

ONE HUNDRED SIXTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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August 11, 2020

The Honorable Robert R. Redfield, M.D.
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027

Dear Dr. Redfield:

We write regarding the concerning impacts of the coronavirus disease of 2019 (COVID-19) on the nation's children and young people. As the school year begins across the country and families look to public health leaders for guidance on how best to protect their children, there remain too many questions about the role youth play in the transmission of COVID-19, the risk they face from the disease, and the consequences of the pandemic on their health and well-being.

While there appears to be consensus that school-aged youth face lower risks from COVID-19 than adults,¹ we are concerned by the research gaps and what remains unknown. According to the Centers for Disease Control and Prevention (CDC), as of August 10, 2020, children and adolescents under 18 years old were known to account for only 7.5 percent of confirmed COVID-19 cases and less than 0.2 percent of resulting deaths in the United States.² However, based on CDC data, that still means more than 270,000 youth are known to have acquired COVID-19 and at least 77 young people have died from the potentially preventable virus.³ Disturbingly, a new joint report by the American Academy of Pediatrics and the Children's Hospital Association found a recent 40 percent increase in new child cases—more than 97,000 children were confirmed to have COVID-19 during the last two weeks of July.⁴

¹ Choi Soo-Han et al., *Epidemiology and clinical features of coronavirus disease 2019 in children*, *Clinical and Experimental Pediatrics* (Apr. 6, 2020).

² Centers for Disease Control and Prevention, *Demographic Trends of COVID-19 Cases and Deaths in the US Reported to CDC* (accessed August 10, 2020) (www.cdc.gov/covid-data-tracker/#demographics).

³ *Id.*

⁴ American Academy of Pediatrics and Children's Hospital Association, *Children and COVID-19: State Data Report* (July 30, 2020).

Although children are capable of transmitting the virus to others, and there is some evidence that transmission among older youth may be similar to transmission among adults, experts note that the research on the frequency or extent of transmission is weak and sometimes contradictory.⁵ The evidence is also mixed as to whether children are less likely than adults to become infected when exposed to COVID-19, though children appear more likely than adults to be asymptomatic and have less severe symptoms if they do have COVID-19.⁶

As is the case with infections in adults, COVID-19 symptoms vary widely in severity among children and adolescents, though data appear to indicate that they experience a variety of symptom strength, as well as wide-ranging immune responses to the infection.⁷ A recent CDC analysis found that when compared to adults, the COVID-19-associated hospitalization rate of children remains low, however one in three hospitalized children were admitted to the intensive care unit, which is similar to the rate among adults, though admission of children may not necessarily be related to symptom severity.⁸ The same study also identified racial and ethnic disparities among children that have also been seen among adults, with the COVID-19 hospitalization rate nearly eight times higher for Hispanic children and five times higher for Black children than for white children.⁹

One dangerous COVID-19 effect among children resulted in the CDC issuing a health advisory on May 14, 2020, following increased reports of children recently or currently diagnosed with COVID-19 developing a severe inflammatory syndrome.¹⁰ Known as multisystem inflammatory syndrome in children (MIS-C), or pediatric inflammatory multisystem syndrome (PIMS), this syndrome has common features with toxic shock syndrome and Kawasaki disease which cause inflammation of the blood vessels and can limit blood flow, leading to heart, kidney, or other organ damage.¹¹ CDC found that children of color have been

⁵ Kaiser Family Foundation, *What Do We Know About Children and Coronavirus Transmission?* (July 29, 2020).

⁶ *Id.*

⁷ Jason G. Newland and Kristina A. Bryant, *Children in the Eye of the Pandemic Storm—Lessons From New York City*, JAMA Pediatrics (June 3, 2020).

⁸ Centers for Disease Control and Prevention, *Hospitalization Rates and Characteristics of Children Aged <18 Years Hospitalized with Laboratory-Confirmed COVID-19—COVID-19 Net, 14 states, March 1–July 5, 2020*, Morbidity and Mortality Weekly Release (Aug. 7, 2020).

⁹ *Id.*

¹⁰ Centers for Disease Control and Prevention, *Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19)*, Health Alert Network (May 14, 2020).

¹¹ Johns Hopkins University, *MIS-C and COVID-19: Rare inflammatory Syndrome in Kids and Teens* (accessed August 7, 2020) (www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/misc-and-covid19-rare-inflammatory-syndrome-in-kids-and-teens).

disproportionately affected by this syndrome, with Black and Hispanic children accounting for 73.6 percent of reported MIS-C cases in the United States.¹²

Beyond the direct effects of the virus on children and adolescents, the pandemic is likely to have broader harmful impacts on young people's health and well-being regardless of whether or not they acquire the disease. As a result of COVID-19 social mitigation efforts, for instance, vaccination coverage has declined among children posing increased risks for the spread of other infectious diseases.¹³ Additionally, youth staying home for extended periods has led to increased reports of behavioral health problems and rates of abuse.¹⁴ Studies show that the stress and trauma young people are experiencing due to the COVID-19 emergency may affect their health across their lifetime.¹⁵ Further, drawing upon evidence during times of prior societal disruptions in the United States, researchers believe that the current pandemic will have serious and sustained effects on the sexual and reproductive health needs and behaviors of young people.¹⁶

These are merely some of the alarming signs of the immediate and future effects of the COVID-19 pandemic on the physical, mental and behavioral, and social health of children and young people. And just as people of color, people with low-wealth, and other marginalized communities have been disproportionately affected by COVID-19, experts warn that the pandemic is "likely to exacerbate" health disparities among children and adolescents that already exist along racial and socioeconomic lines in the United States.¹⁷

Given the evolving scientific knowledge about COVID-19, we request a briefing on what is known about the effects of COVID-19 infection and transmission among children and young people, its related health impacts, and future challenges and threats to the health and well-being of the nation's youth, as well as the steps the Administration is taking to address these issues. We request that this briefing take place by August 25, 2020.

¹² Centers for Disease Control and Prevention, *COVID-19—Associated Multisystem Inflammatory Syndrome in Children—United States, March–July 2020*, Morbidity and Mortality Weekly Report (Aug. 7, 2020).

¹³ Centers for Disease Control and Prevention, *Decline in Child Vaccination Coverage During the COVID-19 Pandemic—Michigan Care Improvement Registry, May 2016–May 2020*, Morbidity and Mortality Weekly Report 69(20); 630-631 (May 22, 2020).

¹⁴ *Why a Pediatric Group is Pushing to Reopen Schools This Fall*, New York Times (June 30, 2020).

¹⁵ Nadine Burke Harris, *Children will pay long-term stress-related costs of Covid-19 unless we follow the science*, Stat News (Aug 4, 2020).

¹⁶ Laura Lindberg et al., *The Sexual and Reproductive Health of Adolescents and Young Adults During the COVID -19 Pandemic*, Perspectives on Sexual and Reproductive Health (June 14, 2020).

¹⁷ Johns Hopkins University, *The Impact of the COVID-19 Pandemic on Adolescents* (May 11, 2020).

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Thank you for your timely attention to this request. To schedule the briefing and for any questions, please contact Jesseca Boyer and Kimberly Espinosa of the Majority staff at (202) 225-2927.

Sincerely,



Frank Pallone, Jr.
Chairman



Anna G. Eshoo
Chairwoman
Subcommittee on Health



Diana DeGette
Chair
Subcommittee on Oversight
and Investigations