

## Background

- Our understanding on the epidemiology and outcome of COVID-19 in children are still limited.
- Differences in the prevalence and clinical presentation in children can vary based on the region of the country/world.
- Among communities of underrepresented racial and ethnic groups, long-standing health issues and social inequities have resulted in increased risk for infection, severe illness, and death from COVID-19.

## Objective

To describe the clinical presentation, medical intervention and outcome of pediatric patients with confirmed COVID-19 treated at Children's Hospital of Michigan (CHM) during the current SARS-CoV-2 pandemic.

## Methods

- We conducted a retrospective chart review of children ≤ 18 years of age with confirmed COVID-19 by polymerase chain reaction (PCR) testing on nasopharyngeal (NP) swab or antibody testing for SARS CoV-2 performed at our institution from March 1st 2020 to June 30th, 2020.
- The following variables were collected: Date of test, patient demographics, presence of comorbidities, presenting symptoms, laboratory investigations including respiratory viral panel (RVP) results if performed, radiographic results, disposition from the ED, escalation of care (PICU or NICU transfer), medications administered, interventions performed during hospitalization and outcome.
- For those patients who had serial laboratory testing and/or multiple radiographic studies, only the initial results were included.

## Results

~1500 children underwent testing for SARS Cov-2 of whom 78 (5.2%) tested positive.

- Clinical characteristics are shown in Table 1:
  - Majority were <1 year of age (23; 29.5%), female (42; 53.8%) and African American (50; 86.2 %).
  - Asthma and obesity were the most common comorbidities (34; 43.6%).
  - Fever, cough and vomiting were the most common presenting complaints.
  - Majority of patients were admitted to hospital (82%).
  - High rate of admission to the ICU- (37% of hospitalized patients).

Significant proportion had severe (37%) or critical illness (22%); mild to moderate disease occurred in 57%; 23% had asymptomatic infection (Figure 1).

Children with Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19 (N=21) had a significantly lower absolute lymphocyte count, serum sodium and higher serum creatinine, CRP, ferritin, fibrinogen, PT, PTT, D-dimer and troponin levels compared to children with acute COVID 19 illness (Table 2).

Respiratory viral PCR panel was performed in 30 (38.5%) patients. Viral co-infection was documented in 1 patient (RSV).

Chest x-ray was the most common radiographic study performed; most common abnormalities noted were focal consolidation/opacity (11/53; 20.8%) and pleural effusion(3/53; 5.7%).

Ultrasound abdomen was performed in 7 with MIS-C and 2 with acute COVID infection. Splenomegaly, hepatomegaly and mesenteric lymphadenopathy were noted in one patient each (Table 3).

Ten patients required positive pressure ventilation and 11 required endotracheal intubation.

Two patients required extracorporeal membrane oxygenation support (Table 4).

No death was associated with COVID-19

Table 1. Characteristics of 78 Study Patients

Characteristics	
Age (Median, IQR)	7.5 (14.3)
Age Range	47 days -18 years
Age Group	
<1 year	23 (29.5%)
1 – 4 years	13 (16.7%)
5 - 9 years	15 (19.2%)
10 -14 years	19 (24.4%)
15 -18 years	8 (10.3%)
Gender	
Male	36 (46.2%)
Female	42 (53.8%)
Race*	
Black or African American	50 (86.2%)
White	8 (13.7%)
Ethnicity**	
Hispanic	9 (19.6%)
Not Hispanic	37 (80.4%)
Co-Morbidity	
Obesity	34(43.6%)
Asthma	21 (61.8%)
Sickle Cell Disease	16 (47.1%)
Congenital Heart Disease	5 (14.7%)
Diabetes mellitus	1 (2.9%)
Cancer	1 (2.9%)
Neurologic Abnormality	5 (14.7%)
Arthritis/Vasculitis	2 (5.8%)
Presenting symptoms	
Fever	50 (64.1%)
Cough	27 (34.6%)
Sore Throat	9 (11.5%)
Chest Pain	6 (7.7%)
DIB/Wheezing	15 (19.2%)
Vomiting	22 (28.2%)
Diarrhea	18 (23.1%)
PED Disposition	
Discharged home	14 (17.9%)
General floor admission	41 (52.5%)
PICU admission	21 (26.9%)
NICU admission	2 (2.6%)

Table 3: Radiographic Imaging of COVID-19 Patients

	Acute COVID Non-ICU	Acute COVID ICU	MIS-C
Chest X-ray performed %	(23) 79.3%	(10) 90.9%	(20) 95.2%
Chest X-ray abnormal %	(6) 20.7	(4) 13.8%	(1) 4.8%
Effusion	(1) 3.4%	(1) 9.1%	(1) 4.8%
Opacity	(5) 17.2%	(3) 27.2%	-
Focal Consolidation	(1) 3.4%	(1) 9.1%	-
US Abdomen performed	(2) 6.9%	-	(7) 33.3%
%			
US Abdomen abnormal %	(1) 3.4%	-	(3) 14.3%
Splenomegaly	(1) 3.4%	-	-
Hepatomegaly	-	-	(1) 4.8%
Mesenteric lymphadenopathy	-	-	(1) 4.8%
Bilateral pleural effusions	-	-	(1) 4.8%
CT Abdomen performed	-	(1) 9.1%	(2) 9.5%
%			
CT Abdomen abnormal %	-	-	(1) 4.8%
Bilateral Pleural Effusions	-	-	(1) 4.8%
Ground Glass Opacity	-	-	(1) 4.8%

Table 2: Laboratory Tests of 78 Study Patients

	Acute COVID Hospital	Acute COVID ICU	Acute COVID MIS-C	Reference Value
WBC performed	(25) 86.2%	(11) 100%	(21) 100%	
WBC (K/CUMM) median (IQ)	10 (8.4)	8 (1.75)	10 (8.7)	4.11-11.3
ALC performed	(24) 82.8%	(11) 100%	(21) 100%	
ALC (K/CUMM) median (IQ)	2.10 (2.87)	2.80 (2.4)	0.9 (1.4)	800-7900
PT performed	(14) 48.3%	(5) 45.5%	(21) 100%	
PT (sec) median (IQ)	10.75 (1.2)	11.5 (1.6)	11.9 (1.5)	<11.7
PTT performed	(14) 48.3%	(5) 45.5%	(21) 100%	
PTT (sec) median (IQ)	28.75 (2.88)	27.9 (1.7)	32.5 (4.5)	<33.1
Fibrinogen performed	(9) 31%	(5) 45.5%	(21) 100%	
Fibrinogen (mg/dL) median (IQ)	378 (194)	379 (204)	595 (238)	<466
D-dimer performed	(14) 48.3%	(5) 45.5%	(21) 100%	
D-dimer median (IQ)	0.97 (3.26)	0.63 (0.54)	2.19 (2.18)	<0.5
Sodium performed	(26) 89.7%	(11) 100%	(21) 100%	
Sodium (mMol/L) median (IQ)	136 (3.75)	135 (4)	131 (5)	136-145
Creatinine performed	(25) 86.2%	(11) 100%	(21) 100%	
Creatinine (mg/dL) median (IQ)	0.46 (0.41)	0.43(0.51)	0.67 (0.42)	<0.6
ALT performed	(22) 75.9%	(11) 100%	(21) 100%	
ALT (U/L) median (IQ)	20.5 (22.25)	25 (21)	22 (11)	<52
AST performed	(21) 72.4%	(11) 100%	(21) 100%	
AST (U/L) median (IQ)	31 (20)	36 (8.5)	34 (8)	<39
Albumin performed	(20) 69%	(10) 90.9%	(21) 100%	
Albumin (g/dL) median (IQ)	4.20 (0.25)	3.70 (0.55)	3.8 (0.5)	<4.7
BNP performed	(8) 27.6%	(1) 9.1%	(15) 71.4%	
BNP (pg/mL) median (IQ)	55 (89.75)	128 (0)	182 (1193.5)	<101
Troponin performed	(10) 34.5%	(4) 36.4%	(21) 100%	
Troponin (ng/L) median (IQ)	6.50 (5.00)	9.50 (29.75)	46 (156)	<17
CRP performed	(20) 69%	(6) 54.5%	(21) 100%	
CRP (mg/L) median (IQ)	14.10 (48.2)	21.1 (15.87)	143.5 (132.9)	<5
Ferritin performed	(13) 44.8%	(5) 45.5%	(21) 100%	
Ferritin (ng/mL) median (IQ)	132.5 (99.3)	111.9 (58.8)	364.6 (376.4)	<336
LDH performed	(11) 37.9%	(4) 36.4%	(21) 100%	
LDH (U/L) median (IQ)	292 (371.5)	333 (110)	362 (124)	<271
CK performed	(11) 37.9%	(4) 36.4%	(20) 95.2%	
CK (U/L) median (IQ)	76 (67.5)	416 (584)	107 (121.5)	<233
ESR performed	(8) 27.6%	(2) 18.2%	(19) 90.5%	
ESR (mm/Hr) median (IQ)	29 (33.5)	5.50 (1.5)	47 (22.5)	<13

Figure 1: Disease Severity of 78 COVID-19 Cases

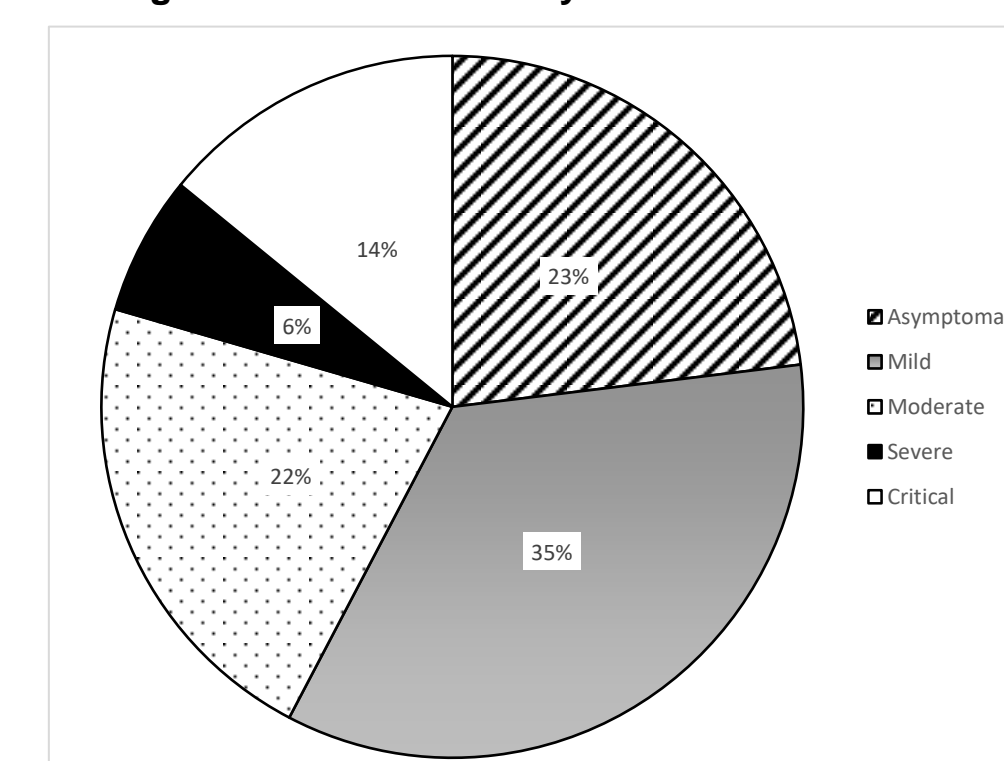


Table 4: Interventions performed and length of stay in study cohort

Interventions	Acute COVID Non-ICU n=29	Acute COVID ICU n=11	MIS-C n=21
Respiratory n (%)	2 (6.9%)	7 (63.6%)	8 (38.1%)
O2 Therapy n (%)	2 (6.9%)	3 (27.2%)	3 (14.2%)
High flow Oxygen n (%)	1 (3.4%)	4 (36.3%)	2 (9.5%)
CPAP n (%)	-	2 (18.2%)	-
BIPAP n (%)	-	1 (9.1%)	-
Endotracheal Intubation n (%)	-	5 (45.5%)	6 (28.6%)
Cardiovascular n (%)	0 (0%)	3 (27.2%)	12 (57.1%)
Vasopressor/Inotrope Therapy n (%)	-	3 (27.2%)	12 (57.1%)
CPR n (%)	-	1 (9.1%)	1 (4.8%)
ECMO n (%)	-	-	2 (9.5%)
Hematologic n (%)	1 (3.4%)	2 (18.2%)	17 (81%)
Administration of Blood n (%)	1 (3.4%)	2 (18.2%)	3 (14.2%)
Anticoagulants n (%)	-	2 (18.2%)	3 (14.2%)
Aspirin n (%)	-	-	15 (71.4%)
Medications n (%)	17 (60.7%)	7 (63.6%)	17 (81%)
Antibiotics n (%)	17 (60.7%)	7 (63.6%)	17 (81%)
Steroids n (%)	1 (3.4%)	2 (18.2%)	2 (9.5%)
COVID specific:			
Azithromycin n (%)	2 (6.9%)	-	-
hydroxychloroquine n (%)	1 (3.4%)	1 (9.1%)	-
Remdesivir n (%)	-	2 (18.2%)	2 (9.5%)
Immunomodulators n (%)	-	-	19 (90.5%)
Intravenous Immunoglobulin n (%)	-	-	19 (90.5%)
Infliximab n (%)	-	-	8 (38.1%)
Length of ICU Stay (days) Median (IQR)	-	2.5 (5.62)	3 (5)
Length of Hospital Stay (days) Median (IQR)	2 (2)	3 (5.5)	7 (6)

## Conclusions

- Our cohort consisted predominantly of underrepresented racial and ethnic groups of children from a region of national COVID hotspot and highlights the potential for severe disease.
- Majority of our children with COVID-19 had a mild disease however a significant proportion had severe/critical illness and required hospitalization (82%).
- There was no COVID-19 related mortality.
- More studies of COVID-19 in children are needed in racial and ethnic minorities to better understand the disproportionately severe impact on these communities.
- Working with leaders in our community to develop targeted interventions within the underrepresented minorities may impact and reduce disparities in COVID-19 incidence.