



CORRIGENDA

Breastfeeding and COVID-19: Scientific brief, 23 June 2020

(WHO/2019-nCoV/Sci_Brief/Breastfeeding/2020.1)

Page 1, lines 34–36

Delete: In the single child with COVID-19, it was unclear through which route or source the infant became infected, i.e. through breastmilk or droplet from a close contact with the infected mother.

Insert: In the single child with COVID-19, it was unclear through which route or source the infant became infected, i.e. through breastmilk or droplet from close contact with the infected mother.

Page 2, lines 16–22

Delete: Detection of COVID-19 viral RNA in breastmilk is not the same as finding viable and infective virus. Transmission of COVID-19 would need *replicative* and infectious virus being able to reach target sites in the infant and also to overcome infant defense systems. If in the future COVID-19 virus from breastmilk were shown to be replicative in cell culture it would need to reach target sites in the infant and overcome infant defense systems for transmission of COVID-19 to occur.

The implications of transmission risk need to be framed in terms of COVID-19 prevalence in breastfeeding mothers and the scope and severity of COVID-19 infection in infants when transmission occurs compared to the adverse consequences of separation and using breastmilk substitutes and also separation of newborns and young infants from mothers.

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The implications of transmission risk need to be framed in terms of COVID-19 prevalence in breastfeeding mothers and the scope and severity of COVID-19 infection in infants when transmission occurs compared to the adverse consequences of using breastmilk substitutes and separation of newborns and young infants from mothers.

Page 2, lines 27–30

Delete: Secretory IgA have been detected in breastmilk of mothers with previous COVID-19 infection. Although the strength and durability of sIgA reactive to COVID-19 have not yet been determined, multiple bioactive components have been identified in breastmilk that not only protect against infections but improve neurocognitive and immunologic development of the child since Lars A Hanson first described sIgA in breastmilk in 1961.¹⁰⁻¹²

Insert: Secretory IgA have been detected in breastmilk of mothers with previous COVID-19 infection. Although the strength and durability of sIgA reactive to COVID-19 have not yet been determined, multiple bioactive components, such as lactoferrin, have been identified in breastmilk that not only protect against infections but improve neurocognitive and immunologic development of the child since Lars A Hanson first described sIgA in breastmilk in 1961.¹⁰⁻¹²

Page 2 lines 35–38

Delete: Exclusively breastfed infants, the risk of mortality is 14-fold higher in infants who *are* not breastfed.¹⁷ Over 820 000 children’s lives could be saved every year among children under 5 years, if all children 0-23 months were optimally breastfed. For mothers, breastfeeding protects against breast cancer and may protect against ovarian cancer and type 2 diabetes.¹⁸ On the other hand, children are at low risk of COVID-19.

Insert: Compared to exclusively breastfed infants, the risk of mortality is 14-fold higher in infants who are not breastfed.¹⁷ Over 820 000 children’s lives *could* be saved every year among children under 5 years, if all children 0-23 months were optimally breastfed. For mothers, breastfeeding protects against breast cancer and may protect against ovarian cancer and type 2 diabetes.¹⁸

Page 3 lines 30–31

Delete:

11. Hanson LA, Silfverdal SA, Hahn-Zoric M, et al. Immune function. Adv Exp Med Biol. 2009;639:97-111. doi:10.1007/978-1-4020-8749-3_8

Insert:

11. Peroni DG, Fanos V. Lactoferrin is an important factor when breastfeeding and COVID-19 are considered. doi:10.1111/APA.15417.

These corrections have been incorporated into the electronic file.