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%)
Health Update
May 18, 2020

- 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.