

**Submission Id: 4737**

**Title**

*Clinical Outcomes of Children Admitted with COVID-19*

**Priority 1 (Research Category)**

COVID-19

**Presenters**

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**Abstract**

Context: Understanding the clinical outcomes of children admitted with COVID-19 is not completely understood. Objective: To determine the epidemiology and mortality risk of children admitted with COVID-19. Study Design: Retrospective single-site cohort study of children diagnosed with COVID-19 (ICD10-u071) during hospitalization from March 2020 to March 2023. Data were extracted from Vizient's clinical database. Setting or Dataset: Academic medical center. Population studied: Children 18 years or less admitted with COVID-19. Outcome Measures: Readmission and mortality rates. Results: This retrospective analysis included 247 children admitted with COVID-19 (mean age 9.0 years, 95%CI 8.2 to 9.9 years) with 53.4% (132) females. There were 46.2% (114) blacks, 46.6% (115) whites, and 15.4% (38) other races. 17 (6.8%) patients were admitted with COVID-19 more than once. The average number of ICU days was 3.7 days, 95%CI 0.7 to 6.8 days, and the average LOS was 7.8 days, 95%CI 4.6 to 11.1 days. The overall mortality rate was 2.4% (6/247); the average age was 6.0 years out of the six children that expired. The average number of ICU days in children that expired was 12 days; four children had one day ICU stay, one child had 8 ICU days, and one child had 60 ICU days. The average LOS in children that expired was 14.8 days; two children had a LOS of one day, two children had a LOS of two days, one child had a LOS of 11 days, and one child had a LOS of 72 days. Conclusions: The overall mortality rate was low (2.4%), and the average age of the six children who had expired was 6.0 years. Our study found that two-thirds of the children who died from COVID-19 died within two days of admission. Our results showed that children admitted with COVID-19 have a low mortality rate, but future studies should identify risk factors for children with the highest mortality risk.