



# COVID-19 in Pediatrics: A Health System's Experience

**Terry Carlyle Dixon, MD, PhD**  
**Division of Pediatric Infectious Diseases**  
**Director of Pediatric Antimicrobial Stewardship**  
**MUSC Shawn Jenkins Children's Hospital**

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Changing What's Possible

# Learning Objectives

At the completion of this activity, the pharmacist will be able to:

- ▶ 1. Recall the common clinical manifestations and complications from SARS-CoV-2 infection, with a focus on pediatric patients
- ▶ 2. Recognize current treatments for COVID-19 and their effectiveness, with a focus on pediatric patients
- ▶ 3. Describe a local health system's experience with COVID-19 infection, its complications, and local use of antivirals active against COVID-19 and broad-spectrum antibiotics



# Presentation Outline

- ▶ Virology and Clinical Manifestations
- ▶ COVID pharmacotherapy
- ▶ Local experience during COVID-19 epidemic
- ▶ COVID-19 Antimicrobial stewardship





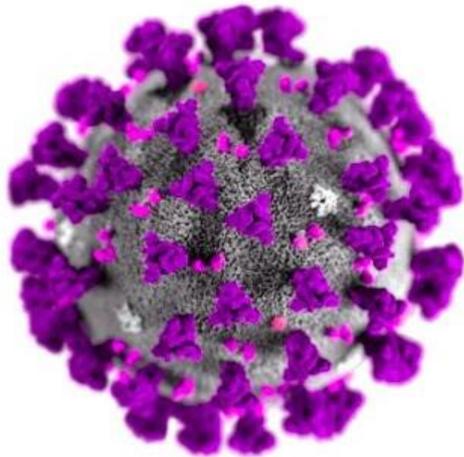
# Virology and Clinical Manifestations

# Virology of SARS-CoV-2

**enveloped (+)ssRNA virus**

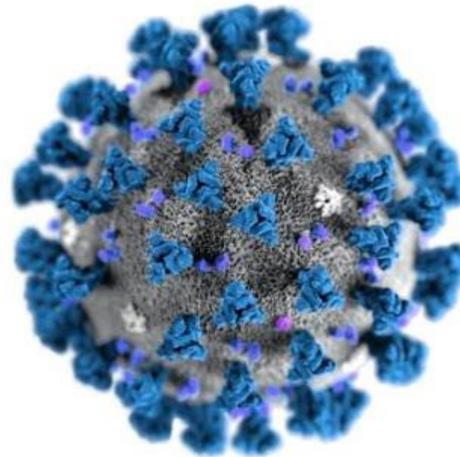
**80%**  
genetic  
similarity

**SARS-CoV**

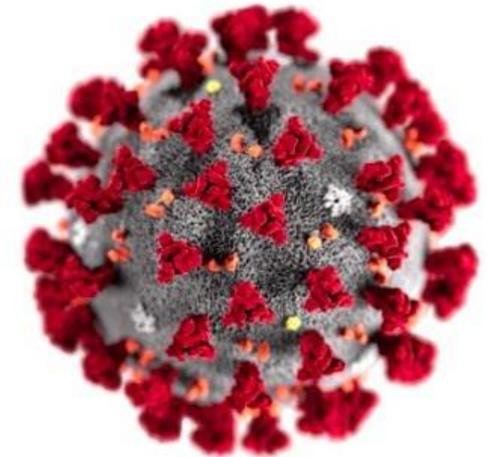


**50%**  
genetic  
similarity

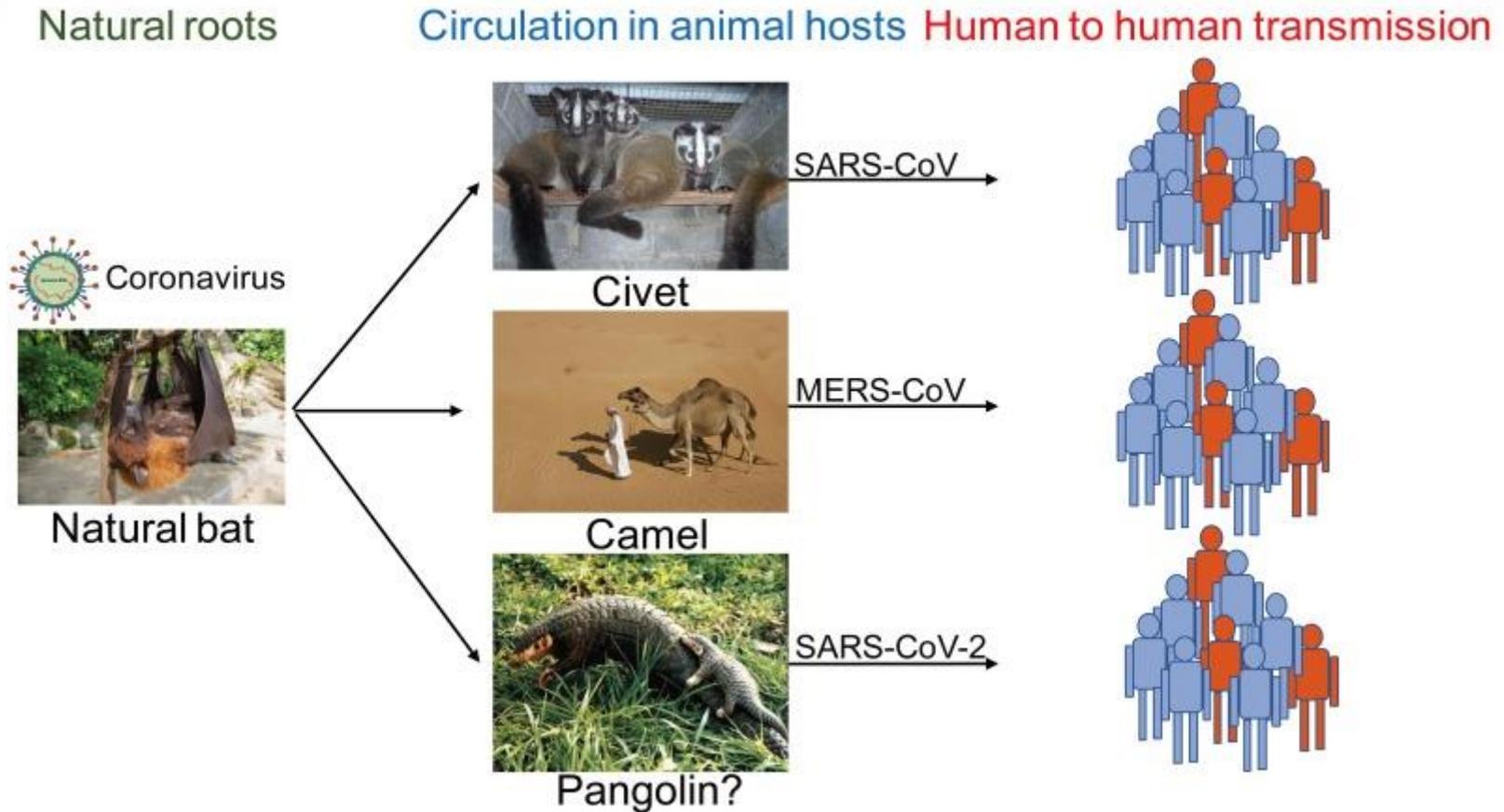
**MERS-CoV**

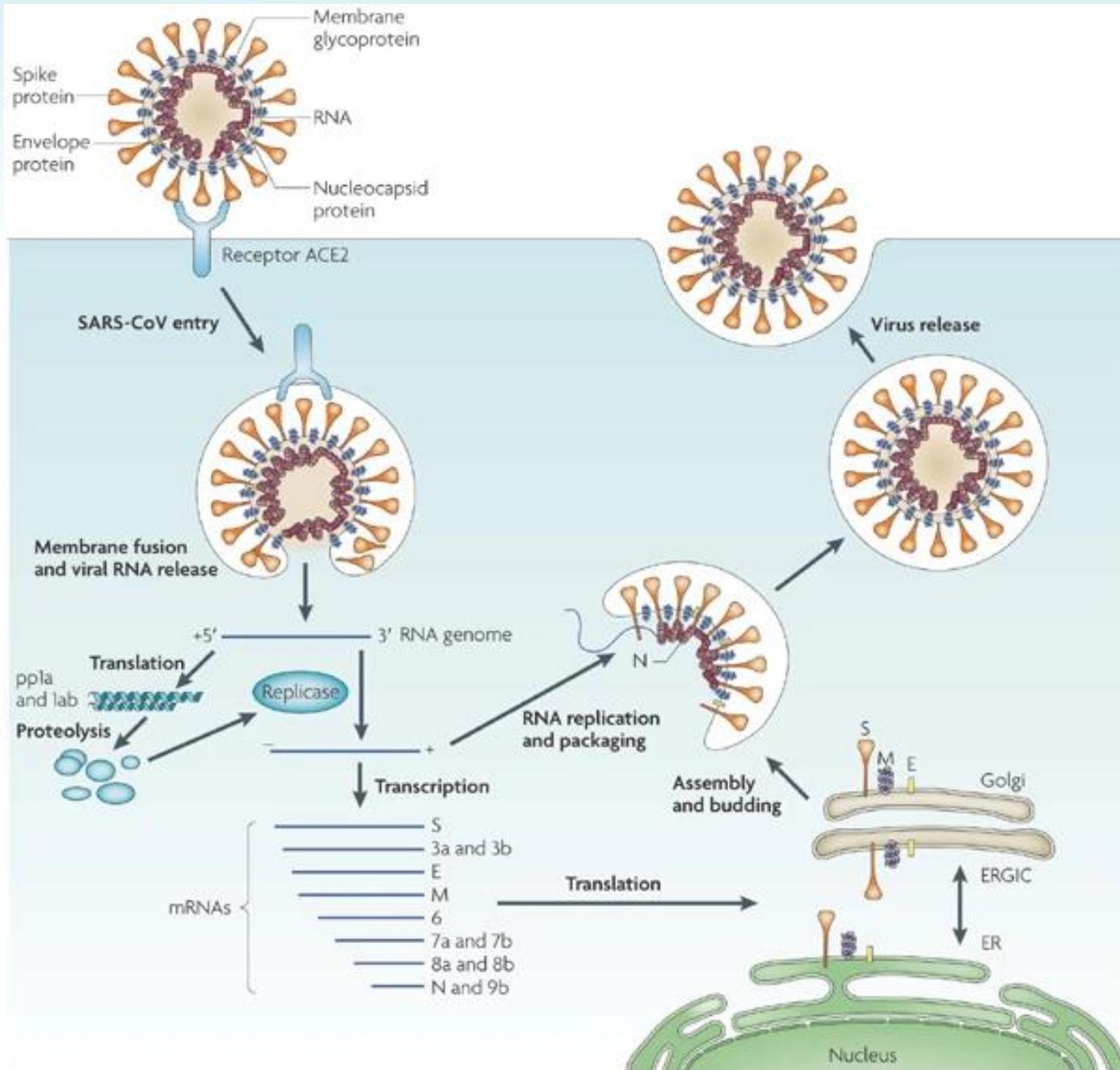


**SARS-CoV-2**



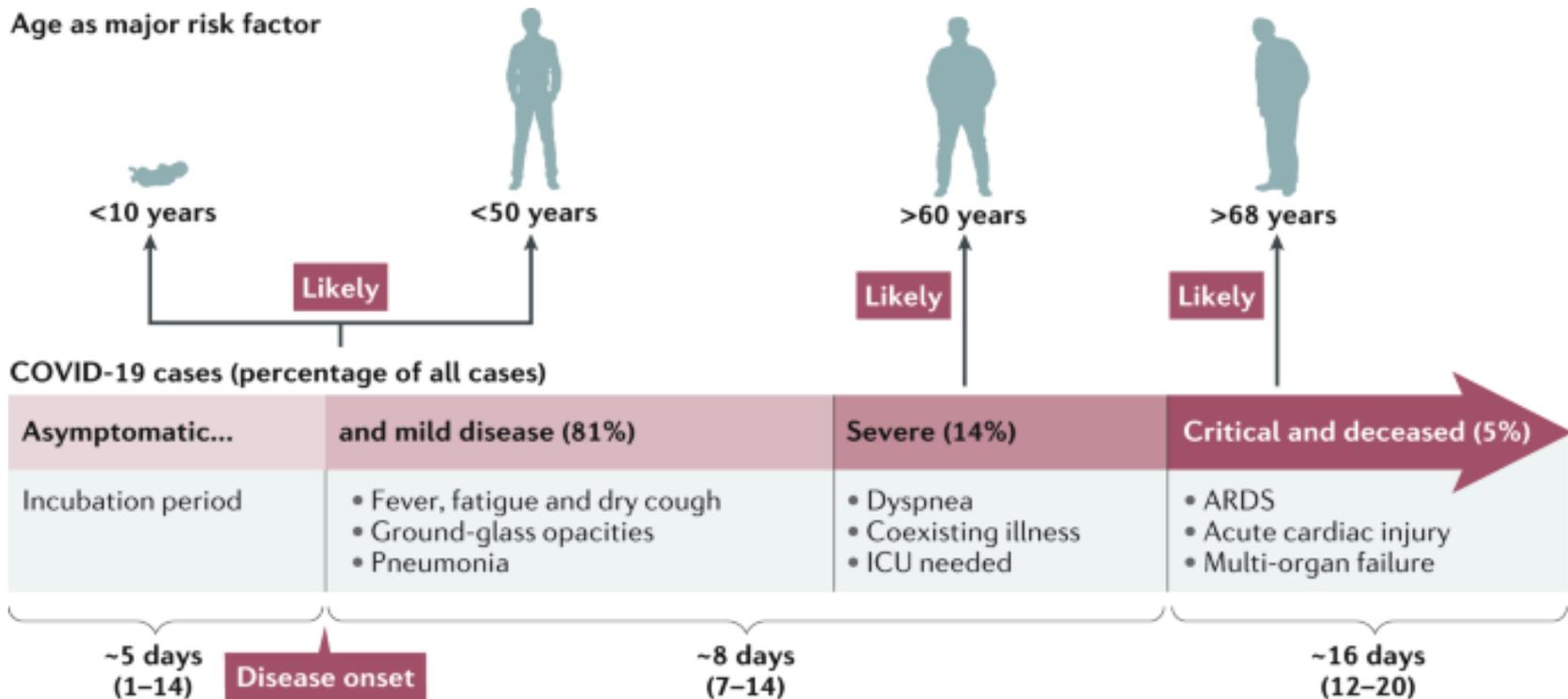
# Virology of SARS-CoV-2



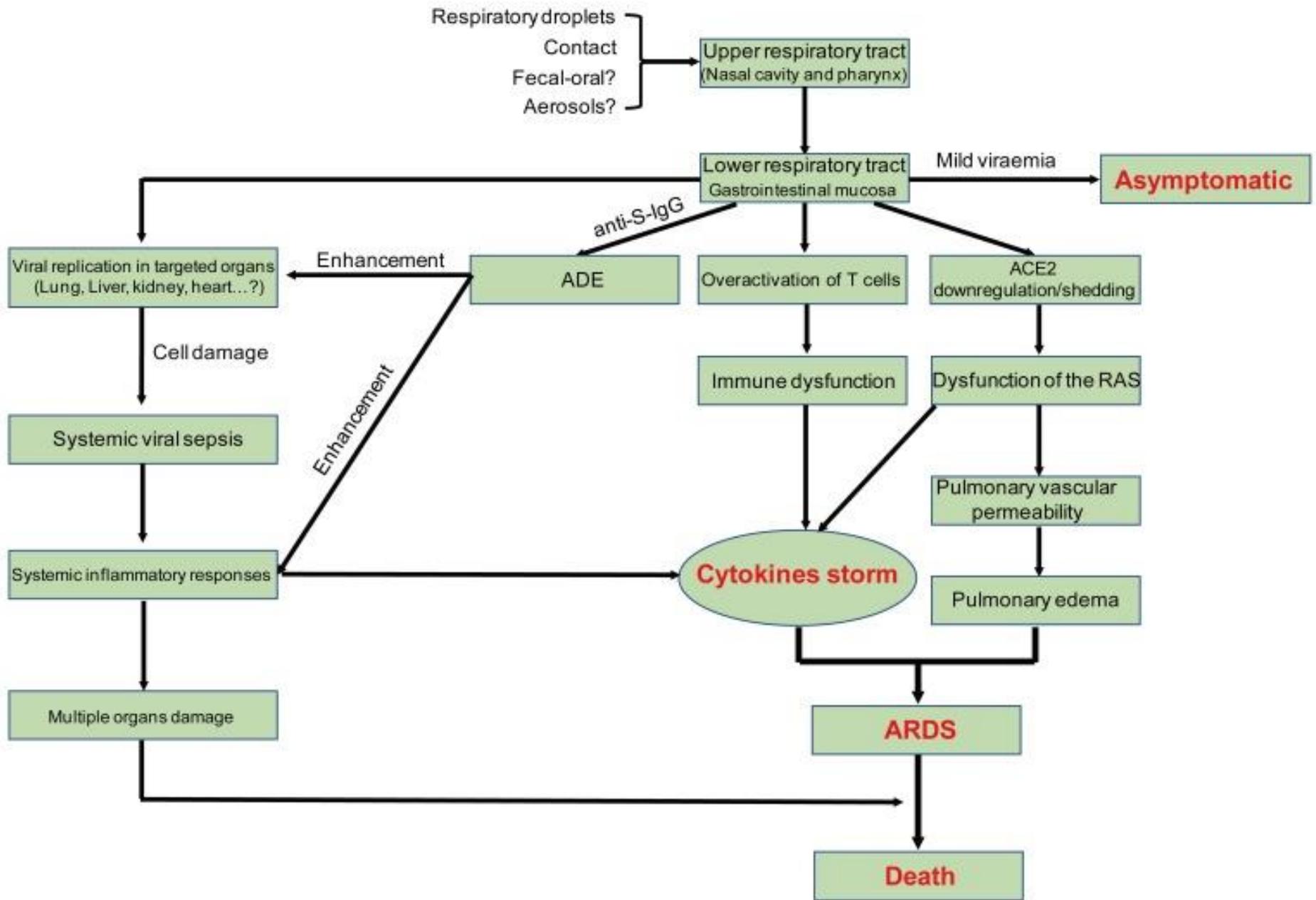


# Virology of SARS-CoV-2

Age as major risk factor







# Facts about COVID-19

- ❖ While statistically it is true that older people & people with underlying conditions die more often from COVID-19, many “underlying conditions” are very common and people often live normal lives for many decades with many of these chronic conditions.
  - ▶ CDC list of underlying conditions (independent of age) that increase or might increase your risk of severe disease is extensive & includes many common conditions:
    - ▶ Obesity (42.4% of Americans)
    - ▶ Diabetes (10.5% of Americans)
    - ▶ Hypertension (45% of Americans)
    - ▶ Smoking (14% of Americans)

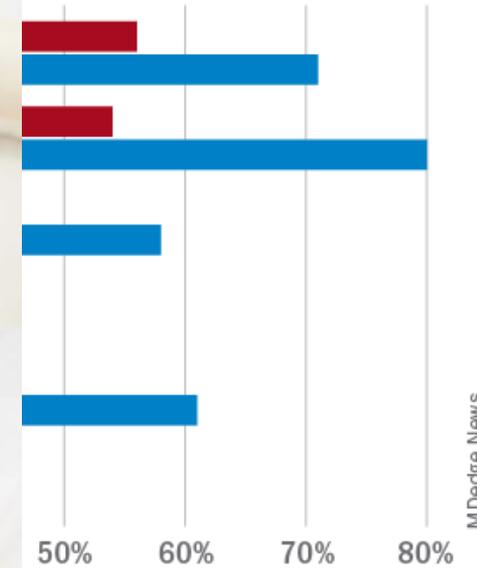


# COVID-19 symptoms: Not small adults



## COVID-19: Children vs. adults

Cases (n = 10,944)

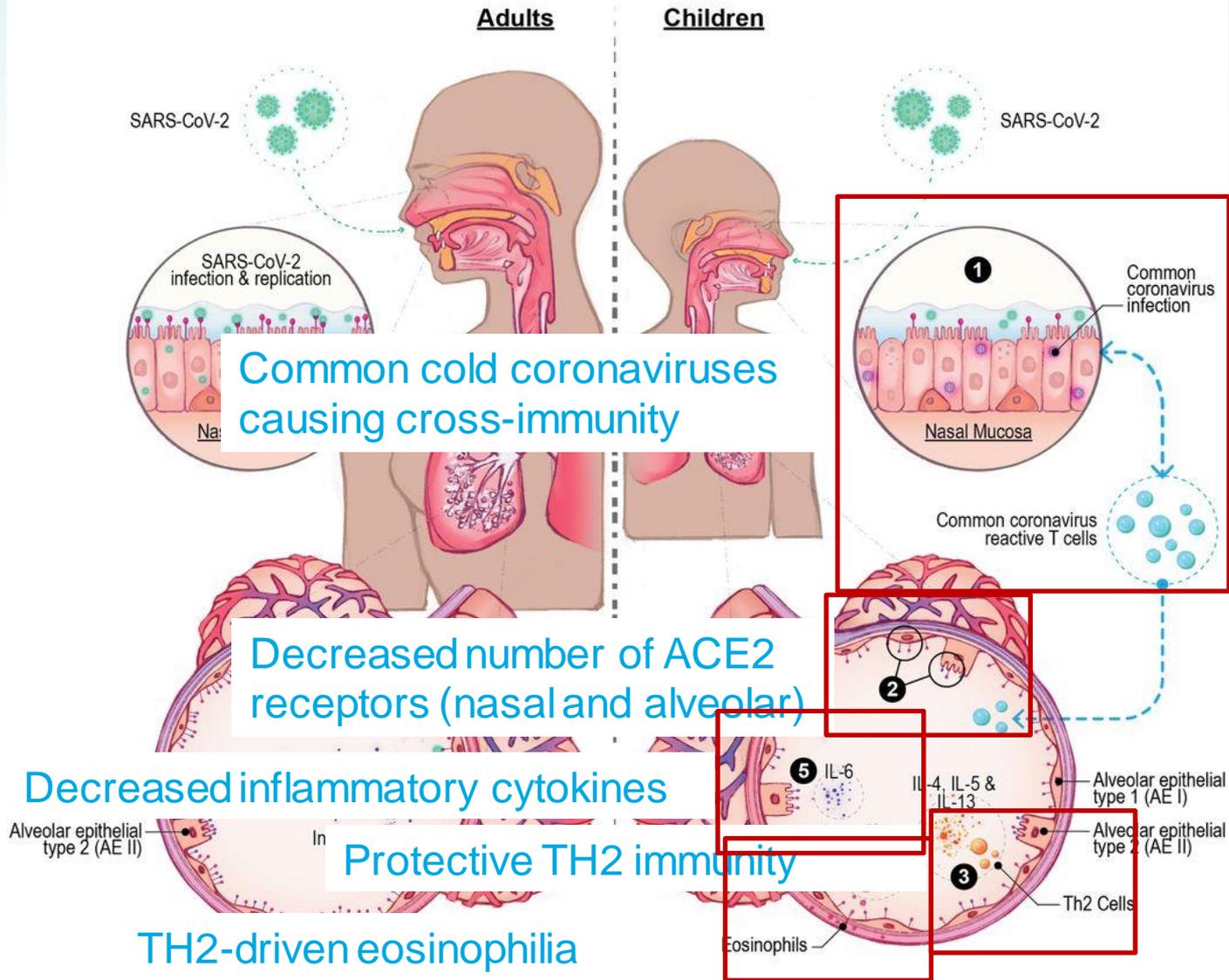


adult cases reported as of April 2.

M.Dedge News



# Five Clues Why Children Have Reduced Susceptibility to COVID-19



# Facts about COVID-19 in Children

- ▶ Children of all ages can get COVID-19 and numbers of children who have been infected continue to rise.
- ▶ COVID-19 in children tends to be very mild; severe disease can happen but is rare.
- ▶ **Children can transmit SARS-CoV-2 even if asymptomatic.**
- ▶ Evidence does suggest that younger children (particularly  $\leq 5$  years old) are not as likely to get infected or transmit the virus.



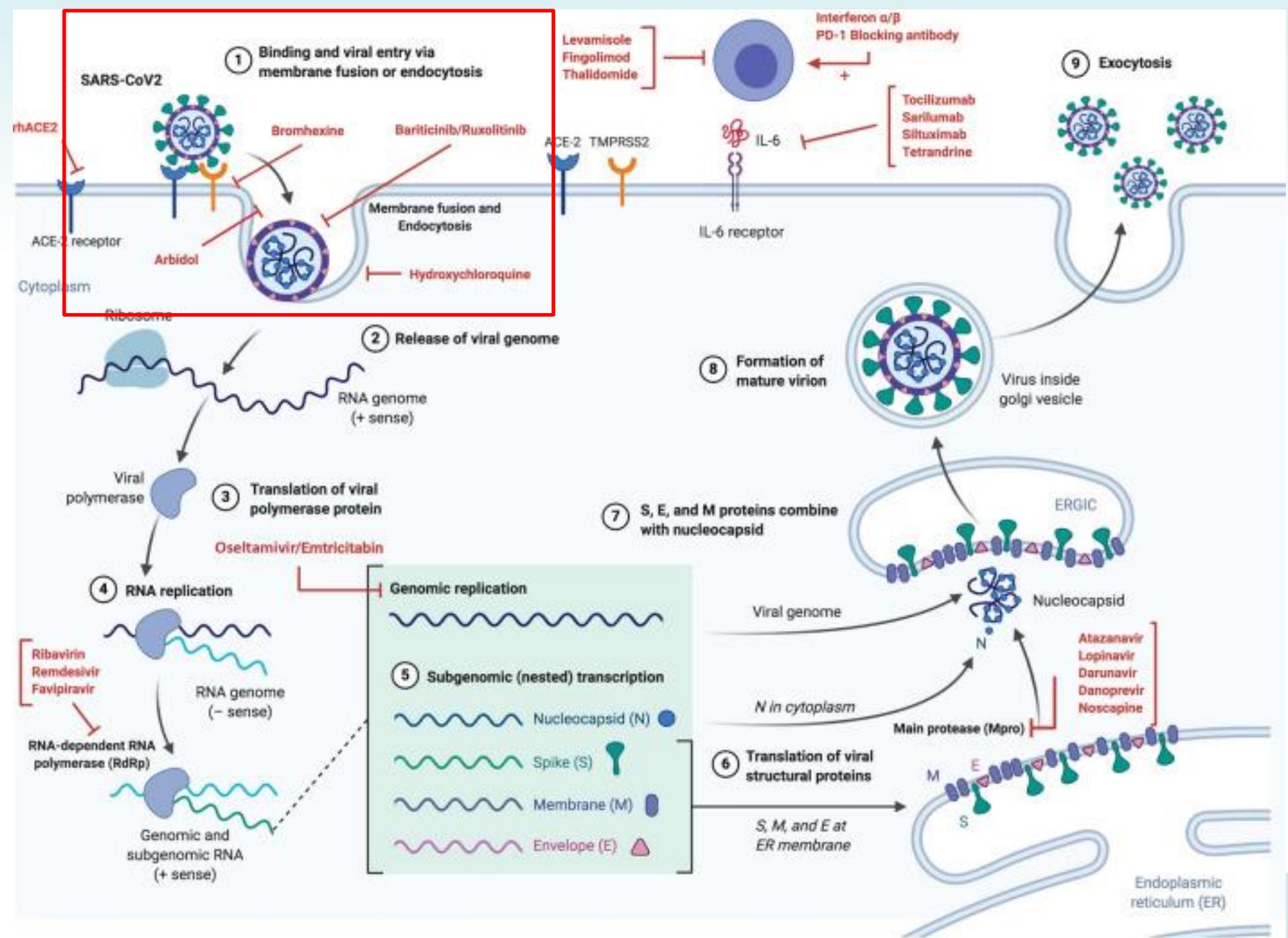
# Long-Term Effects of COVID-19

- ▶ Most people recover completely from COVID-19 within a few weeks.
- ▶ But some people continue to have symptoms for weeks to months, even those with mild symptoms and those without underlying medical conditions (including young adults and children).
- ▶ A recent systematic review of published studies found >50 described long-term effects of COVID-19.
  - ▶ Most common were fatigue, headache, attention disorder, hair loss, and dyspnea (trouble breathing)
- ▶ There is still much to learn about how COVID-19 may increase the risk of long-term health problems, including in children and those with mild symptoms.



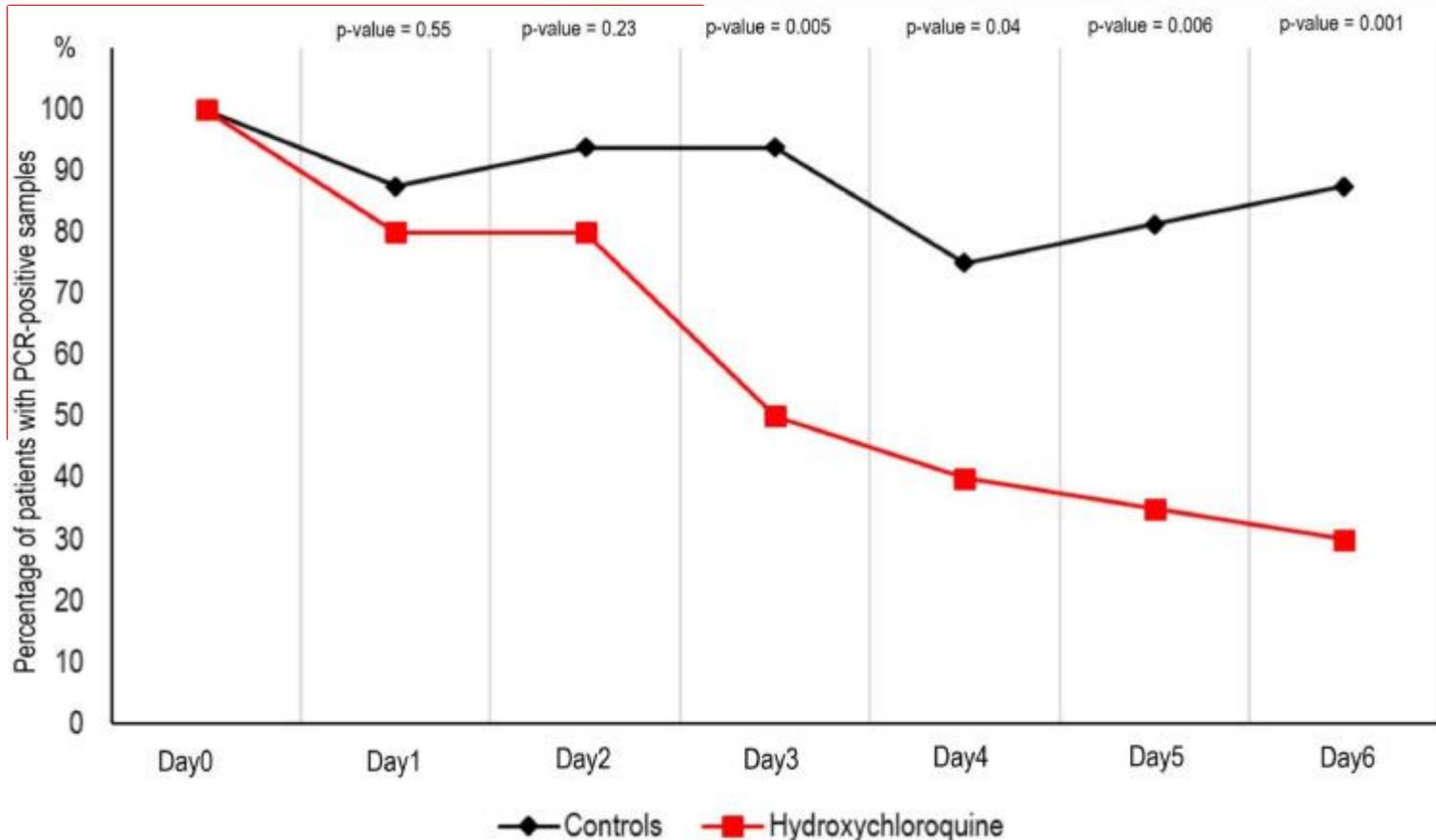


# COVID pharmacotherapy





# Hydroxychloroquine probably doesn't work



S-CoV-1 *in vitro*

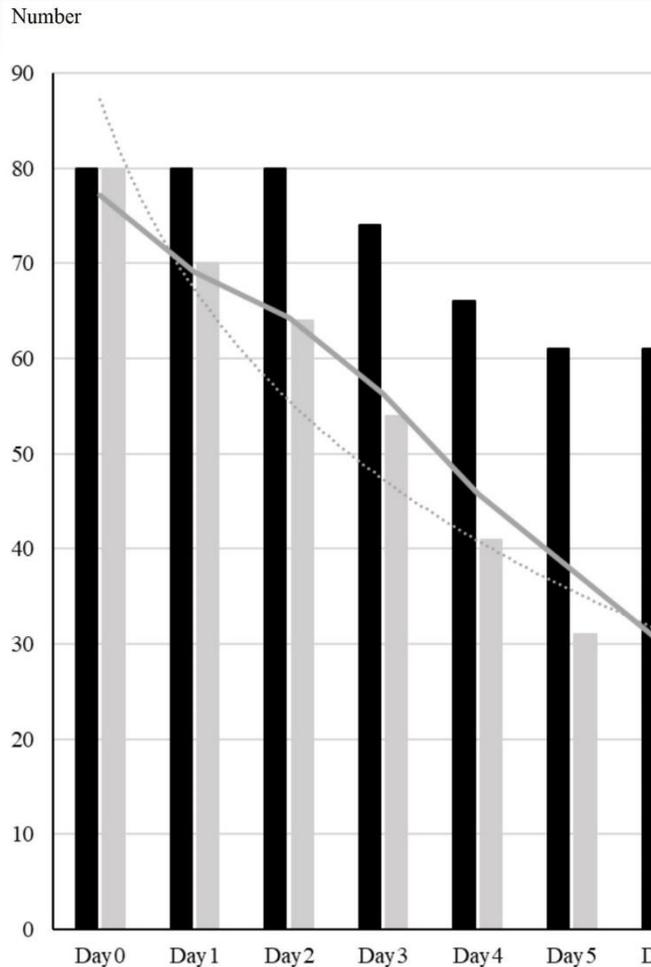
*in vitro* killing of

S-CoV-1 *in vitro*

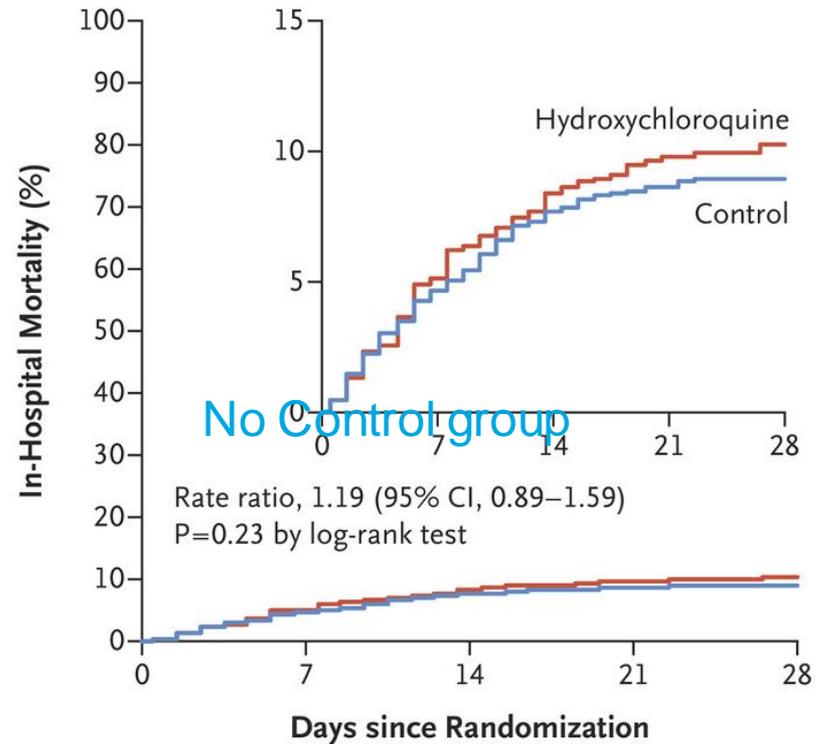
20 Treatment  
19 Control  
Not randomized



# Hydroxychloroquine probably doesn't work



**B Hydroxychloroquine vs. Its Control**



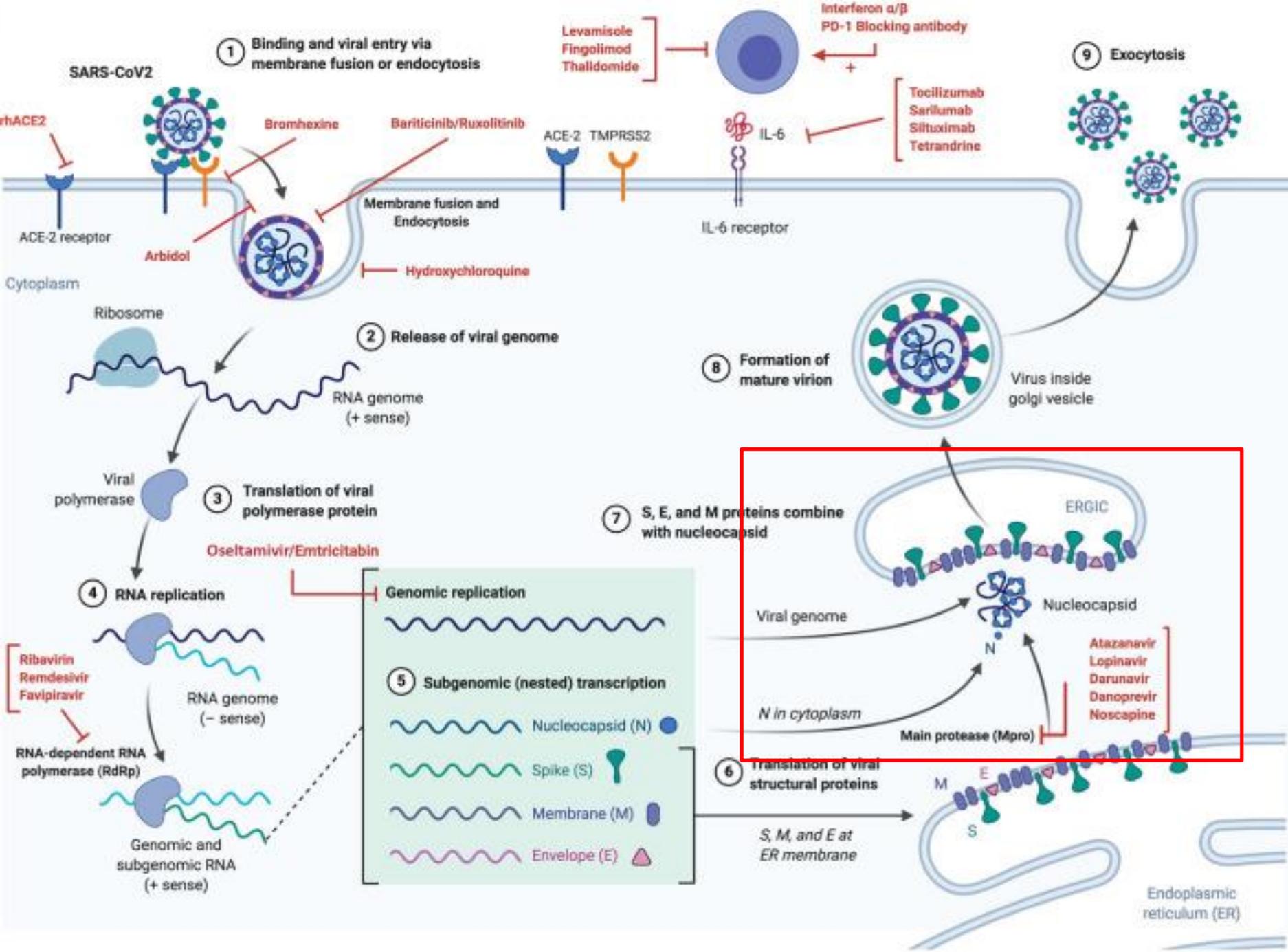
**Denominator**

Hydroxychloroquine	947	889	854	838	833
Control	906	853	823	814	809

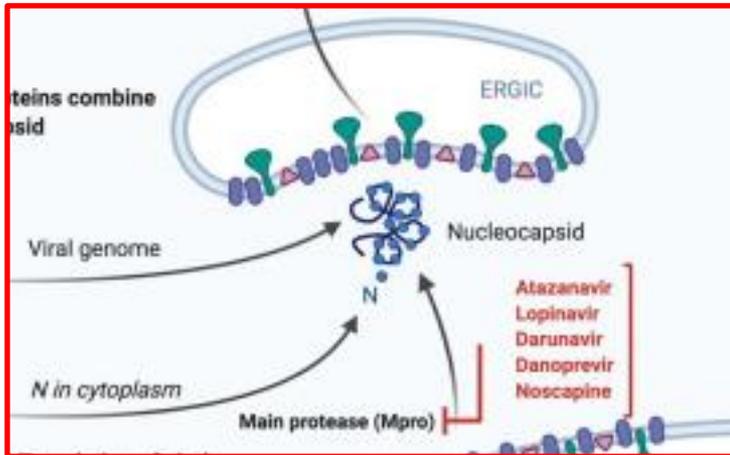
**No. Who Died**

Hydroxychloroquine	48	31	13	6	6
Control	42	27	8	4	3

[NEJMoa2021384:407-513](https://doi.org/10.1056/NEJMoa2021384)

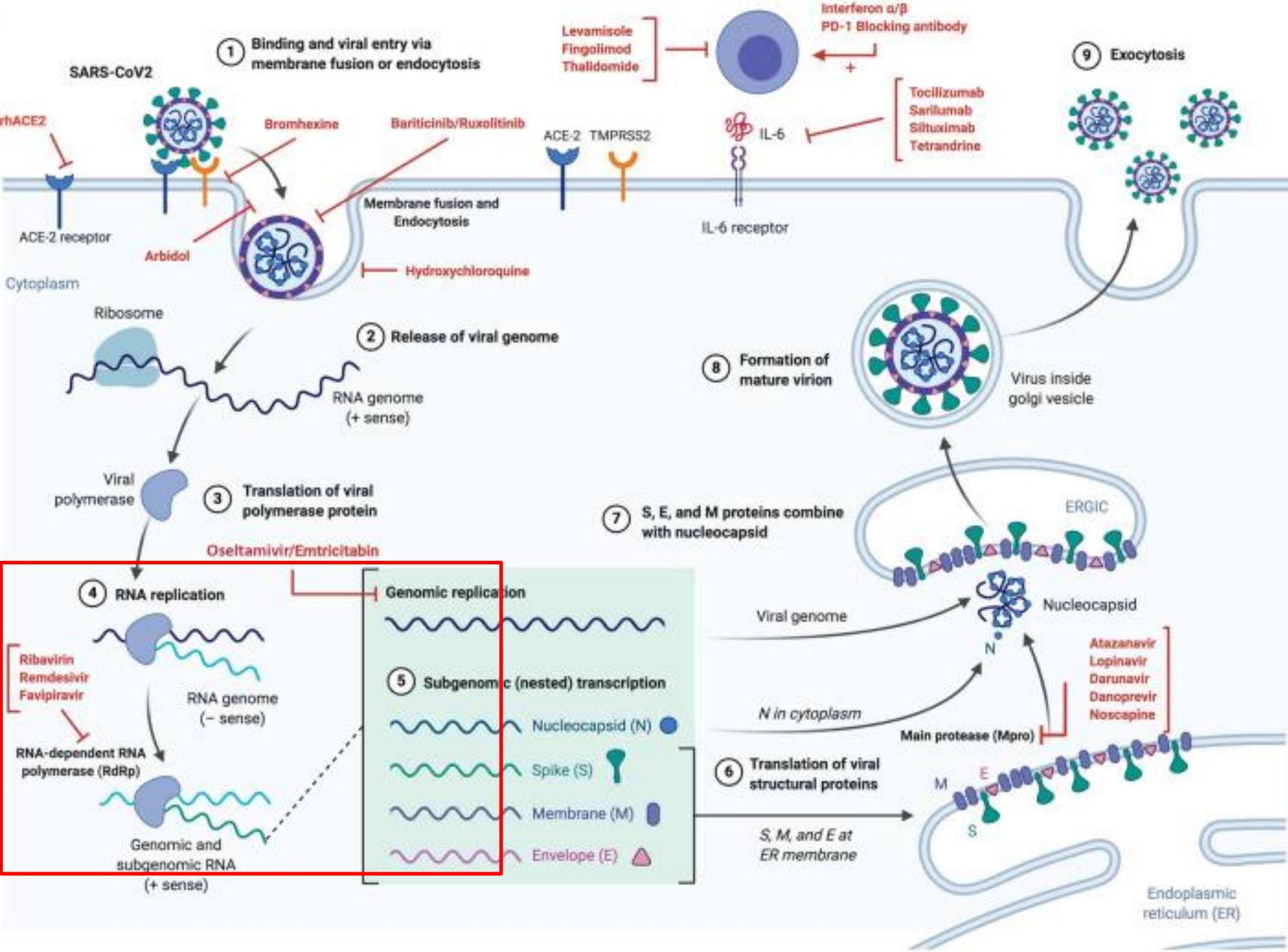


# Other antivirals that did not work

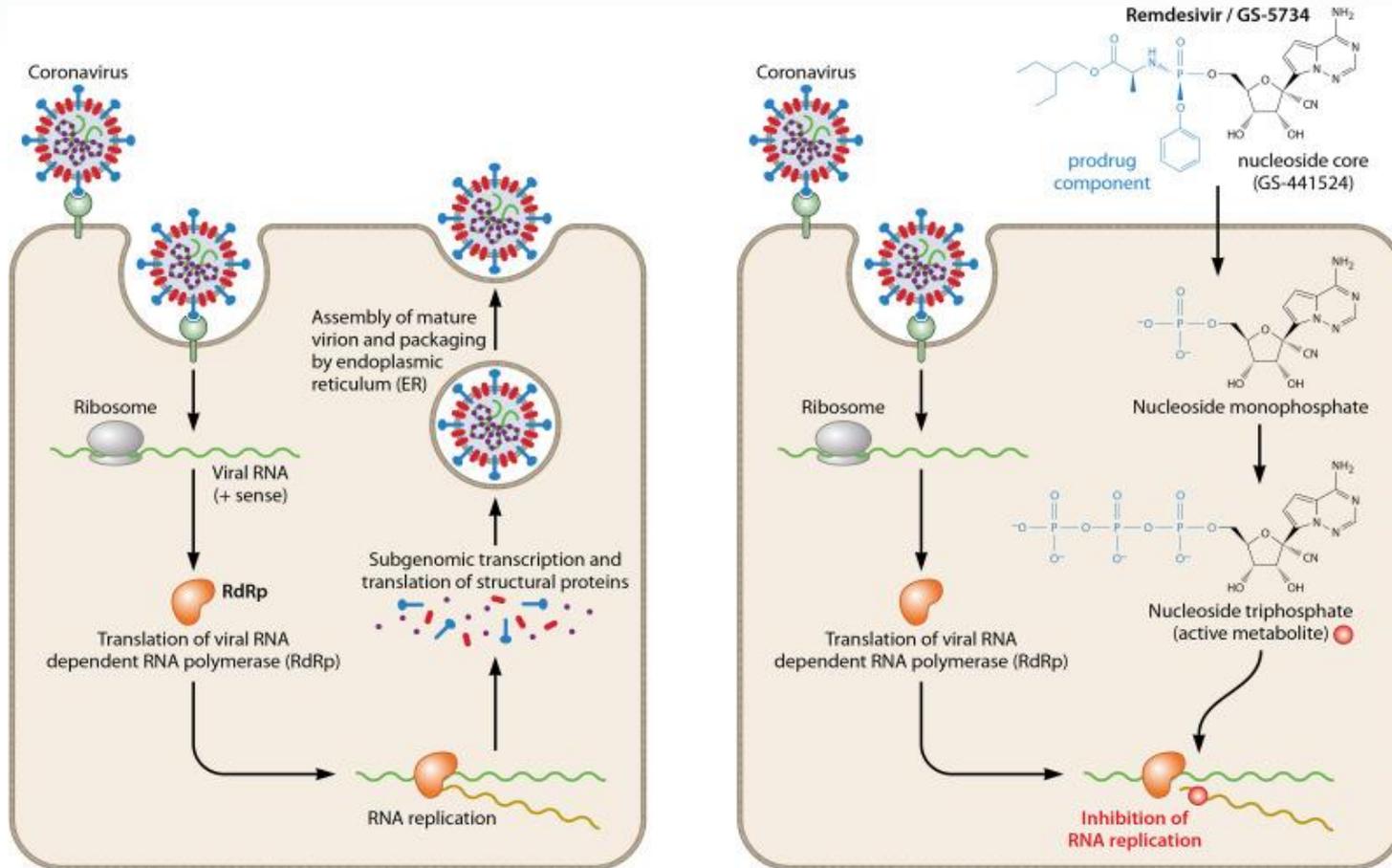


- ▶ Atazanavir
- ▶ Darunavir
- ▶ Lopinavir
- ▶ All showed very little *in vivo* activity
- ▶ Ribavirin, replication inhibitor, also with little *in vivo* activity

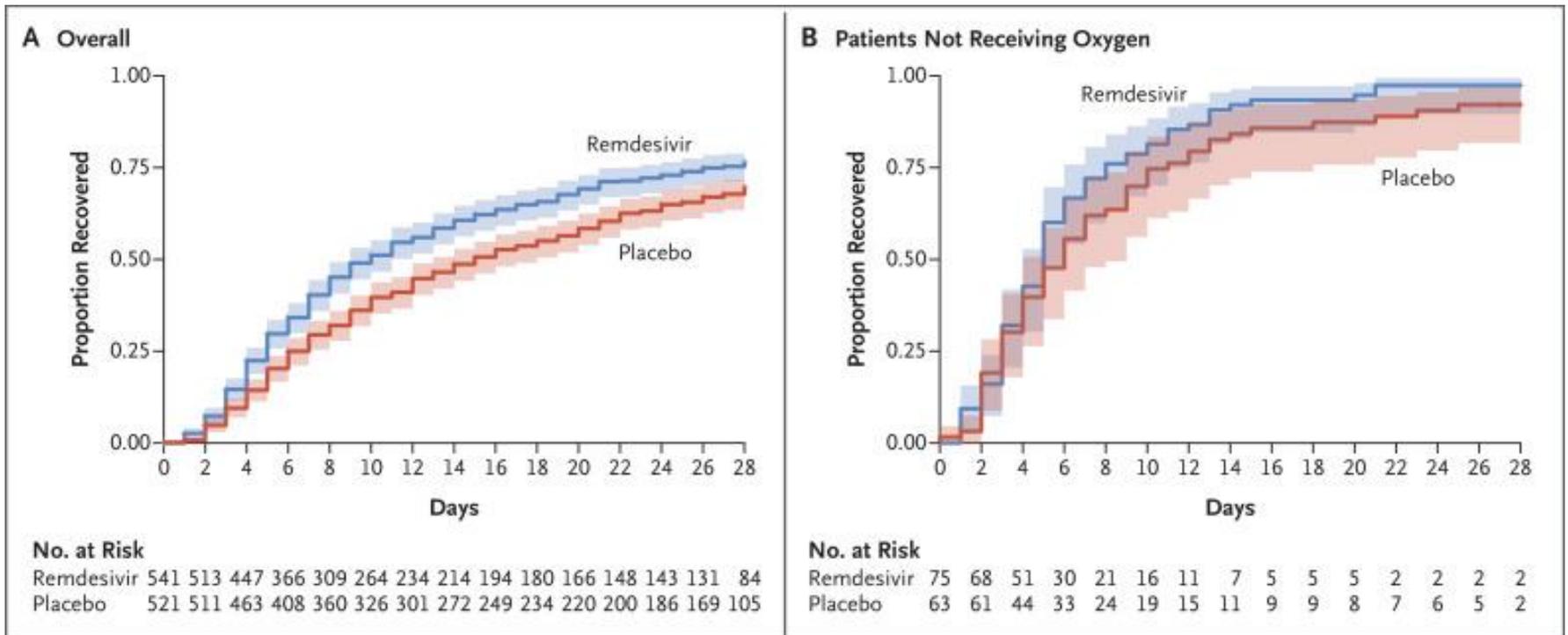




# Remdesivir



# Remdesivir

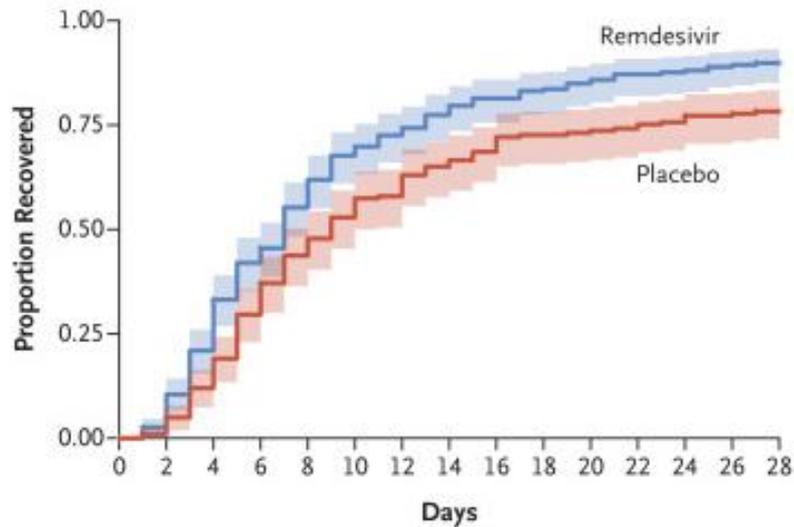


[N Engl J Med. 2020 Oct 8 ; NEJMoa2007764.](#)



# Remdesivir

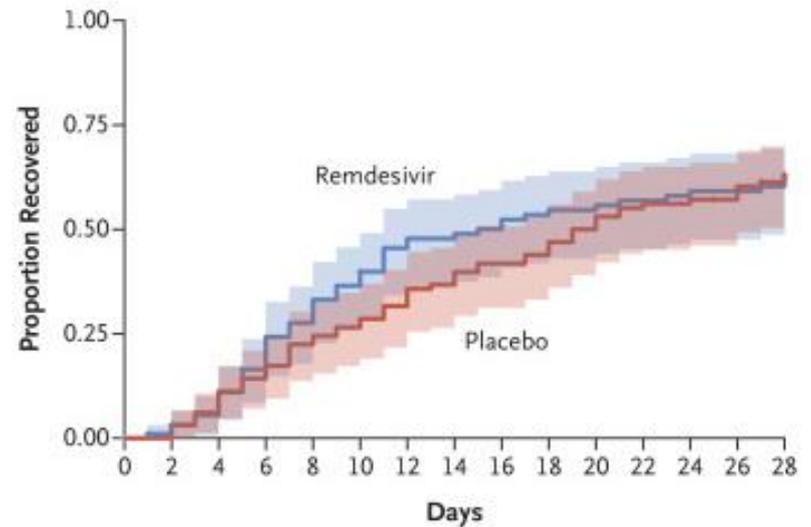
**C Patients Receiving Oxygen**



**No. at Risk**

Remdesivir	232	223	181	132	101	73	62	51	42	38	34	29	28	24	13
Placebo	203	199	175	140	111	93	83	69	62	54	53	51	48	44	28

**D Patients Receiving High-Flow Oxygen or Noninvasive Mechanical Ventilation**



**No. at Risk**

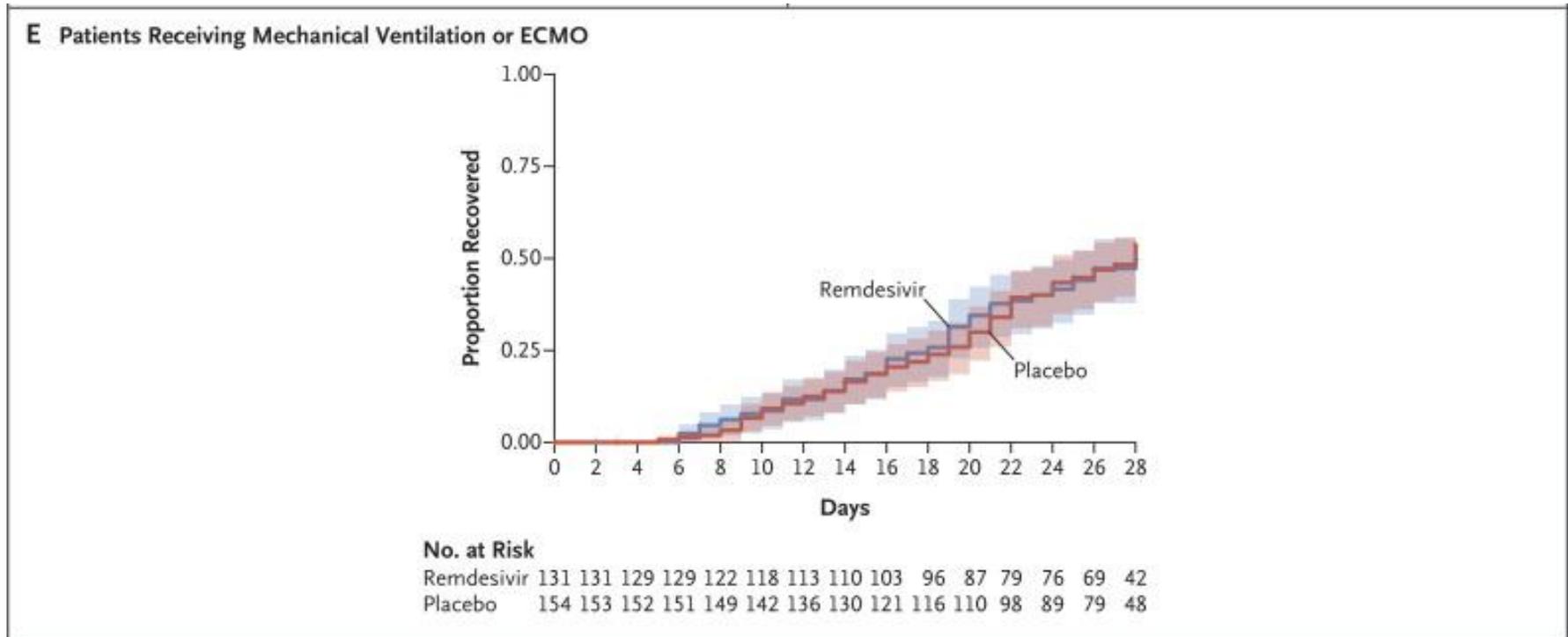
Remdesivir	95	91	86	75	65	57	48	46	44	41	40	38	37	36	27
Placebo	98	98	92	84	76	72	67	62	57	55	49	44	43	41	27

[N Engl J Med. 2020 Oct 8 ;  
NEJMoa2007764.](#)





# Remdesivir



[N Engl J Med. 2020 Oct 8 ;  
NEJMoa2007764.](#)



# Remdesivir

Figure 1. Pharmacologic Management of Patients with COVID-19 Based on Disease Severity

Doses and durations are listed in the footnotes.

DISEASE SEVERITY	PANEL'S RECOMMENDATIONS
<p>Not Hospitalized, Mild to Moderate COVID-19</p>	<p>For patients who are not at high risk for disease progression, provide supportive care and symptomatic management <b>(AIII)</b>.</p> <p>For patients who are at high risk of disease progression (as defined by the FDA EUA criteria for treatment with anti-SARS-CoV-2 monoclonal antibodies), use one of the following combinations:</p> <ul style="list-style-type: none"> <li>• <b>Bamlanivimab plus etesevimab (AIIa)</b></li> <li>• <b>Casirivimab plus imdevimab (AIIa)</b></li> </ul>
<p>Hospitalized but Does Not Require Supplemental Oxygen</p>	<p>There are insufficient data to recommend either for or against the routine use of remdesivir. For patients at high risk of disease progression, the use of remdesivir may be appropriate.</p>
<p>Hospitalized and Requires Supplemental Oxygen</p>	<p>Use one of the following options:</p> <ul style="list-style-type: none"> <li>• <b>Remdesivir<sup>a,b</sup></b> (e.g., for patients who require minimal supplemental oxygen) <b>(BIIa)</b></li> <li>• <b>Dexamethasone<sup>c</sup> plus remdesivir<sup>a,b</sup></b> (e.g., for patients who require increasing amounts of supplemental oxygen) <b>(BIII)<sup>d,e</sup></b></li> <li>• <b>Dexamethasone<sup>c</sup></b> (e.g., when combination therapy with remdesivir cannot be used or is not available) <b>(BI)</b></li> </ul>
<p>Hospitalized and Requires Oxygen Delivery Through a High-Flow Device or Noninvasive Ventilation</p>	<p>Use one of the following options:</p> <ul style="list-style-type: none"> <li>• <b>Dexamethasone<sup>c</sup> (AI)<sup>f</sup></b></li> <li>• <b>Dexamethasone<sup>c</sup> plus remdesivir<sup>a,b</sup> (BIII)<sup>d,e</sup></b></li> </ul> <p>For patients who were recently hospitalized<sup>d</sup> with rapidly increasing oxygen needs and systemic inflammation:</p> <ul style="list-style-type: none"> <li>• Add <b>tocilizumab<sup>g</sup></b> to one of the two options above <b>(BIIa)</b></li> </ul>
<p>Hospitalized and Requires Invasive Mechanical Ventilation or ECMO</p>	<ul style="list-style-type: none"> <li>• <b>Dexamethasone<sup>c</sup> (AI)<sup>f</sup></b></li> </ul> <p>For patients who are within 24 hours of admission to the ICU:</p> <ul style="list-style-type: none"> <li>• <b>Dexamethasone<sup>c</sup> plus tocilizumab<sup>g</sup> (BIIa)</b></li> </ul>





# Local experience during COVID-19 epidemic

# COVID-19 in SC

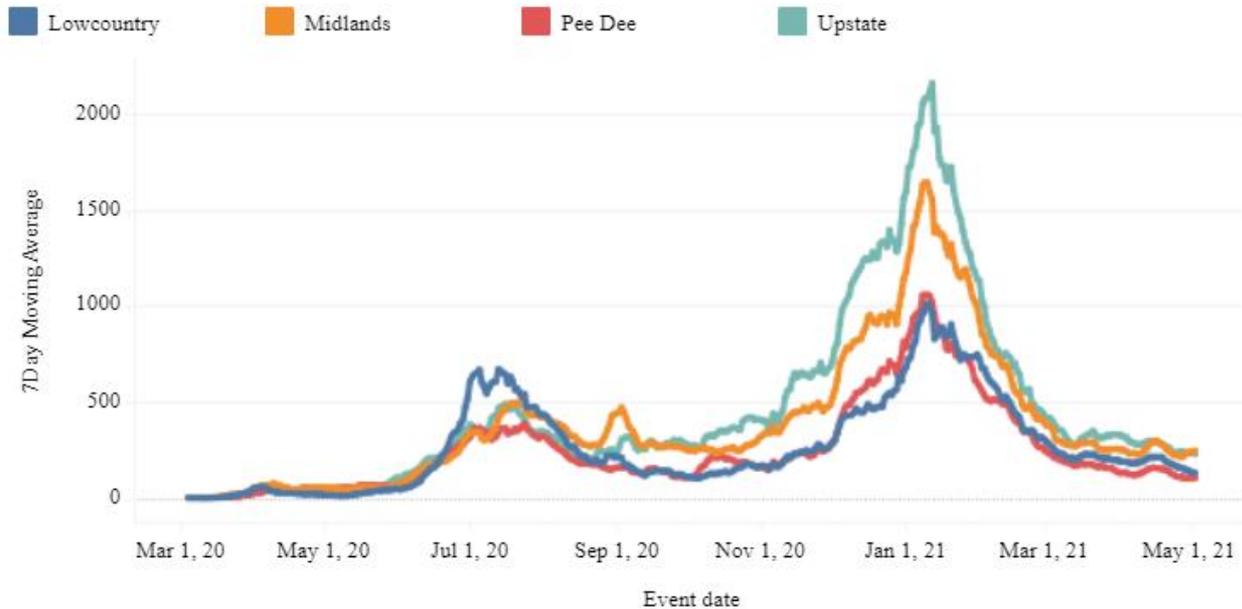
COVID-19 in South Carolina			
As of 11:59 PM on 5/3/2021			
Tests	Cases	Hospitalizations	Deaths
7,496,105	581,835	22,760	9,536

- ▶ South Carolina has been hit hard by COVID-19, especially when you consider case rate and death rate per 100k population.
- ▶ Much of South Carolina is rural and not necessarily equipped to handle this type of public health/medical crisis.
- ▶ Many hospitals in SC are struggling to keep up with the many demands that COVID-19 has created.



# COVID-19 in South Carolina & by Region

7-Day Moving Average of reported COVID-19 Cases, by Public Health Region



Low; 0-50	Moderate; 51-200	High; >200
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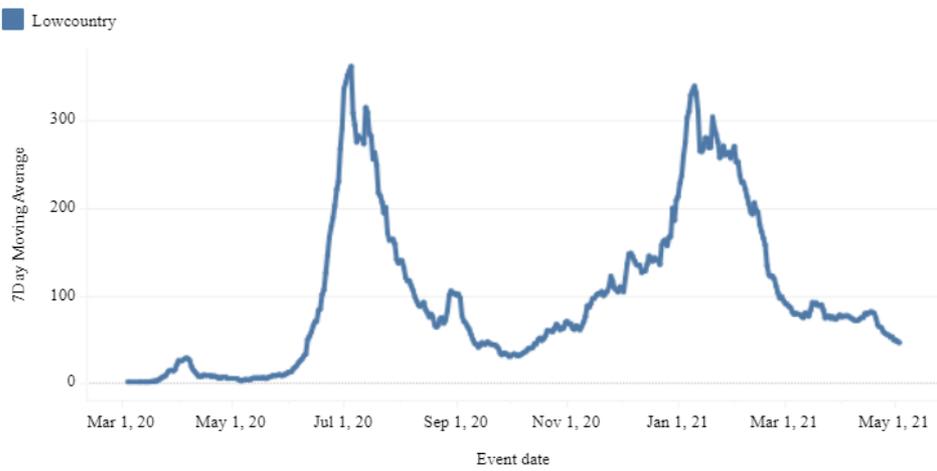
Recovery Estimate South Carolina

97.4%

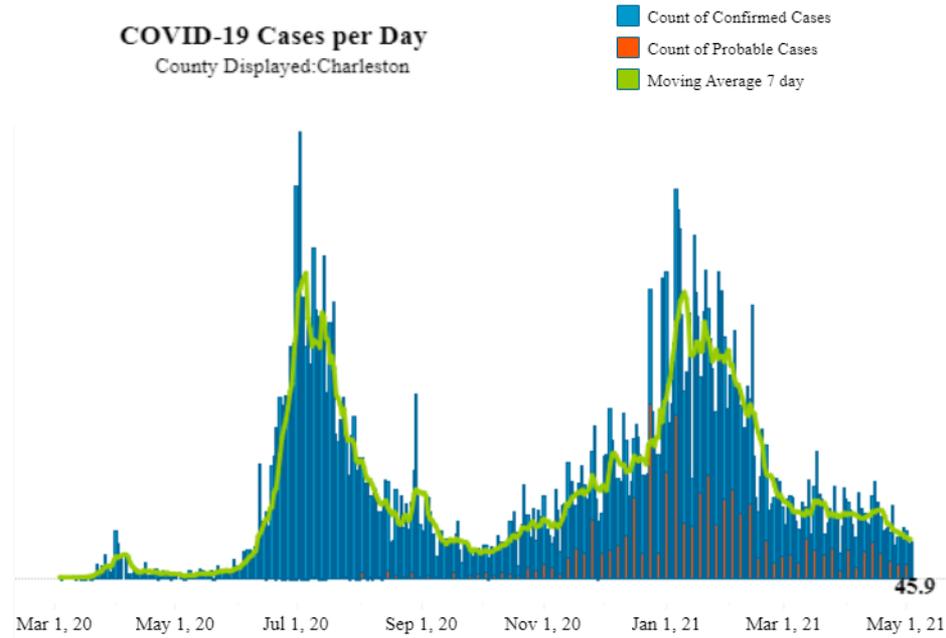


# COVID-19 in South Carolina & by Region

### 7-Day Moving Average of reported COVID-19 Cases, by Public Health Region



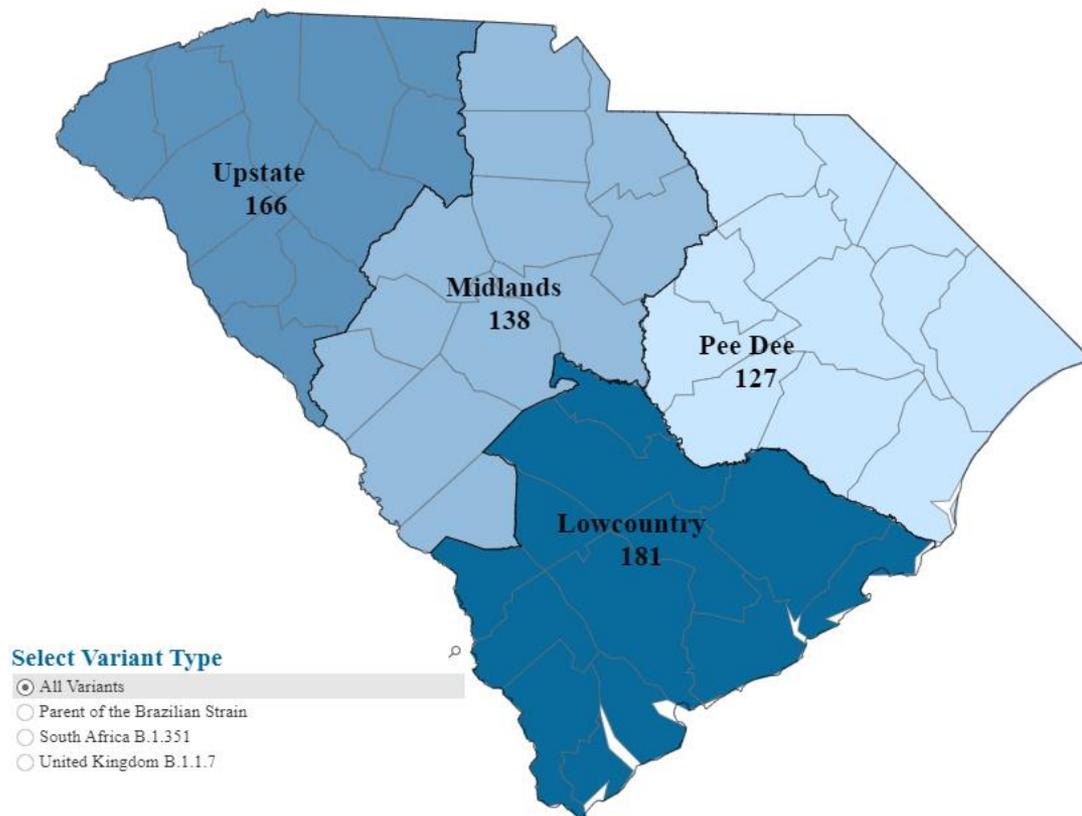
### COVID-19 Cases per Day County Displayed: Charleston



# COVID-19 variants in SC

## Cases of COVID-19 Variants, by Type of Variant

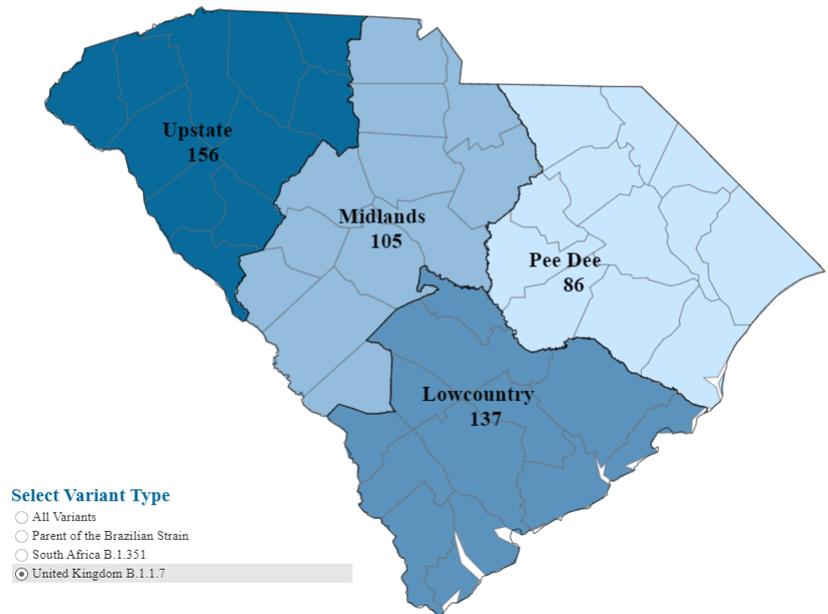
*As of 11:59 PM on 4/28/2021*



# COVID-19 variants in SC

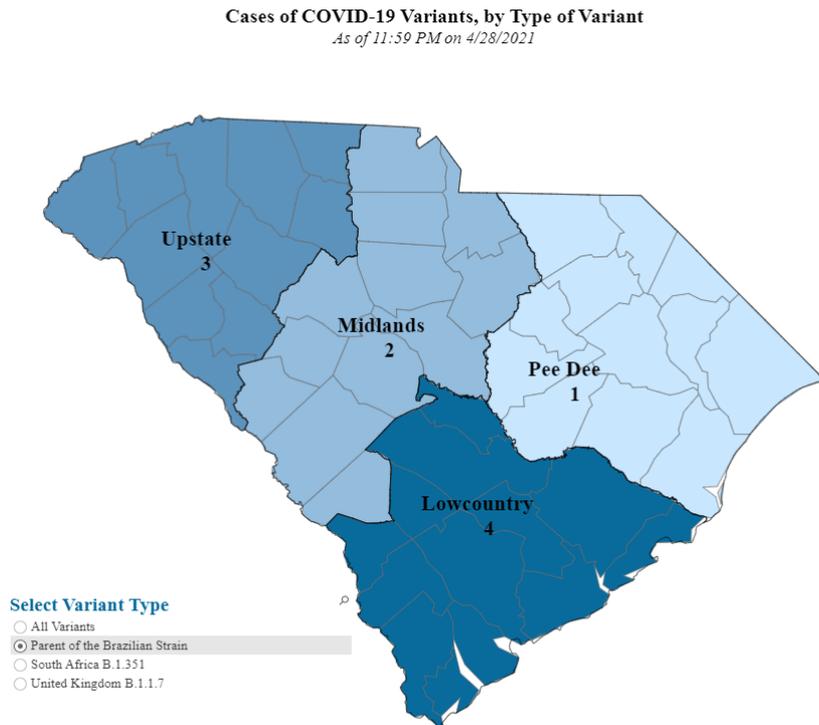
- ▶ ~50% increased transmission
- ▶ Potential increased severity based on hospitalizations and case fatality rates
- ▶ No impact on susceptibility to EUA monoclonal antibody treatments
- ▶ Minimal impact on neutralization by convalescent and post-vaccination sera

Cases of COVID-19 Variants, by Type of Variant  
As of 11:59 PM on 4/28/2021





# COVID-19 variants in SC



- ▶ Significant decrease in susceptibility to the combination of bamlanivimab and etesevimab monoclonal antibody treatment, but other EUA monoclonal antibody treatments are available
- ▶ Reduced neutralization by convalescent and post-vaccination sera

Source: [CDC](#), [SCDHEC](#)

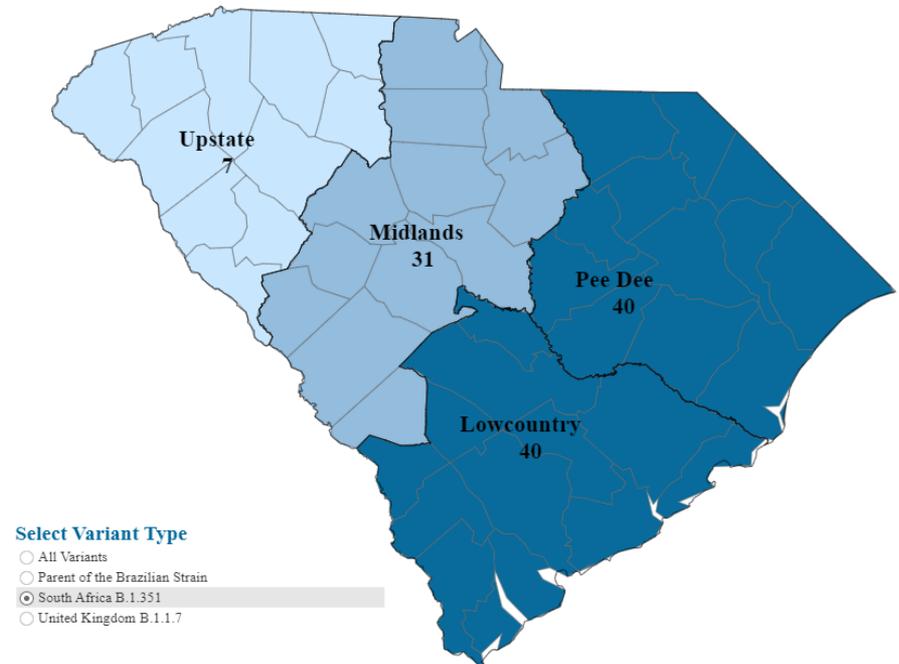


# COVID-19 variants in SC

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Cases of COVID-19 Variants, by Type of Variant

As of 11:59 PM on 4/28/2021



Source: [CDC](#), [SCDHEC](#)



# Multi-System Inflammatory Syndrome in Children (MIS-C)

- ❖ A rare but very serious and often life-threatening post-infectious inflammatory syndrome in children (0-21 yrs) that occurs 2-4 weeks after having COVID-19.
- ❖ Most families do not know their children had COVID-19 or even were exposed to the virus.
- ❖ Most children with MIS-C were completely healthy before.
- ❖ Most common symptoms = fever, vomiting/diarrhea, fatigue (can include rash and/or red eyes)

4 things you need to know about Multisystem Inflammatory Syndrome in Children (MIS-C)

- 1 Appears to be a rare condition in children
- 2 May show up weeks after COVID-19 infection
- 3 Causes inflammation across multiple organs, including:
  - Heart
  - Lungs
  - Kidneys
  - Brain
  - Skin
  - Eyes
  - Gastrointestinal
- 4 Produces varying symptoms in children, but they can include:
  - Fever
  - Abdominal pain
  - Vomiting
  - Diarrhea
  - Neck pain
  - Rash
  - Bloodshot eyes
  - Feeling extra tired

**Want more information?**  
Check back here or visit trusted sources like the Centers for Disease Control and Prevention (CDC).

children'shealth?

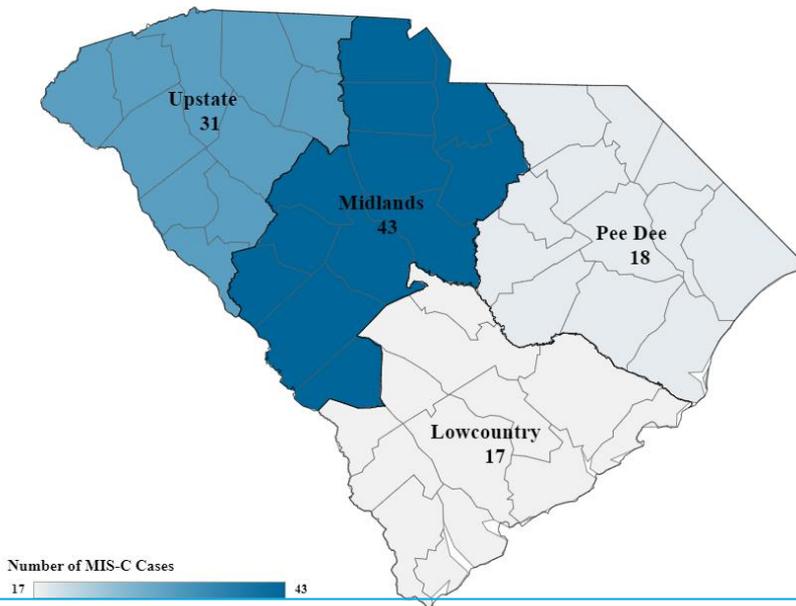
- 2060 cases and 30 deaths so far in U.S.



# Multi-System Inflammatory Syndrome in Children (MIS-C)

Cases of Multisystem Inflammatory Syndrome in Children (MIS-C) Associated With COVID-19  
(n=109)

As of 11:59 PM on 4/28/2021



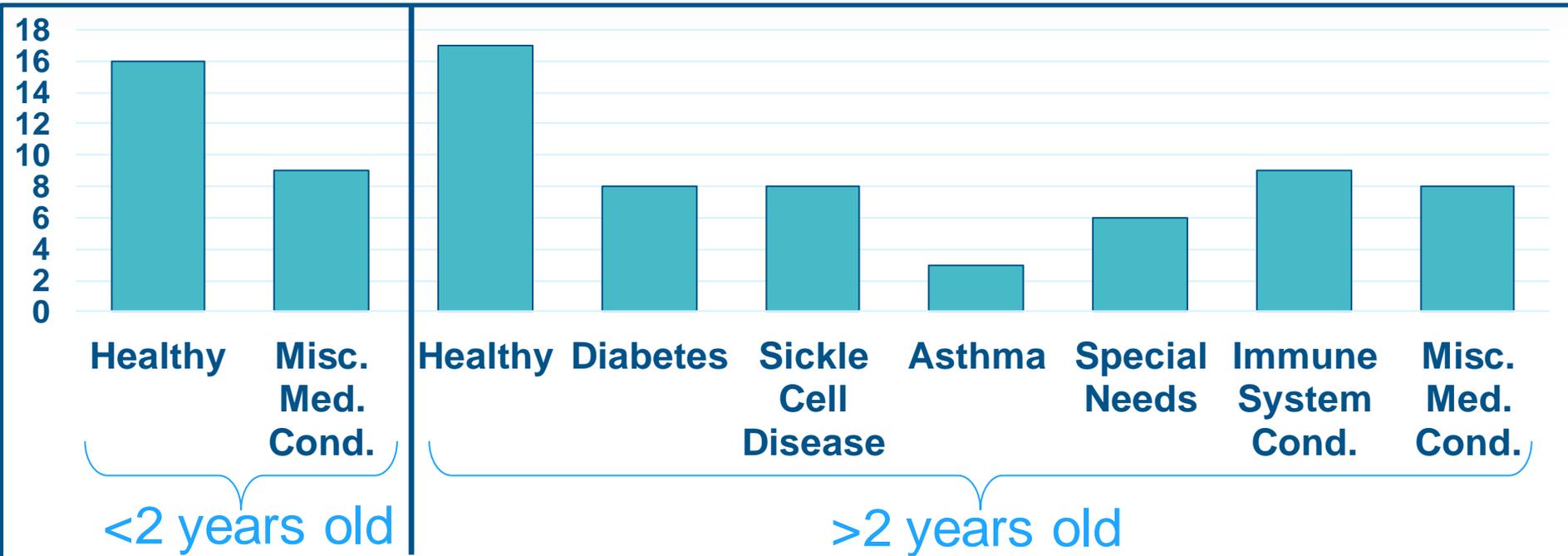
- ▶ MIS-C cases rise in an area as the prevalence of COVID-19 increases.
- ▶ MUSC Children's has cared for 18 children with MIS-C.
- ▶ All but one were previously healthy with no underlying medical condition.
- ▶ Some required a respirator to help them breathe and two required ECMO (machine that acts as heart and lungs).
- ▶ **All have recovered so far but long-term effects are unknown.**

- Can occur in child of any age and race/ethnicity
- >70% occur among African American and Hispanic children

Source: [CDC](https://www.cdc.gov)



# 82 Children Admitted to MUSC with Acute COVID-19 in the Last Year (0-21 years old)\*



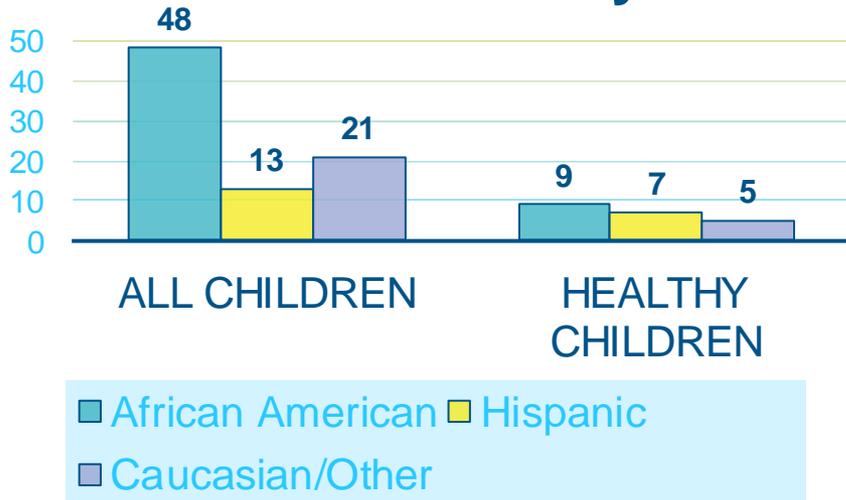
- Some admitted b/c COVID-19 worsened their underlying condition
- A few developed serious disease from COVID-19; all survived
- 3 healthy children presented w/ new Type 1 diabetes related to COVID

\*Excludes those with a positive COVID test found incidentally on admission

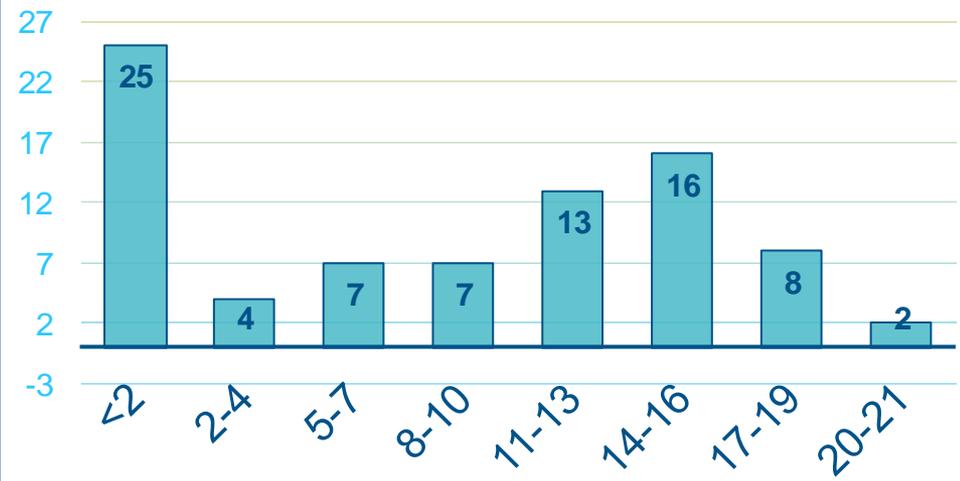


# African-American Children and <2 Years Old Have Been Hit Hardest by COVID-19 at MUSC

## # Admissions by Race/Ethnicity



## # Admissions by Age Range (Years)



- ❖ COVID-19 poses a greater risk to many of the same children who obtain essential services at school (e.g., OT/PT/speech therapy, medical and mental health treatment, nutrition, etc.) and/or are most at risk for educational disparities w/ virtual learning.
- ❖ We have the responsibility to provide a safe in-person school environment for these at risk and disadvantaged children.

\*Excludes those with a positive COVID test found incidentally on admission





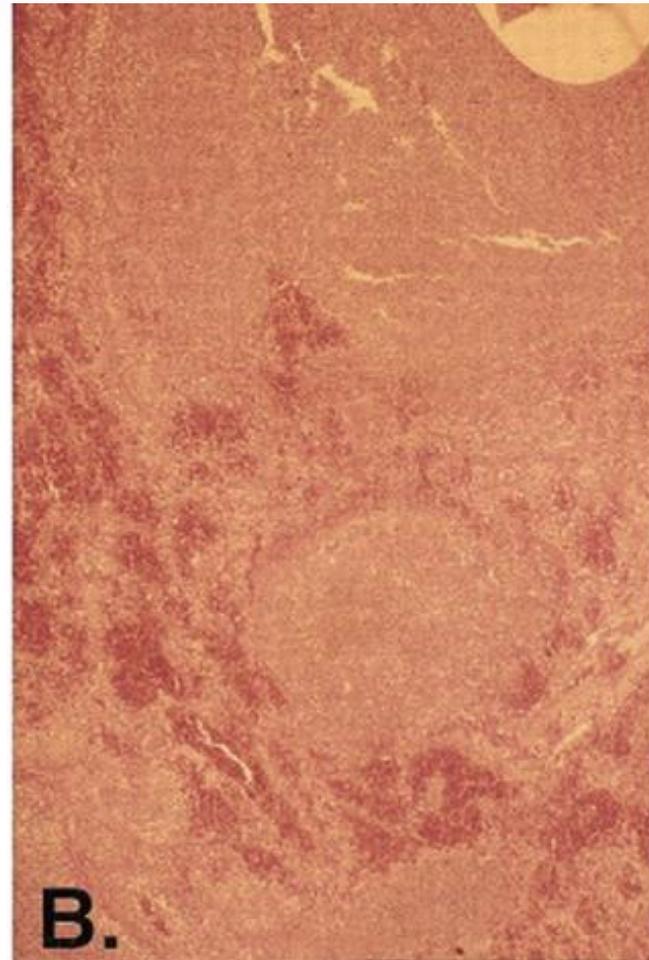
# Antiviral Stewardship

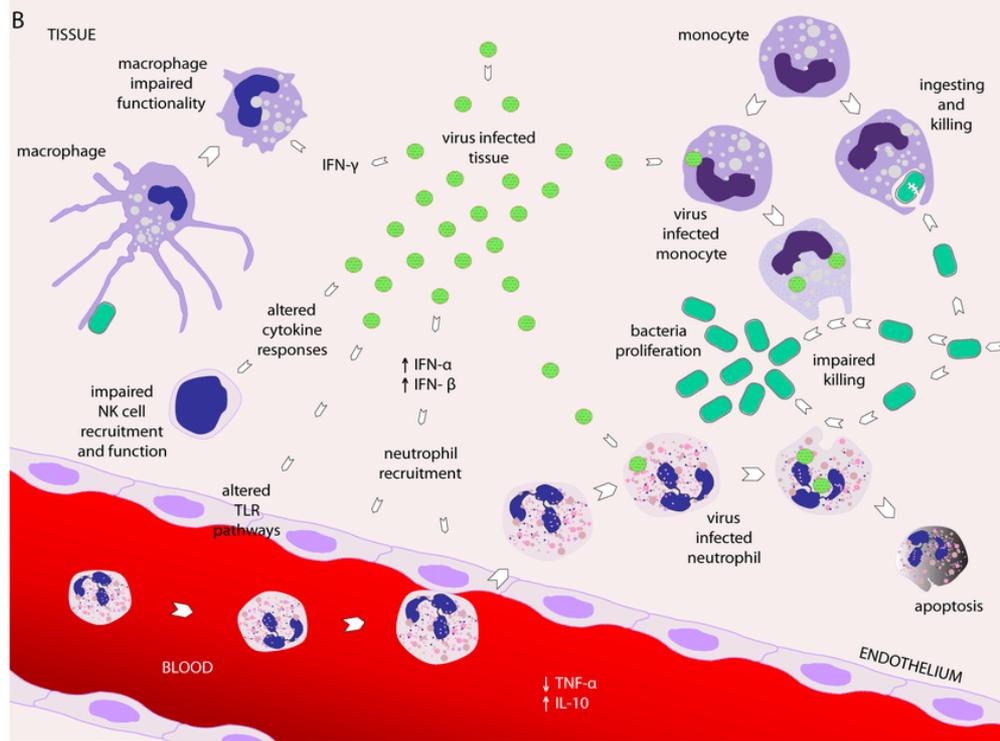
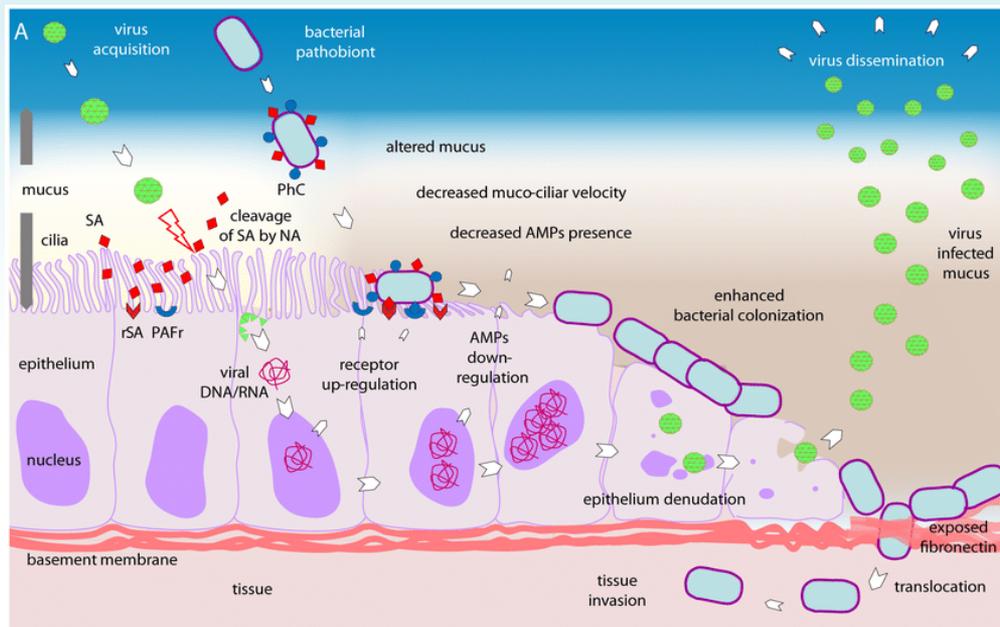




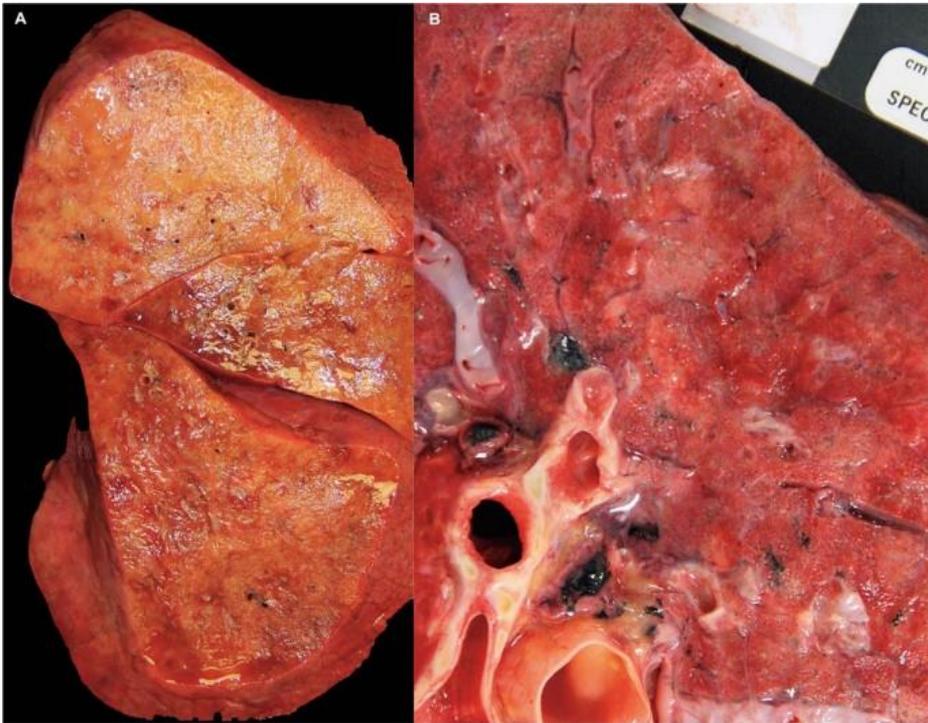
# Bacterial Superinfection of viral pneumonia

- ▶ 1918 Influenza Pandemic
- ▶ 10 to 15% fatal cases severe ARDS
- ▶ 85 to 90% fatal cases acute bronchopneumonia
  - ▶ *Streptococcus pneumoniae*
  - ▶ *S. pyogenes*
  - ▶ *Haemophilus influenzae*
  - ▶ *Staphylococcus aureus*





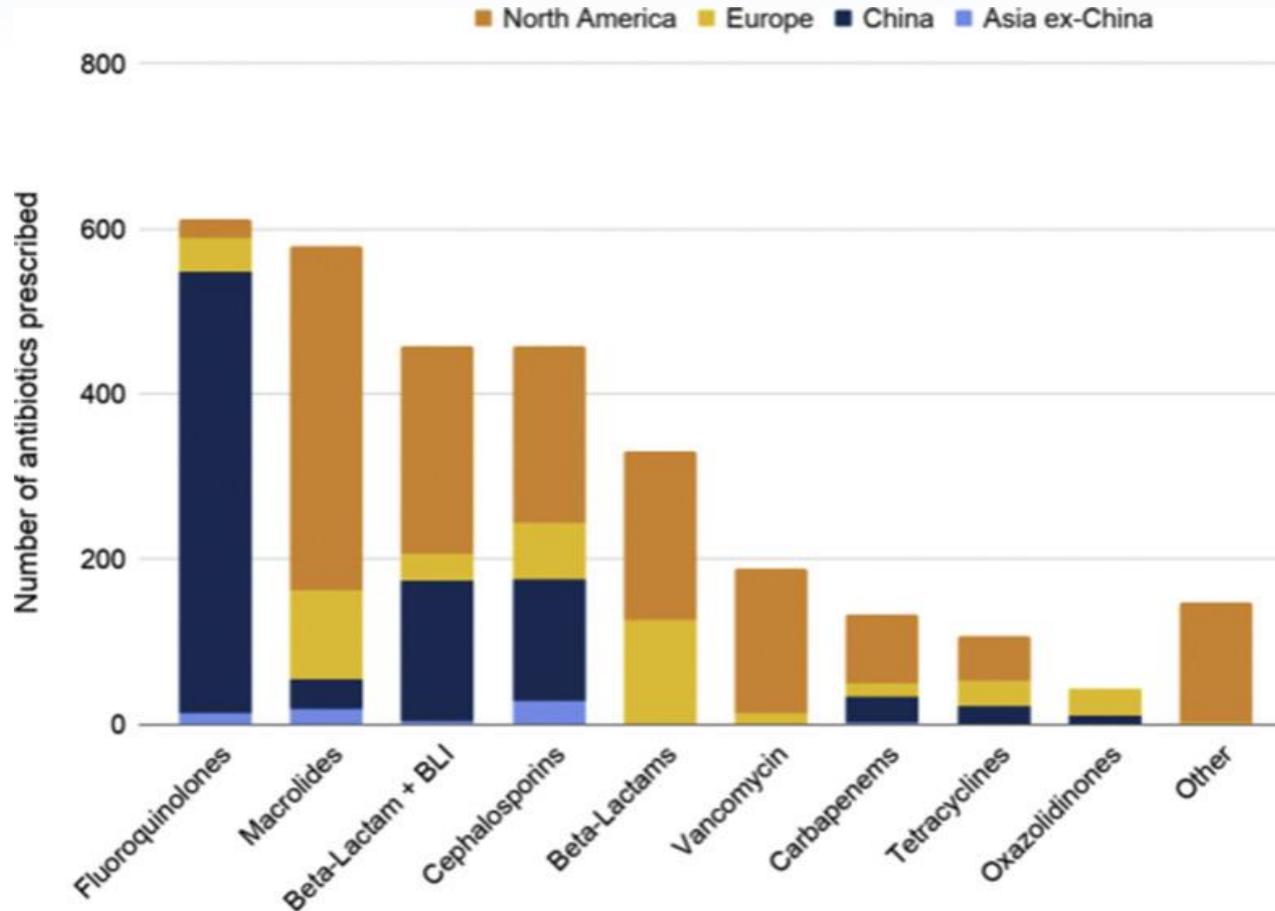
# Bacterial superinfection – COVID-19



- ▶ 2019 Sars-CoV-2 pandemic
- ▶ 8% fatal cases acute bronchopneumonia
  - ▶ *Acinetobacter baumannii*
  - ▶ *Staphylococcus aureus*
  - ▶ *Pseudomonas aeruginosa*
  - ▶ *Klebsiella pneumoniae*



# Antibiotic Usage in COVID-19 infection



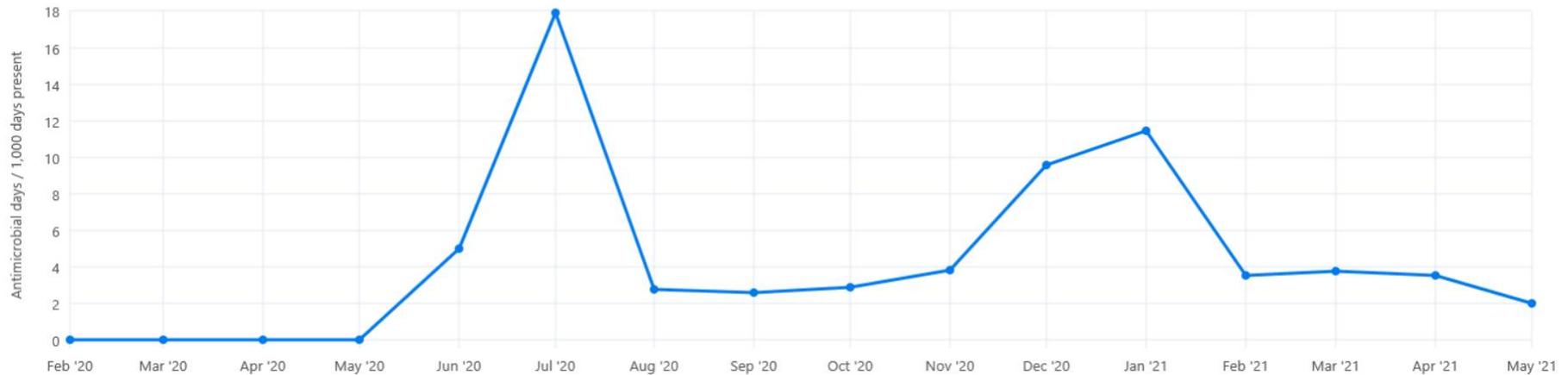
75% of cases received antibiotics



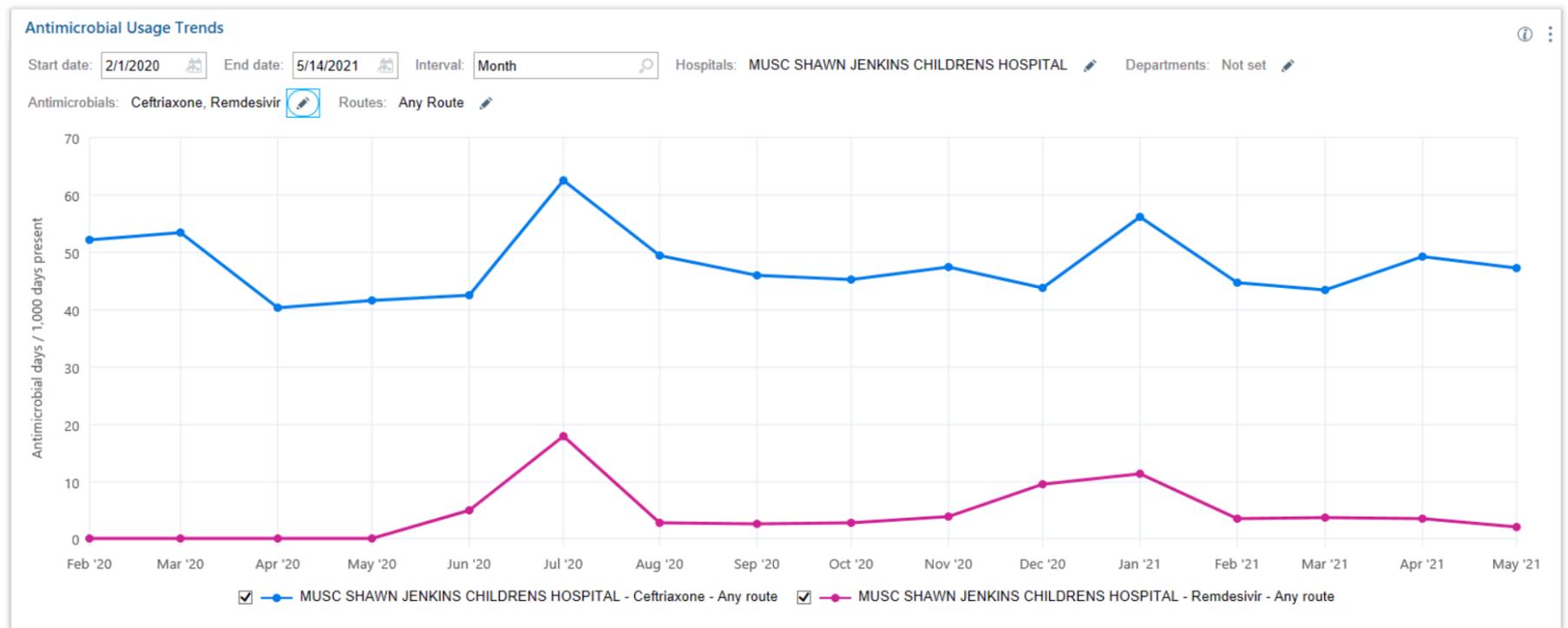
# Antibiotic Usage in COVID-19 infection

## Antimicrobial Usage Trends

Start date: 2/1/2020 End date: 5/14/2021 Interval: Month Hospitals: MUSC SHAWN JENKINS CHILDRENS HOSPITAL  
Departments: SJCH 10 CANCER CENTER, SJCH 2 BURN CENTER, ... Antimicrobials: Remdesivir Routes: Any Route



# Antibiotic Usage in COVID-19 infection

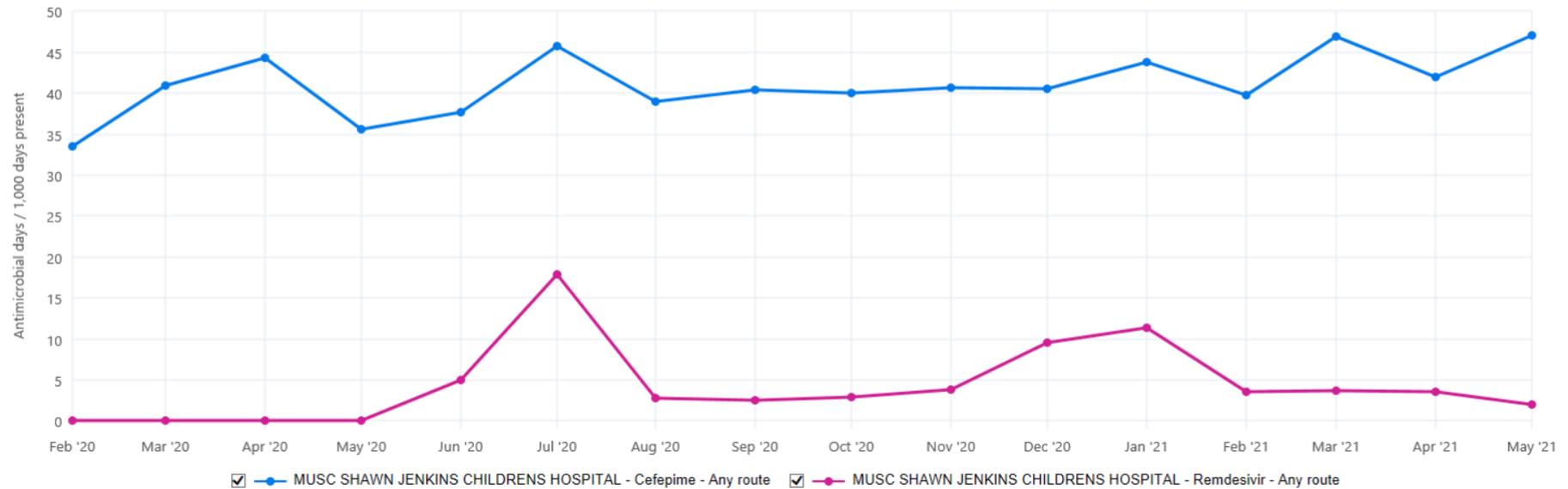


# Antibiotic Usage in COVID-19 infection

## Antimicrobial Usage Trends

Start date: 2/1/2020 End date: 5/14/2021 Interval: Month Hospitals: MUSC SHAWN JENKINS CHILDRENS HOSPITAL Departments: Not set

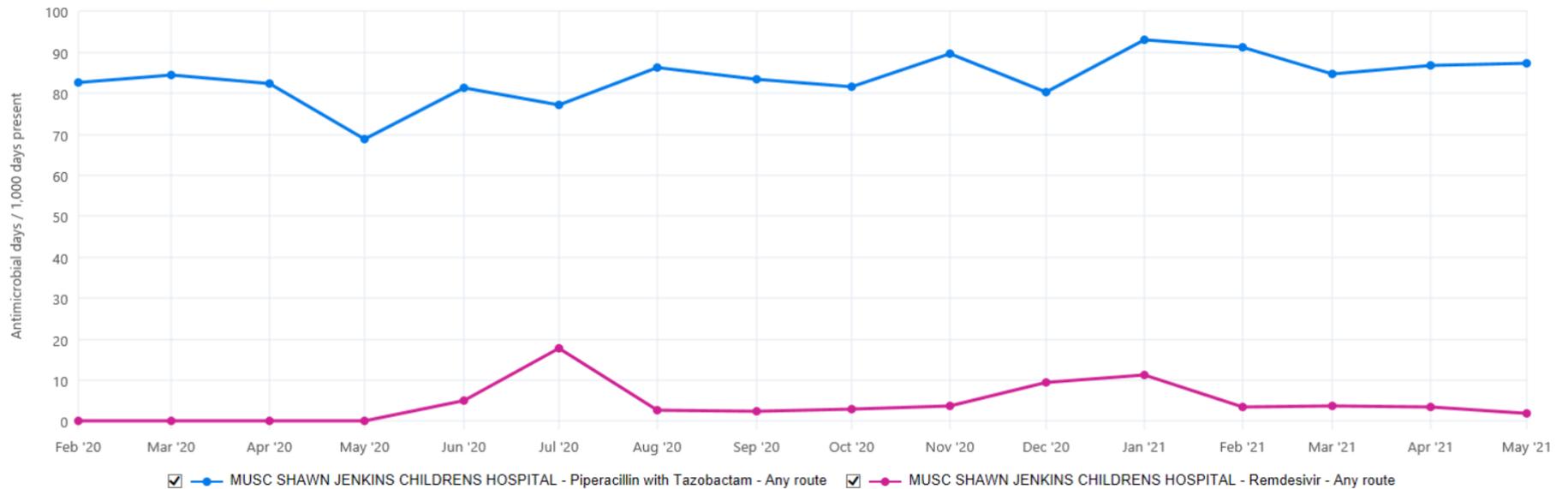
Antimicrobials: Cefepime, Remdesivir Routes: Any Route



# Antibiotic Usage in COVID-19 infection

## Antimicrobial Usage Trends

Start date: 2/1/2020 End date: 5/14/2021 Interval: Month Hospitals: MUSC SHAWN JENKINS CHILDRENS HOSPITAL Departments: Not set  
Antimicrobials: Piperacillin with Tazobactam, Remdesivir Routes: Any Route



...also no effect on Linezolid, Vancomycin, or Meropenem use





# Learning Objectives

At the completion of this activity, the pharmacist will be able to:

- ▶ 1. COVID-19 symptoms and complications are different in pediatric patients
- ▶ 2. Remdesivir is the antiviral of choice in certain clinical scenarios
- ▶ 3. Bacterial superinfection occurs less often during COVID-19, we should continue to be good stewards of broad-spectrum antibiotics.



# QUESTIONS?

