

Dr. Offit: COVID-19 is “now a childhood illness”

DEC 1, 2021

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Children have had their lives upended by the COVID-19 pandemic with remote schooling, canceled play dates and disrupted routines. And while some parents were not initially worried about their children acquiring SARS-CoV-2, the landscape has changed and nearly 30% of COVID-19 cases are now in children. Luckily, though, the recent emergency use authorization of the Pfizer-BioNTech COVID-19 vaccine for 5–11-year-olds provides some sense of relief for parents heading into the winter season.

“In the 5–11-year-old age group, which comprises about 28 million children, about 2 million children have been infected. About 8,300 have been hospitalized and a third of those who have been hospitalized have had to go to the intensive care unit,” said AMA member Paul Offit, MD, during an episode of “AMA COVID-19 Update” about the importance of pediatric COVID-19 vaccination. Dr. Offit is a pediatrician, directs the Vaccine Education Center at the Children’s Hospital of Philadelphia, and helped invent the rotavirus vaccine RotaTeq.

“Early last year, children accounted for, actually, fewer than 3% of cases. Today it’s closer to 27%,” Dr. Offit said, emphasizing that “the Delta variant has reached down into that susceptible age group and now you can say that this is certainly a childhood illness and children can be affected.”

There are looming aftereffects

Dr. Offit noted that it is in 5–11 age group is one that features a particularly frightening manifestation of COVID-19, multisystem inflammatory syndrome of children (MIS-C), Dr. Offit said. MIS-C initially presents “as an asymptomatic infection or mildly symptomatic infection that was just picked up serendipitously, and then the child stops shedding the virus. A month later, they come to the hospital with high fever, pneumonia and then involvement of heart, liver and kidney, and occasionally have to go to the intensive care unit,” he added. “That’s a 5–13-year-old phenomenon, with a peak at 9 years

of age.”

“We don't really understand what caused it, but it can lead to longer-term symptoms,” said Dr. Offit. “When I try and convince parents to get a vaccine in that age group, that's actually the example I use.”

Vaccination is a superhero moment

Tens of millions of children in this age group already get vaccinated to protect them against other infectious diseases. Physicians must help send the empowering message behind vaccination, Dr. Offit said.

“We need to try and explain to the parent—and to the child—that this makes them superheroes. This makes them Superman,” said Dr. Offit. “Now the virus or bacteria can just bounce off them. We need to do the best we can to do that.”

Major risk is COVID-19 itself

Many parents hesitant about vaccination are concerned about the extremely rare vaccine side effect of myocarditis in their children. But, notably, the highest risk of myocarditis is in male patients 16–29 years old. For adolescents 12–15 years old, the risk of myocarditis is even lower.

Additionally, “the dose that's given to the 5–11-year-olds is one-third the dose that was given to the 12–15-year-olds, so that's also reassuring,” said Dr. Offit. But it is also important to point out that “SARS-CoV-2—the virus that causes COVID—can cause myocarditis,” affecting “as many as one in 45 people.”

“And MIS-C, this multisystem inflammatory disease of children, is associated with myocarditis roughly half to 75% of the time,” Dr. Offit added. “Myocarditis associated with the viral infection or myocarditis associated with MIS-C—this post-infectious phenomenon—is more severe than is the myocarditis associated with a vaccine.”

“There are never risk-free choices. There are just choices to take different risks,” he said. “And, clearly, the choice is to get a vaccine, which is the lesser risk.”

Read about how we know the COVID-19 vaccine for kids is safe.

The AMA has developed frequently-asked-questions documents on COVID-19 vaccination covering safety, allocation and distribution, administration and more. There are two FAQs, one designed to answer patients' questions (PDF), and another to address physicians' COVID-19 vaccine questions

(PDF).