

TO: Vermont Health Care Providers and Health Care Facilities
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**Overview of Pediatric Cases of Novel Coronavirus 2019 (COVID-19) in Vermont:
March 27-May 10, 2020**

Between March 27 and May 10, 2020, a total of 19 Vermont residents under the age of 18 years tested positive for SARS-CoV-2, the etiologic agent of COVID-19. This overview provides a clinical summary of Vermont residents under the age of 18 years with laboratory-confirmed COVID-19. Previous clinical overviews addressed Vermont residents in general (not restricted to the pediatric population):

- [Overview of Vermont Residents Testing Positive for SARS-CoV-2: April 18-30, 2020](#)
- [Overview of Vermont Residents Testing Positive for SARS-CoV-2: April 4-17, 2020](#)
- [Overview of Vermont Residents Testing Positive for SARS-CoV-2: March 21-April 3, 2020](#)
- [Overview of Vermont Residents Testing Positive for SARS-CoV-2 through March 20, 2020](#)

Characteristics of these 19 pediatric cases are as follows:

- The median age was 15.5 years (range: 5-17 years; interquartile range: 15-17 years). Only one case was less than 10 years old.
- Ten were female and 9 were male.
- Race/ethnicity: 18 white, non-Hispanic; one black.
- County of residence was as follows: Chittenden (n=6), Bennington (n=6), and seven in one of the following counties: Windsor, Addison, Windham, or Rutland.
- Nine individuals had contact with another known COVID-19 case. In addition, three individuals were residents in a boarding school where a COVID-19 outbreak investigation was conducted.

Other characteristics and clinical features of these 19 cases are delineated below.

- Co-morbidities: Only one individual had a pre-existing medical condition (morbid obesity).
- None had recent travel outside of Vermont.
- None were health care workers.
- All were outpatients when testing was performed, and none were hospitalized.
- Signs and Symptoms: All were symptomatic, with one or more of the following signs/symptoms:
 - Fatigue: 13 (68%)
 - **Dysgeusia and/or anosmia: 10 (53%)**
 - Headache: 10 (53%)
 - Cough: 9 (47%)
 - Nasal congestion or rhinorrhea: 9 (47%)
 - Loss of appetite: 7 (37%)
 - Fever: 6 (32%)

- Chills: 6 (32%)
- Myalgia: 6 (32%)
- Sore throat: 5 (26%)
- Diarrhea: 5 (26%)
- Shortness of breath: 4 (21%)
- Abdominal pain: 2 (10%)
- Nausea: 1 (5%)
- **“Purple toes”**: 1 (5%) [this patient had no other signs/symptoms]

Summary: This overview of pediatric cases of COVID-19 among Vermont residents addresses individuals under the age of 18 years with laboratory-confirmed COVID-19 between March 27 and May 10, 2020. All except one case were age 10 years or older. The sex distribution was approximately 50:50. With one exception, all were white, non-Hispanic. Most resided in Chittenden and Bennington Counties. Of note, 12 individuals (63%) either had contact with a known COVID-19 case or lived in a COVID-19 outbreak setting. Only 1 individual (5%) had a pre-existing medical condition (morbid obesity). All were outpatients at the time of testing, and none were hospitalized. All were symptomatic, with a range of signs and symptoms. The most common symptom was fatigue (68%). **Of note, over half (53%) reported dysgeusia and/or anosmia.** The same proportion reported headache, with other symptoms occurring slightly less frequently: cough (47%) and nasal congestion or rhinorrhea (47%). About a third had loss of appetite (37%), fever (32%), chills (32%), and/or myalgia (32%). About a quarter had sore throat (26%) and/or diarrhea (26%). The remaining signs and symptoms were reported by less than a quarter of patients. However, of note is **the report by one case of “purple toes”, which may represent acute acro-ischemia, a manifestation of microthrombosis, which has previously been described with COVID-19.** Finally, none of these pediatric cases had severe disease (as has been described in [England](#), the [Washington, DC area](#), and [New York](#)).

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.