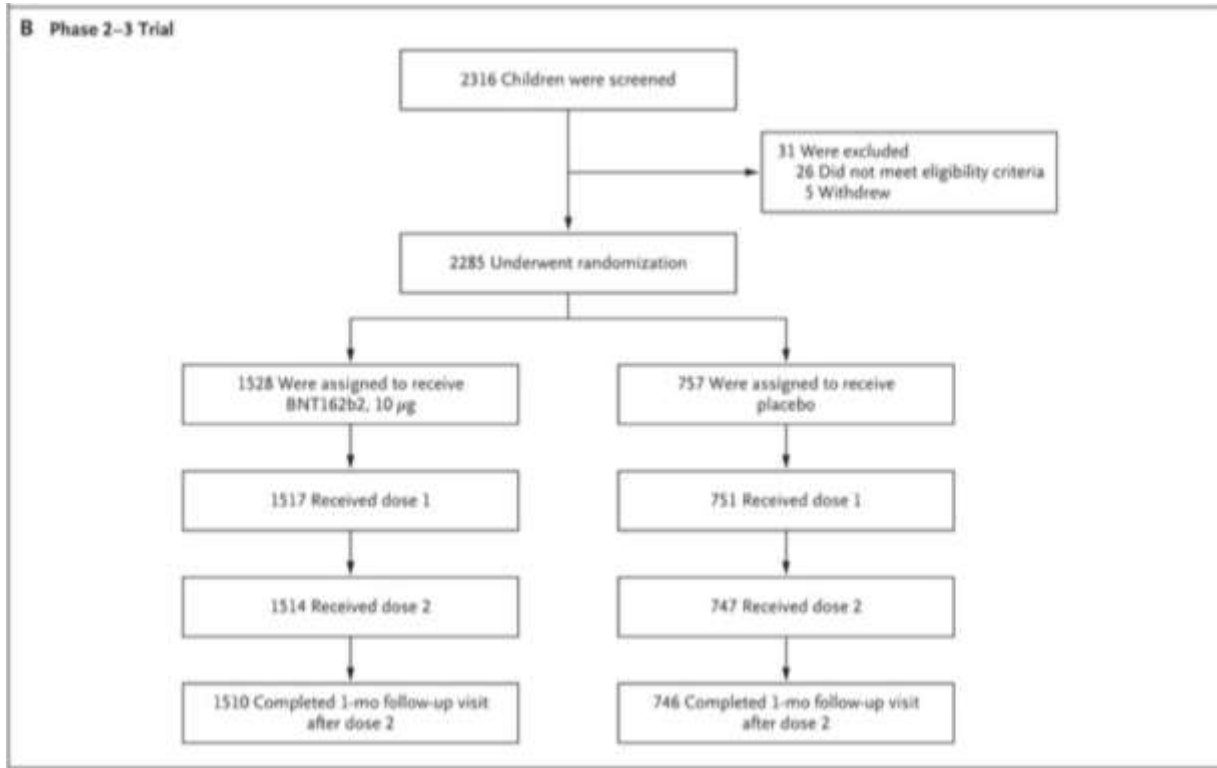


Libertatea + Știri + Știri România
Andrei Baciuan anunță că profesorii vor fi instruiți pentru a face testele de salivă elevilor: „Nu este o procedură medicală”

„Consider că preșcolarii și elevii ar trebui să fie testați în familie”
O altă soluție, potrivit liderului LSI, ar fi aceea ca testele să fie făcute de către părinți pentru că în școli procedura ar dura foarte mult și ar afecta activitatea didactică.
„Consider că preșcolarii și elevii ar trebui să fie testați în familie și părinții să-i asume acest lucru. Adică, aceste teste să fie date copiilor acasă, părinții să-i testeze și, în situația în care testele ies pozitive, copiii să nu mai fie trimiși la școală”, a explicat Liviu Axintea.
Dată fiind starea de alertă, liderul LSI nu exclude însă posibilitatea ca profesorii să fie puși să-i testeze pe copii, deși nu au competențe în acest domeniu.

Despre vaccin, la copii

The NEW ENGLAND JOURNAL of MEDICINE



ORIGINAL ARTICLE

Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age

E.B. Walter, K.R. Talaat, C. Sabharwal, A. Gurtman, S. Lockhart, G.C. Paulsen, E.D. Barnett, F.M. Muñoz, Y. Maldonado, B.A. Pahud, J.B. Domachowske, E.A.F. Simões, U.N. Sarwar, N. Kitchin, L. Cunliffe, P. Rojo, E. Kuchar, M. Rämets, I. Munjal, J.L. Perez, R.W. Frenc, Jr., E. Lagkadinou, K.A. Swanson, H. Ma, X. Xu, K. Koury, S. Mather, T.J. Belanger, D. Cooper, Ö. Türeci, P.R. Dormitzer, U. Şahin, K.U. Jansen, and W.C. Gruber, for the C4591007 Clinical Trial Group*

ABSTRACT

BACKGROUND

Safe, effective vaccines against coronavirus disease 2019 (Covid-19) are urgently needed in children younger than 12 years of age.

Eficienta si siguranta la copil

Myocarditis and Pericarditis After mRNA COVID-19 Vaccination

Updated Sept. 6, 2021. Language: English. Print

CDC and its partners are actively monitoring reports of myocarditis and pericarditis after COVID-19 vaccination. Active monitoring includes reviewing data and medical records and evaluating the relationship to COVID-19 vaccination.

Myocarditis is inflammation of the heart muscle, and cases, the body's immune system causes inflammation about [myocarditis and pericarditis](#). [Seek medical care](#) if you experience symptoms **one to two weeks after COVID-19 vaccination**.

STATEMENT

Ontario Recommends the use of Pfizer-BioNTech COVID-19 Vaccine for Individuals Aged 18-24 Years Old

September 29, 2021
[Health](#)

Table of Contents

- 1. Content
- 2. Related Topics

What You Need to Know

- Cases of myocarditis reported to the [Vaccine Adverse Event Reporting System \(VAERS\)](#) after mRNA COVID-19 vaccination (Pfizer-BioNTech).

Pfizer COVID-19 vaccine shows 90.7% efficacy during trial in children



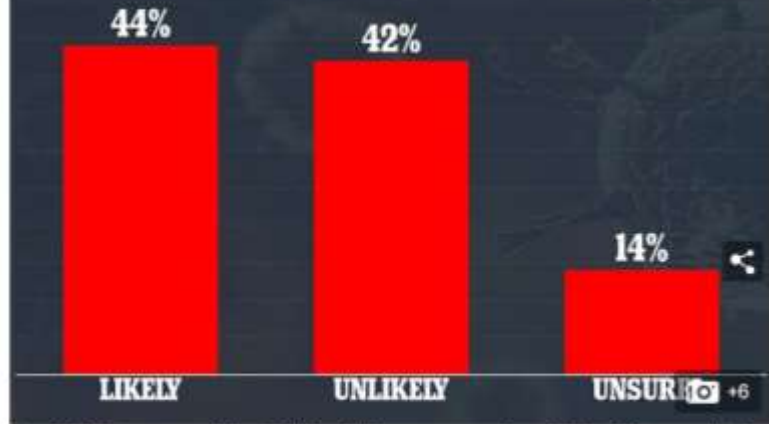
A vial labelled with the Pfizer-BioNTech coronavirus disease (COVID-19) vaccine is seen in this illustration picture taken March 19, 2021. — Reuters/File

NEW YORK: The Pfizer/BioNTech COVID-19 vaccine showed 90.7% efficacy against the coronavirus in a clinical trial of children 5 to 11 years old, the US drugmaker said on Friday.

Despre vaccin, la copii

How likely is your child, aged 5-11, to get a COVID-19 vaccine when it becomes available to them?

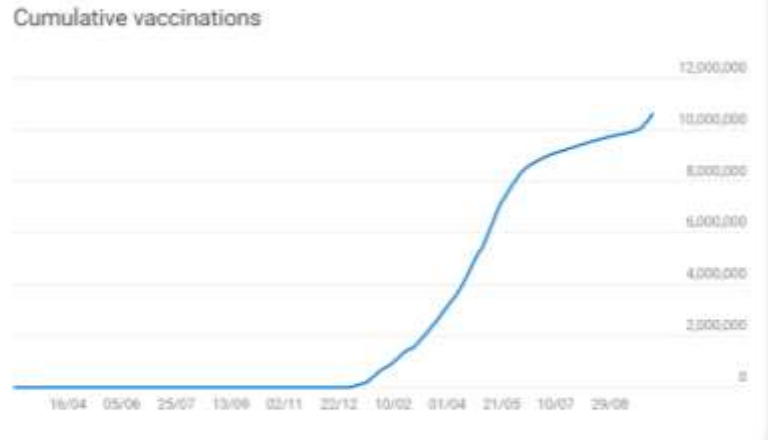
Source: Axios/Spann Connections Index



A total of 44% percent said their child was likely to get a vaccine and 42% said it was unlikely their kids would be immunized

For the poll, 1,100 parents aged 18 and older were surveyed in English or Spanish between Septem

$44 \times 27.5 : 65.3 = 18.5\%$
Romania



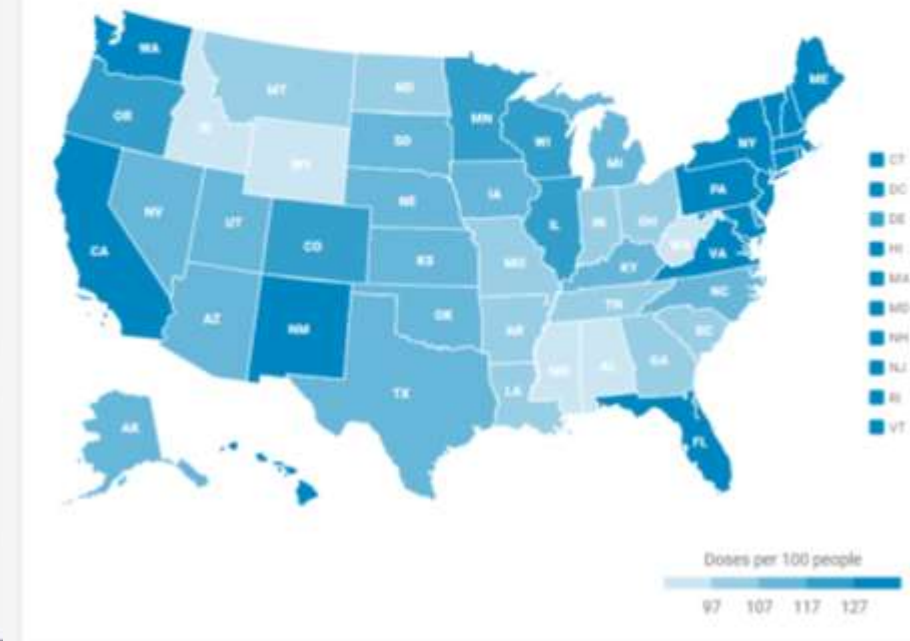
Global Progress Updated 10 Oct at 6:02 pm local

| LOCATION ↑ | DOSE 1 ADMINISTERED | DOSE 2 ADMINISTERED | DOSES PER 100 PEOPLE |
|------------|---------------------|---------------------|----------------------|
| Romania | 6,049,704 (27.5%) | 5,506,187 (25.1%) | 48.61 |

United States progress Updated 10 Oct at 6:05 pm local



PROGRESS BY DOSES PER 100 PEOPLE



Ce putem face acum in Romania?

The screenshot shows the Facebook profile of 'Spitalul Virtual pentru Copii'. The page has 224,507 likes. The left sidebar contains navigation options: Acasă, Inbox (21 de mesaje noi și 21 de comentarii noi), Resurse și instrumente, Creator Studio, Notificări (4 noi), Statistici, Instrumente de publicare, Publicitate, Calitatea Paginii, and Editează informațiile despre Pagină (2 noi). The main content area features a cover photo of a dandelion and a profile picture of a man with a headset. Below the profile picture, the page name 'Spitalul Virtual pentru Copii' is displayed with 224,507 Facebook Page Likes. A 'Statistici' section shows: Impact - persoane (1,079,446, +15%), Interacțiuni cu postările (311,650, +20%), and Aprecieri ale Paginilor (2,392, +19%). The right side of the page has a 'Creează o postare' button and a 'Creează' menu with options for Live, Eveniment, and Ofertă. A recent post from 'Spitalul Virtual pentru Copii' is partially visible, mentioning a post about vitamin D3 and asthma.



Craiu Mihai

17 nov. 2016 • 🌐

De vina suntem noi medicii care prescriem complet aiurea carbapeneme si cefalosporine de ultima generatie pentru boli virale sau bacteriene "banale". Sau utilizam combinatii fantasmagorice de clase terapeutice, care nu exista in niciun ghid de practica din lume... Pentru ca noi suntem "speciali". La noi nu se aplica ghidurile de practica ale IDSA sau ESPID... Iar in cele mai multe cazuri NICI macar cele ale Societatii Nationale de Pediatrie. De ce? Pentru ca practicam o medicina defensiva pe principiul "cazului drobului de sare", pentru ca nu colaborem destul intre noi clinicieni, farmacologi, microbiologi si epidemiologi. Pentru ca parintii solicita IMPERIOS antibiotice pe post de antipiretic si pentru ca exista multiple bariere de comunicare medic si pacient. Si nu in ultimul rand din comoditate sau pentru ca este la moda... Eu cred ca putem face progrese impreuna in sensul cel bun. Un proces de stewardship similar celui olandez ar putea fi implementat si la noi. Am facut tentative la INSMC si se pare ca functioneaza... Sunt maindru de rezidentii mei care nu prescriu frenetic antibiotice...



Mediafax.ro



In loc de concluzii



Public Health
England

Promotional material

COVID-19 vaccination: a guide for eligible children and young people aged 12 to 17

Updated 15 September 2021

Contents

What is COVID-19 or coronavirus?

Eligibility and timing of vaccination

Risk of COVID-19 infection

Protection from the vaccine

Consent

Side effects

Can you catch COVID-19 from the vaccine?

What to do next

This leaflet explains the coronavirus (COVID-19) vaccination programme for eligible children and young people.

What is COVID-19 or coronavirus?

COVID-19 is a very infectious respiratory disease caused by the SARS-CoV-2 virus. Very few children and young people with COVID-19 infection go on to have severe disease.

There is no cure for COVID-19 although some newly tested treatments do help to reduce the risk of complications.