



## Contextualizing COVID-19 Deaths in Children

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Since the beginning of the COVID-19 pandemic in 2020, it has been apparent that children who are infected with the SARS-COV2 virus are not as [seriously affected as the adult and elderly population](#). The low hospitalization rates and death rates have led some COVID-19 pundits (mostly adult doctors with no pediatric training) to downplay the virus and call for no mitigation efforts to protect children at all – no masking, in-person school without restrictions, no vaccinations, and even encourage “COVID-19 parties,” harkening back to the days of “chicken pox parties” to make sure children were infected young. This push towards “natural herd immunity” through the pediatric population, however, is not without consequences.

This summer, the Delta variant swept through large swaths of the country and caused the greatest number of pediatric cases, hospitalizations, and deaths since the onset of the pandemic. Schools that [opened without mitigation](#) efforts had outbreaks of cases that left many children out of school because of infections or quarantine restrictions from contacts. Clearly, the virus does impact children directly. In this month’s *Pediatrics*, ([10.1542/peds.2021-052273](#)) McCormick et al provide us with a comprehensive look at which children suffer the most severe consequence of COVID-19 infection – death. They describe the features of 121 childhood deaths in 25 jurisdictions between February 12–July 31, 2020. Unfortunately, the demographics of childhood deaths follow the trends we see with adults – underrepresented minorities are bearing the brunt of the pandemic.

A disproportionate, and unacceptable, number of Black and Hispanic children are dying – almost 75% of the deaths in the McCormick report. Most children had an underlying condition like obesity or asthma, which are also over-represented by those who are most likely to contract COVID-19. Over time, many people have

pointed out how the pandemic has highlighted the inequities of our society and health care system. And others are advocating to “build back better.” But these issues aren’t new to the pediatric community. We have been working to address many of the social determinants of health through practice and advocacy for the past few decades. We have [policy statements](#) about [equity and reducing disparities](#). We must work harder in the post-pandemic world to make sure that ALL children have the opportunity to live, thrive, and reach their adult potential.

**Related Links:**

- [COVID-19-Associated Orphanhood and Caregiver Death in the United States](#)
- [COVID-19 Vaccination–Associated Myocarditis in Adolescents](#)
- [Risk Factors for Severe COVID-19 in Children](#)
- [Facebook](#)
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