

Post COVID-19 WAR, Situations Focused on Children and Young People

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The COVID-19 pandemic era might be passed, with more than 650million contaminated and 6.7 million subjects already died; because of successful mutation and manipulations of the Coronaviruses' sins in 2019 and counting. However, there are different (un-)known causes, which did result in a significant decrease in the death rate, with no obvious main reason being described yet. Moreover, how Coronavirus mutated into COVID-19 superbugs attentive on children and young people is not completely elucidated yet. The COVID-19 variants mutation is currently top of the list of the world's concerns, according to the latest research from different Scientific study groups, with 35% saying it is one of the biggest social and political issues, that ever happened [1-5].

Children could be said to be an important subject cohort of the society, who are mainly followers of all described/accommodated rules and routines introduced by the parents, general practitioners, and/or the local medical authorities. Children health and diseases, during acute and emergency situations, were however regulated in an introduced obligatory manner. Having no choice, whatsoever, to avoid any (harmful-) prescribed procedures. Hence, adults and major decision-makers should be very careful with their recommendations and regulation, at the end of the day. The children are the future and next generation, who might significantly be affected by new emerging COVID-19 superbugs, eventually. In 5 minutes presentation by Dr. Kerkhove M. some questions were answered that might be interesting to mention and study i.e.

- Are the COVID-19 symptoms different in children?
- Do the new variants impact them differently?
- What can be done to keep children safe?

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The WHO's expert Dr. Maria Van Kerkhove explained that children contrary to adults show not three important aspects of contracted subjects [5] and these include:

1. The severity of the disease's progression after infection
2. Symptomatic transmission is not observed, and
3. COVID-19 variants are not targeting children specifically.

This paper is mainly focused on describing the COVID-19 pandemic problem(s) focused on children, and not solving them. Some suggestions were published in the last three years, which have also been globally introduced to schools to prevent the potential transmission of both old and new COVID-19 variants, between children i.e., keep distance, wash your hand, elbow tactic and avoid crowd/ school whenever it would be possible.

The sincere question remains why? and how have some children died from COVID-19 in the last three years? The UNICEF data is showing that almost 1% of dead subjects were children. Among the 4.1 million COVID-19 deaths reported in the MPIDR COVerAGE database, 0.4% (over 16,100) occurred in children and adolescents under 20 years of age. Of the over 16,100 deaths reported in those under 20 years of age, 53% occurred among adolescents ages 10–19, and 47% among children ages 0–9. Another sincere question is “do some pathologic factors exist in some children, which aggravate the risk of an increased mortality and morbidity rate in certain children? If yes, which factors? Common side effects like a sore arm from the injections, feeling tired, temporary headache, feeling achy, mild flu-like symptoms chills; muscle and joint pain, redness or swelling where the shot was given; fever; swollen lymph nodes; nausea and vomiting also in different studies reported as well from 2019. As research question could be probed “why the children died while they were asymptomatic? Why the children in early phases were not vaccinated while about 1% died from asymptomatic infections? Why one should not estimate the aggressiveness of the different COVID-19 superbugs, appropriately. Did Scientists have not appropriate tools? Could Immunologists/Virologists/Microbiologists (who are trained for estimation of such processes) develop any assessment study program to prevent asymptomatic disease progression in children, from 2019? Or not? Most aspects of severity progression after COVID-19 infections namely Delirium was not reported among children globally. Though increasing reports of post-COVID-19 delirium, prolonged cognitive impairment, and even seizures were emerging, demonstrating a likely neurotropic component of the COVID-19 viruses [6]. Although, the pathophysiological mechanism in different patients specifically in children is not elucidated completely. Recall, if experts are to believe, children do not show the most COVID-19 variants' damages, which in adults were/are occurring. Different intriguing questions rising about the pathophysiology and potential mechanisms, which tickled our group's interest. It is a question to everyone that, whether the children are:

1. Not able to absorb the virus?
2. able to prevent?
3. have a very strong immune system, to cover symptoms? or

4. COVID-19 variants in children go to a dormant state.

In 2023, the so-called Post COVID-19 era, everyone is going to observe new variants with no vaccines specifically developed for a certain age (children between 0 to 5 and/or 6 up to 12 etcetera), which the most important processes like proliferation, bone growth, and cells' differentiations are occurring in a physiologic manner, in children. One is observing that almost all Scientists and inventors have given up the hope to tackle COVID-19 superbugs, either old or new variants, on the other hand. In addition, there is no action and/or reaction in a determined method with a standard strategy against ongoing mutations of the COVID-19 superbugs. Globally, all scientists are in a waiting attitude and hope that collateral damages be soft and safe, astonishingly. In 2050 will be clear what happened to our children and the next generation, who was born after 2020.

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