



Clinical Features and Treatment Protocol in Eleven Chinese Children with Mild COVID-19

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To the Editor: Although children account for a very small proportion ($\approx 1\%$) among patients with COVID-19, they might also suffer from death [1]. Data regarding intervention and the outcome is limited [2, 3]. We thus performed the current retrospective observational study involving hospitalized children in Bozhou City, Anhui Province, China.

All eleven pediatric patients (six boys and five girls, aged 10.3 ± 3.6 y) with COVID-19 were recruited from our hospital from January 31 through March 2, 2020. The study protocol was approved by the Ethics Committee of the hospital.

Eight children had a close contact with suspected persons and two children were infected because of infected family members. In just one child, the exposure could not be identified. Two patients had fever, cough, and fatigue while one patient had cough. The remaining children were free of any symptoms. Virus pneumonia was confirmed by CT scan in two of the three children with clinical symptoms and three of the eight children without any symptom.

Inhaled alpha-interferon were implemented in seven children and four children received arbidol tablet because of intolerance. No antibiotics, chloroquine, and immunoglobulin were implemented. A cocktail of Chinese herb was given to five children with CT-confirmed virus pneumonia. The median time for turning to negative nucleic acid results was 9 d (4 to 12 d). All the children were discharged from the hospital after a median time of 14 d (6 to 23 d).

This study showed that a close contact with a suspected individual was the main reason for children's infection. Reducing the

potential exposure should be recommended as a reasonable way to curb the epidemic of the disease in children. Interferon was the first recommended anti-virus treatment. In case of intolerance, arbutol could serve as an alternative. However, the necessity of anti-virus treatment needs to be further evaluated because previous studies have indicated that there are no obvious differences between children with and without anti-virus treatment [4, 5]. Further, a cocktail of Chinese herb might be helpful to facilitate recovery. However, the results should be interpreted with caution because of small sample size.

Compliance with Ethical Statements

Conflict of Interest None.

Ethical Approval The study protocol was approved by the Ethics Committee of Bozhou People's Hospital.

Informed Consent As it was a retrospective observational study, the informed consent forms by children and their guardians were waived by the committee.

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