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Page 1 of 5

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COVID-19 – CMEFS WEEKLY NEWSLETTER

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Hello. I do hope that this week's edition of our newsletter finds you and your family as well as can be.

COVID-19

We've "known" all along that children are by and large "immune" to Covid-19, but there was also a whole lot we did not know, especially in so far as them being carriers and transmitters of the virus is concerned. *[My comments and **emphasis**]*

As this is a subject near and dear to the heart of any parent, grandparent and educator, I have basically done a "copy and paste" of the entire news article below which was published on Google News today, with only a few modifications here and there as well as a making a few comments of my own and emphasising what I believe to be a few key "take-home" points.

Comprehensive research on the subject of Covid-19 and children done by the Massachusetts General Hospital for children and Mass General Hospital for Children (MGH) provides critical data showing that **children play a larger role in the community spread of COVID-19 than previously thought.**

In a study of 192 children ages 0-22, 49 children tested positive for SARS-CoV-2, and an additional **18 children had late-onset, COVID-19-related illness.**

The infected children were shown to have a **significantly higher level of virus in their airways than hospitalized adults in ICUs for COVID-19 treatment.** *[Wow. That is scary!]*

"I was surprised by the high levels of virus we found in children of all ages, especially in the first two days of infection," says Lael Yonker, MD, director of the MGH Cystic Fibrosis Centre and lead author of the study.

I was not expecting the viral load to be so high.

You think of a hospital, and of all of the precautions taken to treat severely ill adults, but **the viral loads of these hospitalized patients are significantly lower than a 'healthy child' who is walking around with a high SARS-CoV-2 viral load.**"

Transmissibility or risk of contagion is greater with a high viral load.

[So in essence, it is quite possible for us to come into contact with or be in the company of a child between the ages of 0-22 who is in all likelihood asymptomatic but carrying a SIGNIFICANTLY higher (and highly infectious) viral load than an adult hospitalised with severe Covid-19 symptoms.

Now we need to ask ourselves if we were planning to visit a friend or relative in hospital who was severely ill with Covid-19 (assuming of course that it was allowed), would we be comfortable to do so simply wearing the mask that we use when we go shopping?

I doubt it.

But it is highly likely that this is all any one of us would be, or would have been wearing, around otherwise "healthy" children within that age group when we visit or have visited family or friends socially.

It is also highly likely that we would spend significantly more time in their company than we would a fully grown adult severely ill with Covid-19.

What this does say to me is that we need to be particularly vigilant when it comes to children so as to prevent them becoming infected with the virus in the first place, as aside from them becoming more infectious than an adult hospitalised with severe Covid-19 symptoms, they themselves could suffer MIS-C, a multi-organ, systemic infection that can develop in children with COVID-19 several weeks after infection.

This also says to me that we need to abandon the idea in our minds entirely that because children as a "class" do not develop severe Covid-19 symptoms (if any at all) it is OK for them to become infected. Clearly, for both our sakes and theirs, it is not]

And even when children exhibit symptoms typical of COVID-19, like fever, runny nose and cough, they often overlap with common childhood illnesses, including influenza and the common cold.

This confounds an accurate diagnosis of COVID-19, the illness derived from the SARS-CoV-2 coronavirus, says Yonker.

Along with viral load, researchers examined expression of the viral receptor and antibody response in healthy children, children with acute SARS-CoV-2 infection and a smaller number of children with Multisystem Inflammatory Syndrome in Children (MIS-C).

Findings from nose and throat swabs and blood samples from the MGHfC Pediatric COVID-19 Biorepository carry implications for the reopening of schools, daycare centers and other locations with a high density of children and close interaction with teachers and staff members.

"Kids are not immune from this infection, and their symptoms don't correlate with exposure and infection," says Alessio Fasano, MD, director of the Mucosal Immunology and Biology Research Center at MGH and senior author of the manuscript.

"During this COVID-19 pandemic, we have mainly screened symptomatic subjects, so we have reached the erroneous conclusion that the vast majority of people infected are adults.

However, our results show that kids are not protected against this virus. We should not discount children as potential spreaders for this virus."

The researchers note that although children with COVID-19 are not as likely to become as seriously ill as adults, as asymptomatic carriers or carriers with few symptoms attending school, they can spread infection and bring the virus into their homes.

This is a particular concern for families in certain socio-economic groups, which have been harder hit in the pandemic, and multi-generational families with vulnerable older adults in the same household.

In the MGH study, 51 percent of children with acute SARS-CoV-2 infection came from low-income communities compared to 2 percent from high-income communities.

In another breakthrough finding from the study, the researchers challenge the current hypothesis that because children have lower numbers of immune receptors for SARS-CoV2, this makes them less likely to become infected or seriously ill.

Data from the group show that although younger children have lower numbers of the virus receptor than older children and adults, this does not correlate with a decreased viral load.

According to the authors, this finding suggests that **children can carry a high viral load, meaning they are more contagious, regardless of their susceptibility to developing COVID-19 infection.**

The researchers also studied immune response in MIS-C.

Complications from the accelerated immune response seen in MIS-C can include severe cardiac problems, shock and acute heart failure.

"This is a severe complication as a result of the immune response to COVID-19 infection, and the number of these patients is growing," says Fasano, who is also a professor of Pediatrics at Harvard Medical School (HMS).

"And, as in adults with these very serious systemic complications, the heart seems to be the favourite organ targeted by post-COVID-19 immune response," adds Fasano.

Understanding MIS-C and post-infectious immune responses from pediatric COVID-19 patients is critical for developing next steps in treatment and prevention strategies, according to the researchers.

Early insights into the immune dysfunction in MIS-C should prompt caution when developing vaccine strategies, notes Yonker.

As MGHfC paediatricians, both Yonker and Fasano are constantly fielding questions from parents about the safe return of their children to school and day-care.

They agree that the most critical question is what steps the schools will implement "to keep the kids, teachers, and personnel safe.

"Recommendations from their study, (which includes 30 co-authors from MGHfC, MGH, HMS, Massachusetts Institute of Technology, Brigham and Women's Hospital and Harvard T.H. Chan School of Public Health) include not relying on body temperature or symptom monitoring to identify SARS-CoV-2 infection in the school setting.

The researchers emphasize infection control measures, including social distancing, universal mask use (when implementable), effective hand-washing protocols and a combination of remote and in-person learning. They consider routine and continued screening of all students for SARS-CoV-2 infection with timely reporting of the results an imperative part of a safe return-to-school policy.

"This study provides much-needed facts for policymakers to make the best decisions possible for schools, day-care centres and other institutions that serve children," says Fasano. "Kids are a possible source of spreading this virus, and this should be taken into account in the planning stages for reopening schools."

Fasano fears that a hurried return to school without proper planning could result in an uptick in cases of COVID-19 infections. "If schools were to reopen fully without necessary precautions, it is likely that children will play a larger role in this pandemic," the authors conclude,

I trust you enjoyed the read.

Nine sends love and thoughts to all, as always.

Until next time then, from all of us at CMEFS, do take good care of yourselves. Kind regards.
Charles.

Name	Division	Cell Number	Detail
Alicia	Wealth	063 434 8074	Learner. Servicing attaching to the following classes of business. Investment Accounts, Tax Free Savings Accounts, Retirement Annuities, Living Annuities, Pension and Provident Preservation Funds, Endowments.
Andrew	Wealth	063 321 7399	Intern. New business and servicing. Medical Aids & GAP Cover. In the process of migrating across to the Wealth Division.
Andrisha	Wealth	063 378 1473	Representative. New business. Investment Accounts, Tax Free Savings Accounts, Retirement Annuities, Living Annuities, Pension and Provident Preservation Funds, Endowments.
Bernelee	Tax	078 708 4536	Administrator providing admin support to Geraldine and understudy to Geraldine.
Brady	Wealth	071 843 3933	Representative. New business. Investment Accounts, Tax Free Savings Accounts, Retirement Annuities, Living Annuities, Pension and Provident Preservation Funds, Endowments.
Felicia	Risk	071 880 9576	Learner. Servicing attaching to Short-Term insurance, assisting Stella. Starting to obtain some exposure to Medical Aids, GAP Cover and Life Insurance.
Geraldine	Tax	083 754 1699	Head of tax division.
Jamie	Wealth	071 850 1389	Learner. Core responsibility being to produce and send out the monthly investment statements and to handle any queries connected to them. Satellite responsibility to assist where possible in the Wealth Division.
Luh	Bookkeeping	063 102 3313	Head of Bookkeeping Division. Professional Accountant (SA) SAIPA 30345
Nadean	Tax	063 026 1351	Intern. Administrator providing admin support to Bernelee and understudy to Bernelee.
Siso	Risk	060 376 6605	Learner. Starting to obtain some exposure to Short-Term insurance Medical Aids, GAP Cover and Life Insurance.
Stella	Risk	078 784 6462	Head of Short-Term Insurance Division.
Terisha	Books	071 858 3373	Intern. Bookkeeping Division. Data Capture and other functions relating to the bookkeeping Division.
Thabo	Risk	078 004 3864	Learner. Starting to obtain some exposure to Short-Term insurance Medical Aids, GAP Cover and Life Insurance.