

Gaining a Better Understanding of Co-Infections in Children with COVID-19

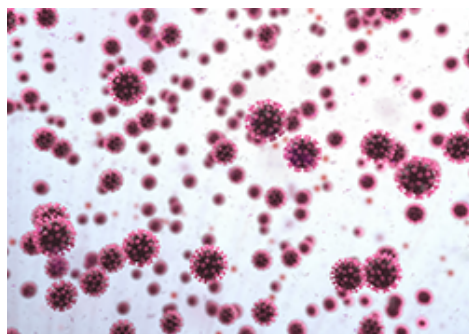
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Since the start of the coronavirus outbreak this past winter in Wuhan, China, we have learned about the basic epidemiology of COVID-19 in children, but there is still much we do not know about the disease process and what modifies it.

Lewis First, MD, MS, Editor in Chief, Pediatrics

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Since the start of the coronavirus outbreak this past winter in Wuhan, China, we have learned about the basic epidemiology of COVID-19 in children, but there is still much we do not know about the disease process and what modifies it. This week, Xing et al ([10.1542/peds.2020-0961](#)) share with us information regarding co-infection with other reported respiratory pathogens in children infected with SARS-CoV-2. We thought this study was so important that we released it two months before it appears in

our July issue. Nearly all of the 72 cases in this study were infected by household contacts. Among all subjects, 34 were tested for co-infections, of whom 19 had other viral pathogens in addition to SARS-CoV-2. There is also information regarding the identification and prolonged existence of the virus in fecal specimens from some subjects.

The authors point out some important distinctions between how this illness manifests itself in pediatric versus adult patients. After reading this study, would you test for co-infection when testing for coronavirus in your pediatric patients? Would you only do it for patients sick enough to require hospitalization? If you think a child has respiratory syncytial virus or influenza based on contact history, would you also test for SARS-CoV-2? Although this is a small study, the high prevalence of co-infections raises the possibility that children may be harboring more than one viral infection at once. We welcome your thoughts on testing for co-infection by sharing your input via this blog, on our website where the article is posted, or with comments on our social media pages on Facebook, Instagram or Twitter.

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