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# As parents, pediatricians and professionals who love children, we should guard against becoming overprotective

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Whether it is attending school, being vaccinated or transmitting the virus at family gatherings, the role of children in the COVID-19 pandemic has been contentious and widely debated, not just in the United States but across the world. Two years in, what have we learned and what can we apply to the future concerning children and COVID-19? When the threat of COVID-19 emerged in early 2020, pediatricians braced to provide care for a flood of sick children across the country. A pediatric clinic is normally a busy place, especially during the protracted viral respiratory season, October to May, when it is typical for small children to annually experience as many as 10 colds caused by endemic respiratory viruses. Fortunately, in most situations, healthy children recover from respiratory viruses within a week with supportive care and endemic human respiratory viruses becoming permanent members of our viral ecosystem. But COVID-19 was an unknown wild card.

It turned out to be a pleasant surprise when it became clear the coronavirus caused milder illness in children than adults. For healthy young patients, with rare exceptions, this has essentially remained true throughout the pandemic.

But there was another intriguing and unexpected surprise as well. In the first year of the pandemic, COVID-19 turned out to be milder in children, but colds, ear infections, wheezing episodes and stomach bugs also seemed to disappear. The frequency of common viral illnesses expected in the youngest patients plummeted. Initially, it was believed that parents were simply reluctant to bring children in, but greater numbers of parents reported, with considerable relief, that their children were just not getting sick. This temporary disappearance of most endemic pediatric viruses was partly the result of behavior changes, particularly the cancellation of in-person meetings, group activities and travel plans. However, pandemic mitigations could not be the entire explanation because the same disappearance was observed in areas where children attended school or uninterrupted day care.

Eventually, with the onset of the highly contagious omicron wave last winter, more and more children were infected with COVID-19, most with mild symptoms. The Centers for Disease Control and Prevention estimates that as of February 2022, approximately 75% of children and adolescents have been infected, with approximately one-third of those infections coming since December 2021. Including those who have been vaccinated, there is now considerable population immunity to the virus in children. In the past year, a rebound in routine childhood viruses has occurred during the intervals when COVID-19 waves ebbed. The typical viral respiratory illnesses are spreading again, with the expected natural cycle of waning in May and returning in autumn.

Parents and teachers once again confront maintaining public health measures meant to avoid the spread of viral illnesses with the priority of the educational, developmental and emotional needs of children. The key is to offer kids routine protection against common diseases (staying home when sick, washing hands) — not frantic overprotection against one illness in particular.

The pediatric immune system is programmed to encounter a new virus and generate an initial immune response. Anyone who has spent time with toddlers is familiar with their desire to touch and lick everything. This type of exploration plays many roles in child development, and one may include immunologic development. Small children sample the viral environment, which in turn enables them to mount an immune response. Children eventually augment the response with subsequent exposures, eventually resulting in a mature, adult immune system.