



**CAPACITACIÓN
COVID-19 PARA
PROFESORES/AS**

MÓDULO I / 19:00 - 21:00 horas

COVID-19 en niños, niñas y adolescentes

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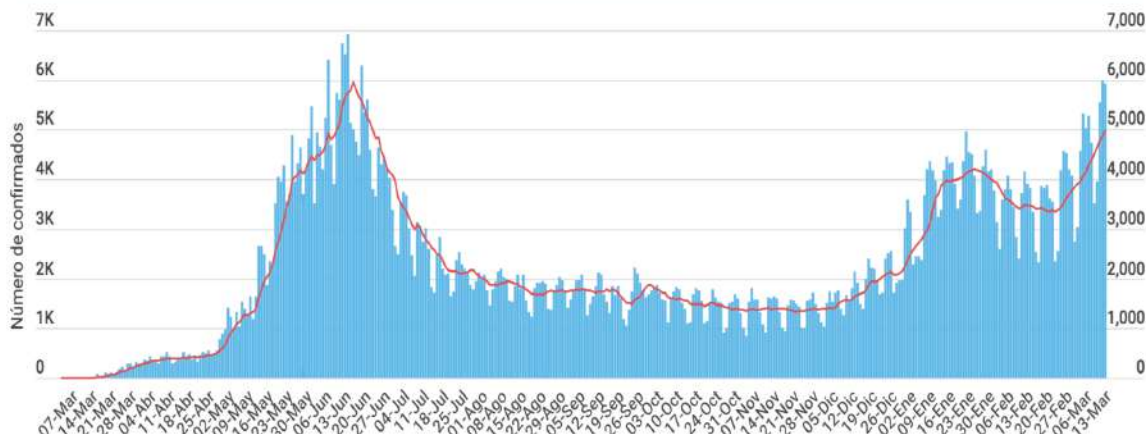
Marzo, 2021



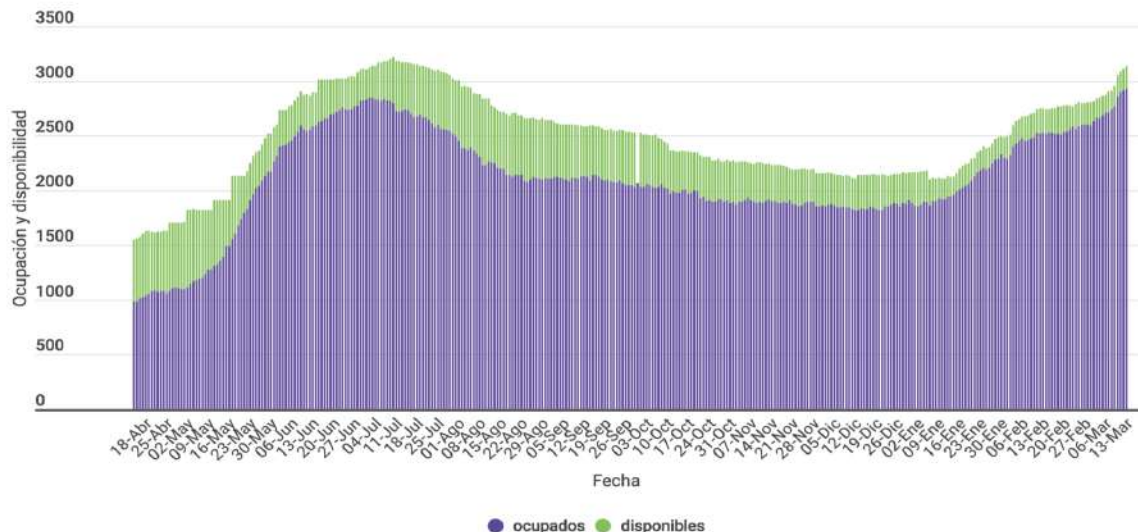
Situación Actual COVID-19 en Chile

Número de casos confirmados por día

Cantidad de casos confirmados por día junto a la media móvil de casos nuevos.



Número de camas críticas disponibles y nivel de ocupación



13 de marzo

Personas contagiadas, activas y recuperadas

Casos activos

32.705

Casos recuperados

830.698

Total de casos

885.379

Casos diarios



5.928

4.052

Con síntomas

1.520

Sin síntomas

356

No informados

Fuente: Reporte Diario Coronavirus Ministerio de Salud.

Información actualizada hasta las 21 horas del día anterior.

Personas fallecidas

Nuevos fallecidos

123

Total
personas fallecidas

21.574



Fuente: Ministerio de Salud, según cifras del DEIS.

Información actualizada hasta las 21 horas del día anterior.

MINSAL, 13 marzo 2021

¿Qué hemos ido aprendiendo del COVID-19 en niños?

Casos COVID-19 en NNA <20 años

% casos reportados del total nacional

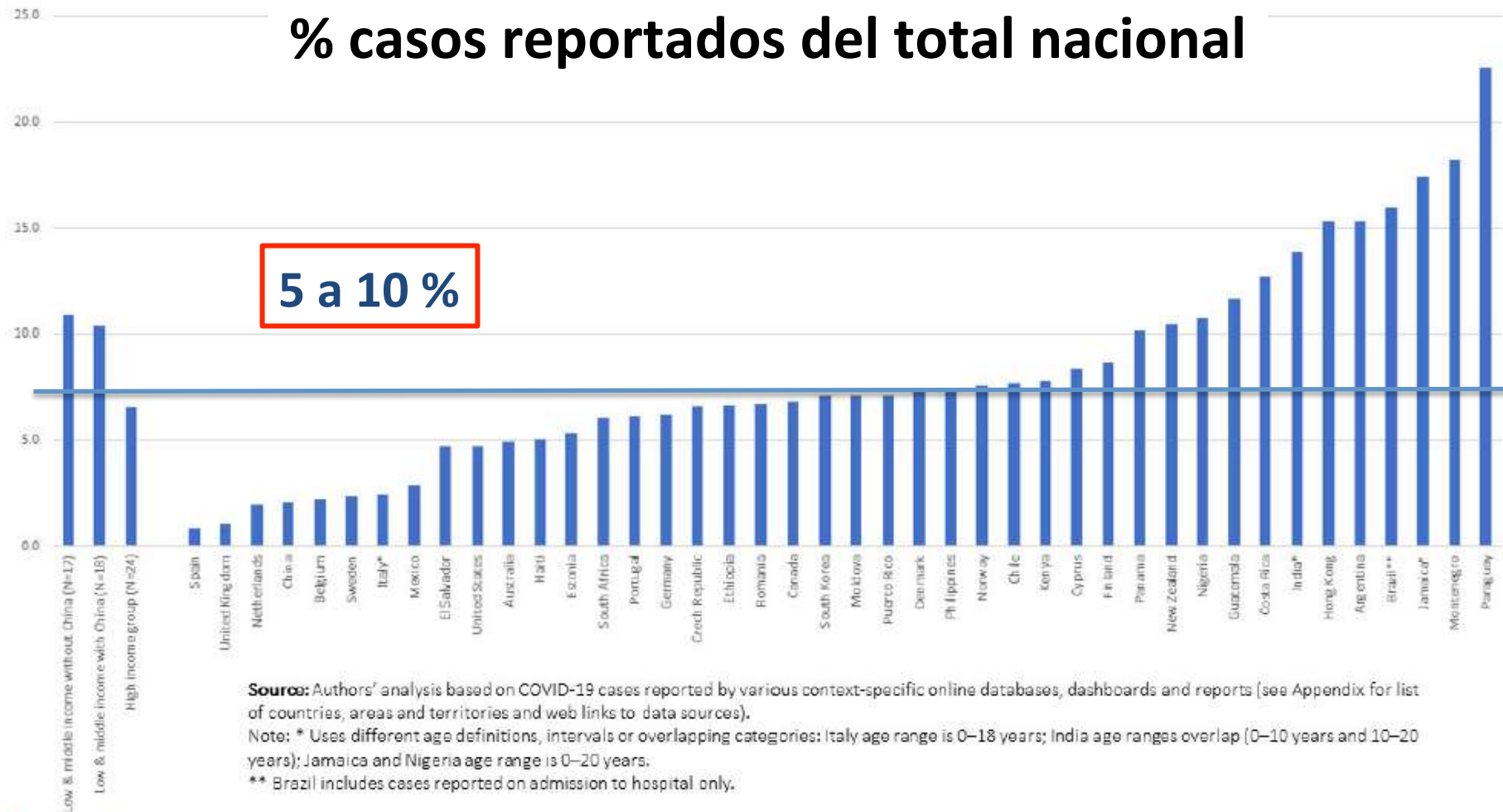


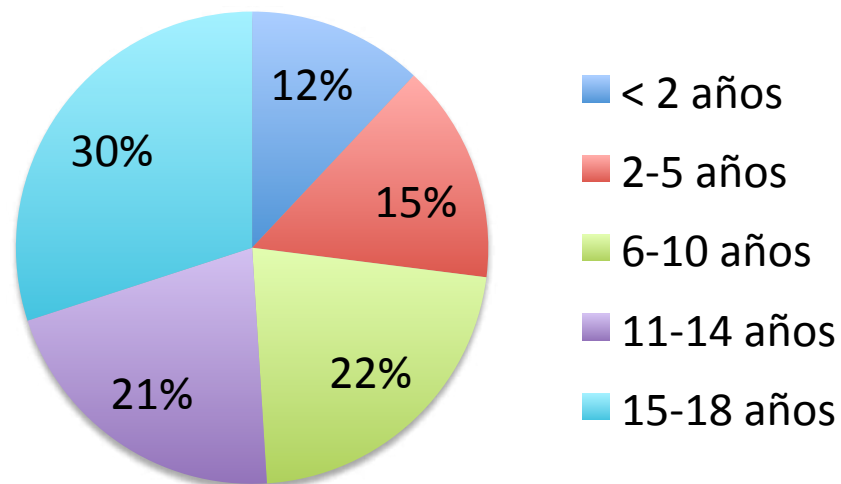
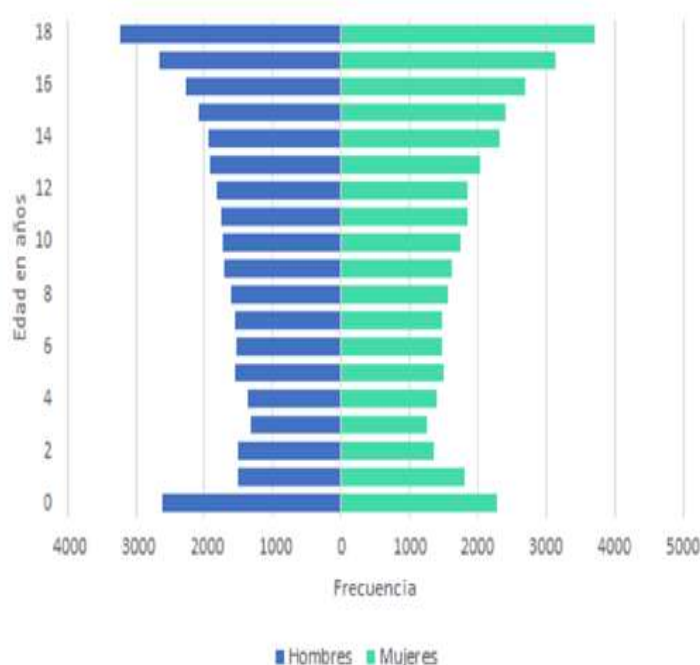
Figure 1 COVID-19 infections among children and adolescents (under 20s) as a share of total national caseloads varies widely among countries and by income group.



COVID-19 en niños: 73.529 casos (11%)

(3 enero 2021)

Figura 4. Número de casos de COVID-19 en NNA (n=73.529) según sexo y edad- Chile, SE 10-53, año 2020*



*Datos provisorios al 3 de enero 2021.

Mediana Edad: 11 años (RIQ 5-15)



COVID-19 en niños: 73.529 casos (3 enero 2021)

Síntomas

39% Cefalea

36% Tos

34% Fiebre

Tabla 3. Descripción de síntomas y comorbilidad casos COVID-19 en NNA-Chile al 13 de diciembre, año 2020*

Característica ^{&}	n	%
Síntomas (73529)		
Cefalea	28661	39,0
Tos	26608	36,2
Fiebre	25127	34,2
Odinofagia	19155	26,1
Mialgia	19131	26,0
Diarrea	7654	10,4
Pérdida del Olfato (Anosmia)	7373	10,0
Dolor Abdominal	5946	8,1
Pérdida del gusto (Ageusia)	5794	7,9
Disnea o dificultad respiratoria	2893	3,9
Dolor torácico	1907	2,6
Postración	122	0,2
Otro	11676	15,9
Sin dato	13548	18,4
Comorbilidad (45374)		
Ninguna	37821	83,4
Asma	3400	7,5
Obesidad	796	1,8
Enfermedad Pulmonar Crónica	277	0,6
Enfermedad Neurológica Crónica	210	0,5
Inmunocomprometido (Enfermedad O Tratamiento)	179	0,4
Cardiopatía Crónica	165	0,4
Diabetes	149	0,3
Hipertensión Arterial	120	0,3
Enfermedad Cardiovascular	61	0,1
Enfermedad Renal Crónica	59	0,1
Enfermedad Hepática Crónica	10	0,0
Otra	2742	6,0

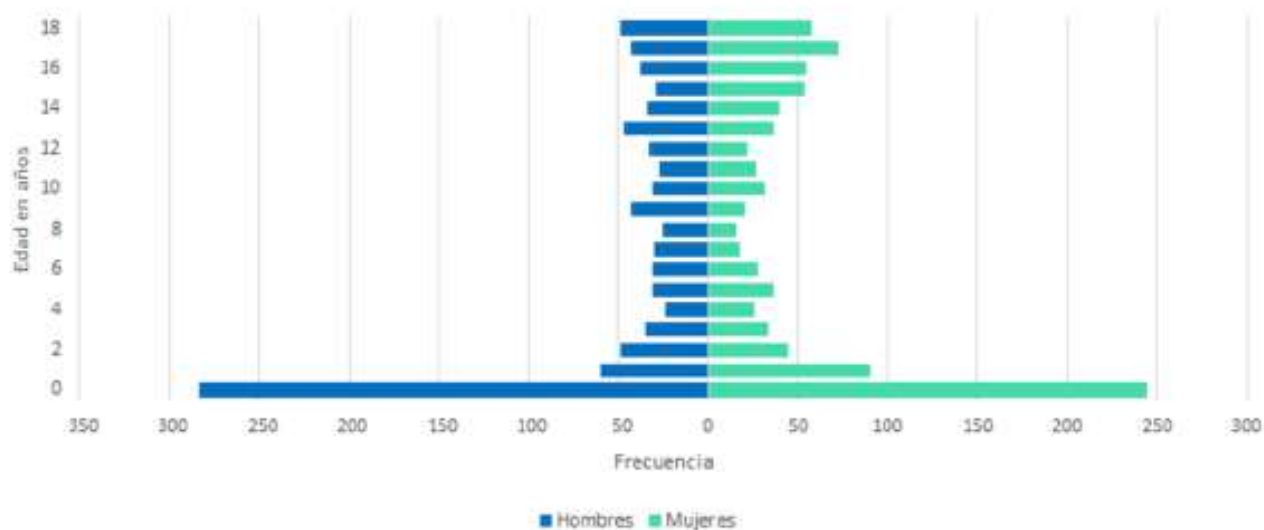


COVID-19 en niños: 73.529 casos (3 enero 2021)

Hospitalización

1896 (2,5%)

Figura 5. Número de casos de COVID-19 hospitalizados en NNA (n=1.896) según sexo- Chile, SE 10-53, año 2020*





COVID-19 en niños: 73.529 casos (3 enero 2021)

Fallecidos

57 (letalidad 0,08%)

Tabla 5. Descripción de casos fallecidos por COVID-19 en NNA-Chile al 3 de enero 2021*

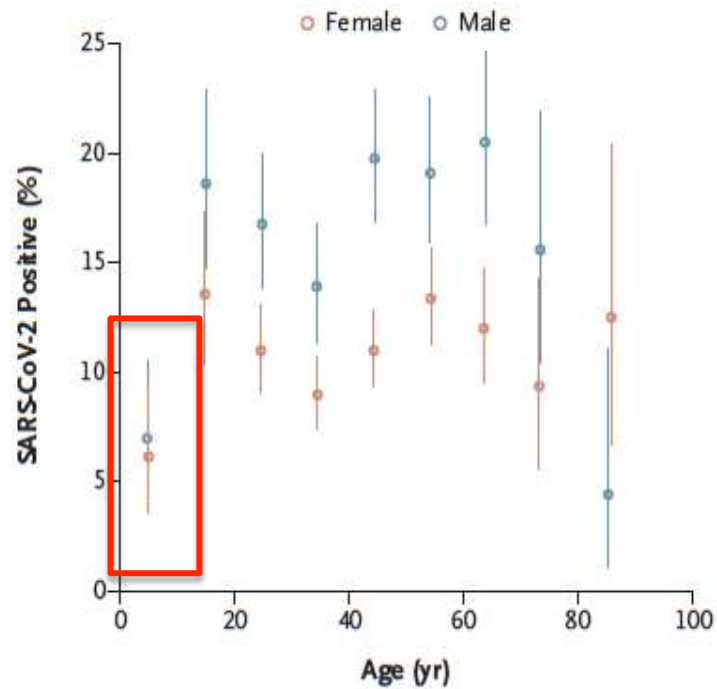
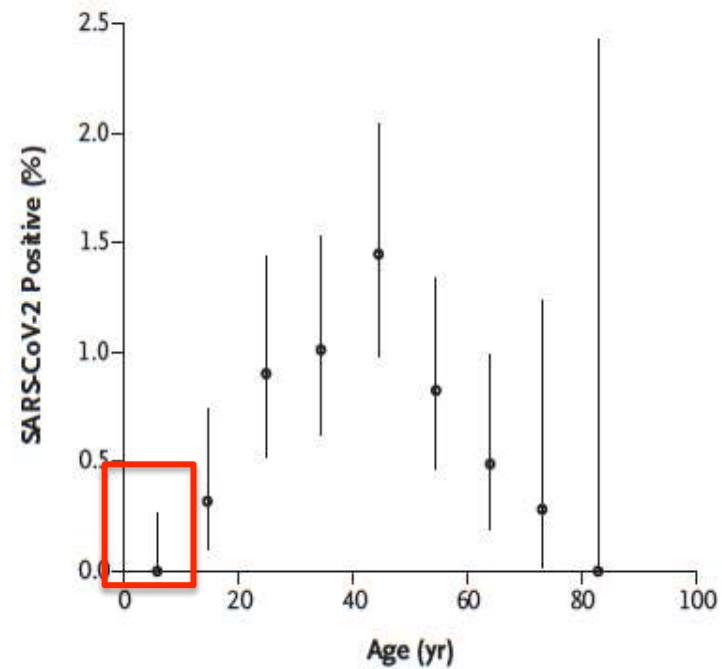
Característica**	n
Sexo (58)	
Hombre	28
Mujer	29
Edad (58)	
Menor de 1 año	9
1 a 2 años	10
Mayor de 2 años	38
Comorbilidad (48)**	
Otra	25
Enfermedad neurológica crónica	4
Inmunocomprometido (Enfermedad o tratamiento)	11
Enfermedad pulmonar crónica	5
Cardiopatía crónica	2
Asma	1
Hipertensión arterial	1
Diabetes	1

**¿Qué sabemos de la infección/
transmisión del COVID-19 en niños?**

Rol de los niños en la transmisión

	Hypothesis	Difference between children and adults
1	Differences in the immune system ***	Stronger innate immune response Higher proportion total lymphocytes Higher absolute numbers of T, B and NK cells Lower proinflammatory cytokine responses
2	Lower prevalence of co-morbidities ***	Less obesity, diabetes, hypertension, chronic lung, heart and kidney disease, ?smoking
3	Differences in (recent) pathogen exposure ***	Pre-existing immunity to common coronaviruses, including potential cross-reacting antibodies to SARS-CoV-2
4	Microbial interactions and competition **	Higher mucosal colonisation by viruses and bacteria limiting colonisation and growth of SARS-CoV-2
5	Infection with second or third generation of virus with reduced pathogenicity *	Predominantly infected by transmission from adults
6	Differences in ACE2 receptors *****	Less, lower affinity, and/or different distribution?
7	Protection from off-target effects of BCG vaccination *	Possible correlation between BCG vaccination policies and severity of COVID-19
8	Differences in clotting function *****	Endothelium, platelets and plasma proteins all different

Spread of SARS-CoV-2 in the Icelandic Population

**D Positive Results in Targeted Testing****E Positive Results in Population Screening**

Disclaimer: Early release articles are not considered as final versions. Any changes will be reflected in the online version in the month the article is officially released.

Volume 26, Number 10—October 2020

Dispatch

Contact Tracing during Coronavirus Disease Outbreak, South Korea, 2020

Index patient age, y	No. contacts positive/no. contacts traced	% Positive (95% CI)
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0–9	3/57	5.3 (1.3–13.7)
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10–19	43/231	18.6 (14.0–24.0)
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20–29	240/3,417	7.0 (6.2–7.9)
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30–39	143/1,229	11.6 (9.9–13.5)
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40–49	206/1,749	11.8 (10.3–13.4)
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50–59	300/2,045	14.7 (13.2–16.3)
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60–69	177/1,039	17.0 (14.8–19.4)
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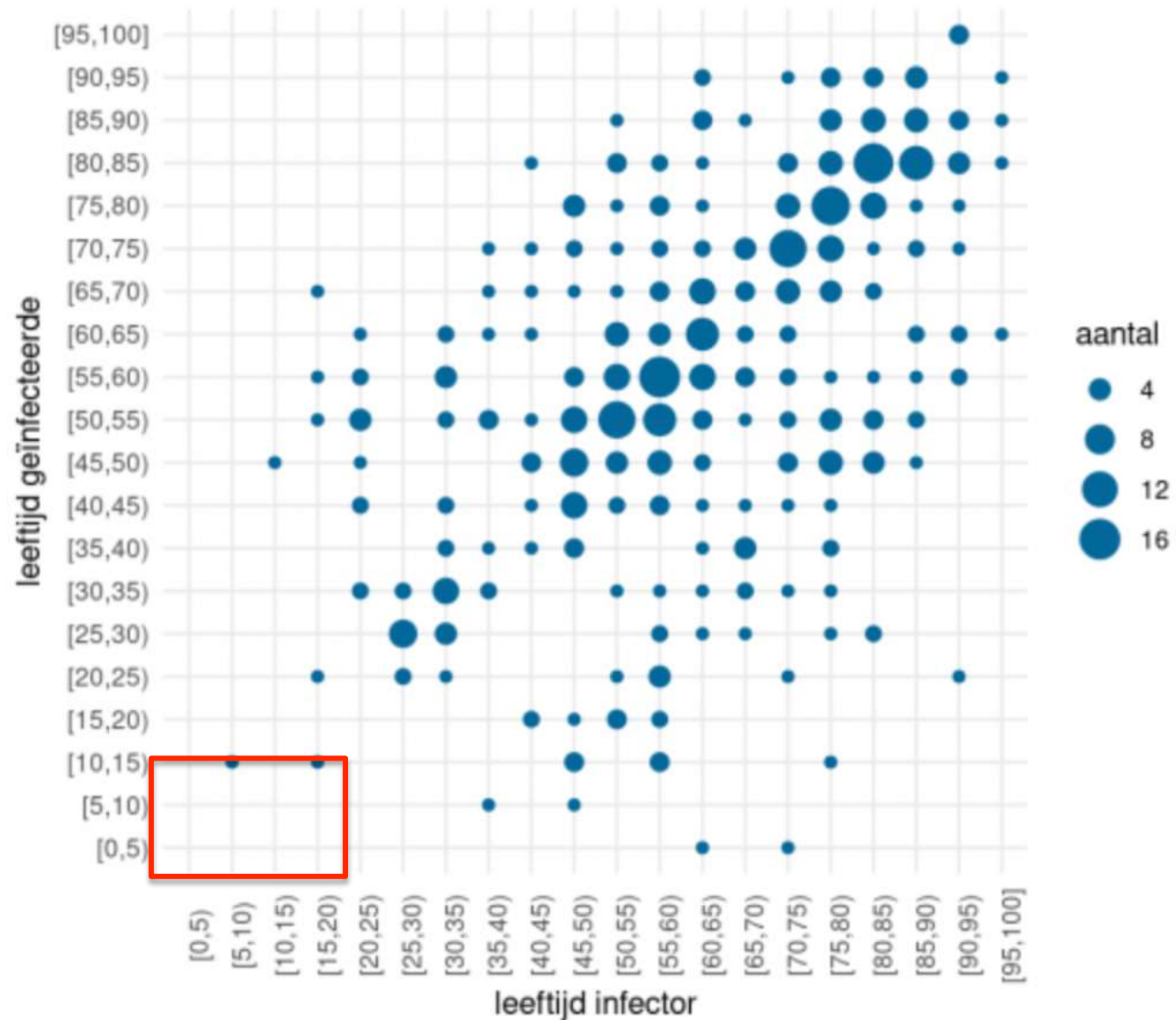
70–79	86/477	18.0 (14.8–21.7)
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≥80	50/348	14.4 (11.0–18.4)
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Total	1,248/10,592	11.8 (11.2–12.4)
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Datos de Holanda, RIVM

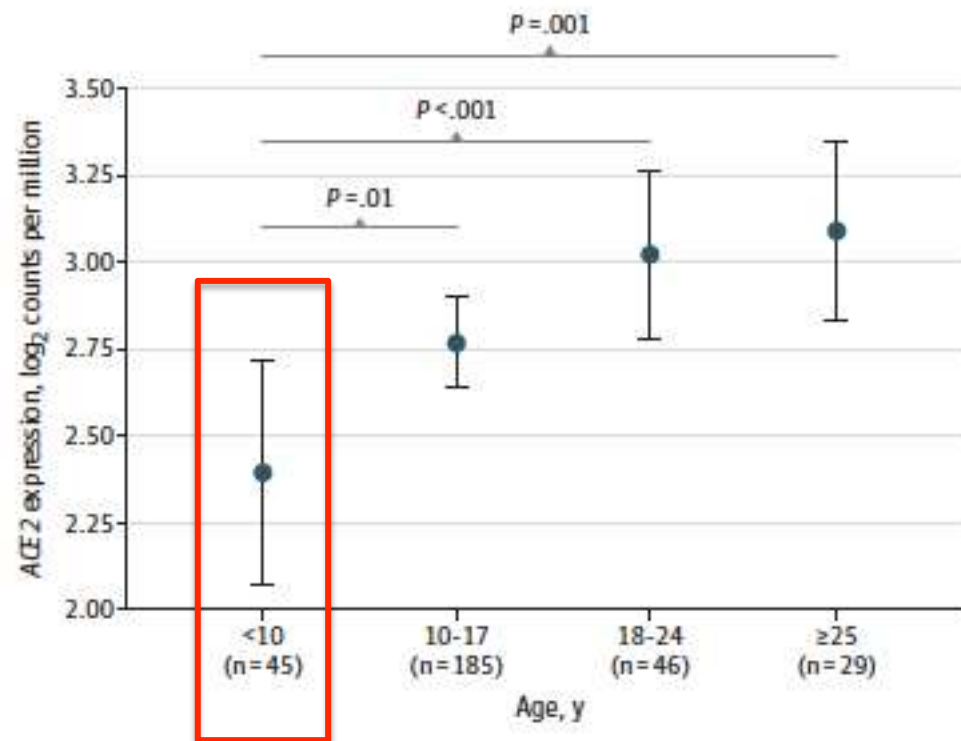


Letters

RESEARCH LETTER

Nasal Gene Expression of Angiotensin-Converting Enzyme 2 in Children and Adults

Figure. Nasal Gene Expression of ACE2 In Different Age Groups



NEWS • 11 JUNE 2020

Why children avoid the worst coronavirus complications might lie in their arteries

Evidence is mounting that healthy blood vessels protect children from serious effects of COVID-19, such as stroke.

Correspondence

Endothelial cell infection and endotheliitis in COVID-19

Cardiovascular complications are rapidly emerging as a key threat in coronavirus disease 2019 (COVID-19) in addition to respiratory disease. The mechanisms underlying the disproportionate effect of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection on patients with cardiovascular comorbidities, however, remain incompletely

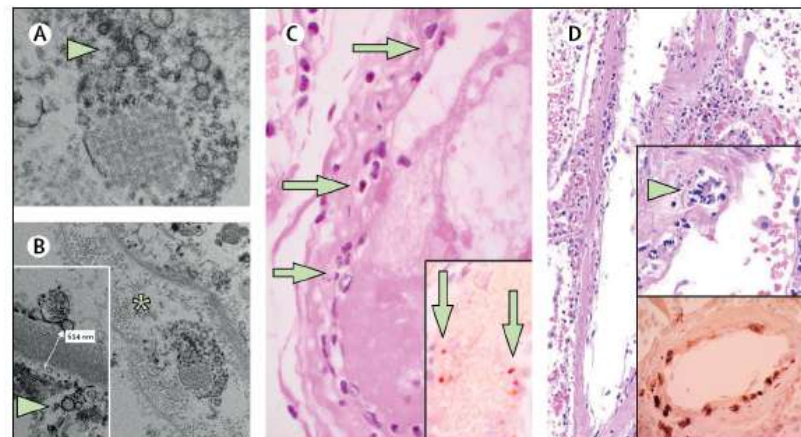
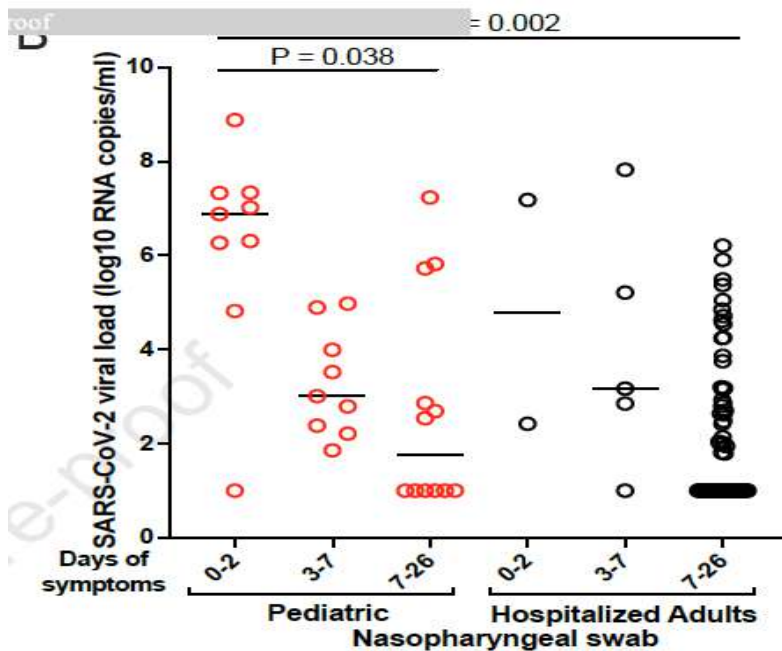


Figure: Pathology of endothelial cell dysfunction in COVID-19

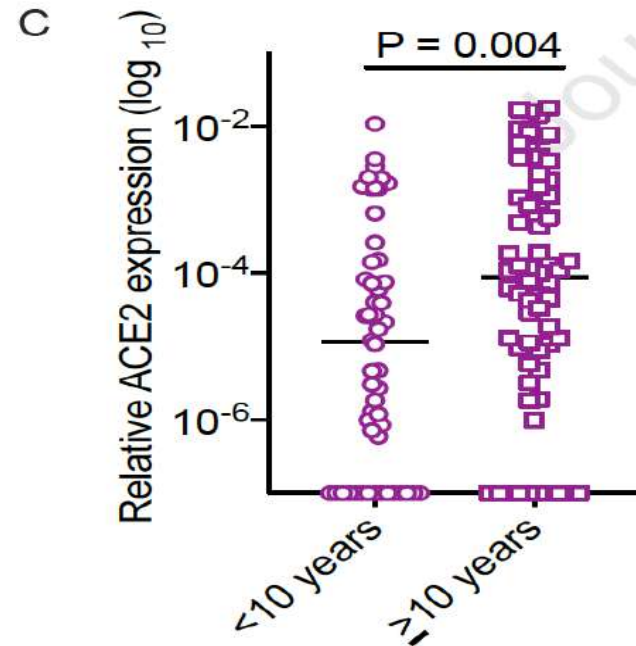


Published Online
April 17, 2020
[https://doi.org/10.1016/S0140-6736\(20\)30937-5](https://doi.org/10.1016/S0140-6736(20)30937-5)

Carga viral



ACE2 Expresión



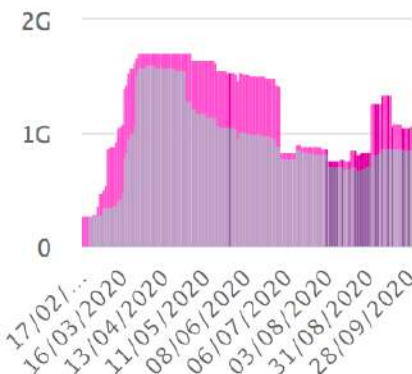
Cierre de colegios en el mundo

Global monitoring of school closures caused by COVID-19

+

-

27/09/2020



850,506,853 affected learners
48.6% of total enrolled learners
52 country-wide closures

● Partially open ● Closed due to COVID-19 ● Fully open ● Academic break

Highcharts.com

Clinical Infectious Diseases

1 August 2020
Volume 51
Number 3

Clinical Infectious Diseases



IDS
hivma

THE UNIVERSITY
OF CHICAGO PRESS

ACCEPTED MANUSCRIPT

SARS-CoV-2 antibody prevalence in blood in a large school community subject to a Covid-19 outbreak: a cross-sectional study FREE

Juan Pablo Torres, PhD, Cecilia Piñera, MD, Verónica De La Maza, RN, Anne J Lagomarcino, MS, Daniela Simian, RN, Bárbara Torres, RN, Cinthya Urquidi, PhD, María Teresa Valenzuela, PhD, Miguel O’Ryan, MD ✉

Clinical Infectious Diseases, ciaa955, <https://doi.org/10.1093/cid/ciaa955>

Published: 10 July 2020 **Article history** ▼

A

Original Sample: 1,128/2,616 students
+ 96 Replacements
1,224 students invited to participate

119 Excluded
64 did not respond to invitation
39 did not wish to participate
15 were not in Santiago
1 not attending the school

1,105 test kits sent out for delivery

47 Excluded
2 test kits were not received
45 kits sent with no response

**1,058 students began the online
consent and testing process**

29 Excluded
29 consented, but did not
complete the test

**1,029 students completed the online
consent and testing process**

20 Excluded
15 had invalid results and did
not repeat the test
5 tests had indeterminate results

1,009 students included in final analysis

B

All **318** staff members
were invited to participate

46 Excluded
41 did not respond to invitation
3 did not wish to participate
2 were not in Santiago

272 test kits sent out for delivery

22 Excluded
2 test kits were not received
20 kits sent with no response

**250 staff began the online
consent and testing process**

10 Excluded
10 consented, but did not
complete the test

**240 staff completed the online
consent and testing process**

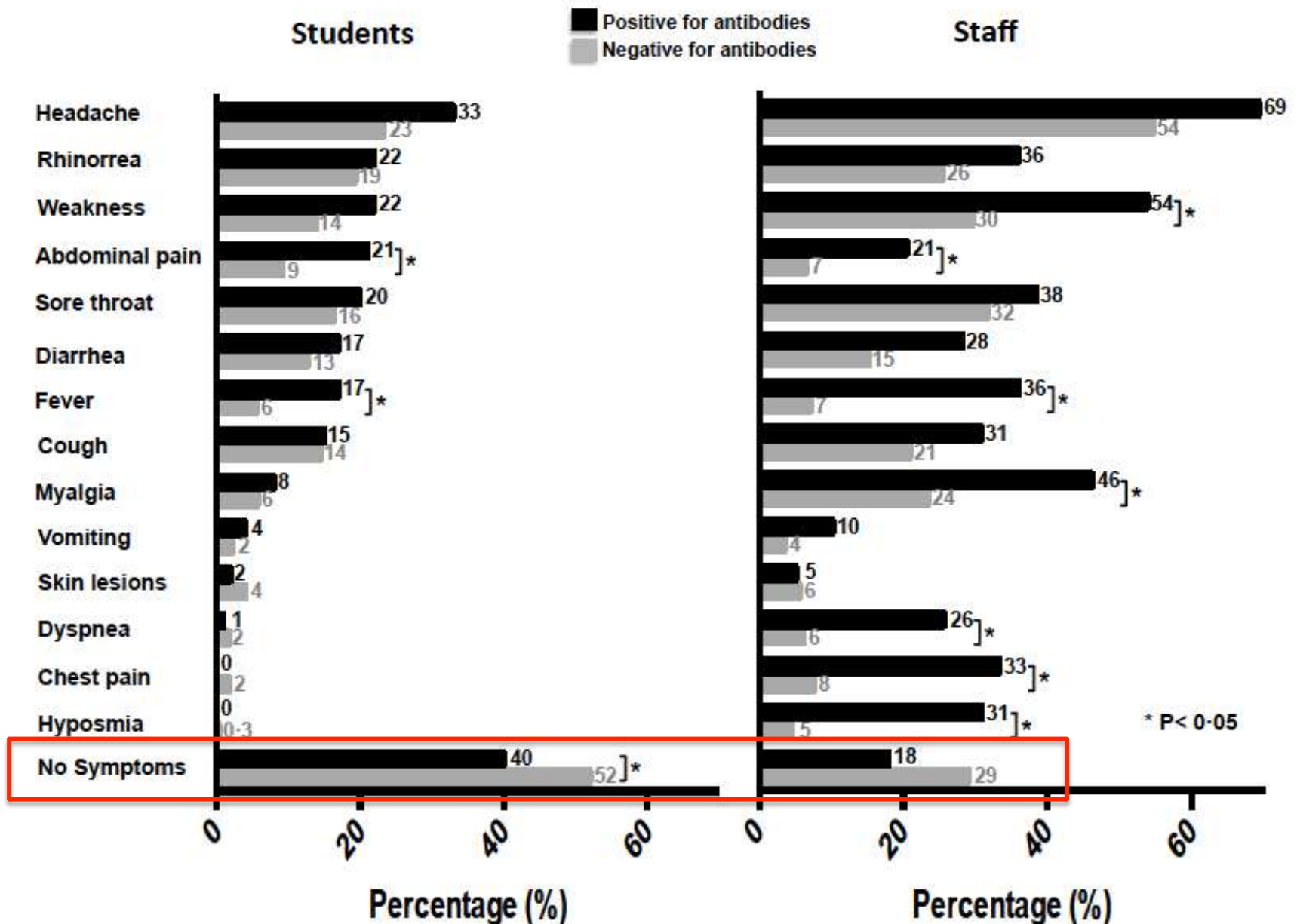
5 Excluded
3 had invalid results and did
not repeat the test
2 tests had indeterminate results

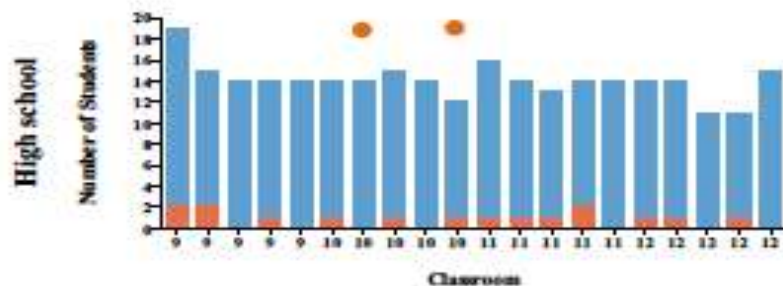
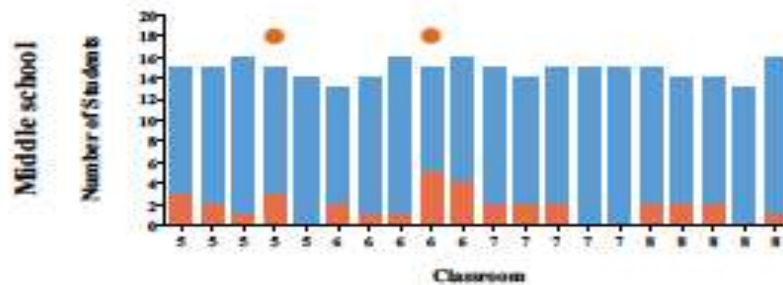
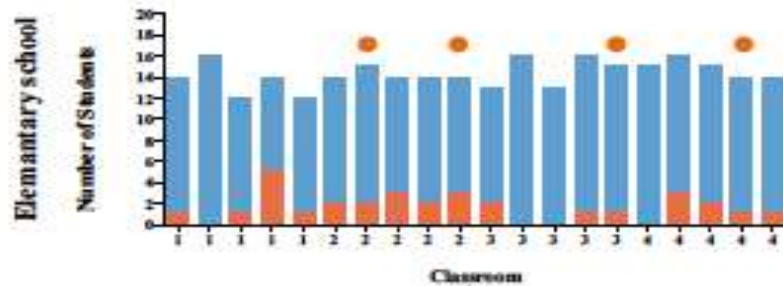
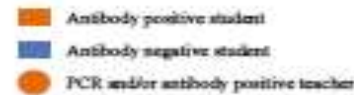
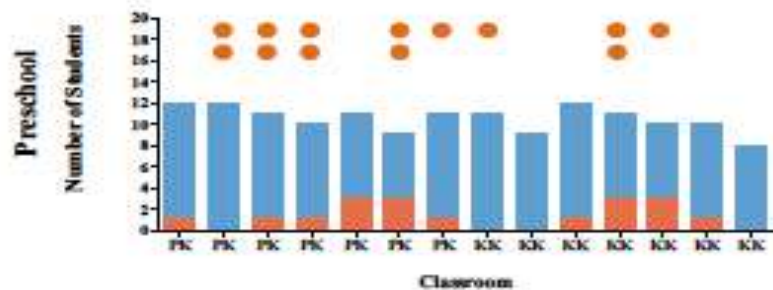
235 staff included in final analysis

Table 1. Overall antibody test results in students and staff.

	N	Age <i>Years (SD)</i>	Female	Positivity rate <i>% (95%CI)</i>
Students, total	1,009	10·8 (4·1)	46%	9·9 (8·6:11·5)
Preschool	147	4·7 (0·7)	49%	12·3 (7·8:18·6)
Elementary	286	7·9 (1·5)	43%	10·8 (7·8:14·7)
Middle school	295	11·9 (1·2)	47%	11·9 (8·8:15·9)
High School	281	15·8 (1·4)	46%	5·7 (3·6:8·9)
Staff, total	235	42·8 (10·4)	73%	16·6 (12·1:21·9)
Teachers	165	40·6 (10·0)	76%	20·6 (14·7:27·6)
Support staff	70	48·0 (9·3)	66%	7·1 (2·4:15·9)

Resultados: Reporte de Síntomas



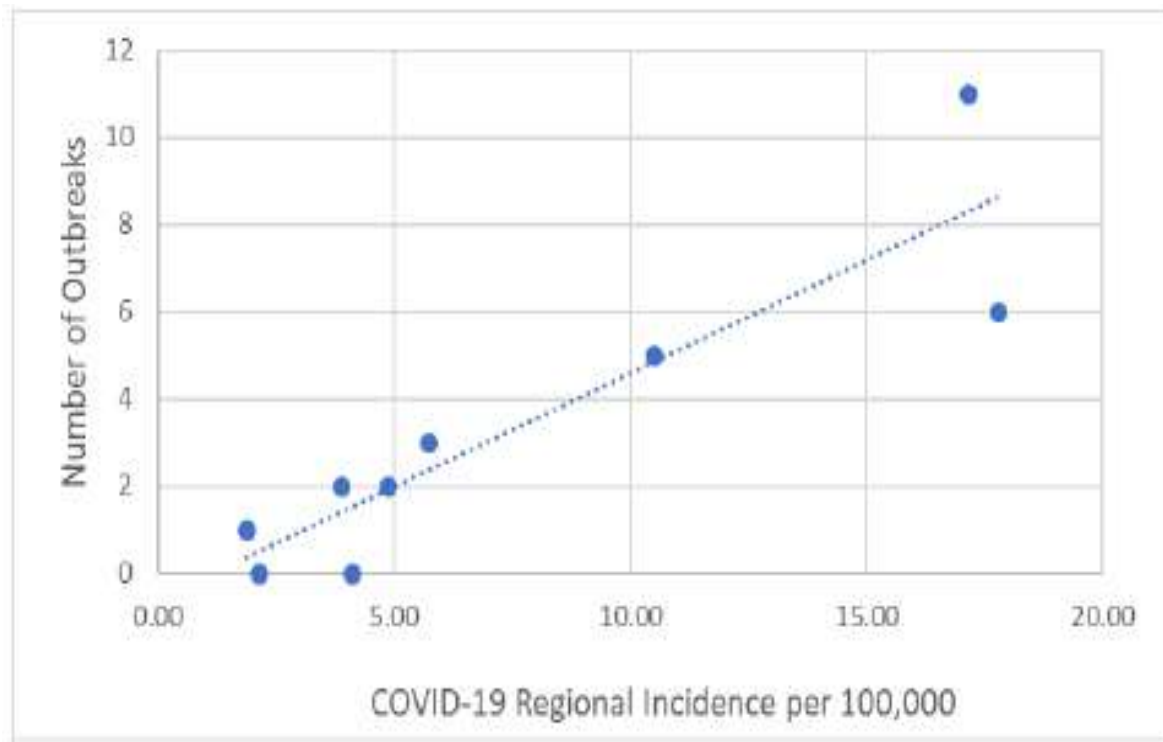


Dirección de la transmisión:

- De adultos en el hogar (cuidadores, padres)
- Adultos profesores
- Otros niños (compañeros)

SARS-CoV-2 infection and transmission in educational settings: a prospective, cross-sectional analysis of infection clusters and outbreaks in England

Sharif A Ismail, Vanessa Saliba, Jamie Lopez Bernal, Mary E Ramsay, Shamez N Ladhani



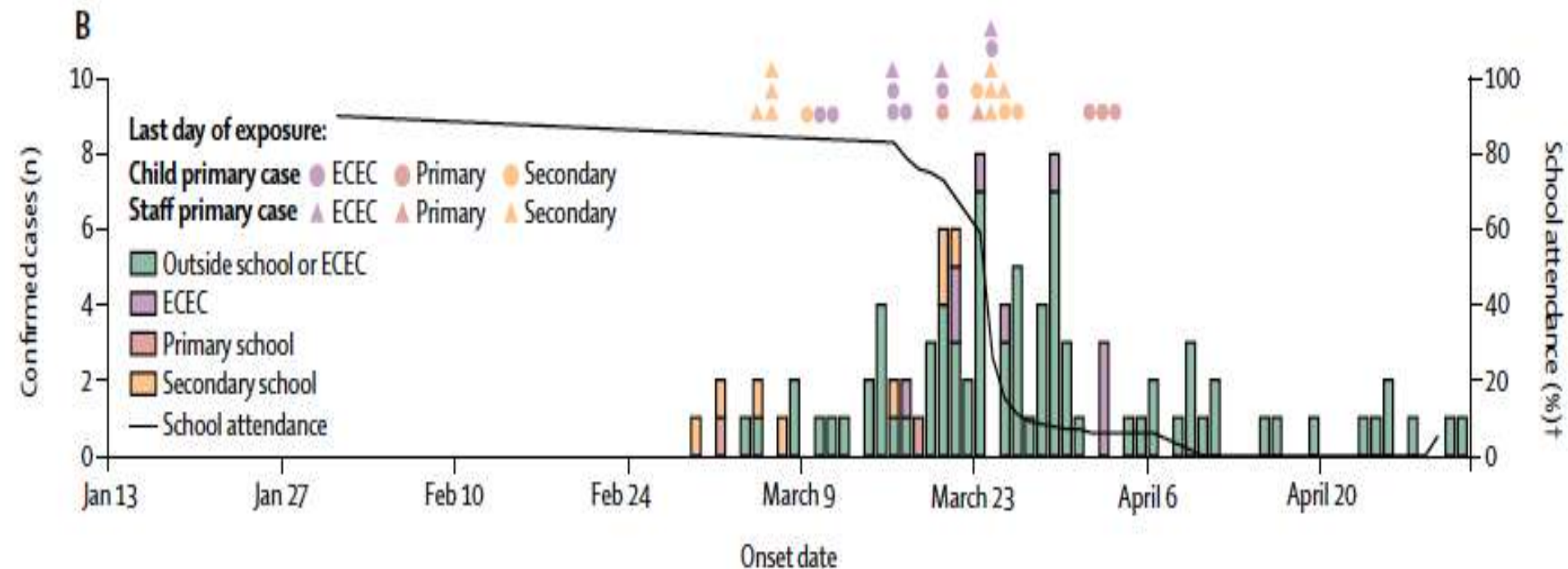
- 20.000 en re-apertura
- 1.500.000 niños
- 30 brotes:
 - 23 adultos → adultos
 - adultos → niños

Lancet Infect Dis 2020

Published Online
December 8, 2020

Transmission of SARS-CoV-2 in Australian educational settings: a prospective cohort study

Kristine Macartney, Helen E Quinn, Alexis J Pillsbury, Archana Koirala, Lucy Deng, Noni Winkler, Anthea L Katelaris, Matthew VN O'Sullivan, Craig Dalton, Nicholas Wood, and the NSW COVID-19 Schools Study Team*



Lancet Child Adolesc Health 2020

Published Online

August 3, 2020

Article Contents

Abstract

Supplementary data

Comments (0)

ACCEPTED MANUSCRIPT

Household SARS-CoV-2 transmission and children: a network prospective study ^{FREE}

Antoni Soriano-Arandes, PhD ✉, Anna Gatell, MD, Pepe Serrano, MD, Mireia Biosca, PhD, Ferran Campillo, MD, Ramon Capdevila, MD, Anna Fàbrega, MD, Zulema Lobato, MD, Núria López, MD/MSc, Ana M^a Moreno, MD ... [Show more](#)

Clinical Infectious Diseases, ciab228, <https://doi.org/10.1093/cid/ciab228>

Published: 12 March 2021 [Article history ▾](#)

- Prospectivo, multicéntrico, 1040 niños <16 años COVID-19(+)
- Dinámica transmisión viral en niños

47% Asintomáticos
11% Comorbilidades
2,6% Hospitalización

62% Transmisión viral en hogares

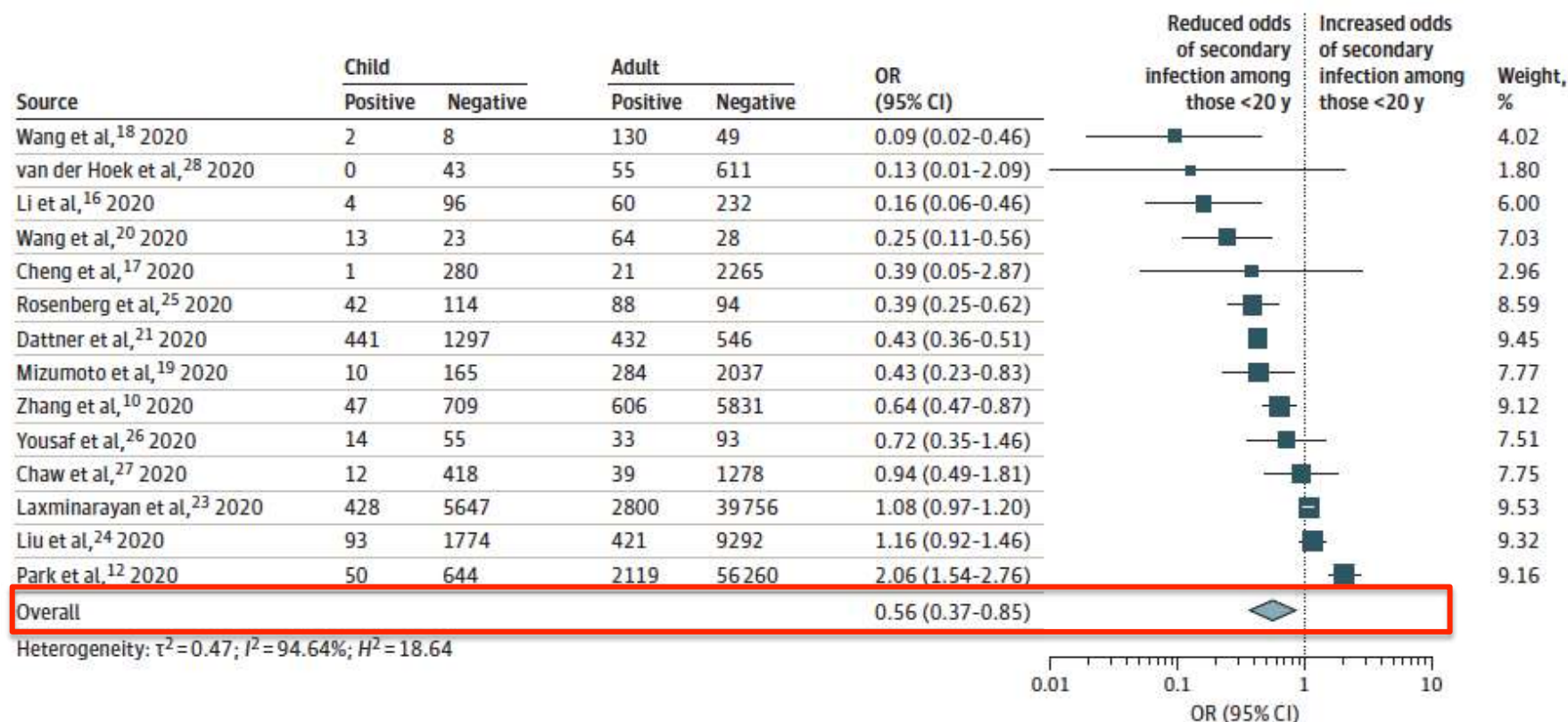
- 73% casos pediátricos fueron 2arios a un **adulto**
- 8% los niños fueron el caso índice

Tasa ataque 2aria significativamente menor en hogares c/ caso índice pediátrico durante asistencia a colegio y comparado con adulto

Susceptibility to SARS-CoV-2 Infection Among Children and Adolescents Compared With Adults

A Systematic Review and Meta-analysis

Figure 2. Pooled Estimate of Odds of Being an Infected Contact Among Children and Adolescents Compared With Adults for All Contact-Tracing Studies



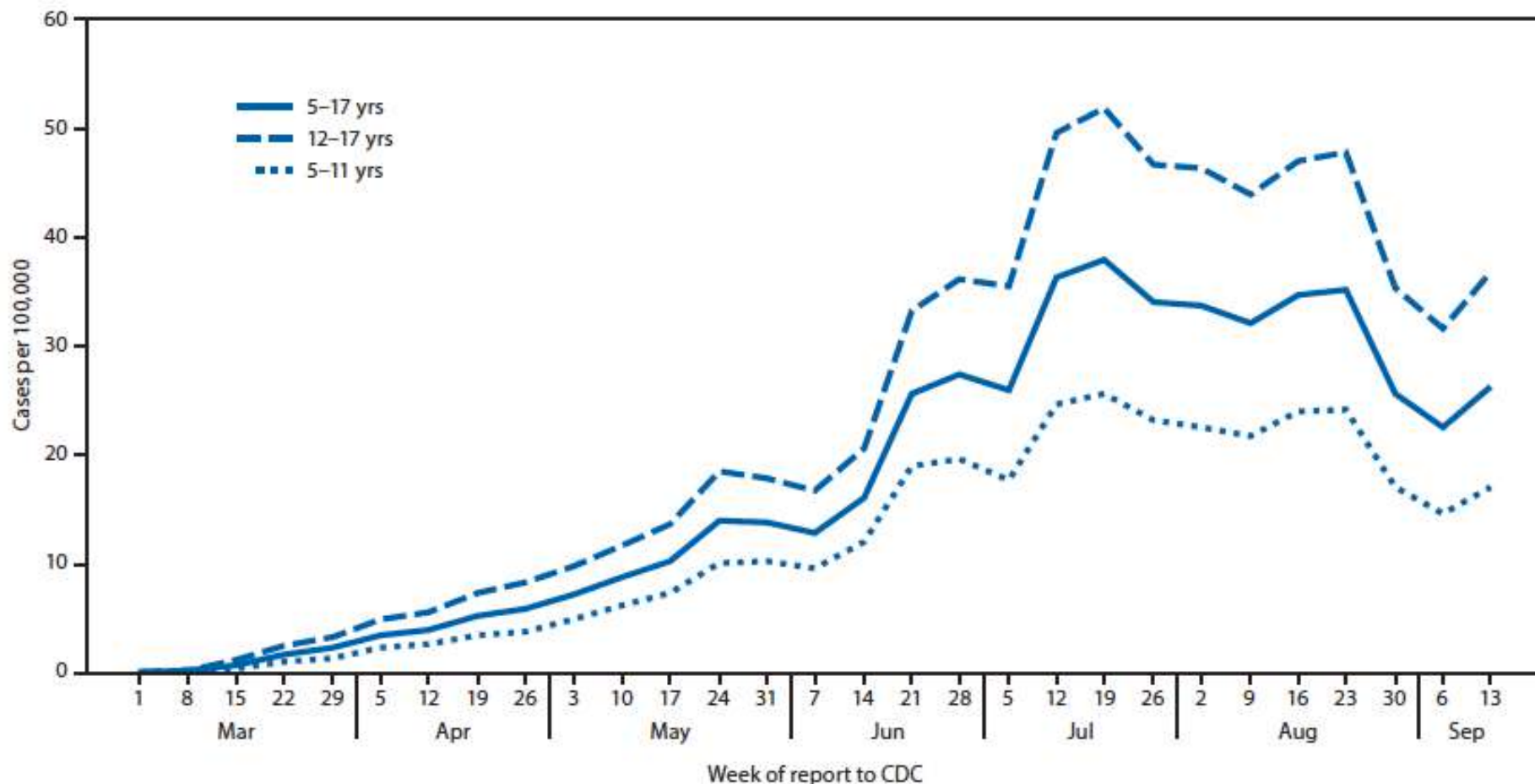
Children and adolescents included those younger than 20 years, and adults included those 20 years and older. OR indicates odds ratio.

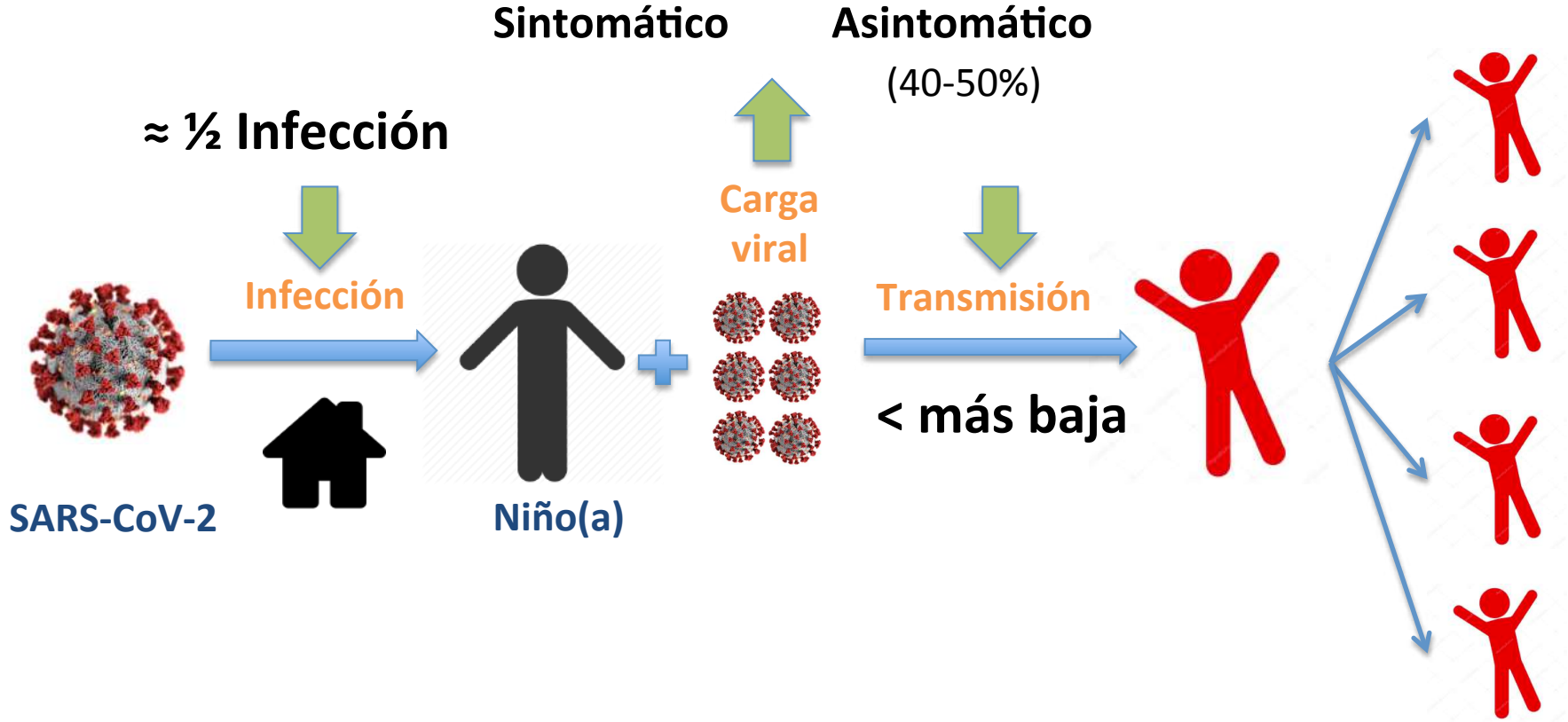
COVID-19 Trends Among School-Aged Children — United States, March 1–September 19, 2020

FIGURE 1. COVID-19 incidence* among school-aged children aged 5–11 years (N = 101,503) and 12–17 years (N = 175,782), by week — United States, March 1–September 19, 2020†

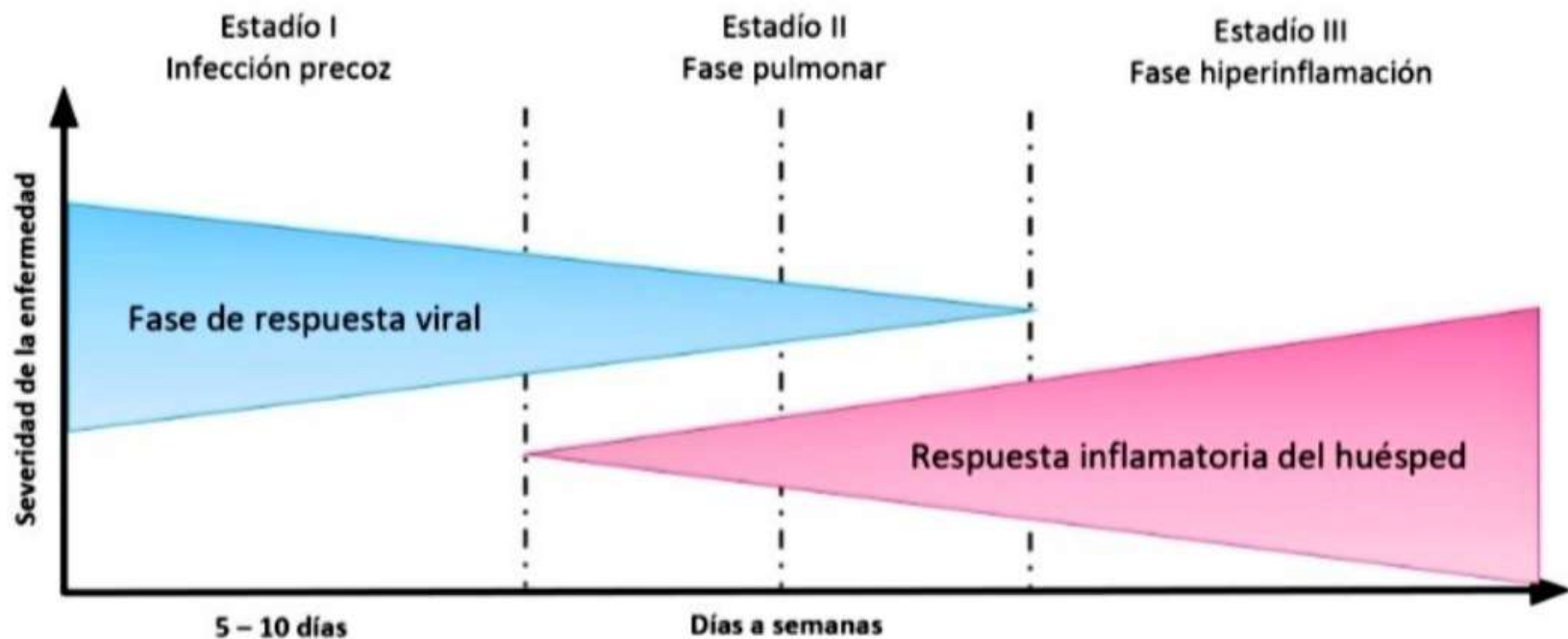
37%

63%





¿Qué hemos ido aprendiendo de la presentación clínica del COVID-19 en niños?



Síntomas

Síntomas constitucionales leves
Fiebre, tos seca, diarrea, cefalea

Disnea, Hipoxia ($\text{PAFI} \leq 300\text{mmHg}$)

SDRA SIRS/Shock
Falla cardíaca

Signos

Linfopenia, $\uparrow$ TP, $\uparrow$ dímero D y
 $\uparrow$ LDH (leve)

Rx tórax normal, transaminitis
PCT normal o bajo

Marcadores inflamatorios elevados
(PCR, LDH, IL-6, Dímero D,
ferritina), troponina, proBNP



Síntomas y signos (n=390)



Síntomas	
Fiebre	259 (69%)
Coriza	91 (24%)
Tos	102 (27%)
Odinofagia	44 (12%)
Cefalea	60 (16%)
Dolor abdominal	117 (31%)
Vómitos	98 (26%)
Diarrea	80 (22%)
Exantema	64 (20%)
Convulsiones	17 (5%)

Signos	
Fiebre	145 (39%)
Ex pulmonar normal	313 (83%)
Crépitos	17 (4.3%)
Sibilancias	31 (8.2%)
Ex cardiaco normal	340 (90%)
Ex abd normal	280 (75%)

COVID-19 en niños

- Los niños se pueden infectar y pueden transmitir el COVID-19...
- Los niños se infectan menos que los adultos
- Cuando se infectan tienen cuadros más leves, con menos síntomas que los adultos
- Existe un porcentaje alto de niños que hace una infección asintomática
- Transmiten menos la infección y en especial en comparación con otros virus respiratorios

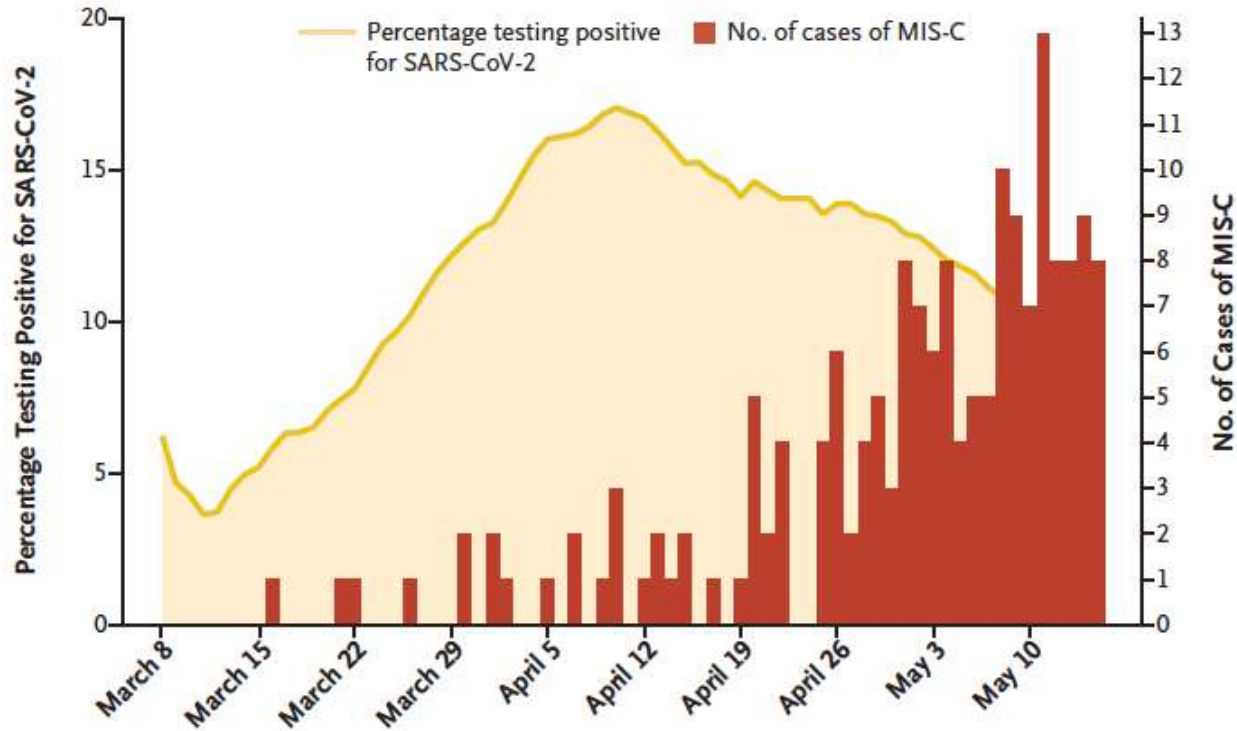
**2020 Health Alert #13:
Pediatric Multi-System Inflammatory Syndrome Potentially
Associated with COVID-19**



Urgent alert

Rising no of cases presenting to [#PedsICU](#) with multi-system hyperinflammatory state, overlapping features of toxic shock syndrome & atypical Kawasaki disease, bloods consistent with severe [#COVID19](#) - seen in both [#SARSCoV2](#) PCR +ve AND -ve

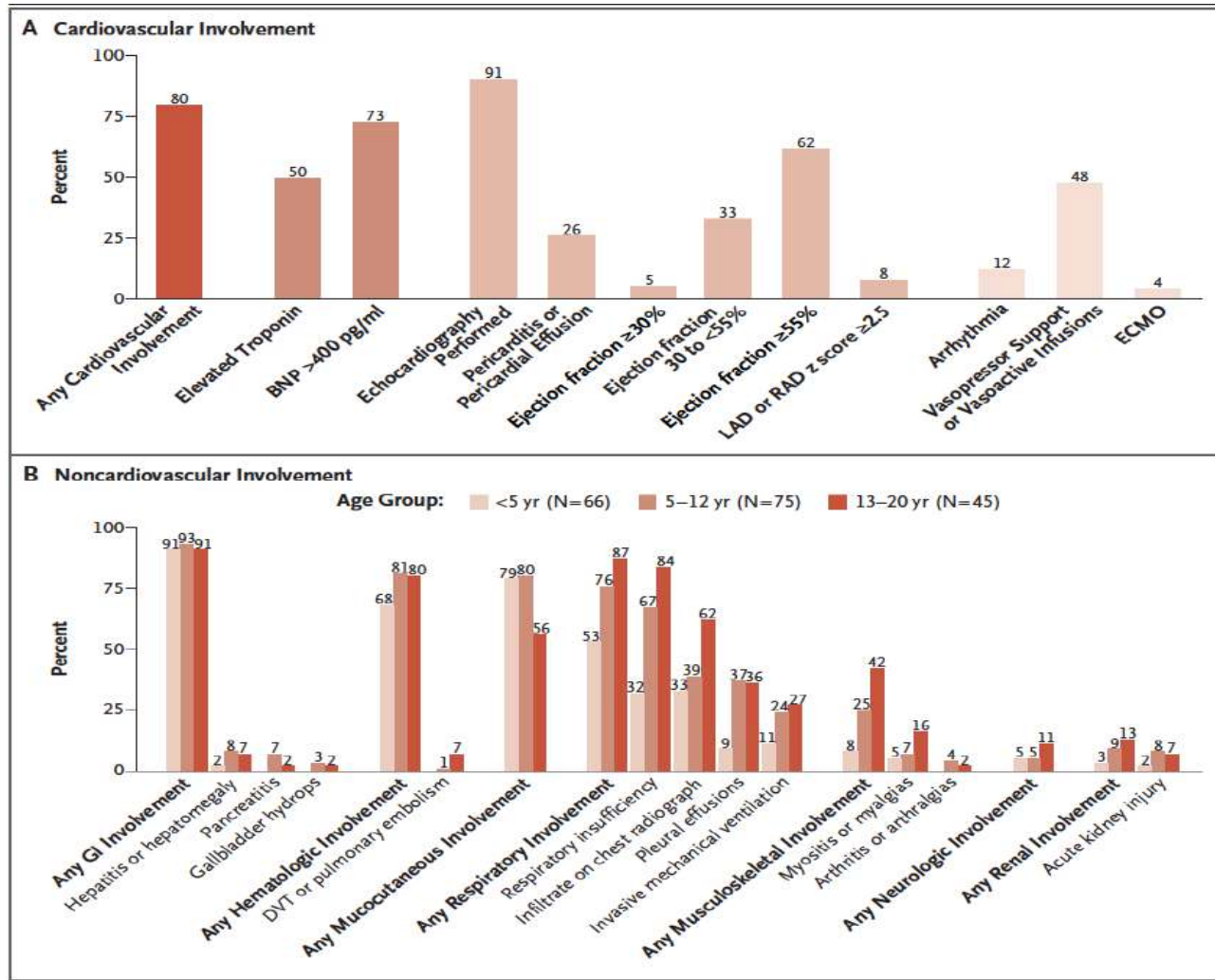
ORIGINAL ARTICLE

Multisystem Inflammatory Syndrome
in U.S. Children and Adolescents**B** Temporal Relationship between MIS-C and Covid-19 Activity in Persons <21 Yr of Age

N= 186 casos
80% ingreso UTI
4 fallecidos

Figure 1. Geographic and Temporal Representation of Cases of Multisystem Inflammatory Syndrome in Children (MIS-C).

ORIGINAL ARTICLE

Multisystem Inflammatory Syndrome
in U.S. Children and Adolescents

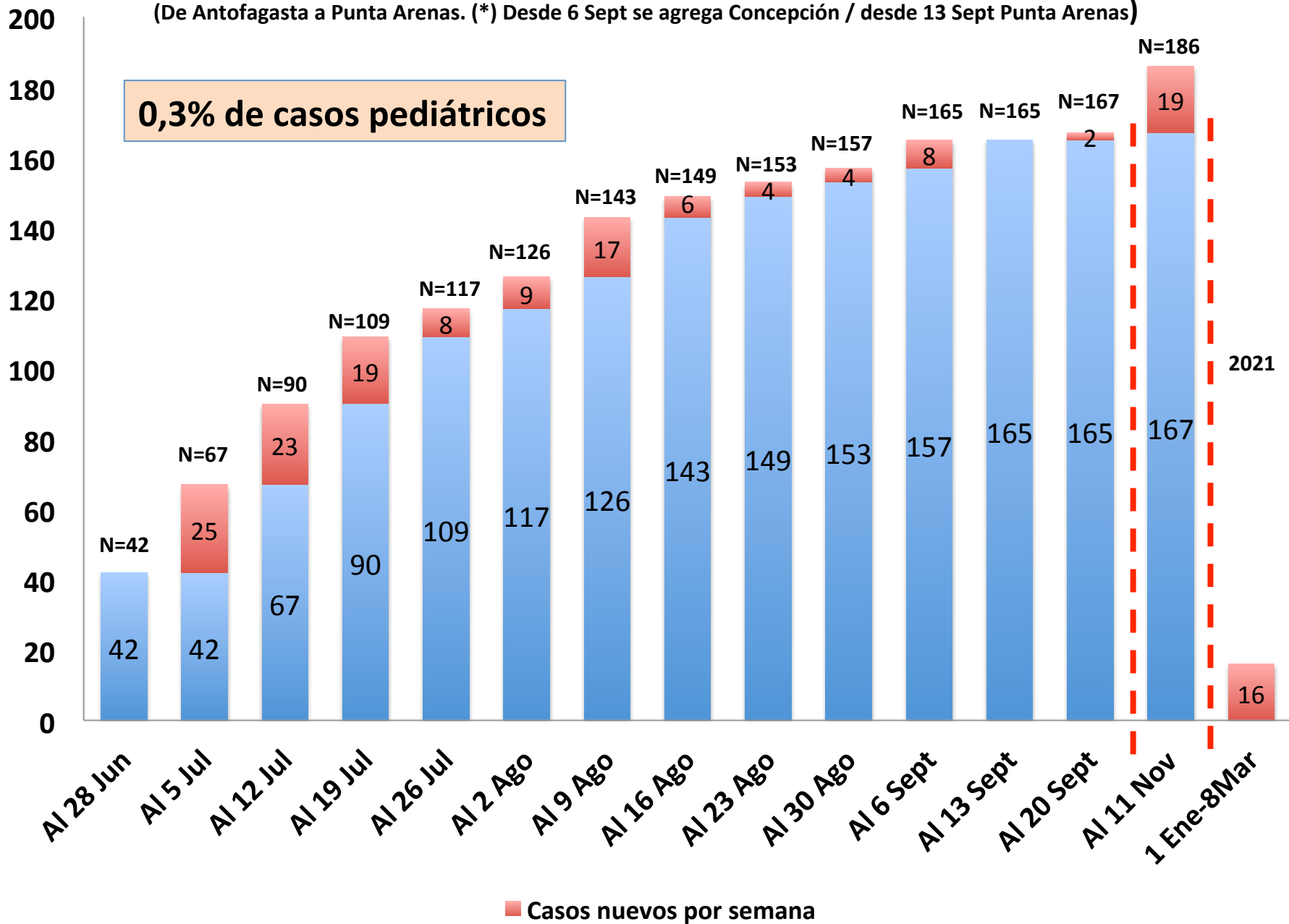
Casos PIMS/MIS-C

(Comunicación preliminar, Red Infectología Pediátrica; n=28 Centros en Chile)

(De Antofagasta a Punta Arenas. (*) Desde 6 Sept se agrega Concepción / desde 13 Sept Punta Arenas)

0,3% de casos pediátricos

Número Acumulado de Casos a la fecha





International Journal of Infectious Diseases 100 (2020) xxx–xxx



Contents lists available at [ScienceDirect](#)

International Journal of Infectious Diseases

journal homepage: www.elsevier.com/locate/ijid

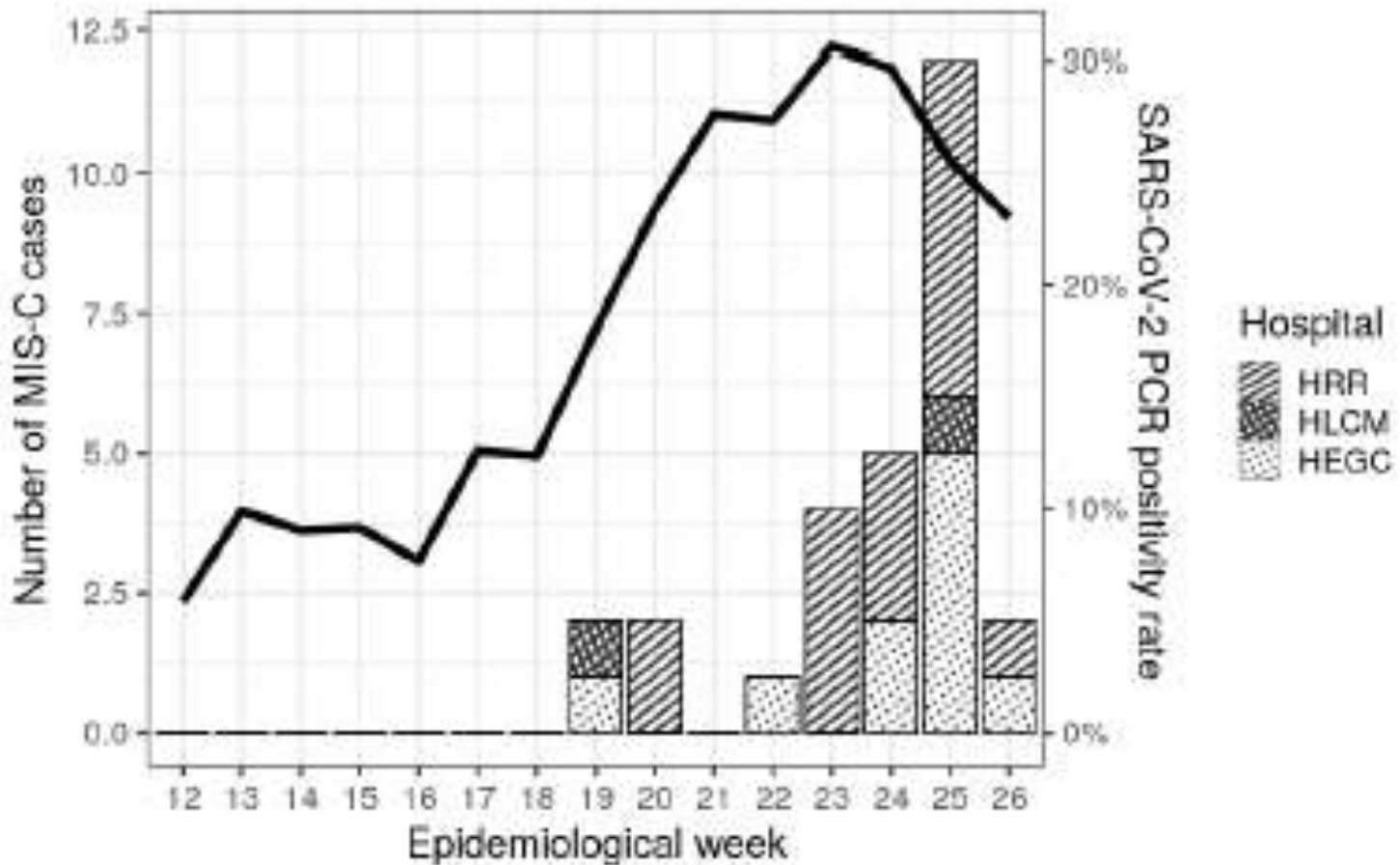


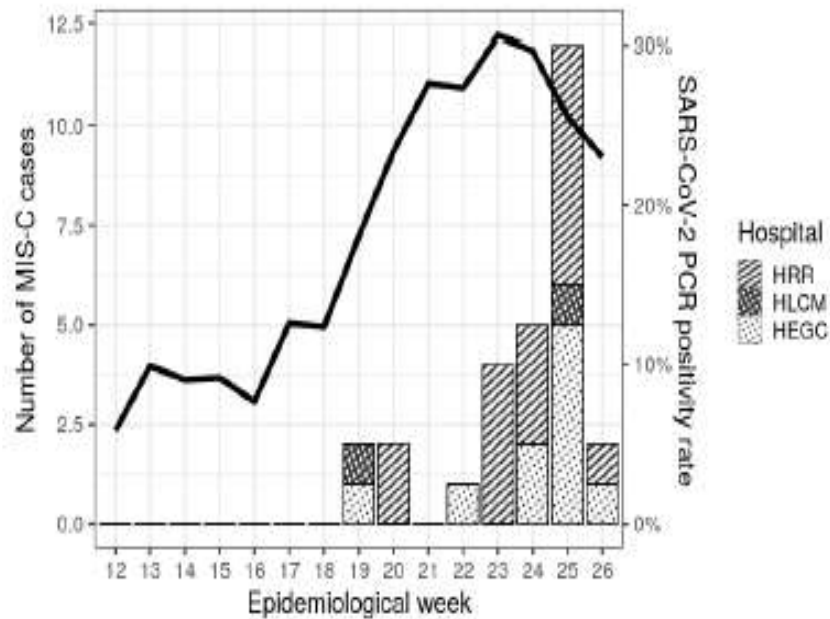
INTERNATIONAL
SOCIETY
FOR INFECTIOUS
DISEASES

Multisystem inflammatory syndrome in children (MIS-C): Report of the clinical and epidemiological characteristics of cases in Santiago de Chile during the SARS-CoV-2 pandemic

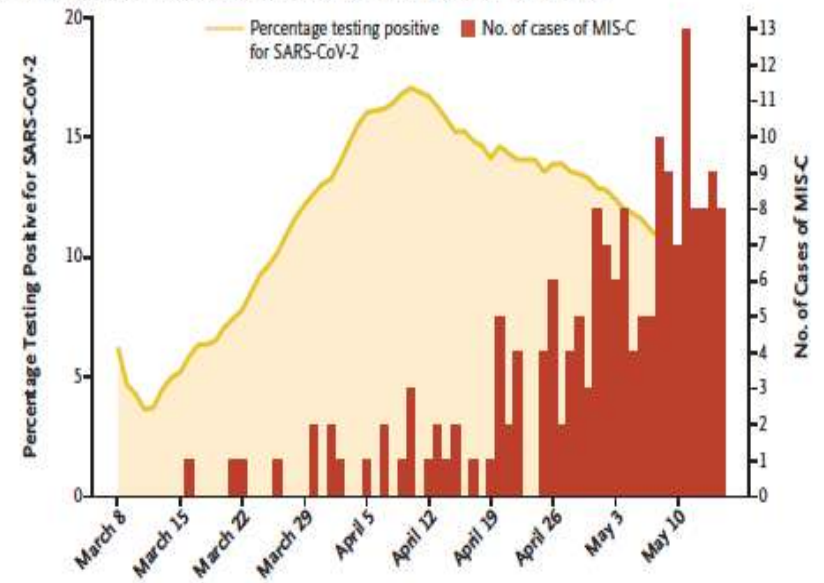


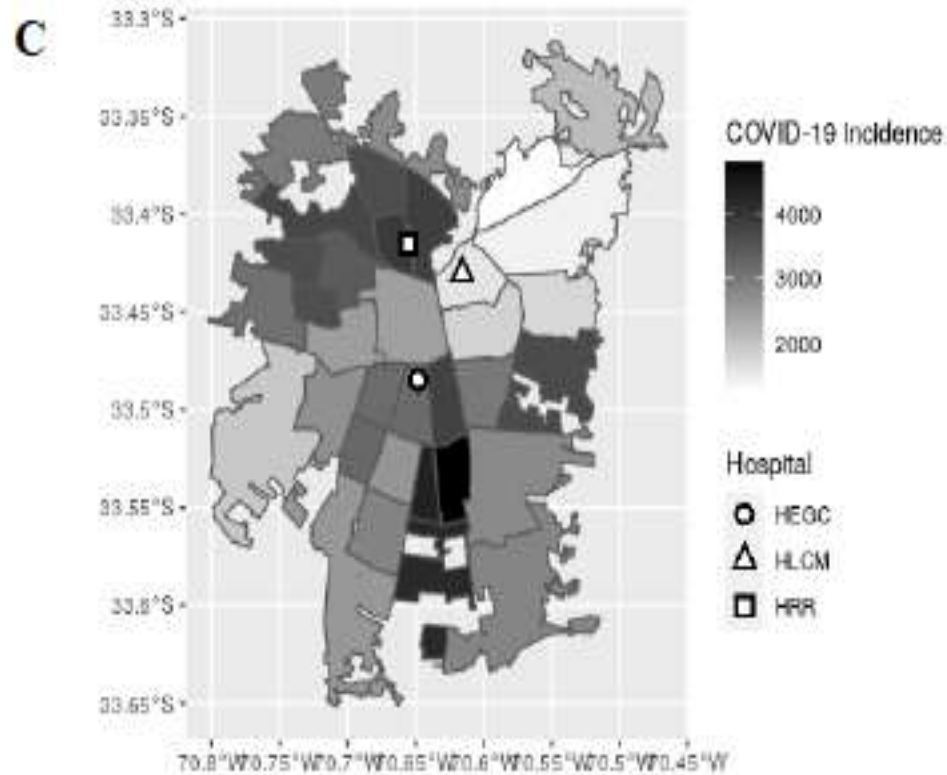
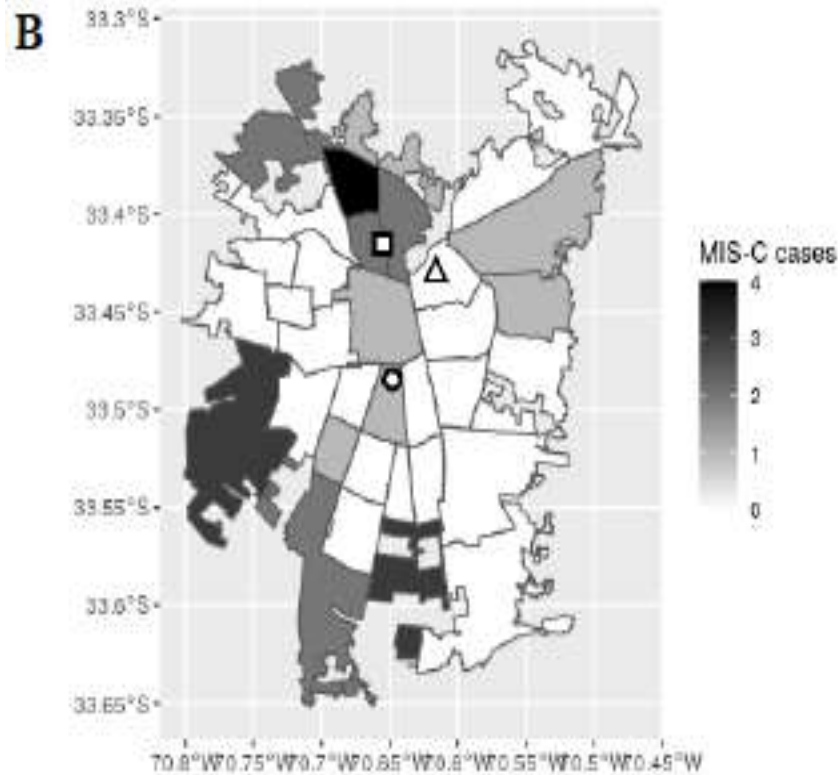
Juan P. Torres^a, Giannina Izquierdo^b, Mirta Acuña^c, Daniela Pavez^d, Felipe Reyes^{e,f}, Ana Fritis^g, Ricardo González^h, Carolina Rivacobaⁱ, Verónica Contardo^c, Lorena I. Tapia^{c,j,*}





B Temporal Relationship between MIS-C and Covid-19 Activity in Persons <21 Yr of Age





Demographic and clinical characteristics at admission - n (%)	All patients n = 27	Ward Unit n = 11	Intensive Care Unit n = 16	
Age in years &	6 (0 - 14)	6 (0-13)	6.5 (0-14)	
Male sex	14 (52)	5 (45)	9 (56)	
No comorbidities	20 (74)	8 (73)	12 (75)	
Days of symptoms at admission &	4 (2 - 9)	5 (2 - 7)	2 (2- 9)	
Fever	27 (100)	11 (100)	16 (100)	
Abdominal pain	17 (63)	7 (64)	10 (62)	
Diarrhea	17 (63)	6 (55)	11 (69)	
Vomiting	13 (48)	6 (55)	7 (44)	
Rash	14 (52)	5 (45)	9 (56)	1/2
Conjunctival injection	13 (48)	6 (55)	7 (44)	
Oral mucosal changes	11 (41)	4 (36)	7 (44)	
Cough	7 (26)	3 (27)	4 (25)	1/4
Peripheral extremity changes	7 (26)	3 (27)	4 (25)	
SARS-CoV-2 Test Results – n (%)				
Positive nasopharyngeal RT-PCR	14 (52)	7 (64)	7 (44)	
Positive Serology	10 (77)^	2 (100)	8 (73)	
History of COVID-19 (+) contact	9 (33)	5 (45)	4 (25)	

	All patients n = 27	Ward Unit n = 11	Intensive Care Unit n = 16
Laboratory tests at admission - median (IQR)			
Hemoglobin g/dL	11.5 (10.7-12.7)	11.6 (10.3 - 12.7)	11.4 (10.8 - 12.7)
WBC cells/uL	10.3 (7.5 - 15.1)	10.5(7.5 - 19.3)	10.3 (7.4 – 13.6)
Absolute lymphocyte count (per uL)	1,275 (649 - 1,738)	1,515 (762 - 4,257)	903 (574 - 1,650)
Platelets (thousands/mm ³)	182 (114 - 240)	202 (149 - 281)	150 (81- 224)
C-reactive protein (mg/L)	169 (88 - 301)	126 (56 - 202)	184 (137 - 306)
D-Dimer (ug/mL)	1.77 (1.15 – 3.17)	1.26 (0.62 – 2.16)	2.35 (1.42 – 4)
Albumin (g/L)*	3.1 (2.7 - 3.6)	3.5 (3.3 - 3.9)	2.9 (2.6 - 3.2)
Ferritin (ng/mL)^^^	316 (111 -5 42)	221 (158 – 622)	431 (111 – 542)



MMWR: 7 de Agosto 2020 N=570

- Edad media 8 años
- 55% Hombres
- Predominantemente niños de color
- 61% dolor abdominal
- 55% rash cutáneo
- 50% hipotensión
- 48% inyección conjuntival
- 35% shock
- 23% miocarditis
- 19% dilatación coronaria
- **1,8% fallecidos**

Marzo 2 - julio 29

Centers for Disease Control and Prevention
MMWR / August 7, 2020 / Vol. 69



Chile : 22 Agosto 2020 N=27

- Edad media 6 años
- 52% Hombres
- Predominantemente niños de padres chilenos
- 63% dolor abdominal
- 52% rash cutáneo
- 50% hipotensión
- 48% inyección conjuntival
- 35% shock
- 15% miocarditis
- 12% dilatación coronaria
- 0% fallecidos

Mayo 1 – junio 24

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Casos PIMS / MIS-C en Chile

- **92 casos registrados en Protocolo**

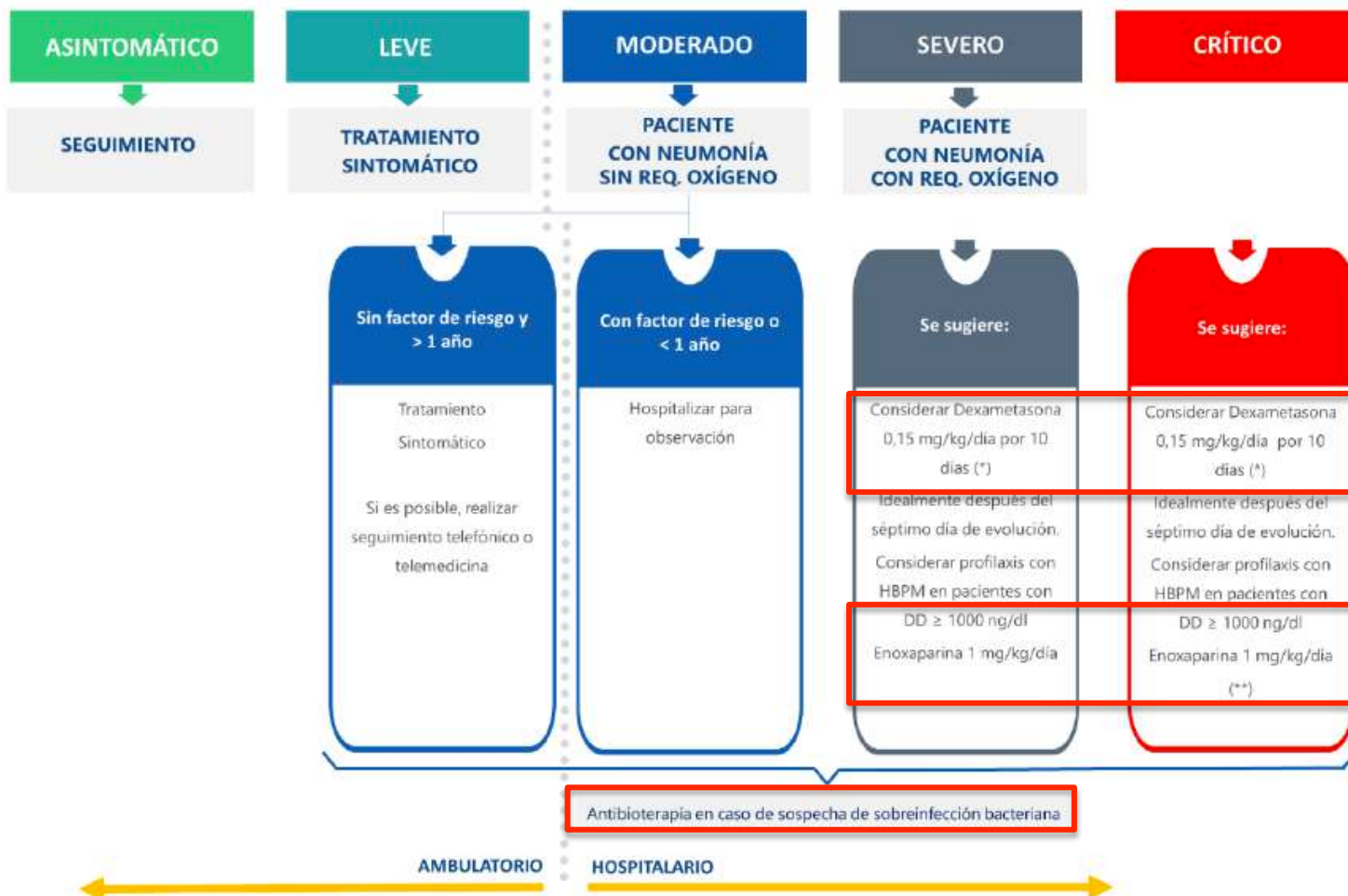
Variable Outcome	27 casos	92 casos
Dias hospitalización	9	9
Ingreso UCI/UTI	60%	78%
Requerimiento O2	48%	44%
Uso ATB	89%	85% (Med 2 días)
Corticoide	63%	74% (Med 5 días)
Drogas vasoactivas	44%	34%
Anticoagulación	67%	71%
Ventilación Mecánica	44%	28%
Mortalidad	0	0

Tratamiento antiviral: Evidencia

Fármaco	Acción	Primeros Datos clínicos	Comentarios	Ref.
lopinavir / ritonavir	Actividad in vitro, in vivo SARS, MERS	N=199 enfermedad severa Sin dif clínica, mortalidad, clearance viral (99 vs 100)	Inicio tardío (d13) Mortalidad d28 menor (19 vs 27%). Sin evidencia efecto	Cao et al. NEJM. Lancet
Hidroxi cloroquina	Inhibe entrada virus	Reducción carga viral (+AZT) Sin efecto en outcome clínico Efectos adversos serios	Preocupación por efectos tóxicos. Sin efecto demostrado	Yao et al. CID Chen.
Tocilizumab	Monoclonal contra receptor IL-6	N=21 pacientes. Mejoraron clínica, hipoxemia, TAC. Medición IL-6	Falta mayor evidencia y oportunidad de uso.	Liu et al. Medrxiv
Remdesivir	Análogo nucleotido. Act. antiviral en cultivo cel	Estudios clínicos aleatorizados en curso Impacto excreción. 36/53 mejoría en variables clínica. NEJM > 1000 sujetos	Demuestra efecto adultos favorable (uso precoz) Disminución 5% muerte (12 → 7%)	Grein et al. NEJM
Corticoides (dexametasona (6), metilprednisolona (2))	Anti Inflamatorio	Estudio clínico aleatorizado en UK. Reducción riesgo muerte en VM o uso O2. Uso en MIS-C niños	Uso promisorio Estudios no controlados	RECOVERY



Recomendaciones de diagnóstico y manejo farmacológico en pacientes pediátricos con infección por SARS-CoV-2 (COVID-19)
Sociedades Chilenas de Infectología, Rama de intensivos pediátricos SOCHIPE y Sociedad Neumología pediátrica.

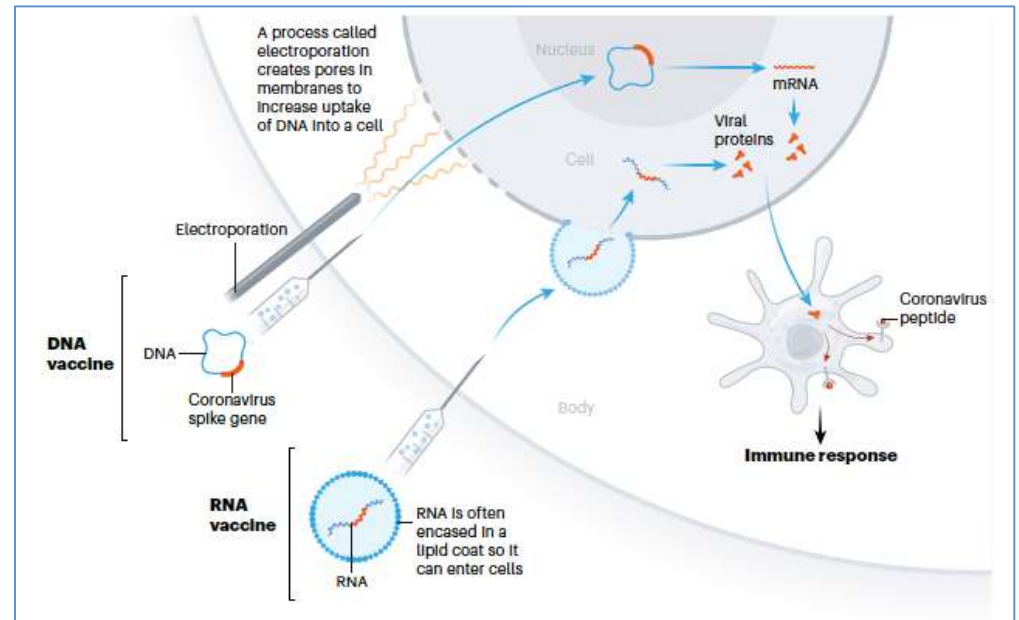
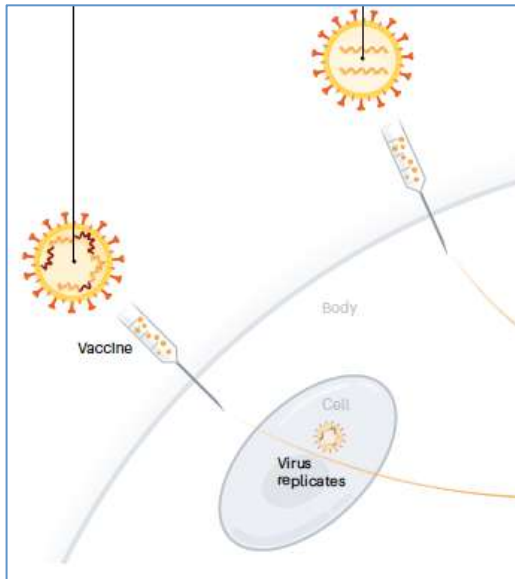


(*) Equivalencia en corticoides:

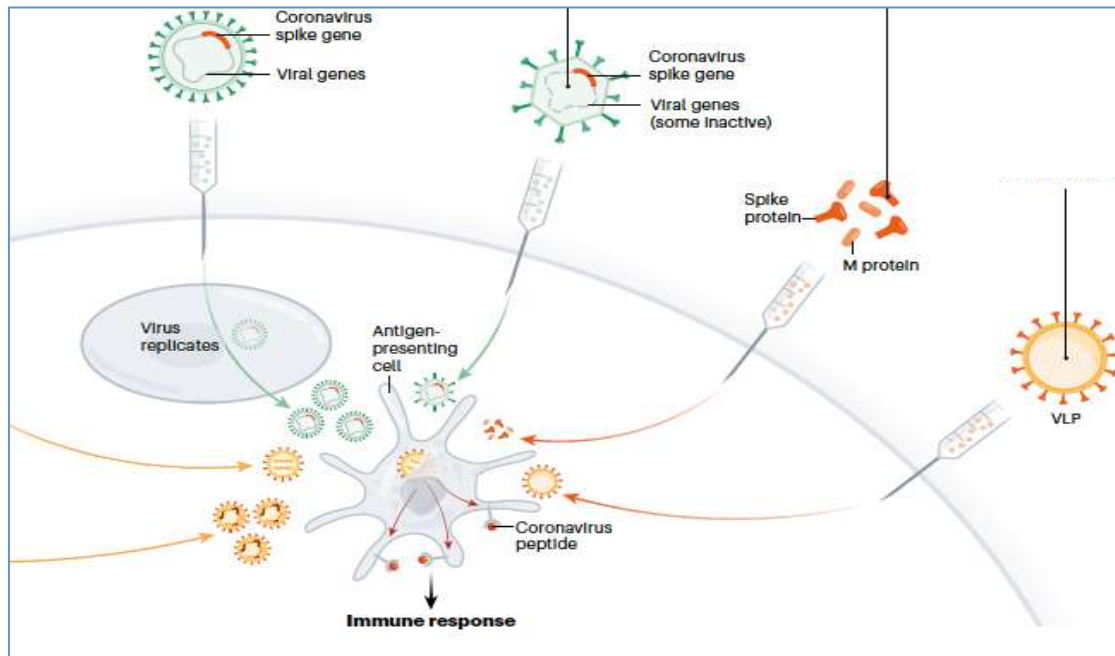
- Hidrocortisona 4 mg/kg/día en 2 a 3 dosis
- Metilprednisolona 1 mg/kg/día

(**) Considerar gammaglobulina endovenosa solo en sospecha de PIMS

Virus atenuado Virus inactivo (*)



Vacunas Ácidos Nucleicos (nueva experiencia)



VACUNAS COVID-19

Vacunas Vector Viral (adenovirus; ej: vacuna ébola)

Rol de los niños en el SARS-CoV-2

- Niño se infectan menos que adultos.
- Niños parecen transmitir menos, en comparación con otros virus respiratorios.
- Causas: combinación de factores
- Presentaciones inhabituales, sospecha y manejo precoz: PIMS
- No descuidar vacunación, coberturas
- Vacunas: aun no en niños, pero próximamente



¡Muchas gracias!



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