Transcript Details
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Pediatric Responses to SARS-CoV-2: What We've Learned So Far

Announcer:
Welcome to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Diego Hijano, who's a pediatric infectious disease specialist at St. Jude Children's Research Hospital in Memphis, Tennessee. He'll be discussing the burden of severe acute respiratory syndrome coronavirus-2, or SARS-CoV-2, infection and COVID-19 in pediatric populations. Here's Dr. Hijano now.

Dr. Hijano:
We know from studies that children actually mount a very good immune response towards SARS-CoV-2, and that has been seen by a very robust mucosal immune response. So we have high levels of immune response in the nose—which could explain why most kids have less severe disease and less pneumonia—but we have studies showing that they have good antibody response and that these responses are long-lasting. So I think, overall, we've learned that children have a very robust and durable immune response to SARS-CoV-2.

Multisystemic inflammatory syndrome, or MIS, is a rare but serious condition associated with SARS-CoV-2, which is common in children but can also be seen in adults, so it usually appears four to six weeks after having an infection with SARS-CoV-2. It's characterized by a very robust immune response that can present with abdominal pain, vomiting, diarrhea, and bloodshot eyes. You can have a skin rash and changes to your skin, and sometimes it can lead to respiratory failure, pain, and neurological symptoms such as confusion and unusual behavior. And as with a lot of things with SARS-CoV-2, we really have made a lot of progress in understanding that this is an overreaction of the inflammatory system seen in certain children and that it can be severe and needs to be treated.

There haven't been a lot of activities when it comes to newer preventive or therapeutic agents. We certainly have the vaccine. That is the safest and most effective way of preventing severe COVID-19, and that continues to be updated. We currently have two antivirals, and only one is available for very young children and adults. The other one is only available for those who are 12 and older. And there's only really one antibody that can be used to try to prevent COVID-19 in those who may not be able to receive the vaccine.

I would point out one antiviral that is being developed and has been very promising because it's very similar to Paxlovid. You can take it by mouth, but it doesn't interact with many medicines. And for those who have prescribed Paxlovid, you know that it's very difficult if you have patients with diabetes or high blood pressure or who are immunocompromised because it interacts with a lot of medicines, and sometimes you just cannot give Paxlovid to these patients. So I think this new antiviral has the promise that it works really well and it doesn't interact with other medicines, making it a potentially widely available therapy.

Announcer:
That was Dr. Diego Hijano talking about how SARS-CoV-2 infection and COVID-19 impacts pediatric populations. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!