

51.0% vs 58.9% [$P = .34$]; 75.0% vs 56.2% [$P = .24$], respectively).

We believe that it is important to manage children with anaphylaxis based on the severity of symptoms and physical examination findings. Thus, it is imperative that clinicians recognize the early signs of severe and potentially fatal anaphylactic reactions (eg, upper airway obstruction, severe bronchospasm, cardiovascular collapse) and to initiate prompt treatment to prevent sequelae.³ However, we also propose that for patients with anaphylaxis and a history of asthma who do not have severe reaction features, decision-making about the need for prolonged observation or hospitalization should not be made solely based on a history of asthma. Finally, we reinforce that before our findings can be applied in clinical care, they require further validation to accurately assess and account for clinical features that may affect anaphylaxis severity, including history of asthma and asthma control status.

Timothy E. Dribin, MD

Division of Emergency Medicine
Cincinnati Children's Hospital Medical Center
Department of Pediatrics
University of Cincinnati College of Medicine
Cincinnati, Ohio

Kenneth A. Michelson, MD, MPH

Division of Emergency Medicine
Boston Children's Hospital
Department of Pediatrics
Harvard Medical School
Boston, Massachusetts

Yin Zhang, MS

Division of Biostatistics and Epidemiology
Cincinnati Children's Hospital Medical Center
Cincinnati, Ohio

David Schnadower, MD, MPH

Division of Emergency Medicine
Cincinnati Children's Hospital Medical Center
Department of Pediatrics
University of Cincinnati College of Medicine
Cincinnati, Ohio

Mark I. Neuman, MD, MPH

Division of Emergency Medicine
Boston Children's Hospital
Department of Pediatrics
Harvard Medical School
Boston, Massachusetts

<https://doi.org/10.1016/j.jpeds.2020.05.046>

Funded by the Boston Children's Hospital House Officer Award. The authors declare no conflicts of interest.

References

1. Summers CW, Pumphrey RS, Woods CN, McDowell G, Pemberton PW, Arkwright PD. Factors predicting anaphylaxis to peanuts and tree nuts in patients referred to a specialist center. *J Allergy Clin Immunol* 2008;121:632-8.e2.
2. Expert Panel Report 3 (EPR-3): guidelines for the diagnosis and management of asthma—summary report 2007. *J Allergy Clin Immunol* 2007;120(5, suppl):S94-138.
3. Campbell RL, Li JTC, Nicklas RA, Sadosty AT. Emergency department diagnosis and treatment of anaphylaxis: a practice parameter. *Ann Allergy Asthma Immunol* 2014;113:599-608.

Children of frontline coronavirus disease-2019 warriors: our observations



To the Editor:

We read with interest the article by Jiao et al discussing the behavioral and emotional impact on children and adolescents imposed by the 2019 novel coronavirus disease (COVID-19) pandemic.¹ Here we intend to share our personal observations regarding the difficulties and challenges faced by the children whose parents are frontline “warriors” against COVID-19.

Apart from the effects of protracted school closure, sudden changes in their daily routine, and a sedentary lifestyle, similar to other children, children of frontline COVID-19 workers are going through unique experiences. The concept of nuclear families in recent decades already threatens the mental well-being of children, where parental duties in hospitals and subsequent quarantine of their parents make them feel deserted. Although doctors know that children are probably the least physically affected group, a fear of transmitting the virus to their children is lurking in their minds, which may prevent them from interacting with their children.² Children less than 3 years of age who are dependent on their mothers for breast milk and other activities of daily living pass their lives in torment. Although, as a positive effect of lockdown, most children are getting more time to mingle with their parents, the story of the children of frontline COVID-19 warriors is different.³ Young children may not understand why their parents are not returning. Older children and adolescents with more mature thinking may offer respect toward their parents for being involved in the fight against the deadly COVID-19. Incidences of eviction from homes or discrimination against their medical professional parents⁴ creates a sense of insecurity, fear, and vulnerability among children—this may lead to long-term consequences of anger, aggressiveness, and disrespect toward society at large.

Experts have recommended strategies to combat the psychological toll of COVID-19 among children in general.⁵⁻⁷ In addition, we hope that government and society will be compassionate about the children of frontline workers at this critical period of time. Most important, we ourselves need to take care of our own children at this time.

Souvik Dubey, MBBS, DMRT, MD (Medicine), DM (Neurology)

Department of Neuromedicine
Bangur Institute of Neurosciences
Institute of Post Graduate Medical Education and Research &
SSKM Hospital
Kolkata, West Bengal, India

Mahua Jana Dubey, MBBS, DGO, MD

Department of Psychiatry
Behrampore Mental Hospital
Behrampore, Mushridabad, West Bengal, India

Ritwik Ghosh, MBBS, MD

Department of General Medicine
Burdwan Medical College and Hospital
Burdwan, West Bengal, India

Subhankar Chatterjee, MBBS, MD

Department of General Medicine
Rajendra Institute of Medical Sciences
Ranchi, Jharkhand, India

<https://doi.org/10.1016/j.jpeds.2020.05.026>

We acknowledge the enormous sacrifice of our children and family that gives us the strength to continue our tireless effort to combat this pandemic.

The authors declare no conflicts of interest.

References

1. Jiao WY, Wang LN, Liu J, Fang SF, Pettoello-Mantovani M, et al. Behavioral and Emotional Disorders in Children during the COVID-19 Epidemic. *J Pediatr* 2020;221:264-6.e1.
2. India Today. Coronavirus: doctor returns home, breaks down after stopping son from hugging him. Emotional video. 2020. www.indiatoday.in/trending-news/story/coronavirus-doctor-returns-home-breaks-down-after-stopping-son-from-hugging-him-emotional-video-1660624-2020-03-28. Accessed April 30, 2020.
3. Ghosh R, Dubey MJ, Chatterjee S, Dubey S. Impact of COVID-19 on children: special focus on psychosocial aspect. *Minerva Pediatr* 2020;72:226-35.
4. The Guardian. Indian doctors being evicted from homes over coronavirus fears. 2020. www.theguardian.com/world/2020/mar/30/indian-doctors-being-evicted-from-homes-over-coronavirus-fears. Accessed April 30, 2020.
5. Lee J. Mental health effects of school closures during COVID-19. *Lancet Child Adolesc Health* 2020;4:421.
6. Wang G, Zhang Y, Zhao J, Zhang J, Jiang F. Mitigate the effects of home confinement on children during the COVID-19 outbreak. *Lancet* 2020;395:945-7.
7. Dalton L, Rapa E, Stein A. Protecting the psychological health of children through effective communication about COVID-19. *Lancet Child Adolesc Health* 2020;4:346-7.

Reply



To the Editor:

Dubey et al bring attention to the emotional and other difficulties of family members of the medical staff,

especially those serving in the front line of the coronavirus disease-2019 battle. This demonstrates that these difficulties, if left untreated, may bring about significant stress and emotional difficulties to both medical employees and their families.

A recent survey among physicians working in coronavirus disease-2019 departments in Israel demonstrated significant difficulties, such as burnout, anxiety, and depression; one of the major concerns was transmission of the infection to high-risk family members.

We believe that this matter may provoke initiatives to establish and organize peer support to the staff and their families, regular sessions of discussions with the staff members to help them to cope with their difficulties, and also to instruct them how to address the concerns, fears, and emotional difficulties of their family members. These measures may prevent further burnout and decreased motivation of the staff, mitigate absenteeism, and build resilience. We should also aim to create a sense of pride in both the medical personnel and their families regarding their central role in the "corona fight."

Massimo Pettoello-Mantovani, MD, PhD

Department of Pediatrics
Scientific Institute "Casa Sollievo della Sofferenza"
University of Foggia
Foggia, Italy

European Pediatric Association (EPA-UNEPSA)
Union of National European Pediatric Societies and
Associations
Berlin, Germany

FuYong Jiao, MD

Children's Hospital
Shanxi Provincial People's Hospital of Xian
Jiatong University
Xian, P.R. China

Eli Somekh, MD

European Pediatric Association (EPA-UNEPSA)
Union of National European Pediatric Societies and
Associations
Berlin, Germany

Department of Pediatrics
Mayanay Hayeshuah Medical Center
Bnei Brak and the Sackler
School of Medicine, Tel Aviv
University, Israel

<https://doi.org/10.1016/j.jpeds.2020.05.025>

The authors declare no conflicts of interest.