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# AAP News

## Steep declines seen in ED visits by children during COVID-19 pandemic

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- Hartnett KP, et al. "Impact of the COVID-19 Pandemic on Emergency Department Visits - United States, January 1, 2019 - May 30, 2020." *MMWR Morb Mortal Wkly Rep.* 2020;69(23):699-704, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6923e1.htm>.

SARS-CoV-2, the novel coronavirus that causes COVID-19, was first detected in the United States in January. More than 3.3 million cases have been reported in the United States, including more than 135,000 associated deaths as of July 15, according to the Centers for Disease Control and Prevention (CDC). (will update)

The COVID-19 pandemic is impacting the behavior of people due to its direct and indirect threat. While the number of people hospitalized with COVID-19 has increased, significant declines in emergency department (ED) visits have been reported in Europe and Asia during the pandemic.

The CDC assessed the impact of COVID-19 on ED visits in the United States by analyzing data from the National Syndromic Surveillance Program, which captures approximately 73% of ED visits in the United States. The weekly number of ED visits were examined from Jan. 1, 2019, to May 30, 2020. The volume of ED visits from March 29 to April 25, 2020, (early pandemic period) was compared to visits from March 31 to April 27, 2019 (comparison period).

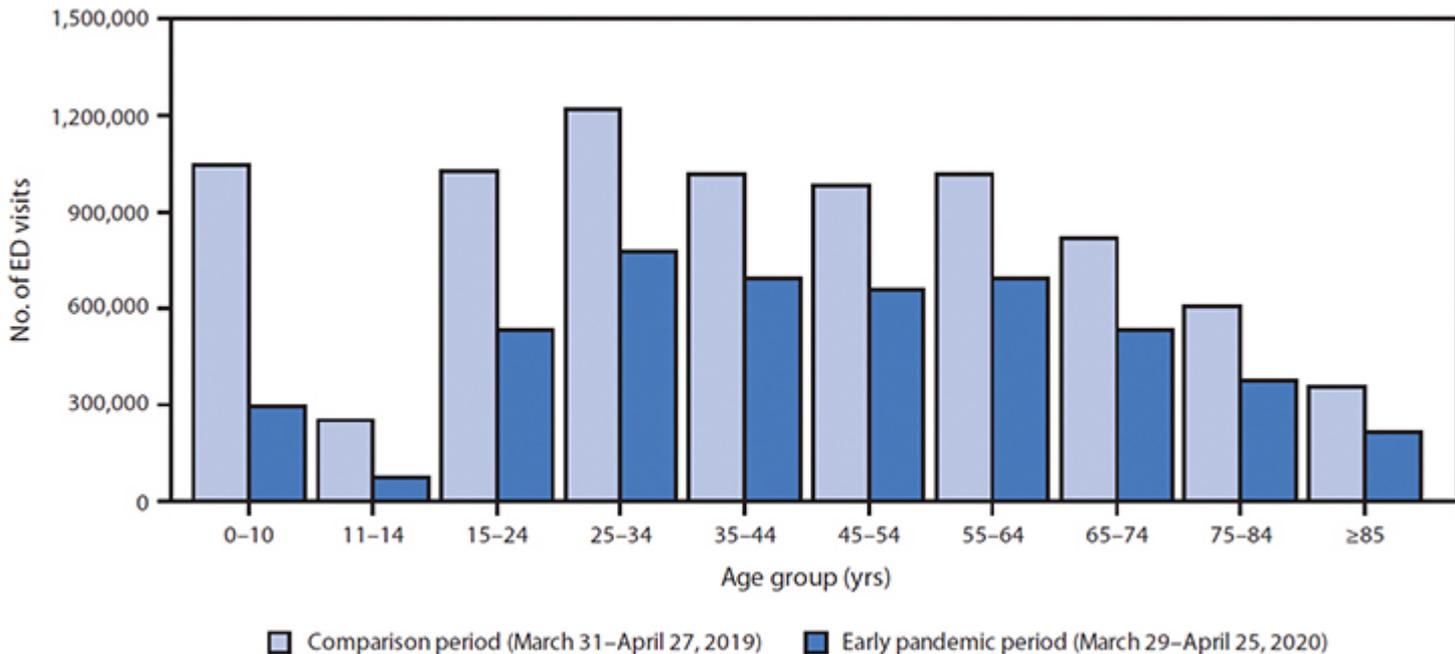
A sharp decline in ED visits began after the United States declared a national emergency in response to the COVID-19 pandemic on March 13, 2020. The lowest number of ED visits occurred during the week of April 12-18, 2020. Visits increased gradually since the nadir, although they remained lower compared to the same period a year earlier.

The number of ED visits decreased 42%, from a mean of 2,099,734 per week during the comparison period to a mean of 1,220,211 per week during the early pandemic period. Visits declined 37% among males and 45% among females between the comparison and early pandemic periods. The largest declines in ED visits were observed in the Northeast.

Although visits in all age groups declined, the largest proportional declines in visits occurred in children ages 10 years and younger (72%) and ages 11-14 years (71%) (see figure).



## Emergency department visits by age group



\*Hawaii, South Dakota and Wyoming are not included.  
Source: National Syndromic Surveillance Program

Courtesy of the Centers for Disease Control and Prevention

The largest declines in visits among children ages 10 and younger were for influenza (97% decrease), otitis media (85%), other specified upper respiratory conditions (84%), nausea and vomiting (84%), asthma (84%), viral infection (79%), respiratory signs and symptoms (78%), abdominal pain and other digestive or abdominal symptoms (78%), and fever (72%). Mean weekly visits with confirmed COVID-19 diagnoses and screening for infectious diseases during the early pandemic were lower among children than among adults.

### Comment

This article reported remarkable declines in ED visits, especially among children, likely due in part to fear of contracting COVID-19. The findings raise significant concerns for delayed care for children with potentially life-threatening conditions.

In addition to the declines in ED visits, decreases in childhood vaccine administrations recently were reported in *MMWR* (<https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm>). This report suggests that children might have missed other important health care recommendations, which may be detrimental to pediatric health.

To address public concerns about potential exposure to SARS-CoV-2 in the ED or clinics, it is crucial to provide clear communications about strategies health care organizations have implemented to minimize SARS-CoV-2 transmission risk. These strategies include, but are not limited to, screening every person upon entry for fever and symptoms of COVID-19, maintaining separate and well-ventilated triage areas for patients with and without signs and symptoms of COVID-19, expanded access to triage telephone lines and enhanced cleaning procedures.

It also is essential to provide clear guidance about when to come and what to expect in the ED or clinics to prevent delays in accessing care for serious conditions as well as to make parents more comfortable coming to



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health care facilities.

## Question

Which measures need to be considered to address public concerns about potential exposure to SARS-CoV-2 in the ED?

- A. Temperature and symptom screening upon entry
- B. Expanded access to triage telephone lines
- C. Enhanced cleaning procedures
- D. Maintaining separate and well-ventilated triage areas
- E. All of the above

**Answer:**E

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