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hospital during the quarantine restrictions period. As we reported in our study, the outpatient visits were about one-quarter during the period. Daily hospitalizations also declined to about one-half, as shown in Figure 1 of our report. Based on the major admitting diagnoses of hospitalized children, we calculated the rate of each admitting reason in all admissions before and after January 25, 2020, and using the change rate (CR = rate in all admissions after the outbreak/rate in all admissions before the outbreak) to show changes of reasons for hospitalization during the pandemic under rigorous epidemic control measures. We use the CR <0.5 to identify decreased reasons for hospitalization and use CR >3 to identify increased reasons for hospitalization. We also used the total admissions number before pandemic >10 to filter inhibited reasons and total admission number after outbreak >10 to filter stimulated reasons to exclude the effects of rare sporadic diseases. We identified the most changed reasons for admission in our hospital, as shown in Figure 2 of our report. As expected, and supported by our previous study and the data from the study by Akcaboy et al, the prominent decline was hospitalizations for infections. However, there is one contradictory result in comparing the studies. Juvenile idiopathic arthritis as the reason for admission declined (CR = 0.33) in our data, although the outpatient visit numbers increased (CR > 4 in all 3 subtypes of juvenile idiopathic arthritis, but the total visiting number was <120 in our study). Figure 2B, in our report also shows that the diagnoses for hospitalization that increased during COVID-19 were not associated with that increased in the same diagnoses in outpatients.

Unlike outpatient visits, hospitalization is influenced by more factors, such as the limitation of beds, willingness to accept patients before the Spring Festival long vacations, deferred of operations and follow-up visits after the Spring Festival, and administrative policies during the quarantine restrictions period. Although there are many consistencies between the findings of Akcaboy et al and ours, their significant increase in hospitalization due to intoxications by drugs was not observed in our data (3 cases in this year and 1 case last year). This can be explained partially by the strict drug administration policy in China. Although the incidence of injuries leading to hospitalization increased compared with the historical data, our system did not record whether injuries were the result of accidents or suicide attempts. Causation aside, prevention of injury is crucial, especially when the period of risk is lengthy, such as with the COVID-19 pandemic.

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Willingness of parents to vaccinate their children against influenza and the novel coronavirus disease-2019



To the Editor:

Goldman et al showed a 15.8% increase in parents' willingness to vaccinate their children against influenza after the coronavirus disease 2019 (COVID-19) pandemic.¹ Herein, we report results of an online survey disseminated to adults living in Kuwait between August 26 and September 1, 2020 (n = 2368; 1038 participants with children aged <18 years). The survey collected information on parents' willingness to vaccinate their children against influenza and COVID-19 once a vaccine is available, and the child's prior uptake of influenza vaccine. In total, 17.6% of parents (183/1038) reported that their children have received the influenza vaccine in the last influenza season. Such an uptake is substantially lower than influenza vaccine coverage of 63.8% among US children in the 2019-2020 season.² Of the participating parents, 33% (342/1038) indicated that they definitely/probably will vaccinate their children against influenza in the coming influenza season (Figure, A) hence representing a 15.4% increase in comparison with uptake in the last season. Moreover, parents' intention to vaccinate their children against influenza in the coming season was higher among those who vaccinated their children in the last influenza season compared with those who did not (Figure, A). These observations are similar to those reported by Goldman et al.¹

Moreover, 44.2% of the participating parents (459/1038) indicated that they will definitely/probably vaccinate their children against COVID-19 once a vaccine is approved and available (Figure, B). This estimate is lower than a previously reported estimate of 70%.³ Parents who vaccinated their children against influenza were more willing to vaccinate their children against COVID-19 (Figure, B). Overall, our results show a low willingness of parents to vaccinate their children against influenza and COVID-19, and prior influenza vaccine uptake is related to greater willingness. Public health strategies are needed to increase parents' vaccine acceptance for their children.

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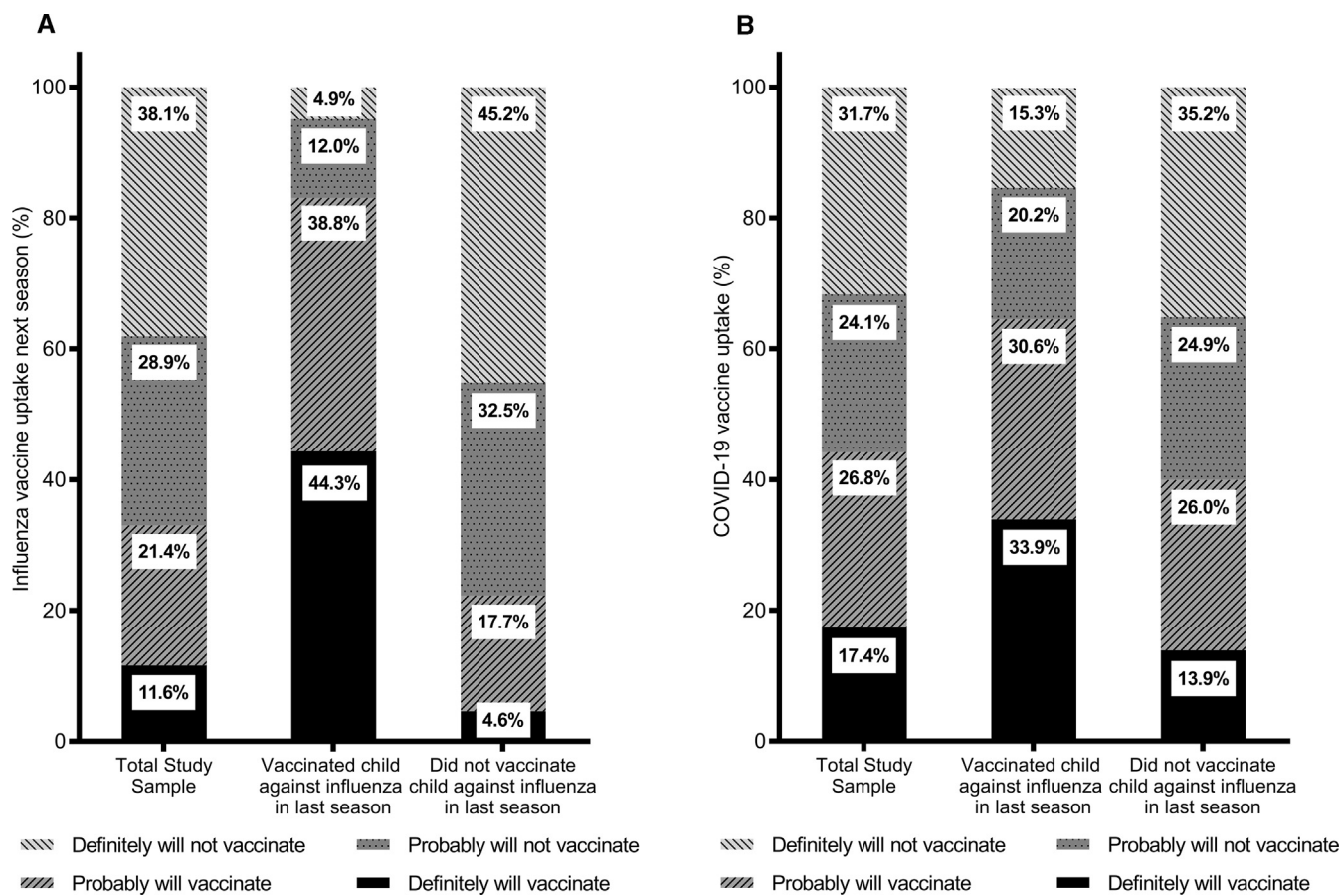


Figure. Willingness of parents to vaccinate their children against influenza and COVID-19 in the total study sample and stratified according to whether the child did/did not receive influenza vaccine in the last influenza season. **A,** Parents’ willingness to vaccinate their children against influenza in the coming influenza season. **B,** Parents’ willingness to vaccinate their children against COVID-19 once a vaccine is approved and available.

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Reply

To the Editor:

AlHajri et al surveyed 1038 parents to determine their willingness to vaccinate against influenza as well as a coronavirus disease-2019 (COVID-19) future vaccine.

Although AlHajri et al found a low rate of overall vaccine acceptance, compared with the global sample we recently reported, intent to vaccinate against influenza increased significantly for this coming season in both the online sample from Kuwait and our recent global sample. Further identifying those responding to their survey may help to elucidate the reasons for those differences.

We reported that 65% of our international sample of parents in pediatric emergency departments plan to vaccinate against COVID-19,¹ compared with 44.2% in the online sample from Kuwait. A recent history of vaccination against influenza was similarly associated with increased intended uptake, as well as children who were older, children with no chronic illness, when fathers completed the survey, children up-to-date on their

