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United States Paediatric Data 12th February to 2nd April

Total 239,279 cases of which 2.3% have died BUT of the 239,279 only 149,760 are LAB CONFIRMED (so 89,519 cases are not LAB CONFIRMED)

Of the 149,760 most (99.5%) have reported age data

So, of the 146,510 LAB CONFIRMED US cases with age data:

1.3% (2,572) are under 18

The three children from this total who have died have not yet had COVID-19 confirmed as the cause.

Let's look at the 2,572 children who are 1.3% of the LAB CONFIRMED COVID-19 with age data available:

- 32% 15-17
- 27% 10-14
- 15% 5-9
- 11% 1-4
- 15% <1

Symptoms

- 11.1% (291 children) had details of symptoms recorded (maybe the missing 89.9% did not have symptoms, we just don't know)
- Of these 291 73% (212 children) had recorded cough or fever or SOB (54% cough, 56% fever, 13% SOB) (compare to adults: 80% cough, 71% fever 43% SOB)
- Of the remaining 78, 53 children did not have symptoms reported however cannot be deemed asymptomatic because of incomplete information
- 1 child was definitively reported as asymptomatic

Underlying conditions

- 13% (345 children) had details of underlying condition reported (maybe the missing 87% did not have underlying conditions, again, we just don't know)
- Of these 23% (80 children) had at least one of:
  - Chronic Lung Disease
  - Cardiac disease
  - Immunosuppression

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Hospitalisation

- 29% (745 children) had details of hospitalization status
- Of these 20% (147 children) were hospitalized
- Perhaps we can be bold here and assume those with no data were NOT hospitalized?
- So then it becomes 5.7% hospitalized
- 15 children went to ICU
- Within known hospitalization figures the <1 year olds are 15x more likely hospitalized than 1-17 year olds

Underlying conditions / Hospitalisation

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Sex (data available on 2490 children)

- 57% of paediatric cases were male

Exposure (data available on only 7.2% i.e. 184 children)

- 9% (16 children) associated with travel
- 91% (168 children) associated with COVID-19 patient in home/community

What can we conclude?

- Firstly rates of incomplete data give us potentially misleading ideas: this breakdown should remind us that the devil is in the data, it is slippery and only as good as its completeness if we are to get a true picture.
- Chinese COVID-19 data correlated mostly well: notably around fever & cough being less common in paediatric cases as compared to adults, ICU admission rates and increased severity in infants
- Chinese COVID-19 data did not, however, show male sex to be predominant in paediatric cases, this may be a data issue or it may have some biologic significance
- Finally: coming back to it again, we collectively need to get a handle on the data at its root and reduce the gaps as fast as we can.