



THE WHITE HOUSE  
WASHINGTON

# COVID-19 Press Briefing

November 3, 2021



# **COVID-19 and Children: An Update**



# Cumulative Burden of COVID-19 Among U.S. Children (<18 Years)

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- **Cases: 5,5156,630**
- **Hospital Admissions: 65,040\***
- **Multisystem Inflammatory Syndrome in Children (MIS-C) Cases: 5,217**
- **Deaths: 793**

\*Data for 8/1/2020-10/31/2021

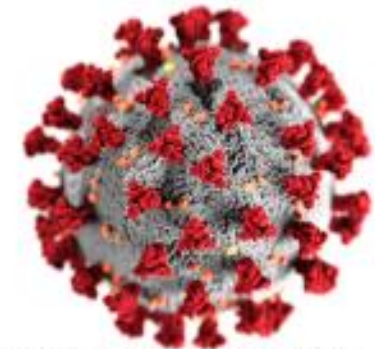
Source: <https://covid.cdc.gov/covid-data-tracker>, accessed 11/2/2021



# COVID-19 Epidemiology in Children Aged 5–11 Years

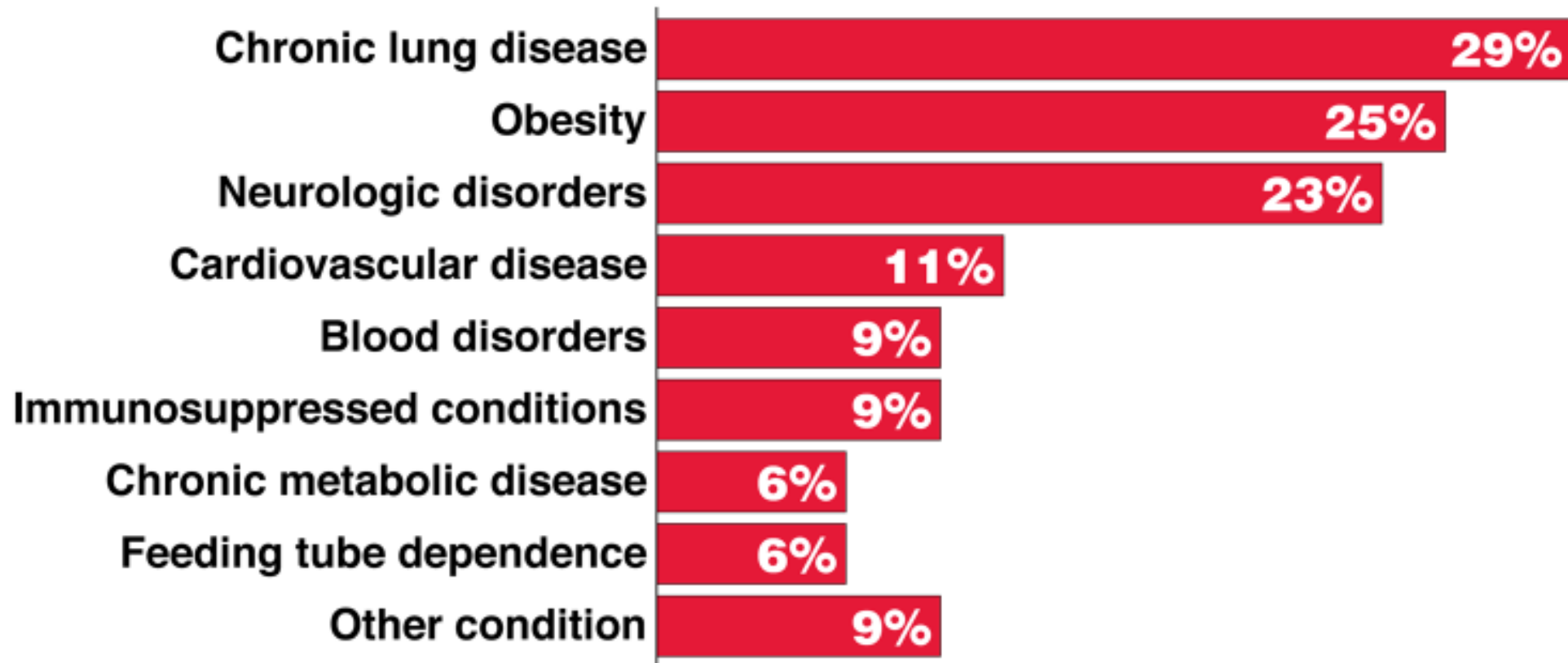
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- 1.9 million reported cases
- >8,300 hospitalizations
  - ~1/3 of hospitalized children aged 5–11 years require ICU admission
- 2,316 Multisystem Inflammatory Syndrome in Children (MIS-C) cases
- At least 94 COVID-19-associated deaths



Source: J Jones/CDC. ACIP meeting, 11/2/2021.

# Prevalence of Underlying Medical Conditions Among Children Aged 5–11 Years Hospitalized with COVID-19—COVID-NET, 3/2020–8/2021



Source: F Havers, VRBPAC meeting, 10/26/21; RC Woodruff et al. *Pediatrics*, 10/22/2021



# Post-COVID-19 Conditions in Children and Adolescents

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- **Multisystem Inflammatory Syndrome in Children (MIS-C)**
- **Ongoing or residual symptoms/complications of SARS-CoV-2 infection reported in children/adolescents**
  - Respiratory symptoms
  - Cardiac involvement
  - Anosmia and/or ageusia (changes to smell and taste)
  - Neurodevelopmental impairment
  - Cognitive fogginess or fatigue
  - Physical fatigue/poor endurance
  - Headache
  - Mental health/behavioral health sequelae

Source: American Academy of Pediatrics, 7/2021.



Published online  
October 8, 2021

# JAMA Pediatrics

## **Incidence Rates, Household Infection Risk, and Clinical Characteristics of SARS-CoV-2 Infection Among Children and Adults in Utah and New York City, New York**

FS Dawood, MS Stockwell et al.

- **Children and adults equally vulnerable to coronavirus infection, but children less likely to become sick**
- **Fraction of patients with SARS-CoV-2 infection who were asymptomatic: 52% of individuals aged 0 to 4 years, 50% for 5 to 11 years, 45% for 12 to 17 years, 12% for 18 years or older**



# Children and Transmission of SARS-CoV-2

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- Transmission of SARS-CoV-2 virus is influenced by presence/type of symptoms, type/timing of exposure, viral load, and variant. **Vaccination decreases transmission.**
- Some studies observed similar infection rates between children, adolescents and adults, while others found lower infection rates among children and adolescents compared with adults

■ **Secondary transmission from children occurs in both household and school settings**



Sources: J Jones/CDC. ACIP meeting, 11/2/2021.





The  
New England  
Journal of Medicine

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# **Safety, Immunogenicity, and Efficacy of the BNT162b2 COVID-19 Vaccine in Adolescents**

RW Frenck, Jr., WC Gruber et al. for the C4591001 Clinical Trial Group

- **N= 2,260 adolescents 12 to 15 years**
- **Favorable safety profile, produced a greater immune response than in young adults**
- **Vaccine efficacy = 100%**



# Summary Data for Pfizer-BioNTech COVID-19 Vaccine in Children Ages 5 Through 11 Years

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- Phase 2/3 randomized, controlled trial included ~4,500 children
- Vaccinated participants received a two-dose regimen of 10- $\mu$ g doses administered 21 days apart, 1/3 the 30- $\mu$ g dose used for people 12 years and older
- **90.7% efficacy during a period when Delta was the prevalent strain**
- Good safety profile – side effects mostly mild to moderate, and short lived





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