



Pediatric COVID-19 Report

Data current as of 12:01am 9/15/2020

Background

As of 12:01am on Tuesday, September 15th, there have been 29,662 COVID-19 cases reported in Oregon. Of these, 3,264 (11.0%) are in pediatric patients. For this report, pediatric refers to people under age 18, and adult refers to people age 18 and older. Of the 3,264 pediatric cases, 2,995 (91.8%) cases are confirmed and 269 are presumptive. There are two cases of Multisystem Inflammatory Syndrome in Children (MIS-C) reported in Oregon.

Figure 1 shows pediatric COVID-19 cases by county in two ways: number and color.

Number: Each county below includes the number of pediatric cases in that county. To protect patient privacy, counties with 5 or fewer pediatric cases do not display the number of cases, but instead “≤5.”

Color: The shading refers to the number of pediatric cases per 10,000 people under age 18. The darker the shade of blue, the higher the per-capita rate of pediatric cases in that county. The range is from 0 to 214.6 pediatric cases per 10,000 people under age 18.¹

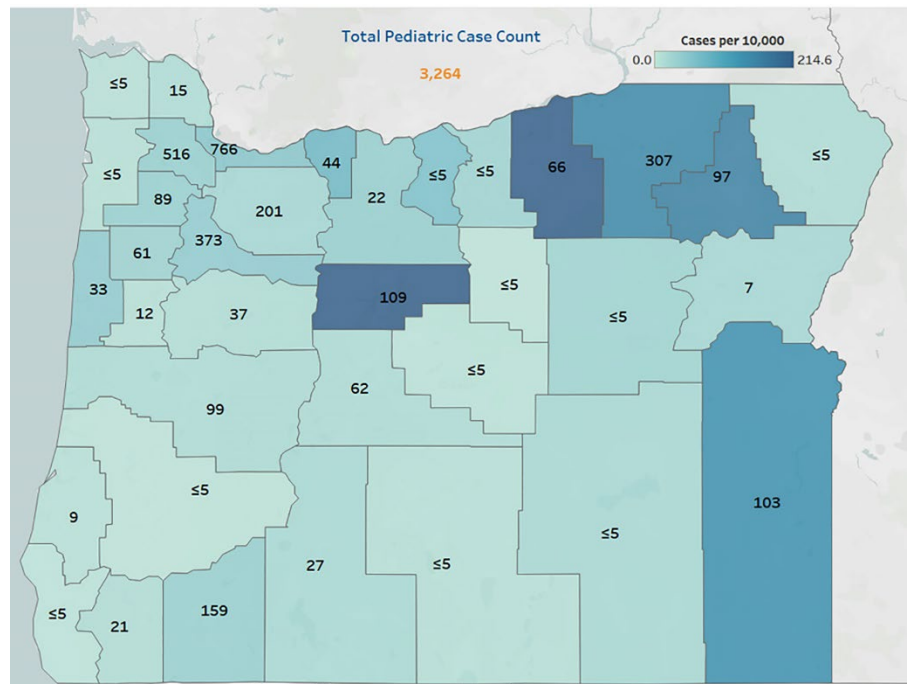


Figure 1. Pediatric case counts and per capita rates by county.

¹ Rates in the map above are calculated using population estimates from the 2019 Annual Population Report from Portland State University’s College of Urban & Public Affairs: Population Research Center.

Demographic Characteristics

Figure 2 shows the number of pediatric cases by age and sex. The colors show how many pediatric cases in each group were hospitalized, not hospitalized or have an unknown status. Of pediatric cases reported, there are more teenagers than young children, and cases are split relatively evenly between sexes.

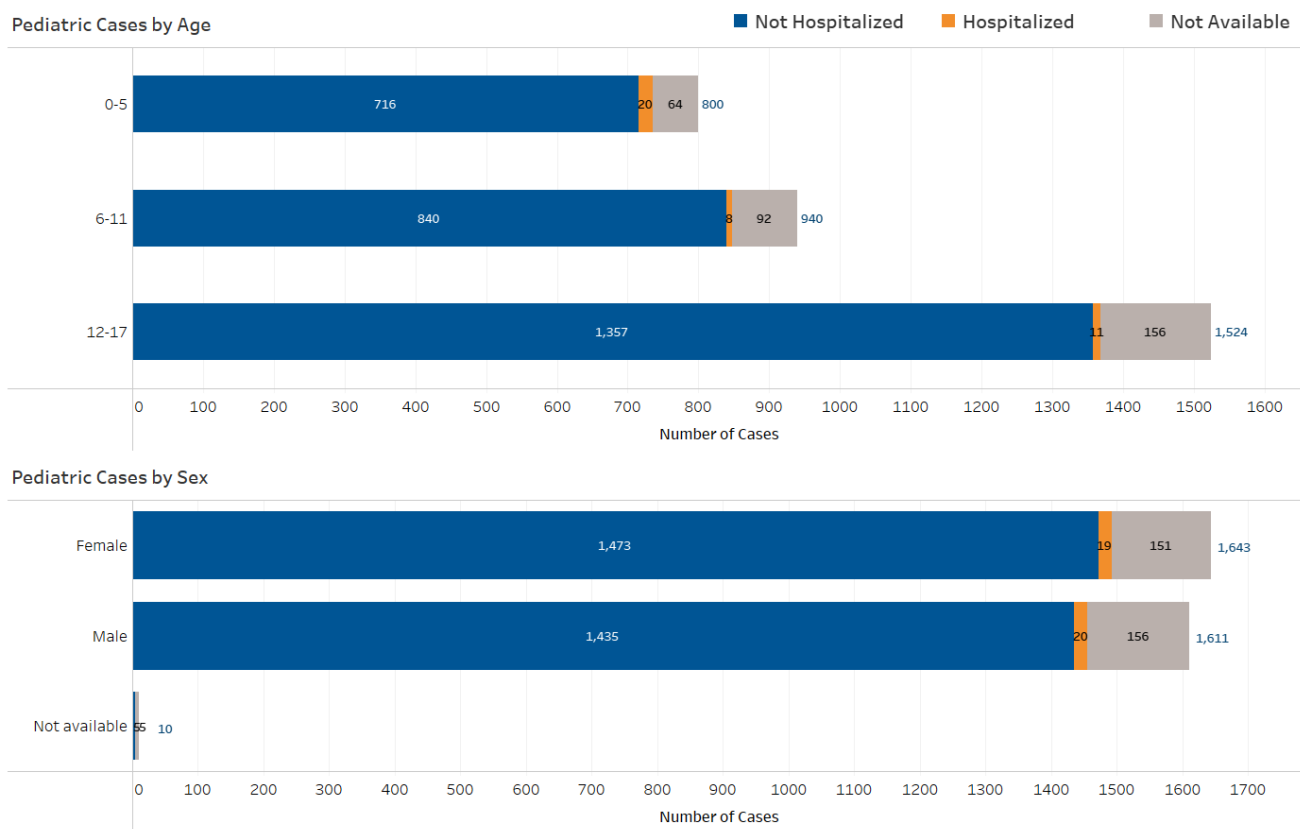


Figure 2. Demographic characteristics of pediatric COVID-19 cases.

Figure 3 shows Pediatric COVID-19 cases by race and ethnicity. During the case investigation process, people are asked to self-report their race, ethnicity, tribal affiliation, country of origin or ancestry. Many people who consider themselves Hispanic or Latino/Latina/Latinx, which is an ethnicity, will use one of these or an equivalent term to describe their race, which then gets categorized as “Other” race. Currently, 98.5% of case-patients shown as “Other” race below report that they are Hispanic or Latino/Latina/Latinx.

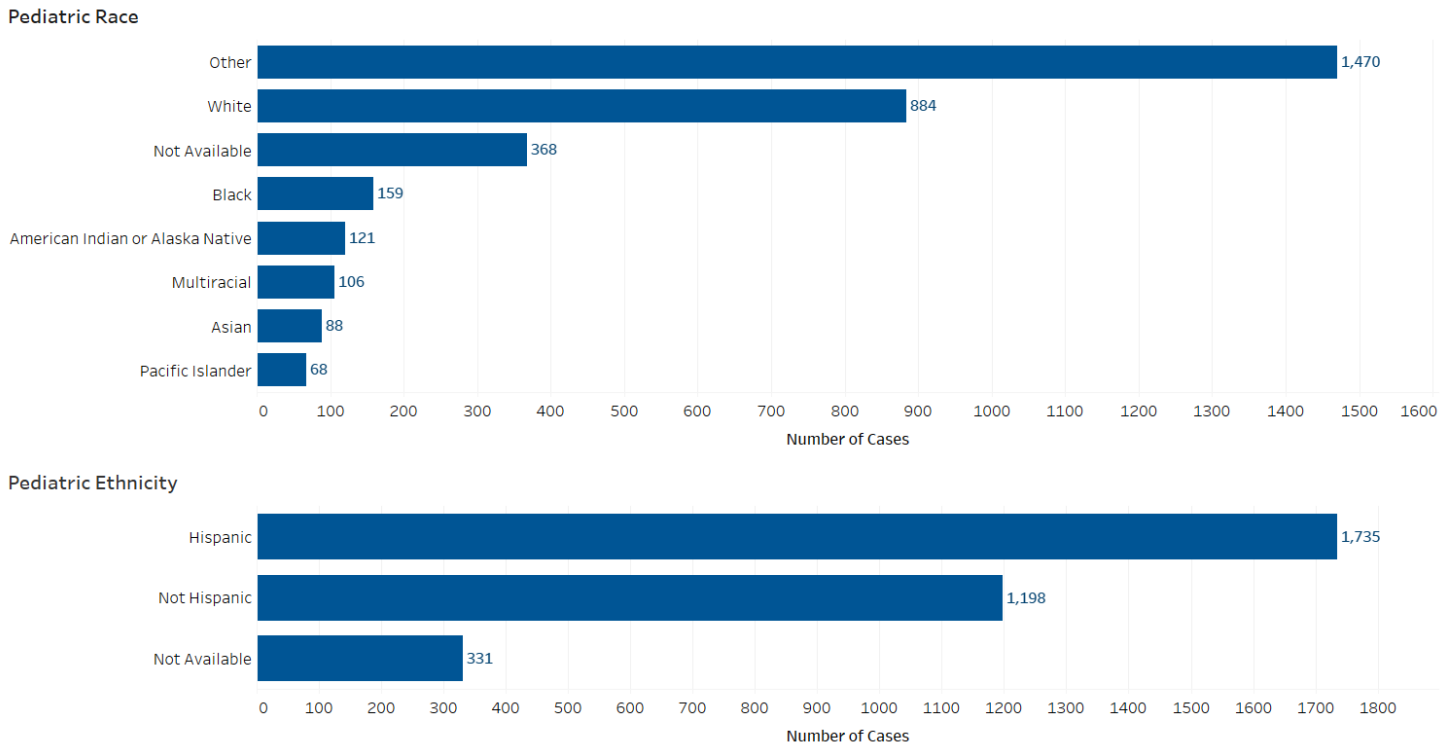


Figure 3. Pediatric COVID-19 cases by race and ethnicity.

Clinical Characteristics

Figure 4 shows that Oregon had a sharp rise in reported pediatric COVID-19 cases, starting in early June. However, since the peak at the end of July, we are seeing a gradual decline in reported pediatric cases.

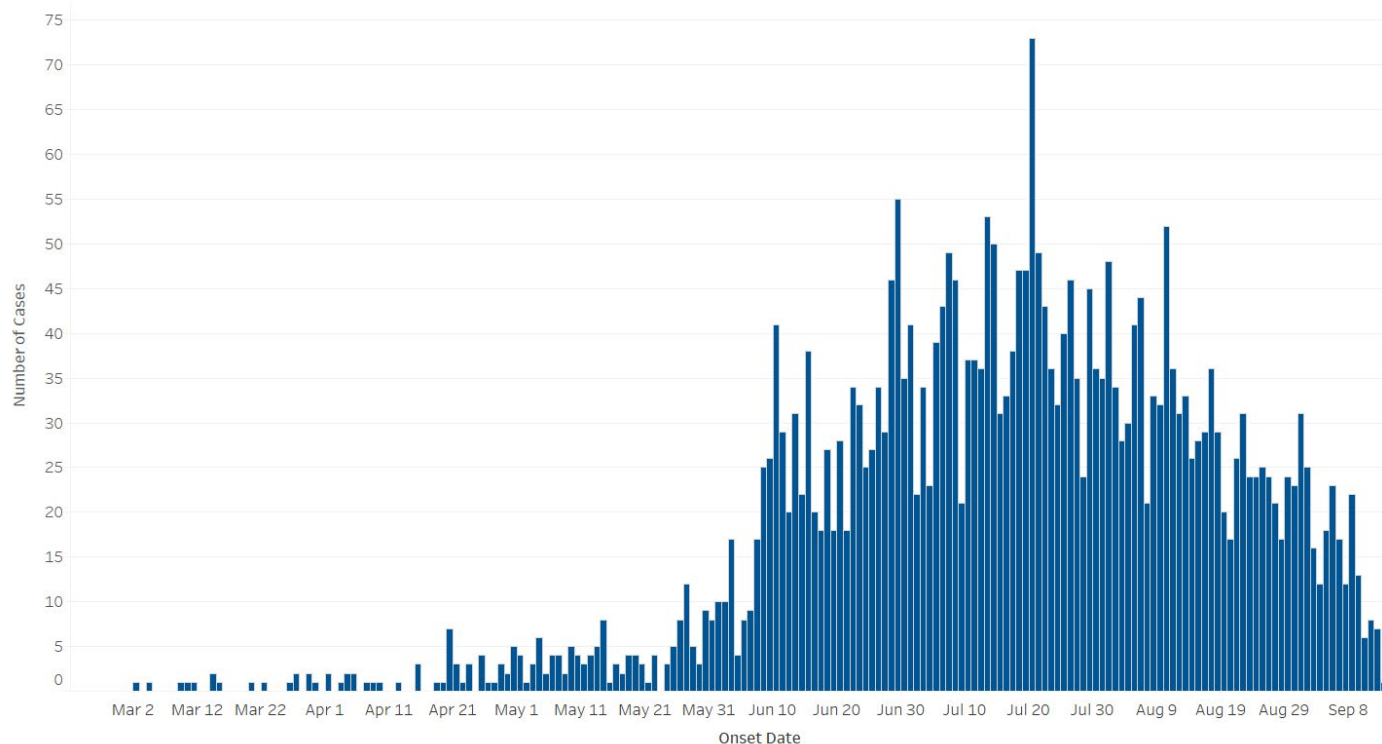


Figure 4. Pediatric cases by date of symptom onset.

While pediatric case counts increased sharply, these patients are still far less likely than adults to develop severe COVID-19. Shown in Table 1, 39 people under age 18 (1.2%) have been hospitalized at some point during their COVID-19 illness. More than 2,253 people age 18 and older (8.5%) have been hospitalized at some point during their COVID-19 illness.²

Pediatric Cases		Adult Cases	
Hospitalized	39 (1.2%)	Hospitalized	2,253 (8.5%)
Not Hospitalized	2,913 (88.3%)	Not Hospitalized	21,490 (81.4%)
Not Available	312 (9.5%)	Unknown	2,656 (10.1%)
Total	3,300 (100.0%)	Total	26,399 (100.0%)

Table 1. COVID-19 hospitalizations in pediatric cases compared to adult cases.

² COVID-19 hospitalizations include all hospitalizations reported to public health during the case's COVID-19 illness.

Figure 5 shows reported signs and symptoms of pediatric and adult COVID-19 cases. For example, 66.1% of pediatric cases report having at least one symptom. Pediatric COVID-19 cases usually report fewer symptoms than adult COVID-19 cases. But, because people without symptoms are less likely to get tested, there are likely more asymptomatic people than shown below.

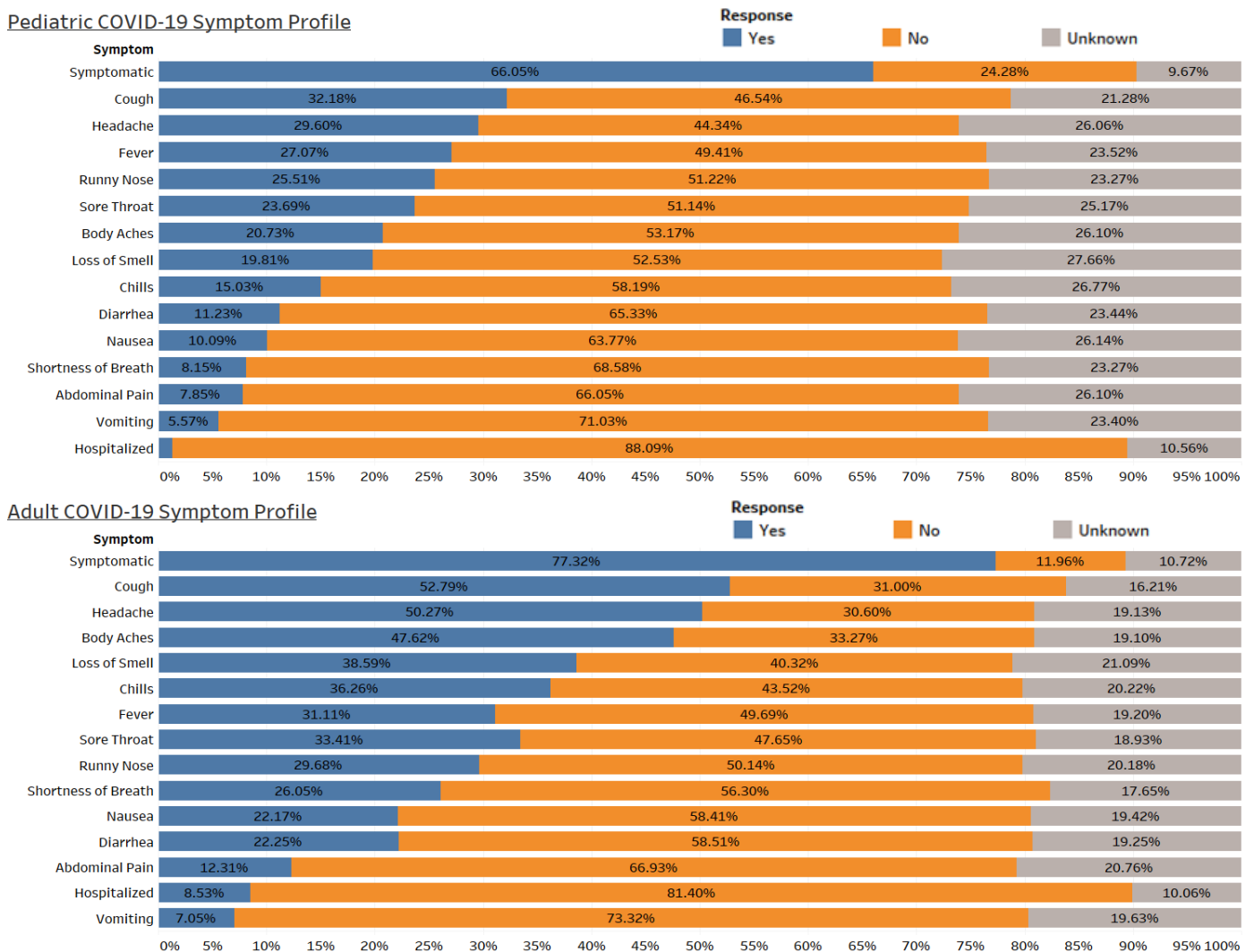


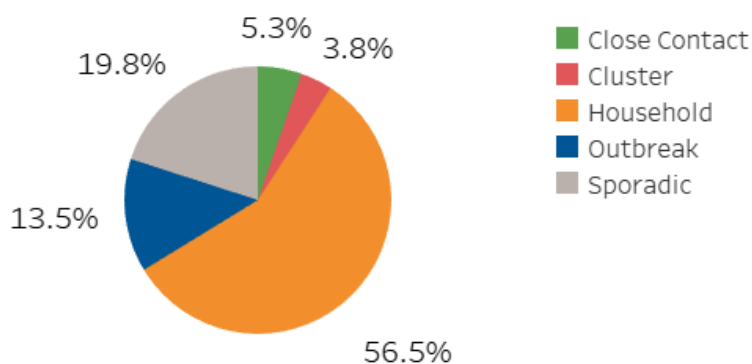
Figure 5. Reported signs and symptoms for pediatric and adult COVID-19 cases.

Epidemiologic Characteristics

Figure 6 shows epidemiologic links for pediatric and adult COVID-19 cases. Epidemiologic links are places or people that COVID-19 cases have in common. These links are identified by interviewing confirmed and presumptive COVID-19 cases.

More pediatric cases are connected to a known epidemiologic link (close contact, cluster, outbreak or household) than adult cases. The most common epidemiologic link for pediatric cases is households, which is likely because people who live with a COVID-19 case are more likely to receive a test.

Pediatric COVID-19 Epidemiologic Links



Adult COVID-19 Epidemiologic Links

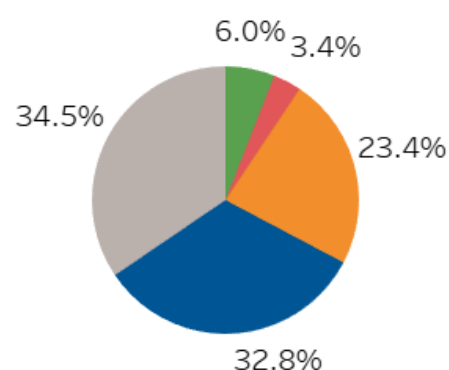


Figure 6. Epidemiological links among pediatric and adult COVID-19 cases.

Epidemiologic Link Definitions:

Sporadic: Cases without known exposure to another case or outbreak. Sporadic cases give us an idea of community spread.

Outbreak: Cases who have a shared, defined exposure with at least one other case from a different household. For example, a defined exposure could be an event, a workplace, a congregate setting such as a daycare or long-term care facility, etc.

Cluster: Cases who had contact with someone who has COVID-19 from a different household, but the exposure is not well defined. For example, two people who have COVID-19 from two households who interacted many times prior to illness onset.

Household: Cases who were exposed to someone who has COVID-19 in their household.

Close Contact: Cases who were exposed to another case, not in their household. This designation was added on 7/15.

Figure 7 shows the percent of new pediatric cases each week that are symptomatic. The more orange you see in any given week shows that we are identifying more asymptomatic cases. The large grey (unknown) portions in the most recent weeks are due to a lag in reporting. The amount of grey will decrease as interviews are completed.

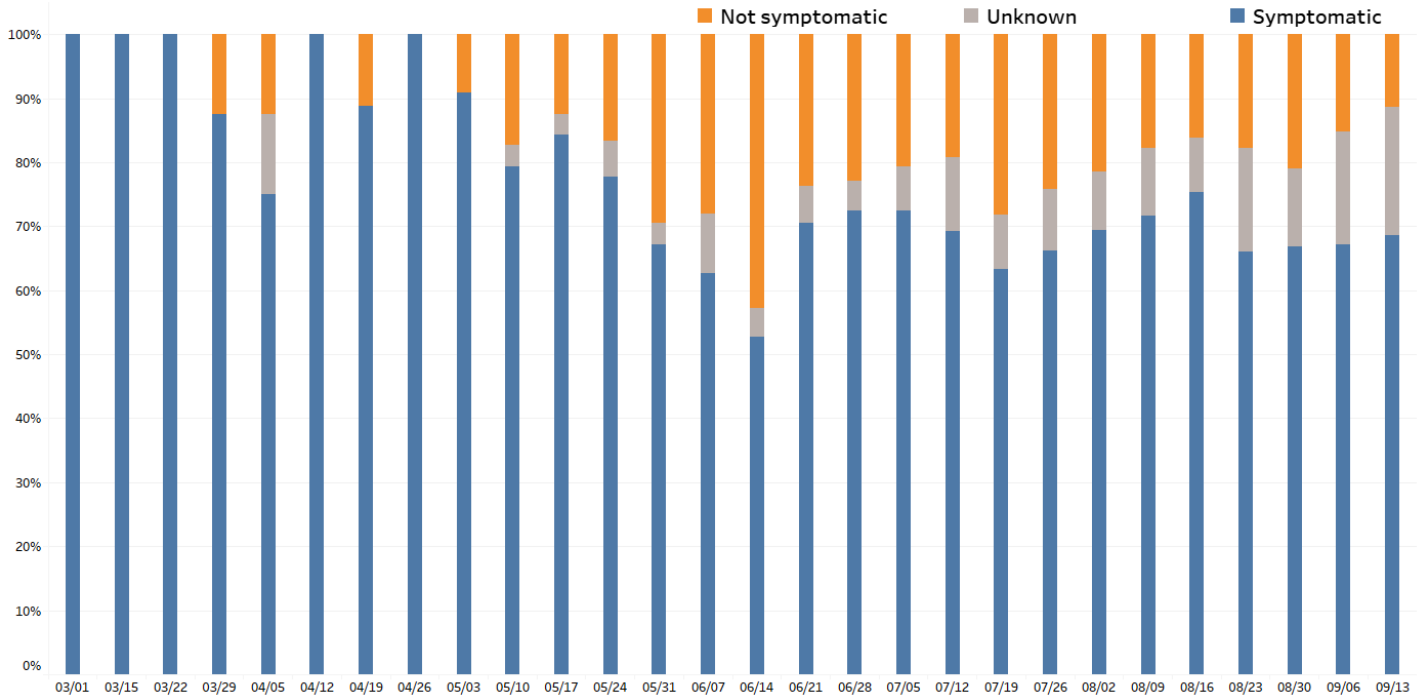


Figure 7. Proportion of pediatric cases who are symptomatic by week of identification to public health.

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