



Reference(s) of the Week

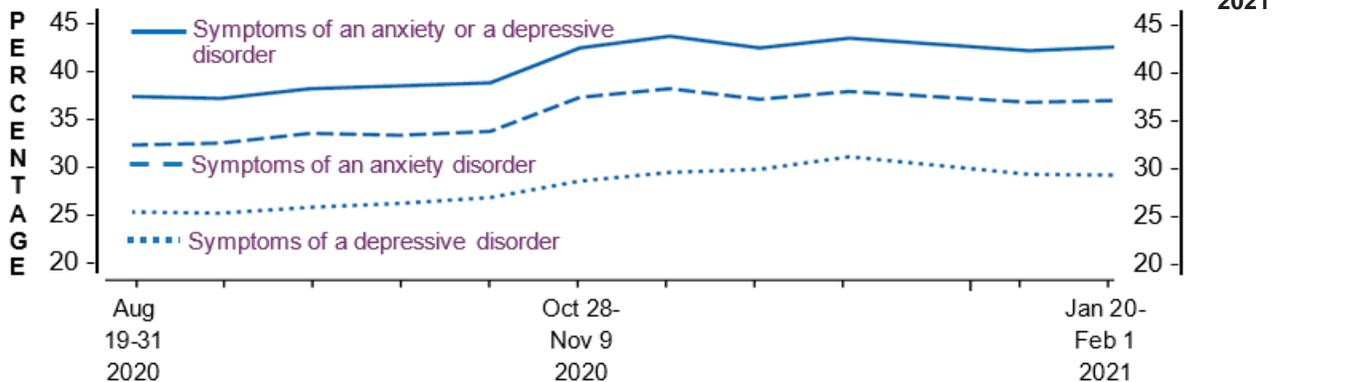
- Vahratian A. Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021. MMWR. 03.26.2021;70.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e2.htm?s_cid=mm7013e2_x_pdf

Premise/Methods: **1.** Outbreaks of transmissible diseases cause fear and grief; social restrictions lead to isolation and unemployment; and the sheer magnitude of pandemic effect increases the risk of mental health problems. **2.** The CDC conducted the Household Pulse Survey (HPS) to determine the extent that adults are experiencing anxiety and depression and those who sought mental health services. **3.** HPS is a rapid-response online survey using a probability-based sample design to measure the social and economic impact of the COVID-19 pandemic on U.S. households.

Findings: **1.** The HPS captured data from 790,633 respondents from 08/19/2020 – 02/01/2021. **2.** The percentage of adults who had symptoms of an anxiety or a depressive disorder during the past 7 days and those with unmet mental health needs during the past 4 weeks increased significantly from August 2020 to February 2021, with the largest increases among those aged 18–29 years and those with less than a high school education. **3.** More than 40% of adults \geq 18 years experienced symptoms of an anxiety or a depressive disorder during the past 7 days and 25% of those who experienced these symptoms reported they needed but did not receive counseling or therapy for their mental health. **4.** The trends in symptoms of an anxiety or a depressive disorder indicate an increasing prevalence over time and tend to parallel pandemic trends.

Percentage of adults aged \geq 18 years with symptoms of anxiety disorder, depressive disorder, or anxiety or depressive disorder during past 7 days, by data collection period — Household Pulse Survey, United States, August 19, 2020–February 1, 2021



Deaths of despair – suicide, drug related deaths, and alcoholism – were problematic before the pandemic and the current uptick in mental health symptoms is worrisome in light of the recent past.

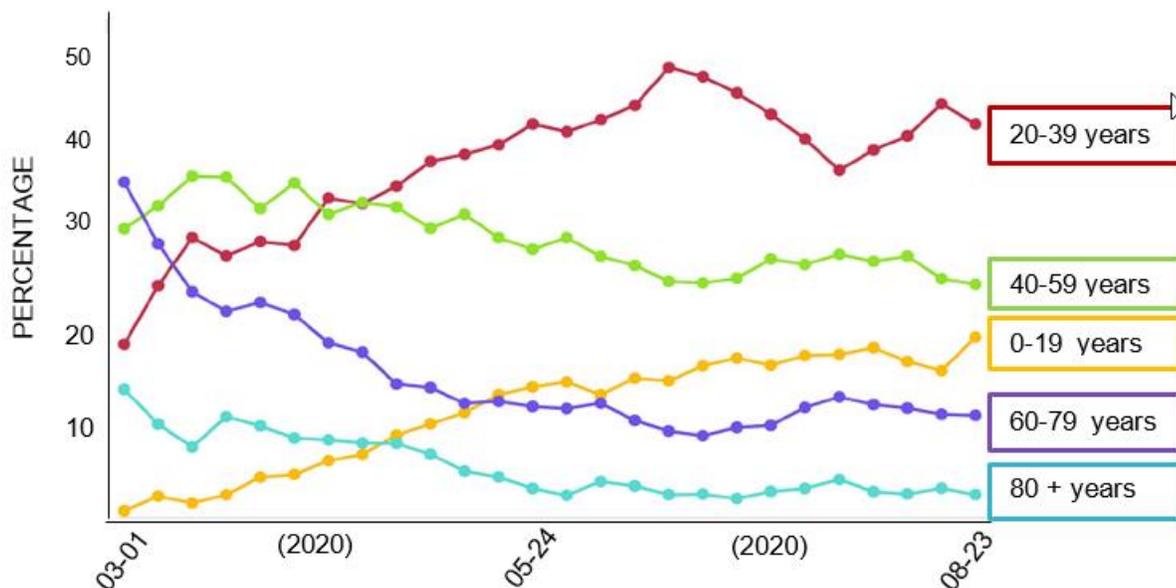
Other References:

- Malmgren J. Continued proportional age shift of confirmed positive COVID-19 incidence over time to children and young adults: Washington State March–August 2020. PLoS ONE. 03.24.2021; 16(3). <https://doi.org/10.1371/journal.pone.0243042> pdf
- Premise/Methods:** **1.** In Washington state, lifting of mitigation restrictions resulted in a plateau of positive cases but continued reduction in hospitalization and deaths suggesting a shift in infections to younger age groups. **2.** A longitudinal cohort analysis of Washington State Department of Health COVID-19 was assessed to determine confirmed case age distribution over time. **3.** The analysis was performed from March 1, 2020 forward when local testing became available, testing capacity increased, and was no longer restricted to hospitalized symptomatic patients. **4.** Chi square tests were used to compare the observed proportions of positive COVID-19 tests by age to determine if there is statistically significant difference over time at the $p = .05$ level.

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Findings: 1. The age distribution percentage of positive cases from 03/01 – 08/23/2020 (n = 76,032) changed significantly over time:



2. The 0-19 and 20-39 year age groups have a persistently high percentage of infections but are not at risk of hospitalization compared to the older age groups. **3.** The younger age groups are capable of transmitting infection and in the case of the younger cohort at risk of MIS-C. **4.** The concern is that the reservoir of infection did not diminish during relaxation of restrictions just shifted to the younger age groups where disease tends to be asymptomatic or mild – but still transmissible.

- Avouac J. COVID-19 outcomes in patients with inflammatory rheumatic and musculoskeletal diseases [RMD] treated with rituximab: a cohort study. *Lancet-rheumatology*. 03.25.2021. [https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913\(21\)00059-X/fulltext](https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(21)00059-X/fulltext) pdf

Premise/Methods: 1. Earlier studies during the pandemic suggested that patients with inflammatory rheumatic and musculoskeletal diseases did not have a higher risk of hospitalization or death compared to individuals without these diseases. **2.** Earlier studies of patients receiving rituximab, a monoclonal antibody that targets CD20 B-cells, for other disorders suggested that their outcome was less favorable with COVID-19. **3.** This is a French multicenter study drawing data from the RMD COVID-19 cohort of patients 18 years and older. **4.** The primary outcome was to compare the severity of COVID-19 in patients with inflammatory rheumatic and musculoskeletal diseases treated or not treated with rituximab.

Findings: 1. The records of 1090 patients were assessed: mean age, 55 yrs; 734 (67%) were female; and 756 (69%) had a co-morbidity. **2.** Rituximab patients: 63 (6%); 31 (49%) rheumatoid arthritis; 11 (17%) ANCA-associated vasculitis; and 7 (11%) systemic sclerosis. **3.** Patients who received rituximab were more likely to be male, with older age, and higher prevalence of comorbidities and corticosteroid use than those who did not receive rituximab. **4.** Rituximab and COVID-19 outcomes: after adjusting for potential confounding factors severe disease was confirmed as more frequent in the rituximab group than in the no rituximab group; there were more deaths in the rituximab group but did not reach significance (21% vs 7%); and hospital LOS was markedly longer in the rituximab group.

The authors cite many limitations to their study but the concept that B-cell depletion and reduced antibody production can result in more severe COVID-19 disease is consistent with their findings and those of other authors. Whether these findings apply to rituximab use in pediatric disorders (hematologic/oncologic disorders, autoimmune disease) is unknown.

- Hartert TV. PATIENT EDUCATION / **INFORMATION SERIES:** What Are COVID-19 Vaccines? *Amer J of Resp and Crit Care Med*. 03.24.2021. <https://www.thoracic.org/vaccine-resource-center/covid-19-vaccination-materials/patients.php> pdf
This is a very helpful handout for families from the American Thoracic Society.



- Griffith J. COVID-19 vaccine hesitancy in Canada: a content analysis of Tweets using the Theoretical Domains Framework. *Journal of Internet Research*. 03.26.2021. <https://preprints.jmir.org/preprint/26874/accepted.pdf>
Premise/Methods: **1.** The WHO states that one of the worst threats to global health is vaccine hesitancy and it is incumbent upon the health care community to determine the root cause(s) of hesitancy. **2.** Emerging international evidence on COVID-19 vaccine hesitancy suggests a range of reasons: safety and efficacy of the vaccine, political or pharmaceutical mistrust, preference for natural immunity, and belief that the virus is mild or not life-threatening. **3.** The Theoretical Domains Framework (TDF), a behavior change framework, was used to identify the barriers and facilitators of vaccine hesitant behavior. **4.** Twitter was chosen for real-time data capture because it offers a public repository of monographs (Tweets) at a specific point in time and in a specific geographic area.
Findings: **1.** 22% or 3,915 Canadian Tweets were screened for eligibility and 605 met the study criteria relating to COVID-19 and vaccines. **2.** Tweets were grouped into major themes: 48% safety; 32% skepticism about political motivation; 26% identified a lack of knowledge; 8% distrust of authority figures; 4% medical legacies; and 3% legal liability. **3.** These themes were categorized into five TDF constructs: knowledge, beliefs about consequences, environment context and resources, social influence, and emotion. **4.** To thwart vaccine hesitancy all constructs need to be addressed – note that racial stratification was not possible and community context is important with regard to individual beliefs.
- Darko J. Addressing the elephant in the room: COVID-19 vaccine hesitancy in Black and Asian communities. *British Journal of General Practice*. 2021;71(705):170. <https://bjgp.org/content/71/705/170.pdf>
Commentary: **1.** People of Black and Asian ethnicity have faced higher diagnostic rates, higher intensive care admission rates, and ultimately higher death rates compared to the White population. **2.** Action in Great Britain to address the growing prevalence of COVID-19 vaccine hesitancy in Black and Asian communities appears to be feeble. **3.** It is evident that vaccine hesitancy is yet another symptom of the pathology of historical marginalization, structural racism, systematic discrimination, and under-representation in health research. **4.** Only widespread structural change will build trust in minority communities. *Unfortunately, we face similar problems in the United States. Trust is not simply a matter of historical wrongdoings but our failure to address systemic discrimination and racism today, in this moment, and with conviction.*

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