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A contingency plan for the management of the 2019 novel coronavirus outbreak in neonatal intensive care units

Since December, 2019, a pneumonia of unknown cause, which has clinical manifestations similar to severe acute respiratory syndrome, originated in Wuhan, China, and has rapidly spread across China and to at least 23 countries. By Feb 5, 2020, the number of laboratory-confirmed cases had exceeded 20,000, with more than 400 deaths. About 100 children were affected, with the youngest being 30 h after birth. A novel virus named 2019 novel coronavirus (2019-nCoV) was considered to be the causative agent of this pneumonia. Neonates are thought to be susceptible to the virus because their immune system is not well developed, which is of great concern to neonatal medical service providers. Paediatricians and neonatologists belonging to the National Clinical Research Center for Child Health and Disorders and Pediatric Committee of Medical Association of Chinese People’s Liberation Army have contributed to the control efforts in China. We aim to elicit a contingency plan for the 2019-nCoV outbreak in neonatal intensive care units (NICUs), mainly focused on diagnostic and discharge criteria, treatment, prevention, and control strategies.

Most adults or children with 2019-nCoV infection presented with mild flu-like symptoms, although patients with severe illness could rapidly develop acute respiratory distress syndrome, respiratory failure, and multiple organ failure, and deaths have been reported in some cases. Most patients with pneumonia had abnormal chest radiography findings, such as bilateral ground-glass opacity, multiple lobular, and subsegmental areas of consolidation; those with acute respiratory distress syndrome could show bilateral complete opacification of the lungs on CT scans. Routine blood work was mostly unremarkable. The nucleic acid test from respiratory tract samples or serum is effective in detecting the virus, and results are usually available within 4–6 h.

Neonates might get 2019-nCoV infection through close contact with virus-infected patients or virus carriers. In the case of neonatal infection, the disease might have insidious onset and be non-specific. The diagnosis of 2019-nCoV neonatal infection should meet all the following requirements: (1) showing at least one of the clinical symptoms, including temperature instability, hypoactivity or poor feeding, or tachypnoea; (2) showing abnormal findings on chest radiograph, including unilateral or bilateral ground-glass opacity, multiple lobular, or subsegmental areas of consolidation; (3) being at high risk of 2019-nCoV infection because the patient’s family members or caregivers have been diagnosed with 2019-nCoV infection, had close contact with someone with probable or confirmed 2019-nCoV, had close contact with someone with pneumonia of unknown cause, are living in or travelling to epidemic areas, or have been in animal markets or close contact with wild animals, within 14 days before the onset of illness. Those who meet the criteria of probable infection and have positive virus detection tests are confirmed to be infected with 2019-nCoV.

All probable or laboratory-confirmed neonates with 2019-nCoV should be admitted to NICUs. Standard and additional precautions should be implemented immediately (panel). General management comprises homoeostasis maintenance, close follow-up of blood work and chest radiography, and initialisation of respiratory support if necessary. The efficacy of antiviral
Child Health Accountability Tracking—extending child health measurement

The Sustainable Development Goal (SDG) Framework includes the aim of ending preventable child deaths by 2030 (goal 3.2). Despite substantial gains in child survival over the past two decades, many countries are struggling to achieve this goal and associated targets of reducing mortality in children younger than 5 years to at

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