Owa and Owa inquired about the serologic tests of the 3 neonates and the treatment of neonates with COVID-19. The serologic tests for SARS-CoV-2 were not available until the end of February 2020. Currently, only 6 infected neonates have been reported in China. Four mildly infected neonates improved with primary care. Of 2 critical cases in China, 1 was the third patient in our article, and another neonate with congenital heart disease (6.9-mm atrial septal defect) presented with pneumonia and cardiac insufficiency. The neonate improved rapidly with antibiotics, inotropic therapy, and fluid management. None of the infected neonates received antiviral therapy.

Verd et al raised the issue of whether mothers with COVID-19 should continue breastfeeding. Viral nucleic acid for SARS-CoV-2 has not been detected in breast milk thus far. However, the neonates born to an affected mother are at great risk of COVID-19 owing to close contact and should be separated from mothers and fed by formula initially. As our protocol suggested, the isolated mothers should keep pumping to maintain breast milk. Considering the virus may be excreted into the milk during the incubation period, donor milk and breast milk can be considered for use after being screened for SARS-CoV-2.1

Mimouni et al questioned the criteria used to diagnose COVID-19 pneumonia. In our study, 3 neonates with COVID-19 had not been reported in other cohorts before publication. Patients 1 and 2 were born February 3, 2020, and February 5, 2020, respectively. Patient 1 was admitted to the neonatal intensive care unit owing to lethargy and fever (37.6 °C) at day 3 of life (February 5, 2020). His procalcitonin level (PCT) was 0.090 ng/mL (normal range, ≤0.05 ng/mL). Patient 2 experienced lethargy, vomiting, and fever (37.7 °C) at day 3 of life (February 5, 2020). His procalcitonin level (PCT) was 20.74 pg/mL in newborn 4; 1 died of multiple organ failure. These elevated inflammatory markers may be associated with the maternal COVID-19. Therefore, the infants with COVID-19 or born to affected mothers have been followed up in our clinic.

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CORRECTION

Errors in Table: In the Research Letter entitled “Screening and Severity of Coronavirus Disease 2019 (COVID-19) in Children in Madrid, Spain,” there were 2 errors in the Table. In the row “No” under “Underlying disease,” “25 (41)” should be “25 (61).” In the row “No/community transmission,” “25 (41)” should be “30 (73).” This article was corrected online.


Error in the Abstract and Results Section: In the Original Investigation titled “Association Between State-Level Criminal Justice–Focused Prenatal Substance Use Policies in the US and the Substance Use–Related Foster Care Admissions and Family Reunification,” which published online May 18, 2020, there was an error in the Abstract and Results section. The groups compared with regard to the chances of family reunification were incorrect. The sentences should state that Non-Hispanic black children who live in a state that has adopted criminal justice–oriented policies had a lower chance of reunification with a parent than non-Hispanic black children who live in a state that has not adopted those policies. This article was corrected online.