

US pediatric hospitals face massive crisis due to COVID and other respiratory viruses

Emma Arceneaux
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An emergency situation has unfolded across the United States over the last two months as pediatric hospitals have filled to capacity due to a surge of multiple respiratory viruses. In response, virtually no alarm has been raised by the corporate media or political establishment.

This crisis is unfolding following the reopening of K-12 schools, under conditions where all COVID-19 mitigation measures have been dropped following the latest anti-scientific guidelines from the Centers for Disease Control and Prevention (CDC). These include ending universal masking in hospitals, in line with President Joe Biden's declaration that the pandemic is "over."

Major cities including Chicago, New Orleans, Seattle and Austin have reported bed and staff shortages, while anecdotal reports on social media from health care workers and patients have come from every region of the country.

The physician-in-chief of University of Chicago Medicine Comer Children's Hospital, Dr. John Cunningham, told the *Chicago Tribune* that hospitalizations have "skyrocketed since school started." He added, "This is the most challenging period we've experienced since March 2020."

Earlier in September, Illinois health officials warned that "Most (pediatric intensive care units) in our state are already at or near full-capacity, making inter-facility transfers more difficult."

Last week, local news reported that only 11 staffed pediatric ICU beds were available for the entire Austin, Texas region, which includes 11 different counties.

Dr. Mark Kline, physician-in-chief at Children's Hospital New Orleans, stated this week, "We've got a full house. We stay at capacity." He noted that children's hospitals across the south, including in Birmingham and Atlanta, were also full.

While ABC News reported on this crisis Friday, as of this writing major newspapers, including the *New York Times* and *Washington Post*, have yet to do so. This is in keeping with their record throughout the COVID-19 pandemic of downplaying the dangers of viral transmission posed to children and the broader public.

The hospitalizations are currently driven by a number of respiratory viral infections, including rhinovirus and enterovirus, respiratory syncytial virus (RSV), influenza and COVID-19. The surge, which is the direct result of the abandonment of all COVID-19 mitigation measures in schools and other public places, threatens to worsen over the coming weeks and months, as cool weather sets in and people spend more time indoors in poorly

ventilated spaces.

On September 9, the CDC issued an advisory to health care providers about rising hospitalizations for severe respiratory illnesses in children, particularly warning about an increase in the percentage of children testing positive for enterovirus D68 (EV-D68), a type of non-polio enterovirus that can lead to a neurological condition in children called acute flaccid myelitis (AFM).

AFM, a paralytic condition similar to polio, affects the spinal cord and causes symptoms such as sudden arm and leg weakness, loss of reflexes and muscle tone, facial drooping, and difficulty swallowing and speaking. There is no specific treatment for AFM, and the Children's Hospital of Philadelphia notes that while most patients "regain some strength over time, many do not recover fully."

A study published by the CDC on September 27 documented a months-long increase in acute respiratory illness in children associated with rhinovirus and enterovirus, including EV-D68, as well as asthma/reactive airway disease (RAD). The report noted that the last outbreak of EV-D68 was in 2018, with viral circulation remaining at low levels during the pandemic while mitigation measures were in place.

The report shows an alarming surge in EV-D68 positive tests among children who received medical care for acute respiratory illness since July, reaching nearly 60 percent of those who had a confirmed rhinovirus/enterovirus infection in mid-August. During this same period, pediatric hospital visits among ages 0-4 for asthma/RAD also surged, surpassing all years from 2018-2021.

While the CDC states that AFM is rare, during an outbreak of EV-D68 in the US in 2014, about 10 percent of reported cases developed the condition. As of September 28, the CDC has confirmed 19 cases of AFM since the start of 2022.

The surge in viral illness among children leading to hospitalization is an emergency that requires immediate and far-reaching resources. Not only is a dangerous assortment of viruses spreading at once among the pediatric population, but pediatric hospital capacity has been slashed over the course of two decades.

A damning article in *Health Affairs* from June 2022 by Drs. Scott D. Krugman and Daniel Rauch, former directors of pediatric departments which have since closed at Sinai (Baltimore) and Tufts (Boston), noted that between 2002 to 2011, more than 2,300 pediatric beds were eliminated across the US because pediatric medicine is not "profitable" for hospital systems.

A 2021 study by the American Academy of Pediatrics (AAP) found that between 2008 and 2018, pediatric inpatient units decreased by 19.1 percent and pediatric inpatient beds decreased by 11.8 percent. Over this time, one-quarter of US children experienced an increase in distance to the nearest inpatient unit. So far in 2022 alone, hospitals in Boston, Richmond, Tulsa and Baltimore have closed entire inpatient pediatric units.

This has created the situation where, during a surge of viral transmission, parents across the US are struggling to find care for their sick children. Hundreds of parents and health care workers have commented in response to a Twitter post by pediatrician Dr. Maya Maxym noting that “CHILDREN’S HOSPITALS ARE OVERFLOWING.”

One parent responded, “I’m a parent of a kid with cancer who just spent two nights sleeping on the floor of a windowless exam room because all the inpatient rooms were full, so yes, I have noticed!”

A nurse in Washington D.C. stated, “UM YES!! Our Emergency Department has been packed every day and night with usually 5+ hour wait times or more on average. What the hell is going on??? I can’t even imagine what respiratory season is going to look like if it’s already this bad now!”

Though the recent surge in pediatric hospitalizations has been attributed mainly to viruses other than SARS-CoV-2, which causes COVID-19, COVID remains a serious and ongoing threat. The current seven-day average for daily pediatric COVID-19 hospital admissions stands at 168, according to the CDC. In total, nearly 160,000 children have officially been admitted for the virus, 38,000 of whom have been admitted just since May of this year. Likely over 2,000 children have died from COVID-19, though there has been widespread data manipulation by the White House and CDC, including through the reduction in testing and reporting and by cynically differentiating between hospitalizations and deaths “with COVID-19” versus “from COVID-19.”

Despite an effort to downplay the role of COVID-19 in the current crisis, the rapid rise in hospitalizations cannot be understood as separate from the ongoing pandemic. Officials have acknowledged that the dropping of mitigation measures, including mask mandates, social distancing and remote learning, have created conditions that allow for the transmission of other respiratory viruses. Further, the impact of prior COVID-19 infections upon the pediatric population cannot be overlooked as contributing to children’s susceptibility to illness from other viral infections.

In a recent Twitter thread on this subject, Dr. Lisa Iannattone pointed to the known damage that COVID-19 can cause to the immune system and to known persistent lung damage in children caused by even “mild” infections, both of which could contribute to the rise in pediatric hospitalizations for common viruses. Back in May, researchers estimated that 70 percent of US children had been infected with COVID-19 at least once, a figure which has certainly increased over the past four months.

Dr. Iannattone also noted that in the case of the 2002 SARS1 outbreak, “mild” acute illnesses in children were associated with persistent lung perfusion (circulation) issues, which recovered slowly over 3 years and not to full capacity. Regarding the

ongoing mass and repeated infection of the population, she asked, “With SARS2, how will kids’ lungs recover if the plan is to let them catch it again and again?”

The full impact of a single COVID-19 infection remains unknown, and it is understood that recurring infections have a cumulatively damaging effect. At the same time, new studies are published regularly on the far-reaching impact of long-COVID on children, including brain damage and increased risk of heart disorders, blood clots, kidney failure and Type-1 diabetes. The repeated infection of children has been rightly described by workers and parents as a criminal mass experiment on an entire generation.

There is widespread opposition to the homicidal pandemic response dictated by the ruling class and its representatives in the political establishment. The hashtag #BringBackMasks was trending this week on Twitter, indicative of the ongoing support for public health measures despite Biden’s criminal claim that the pandemic is over and that “everyone seems to be in pretty good shape.”

However, masks alone will not prevent a surge in COVID-19 or other illnesses. All available public health measures, including high quality masks and respirators, the renovation of all public spaces and schools to have proper ventilation and filtration, mass testing, rigorous contact tracing, and targeted lockdowns with financial assistance provided to all workers, must be implemented to prevent another deadly wave of COVID-19 and other airborne viruses this winter, including many respiratory viruses such as RSV, influenza, enterovirus and rhinovirus.

The urgent resources needed for these measures are instead being funneled to the limitless military budget and the war against Russia in Ukraine, while public schools, public health systems and critical infrastructure are crumbling. On Thursday, as Florida was being pummeled by Hurricane Ian, senators approved a stopgap spending package that allocated another \$12 billion for the war in Ukraine and only \$2 billion for natural disaster relief.

There can be no illusions placed in any section of the American political establishment to address this crisis in a meaningful way. For two-and-a-half years both the Democrats and Republicans have demonstrated their total indifference to human life by refusing to bring the pandemic under control, with 1.1 million Americans dead as a result.

Ending the pandemic and preventing the unnecessary spread of transmissible diseases requires a political fight against capitalism and the reallocation of society’s resources to meet human needs on a globally coordinated basis, i.e., the struggle for socialism.



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