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Foreword

New Clinical Responsibilities for All Physicians, Including Pediatricians



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When the COVID-19 pandemic demonstrated the ability and speed to cause enormous confusion, pain, and mortality, the medical profession was stunned. The speed and efficiency of this virus and vast expanse of symptoms suggested that most if not all our organ systems could be involved in the infection. The fact that those patients surviving an acute infection could live on with significant long-term, minor to major sequelae covering a wide variety of unpredictable symptoms has been all the more concerning.¹⁻⁴

Of interest (and offering considerable relief) to pediatricians across the globe, children appeared to be less likely to contract the disease or to suffer severe symptoms. In general, they seemed much less likely to develop severe illness compared with adults, especially adults over the age of 65 years.⁵

As the first year of the pandemic wore on, physicians in general, and perhaps pediatricians in particular, began to take solace from the facts that the medical profession was beginning to understand COVID-19 better and that progress with regard to effective vaccines was moving along quickly, leading to growing optimism that perhaps this would be a disease that could be stopped from spreading and ultimately eliminated. Earlier in 2021, there had been a growing sense that with the increased availability of effective vaccines not only among developed nations but also increasingly among middle-income nations that the pandemic might be soon coming to an end, or at least be “under control.”

Sadly, this optimistic trajectory was derailed in late spring and summer of 2021 when the Delta variant spread across the globe and established itself as substantially more virulent than its predecessors. The Delta variant rapidly became the most prevalent COVID strain across the globe. The variant is noteworthy for several reasons, including

higher rates of breakthrough among the vaccinated and substantially higher concentrations of the Delta strain of the virus compared with other COVID-19 strains in the nasal passages of vaccinated.⁶

The trajectory of the disease over the past 4 to 8 weeks with the Delta variant has made it clear that this path is not becoming a reality. Of particular importance is the observation that an increasingly higher proportion of hospitalized COVID-19 patients are young adults and even children aged less than 20 years.⁷

Therefore it is timely that this issue of *Pediatric Clinics of North America*, edited by Harpreet Pall and his colleagues from across the globe, in focusing on a wide array of pediatric gastrointestinal (GI) disorders, has identified many of those disorders that may result from or be exacerbated by COVID-19. The authors also describe COVID-driven changes in clinical practice, such as dramatically increased use of telemedicine, more intensive sterilization practices before and after GI procedures, and so forth, and how these changes may impact the health care of children. Given that COVID-19 is likely to remain a global pandemic that is impacting children, it is important that we take this into consideration as we train our current and future pediatricians, including but not limited to those whose professional focus is pediatric gastroenterology. Dr Pall and the authors who worked with him on this issue have done an excellent job balancing the new COVID-necessitated changes in GI practice with other breakthroughs in pediatric GI to bring us this very timely issue of *Pediatric Clinics of North America*.

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