

Predictors of severe disease ID'd in children with SARS-CoV-2

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of patients died and were admitted to the intensive care unit, respectively. Predictors of severe respiratory disease in multivariable analyses included obesity and hypoxia on admission (odds ratios, 3.39 and 4.01, respectively). Severe MIS-C was predicted by lower absolute lymphocyte count (odds ratio, 8.33 per-unit decrease in 10^9 cells/L) and higher C-reactive protein (odds ratio, 1.06 per-unit increase in mg/dL). Disease severity was not predicted by race/ethnicity or [socioeconomic status](#).

"We hope that pediatric providers will use these [warning signs](#) to predict which children may need enhanced monitoring and treatment that could prevent them from becoming severely ill or dying," Fernandes said in a statement.

More information: [Abstract/Full Text](#)

(HealthDay)—Predictors of severe disease have been identified for children with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), according to a study published online Nov. 13 in *The Journal of Pediatrics*.

Danielle M. Fernandes, M.D., from the Children's Hospital at Montefiore in Bronx, New York, and colleagues characterized demographic and clinical features of pediatric SARS-CoV-2 syndromes in a multicenter, retrospective, and prospective study. Data were included for 281 [pediatric patients](#) hospitalized with acute SARS-CoV-2 infections and multisystem inflammatory syndrome (MIS-C) at eight sites.

Of the pediatric patients, 51, 25, and 25 percent had respiratory disease, MIS-C, and other manifestations, including gastrointestinal illness or fever. The researchers found that compared with patients with respiratory disease, those with MIS-C were more likely to identify as non-Hispanic Black (35 versus 18 percent). Overall, 2 and 41 percent

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