Online-Only Supplement

Clinical Characteristics of Asymptomatic and Symptomatic Pediatric Coronavirus Disease 2019 (COVID-19): A Systematic Review

Table S1. Summary profiles of asymptomatic patients.

Author (year)	Age / Sex	Country	Presenting symptoms	Lab findings				Image findings	Remarkable past history	ICU admission	ARDS	Treatment	Outcome	Survival
			Others	CBC	CRP	Chemistry	Others							
1. Li et al. (2020)[1]	1Y5M/M		-		9.4mg/L			Four days after admission, patchy ground-glass opacification of the right upper lobe. Five days subsequently, during antiviral treatment, normalized.		Yes		Antiviral, anti-infective therapy, immunoglobulin therapy, interferon, Lianhua qingwen granules	Remain in hospital for observation; 24 days at time of writing	Alive
	10 M/F		-	WBC 14.8*10^9/L				Not performed.		Yes		Montelukast Na chewable tablets, immunoglobulin therapy	Discharged home	Alive
	4Y/M		-					Two days after admission, patchy ground-glass opacification of the left lower lobe. Five days subsequently, during symptomatic and supportive care, normalized.		Yes		Montelukast Na chewable tablets, immunoglobulin therapy	Discharged home	Alive
	6Y/M		-					Not performed.		?		Interferon, Montelukast Na chewable tablets, immunoglobulin therapy	Remain in hospital for observation; 13 days at time of writing	Alive
2. Wang et al.	36h/M	China	-					CT: high-density nodular shadow under	-	-	-	No special treatment was	Discharged	Alive

(2020)[2]						the pleura of the posterior segment of the upper lobe of the right lung				given		
3. Cao et al. (2020)[3]	17d /M	China	-	-		-	-	-	-	-	-	-
4. Xu et al. (2020)[4]	13Y /M	China	-	Decreased leukocytes , decreased neutrophils						A-interferon oral spray		Alive
5. Ma et al. (2020)[5]	3Y/ M	China	-								Improved	Alive
	2Y/ F	China	-								Improved	Alive
	11 M/ M	China	-								Improved	Alive
	9Y/ F	China	-								Improved	Alive
6. Zeng et al. (2020)[6]	2d/ M	China	-	Leukocytosis, thrombocytopenia	*Enterobacter* agglomerates–positive blood culture, coagulopathy	CT: pneumonia	Neonatal respiratory distress syndrome, pneumonia				Negative	Alive
7. Wei et al. (2020)[7]	8M/ F	China	-					No				
8. See et al. (2020)[8]	9Y/ M	Malaysia (from china	-			X-ray: Rt perihilar opacities	None	No	No	None		Alive

		)												
9. Poli et al. (2020)[9]	1M/M	Italy	-					Cystic fibrosis	No	No	None		Alive
10. Yang et al. (2020)[10]	38w+2	China	-						No			Discharged	Alive
	36w+2	China	-	Normal CBC	Normal	High myocardial globin, high CK-MB, high D-dimer (746)	X-ray: (premature) bilateral GO, granular high-density shadows		Yes			Discharged	Alive
	36w+2	China	-						No			Discharged	Alive
	38w	China	Eyelid dermatitis	Normal CBC	Normal	High AST (107), high myocardial globin, high CK-MB, high D-dimer (429)			Yes		No oxygen, no antiviral	Discharged	Alive
11. Tan et al. (2020)[11]	8Y10M/M	China	-	Normal CBC	Normal	Normal		None			No oxygen, no antiviral	Discharged	Alive
	8Y10M/F	China	Moan	Normal CBC	Normal	Normal		None			No oxygen, no antiviral	Discharged	Alive
12. Zhang et al. (2020)[12]	14Y/M	China	Moan	Normal				None	No	No	Lopinavir, ritonavir, arbidol, oxygen inhalation (21%, room air)	Discharged	Alive
	13Y/M	China	-					None	No	No	Oseltamivir, Lopinavir, ritonavir, arbidol, oxygen inhalation (21%, room air)	Discharged	Alive

13. Hu et al. (2020)[13]	10Y/F	China	-	Normal	-		CT typical ground-glass/patchy shadows						
	5Y/M	China	-	Abnormal lymphocyte	Abnormal procalcitonin, D-dimer		-						
	8Y/F	China	-		Abnormal procalcitonin level		-						
	14Y/F	China	-	-	-		-						
	6Y/M	China	-	Abnormal lymphocyte	Abnormal LDH, ALT		-						
	15Y/M	China	-		Abnormal ALT		CT typical ground-glass/patchy shadows						
14. Chan et al. (2020)[14]	10Y/M	China	-		Elevated alkaline phosphatase		CT ground glass	None	No	No	Supportive care	Stable	Alive
15. Kam et al. (2020)[15]	6M/M	Singapore	-	Neutropenia d8 (absolute neutrophil count 0.9 * 10^9/L)	-	Persistent positive PCR for 16 days	Not performed	-	No	No	None	Improved	Alive
16. Tang et al. (2020)[16]	10Y/M		-	Normal	Normal		-						
	10Y/M	China										Resolved	Alive
17. Qian et al. (2020)[17]	1Y/F		-	-	-		-						
18. Lu et	-/F		-	Normal	Normal		Ground glass and						

al. (2020)[18]					patchy opacities in both lungs
	-/M	-	Normal	Normal	-
19. Pan et al. (2020)[19]	3Y/M	-	Normal	Normal	-
20. Tong et al. (2020)[20]	12Y/M	-	-	-	-
21. Gautret et al. (2020)[21]	10Y/M	-	-	-	-
	12Y/F	-	-	-	-
	14Y/F	-	-	-	-
	10Y/M	-	-	-	-
22. Su et al. (2020)[22]	2Y/F	-	-	Increased CK-MB	-
	3Y/F	-	Thrombopenia	Increased CK-MB	Pneumonia
	5Y/F	-	-	Increased CK-MB	-
	1Y/M	-	-	Increased CK-MB	Ground glass opacities, consolidation
	1Y/M	-	-	Increased CK-MB	-
	9Y/F	-	-	-	Bronchitis

23. Yao et al. (2020)[23]	4Y/M		-	Normal		Normal		-				
	1Y/F		-	Normal		Normal		-				
24. Lan et al. (2020)[24]	7Y/M	China		Normal	Normal		Normal	Normal	No	No	Discharged	Alive
	7Y/F	China		Normal	Normal	High ALT (520), high AST (439)	Normal	Ground glass opacities, consolidation	No	No	Discharged	Alive
	12Y/F	China		Normal	Normal		Normal	Ground glass opacities	No	No	Discharged	Alive
	13Y/M	China		Normal	Normal		Normal	Ground glass opacities	No	No	Discharged	Alive

*Sun et al. (2020). Treatment in () means other treatments.

†Lou et al. did state that two of the three patients presented nasal congestion and rhinitis, but did not specify which.

Abbreviation: ALT(alanine transferase), ARDS(acute respiratory distress syndrome), AST(aspartate transferase), CBC(complete blood count), CK(creatine kinase), CK-MB(creatine kinase-myocardial band), Cr(creatinine), CRP(C-reactive protein), EEG(electroencephalography), ESR(Erythrocyte sedimentation ratio), GI(gastrointestinal), Hb(hemoglobin), ICU(intensive care unit), IL(interleukin), LDH(lactate dehydrogenase), PCR(polymerase chain reaction), TNF(tumor necrotizing factor), WBC(white blood cell).

Table S2. Summary profiles of symptomatic patients.

Author (year)	Age /Sex	Country	Presenting symptoms				Lab findings				Image findings	Remarkable past history	ICU admission	ARDS	Treatment	Outcome	Survival
			Fever	Respiratory	GI	Others	CBC	CRP	Chemistry	Others							
1. Li et al. (2020)[1]	3 Y/M		Fever	Cough, Sputum, Runny nose	-	-	WBC 15.0*10⁹/L				Nine days after onset of symptoms, patchy ground-glass opacification of the left lower lobe. Seven days subsequently, during antiviral treatment, normalized.		?		Antiviral, anti-infective therapy, immunoglobulin therapy	Discharged home	Alive
2. Liu et al. (2020)[25]	3 Y/F	China	High fever (>39 ℃)	Cough, Tachypnea, Pharyngeal congestion, Swollen tonsils	Vomiting	-	Low WBC, low neutrophil count, low lymphocyte count, low Hb	High CRP	High D-dimer, high AST, low Cr, high LDH, high Mg, low bicarbonate		Patchy ground-glass opacities in both lungs		Yes		Ribavirin, Oseltamivir, Glucocorticoids, Supplemental oxygen, Intravenous immune globulin		
	7 Y/F	China	High fever (>40 ℃)	Cough, Pharyngeal congestion, Swollen tonsils	-	-	Low lymphocyte count	High CRP	Low Cr, low bicarbonate		NA		No		Oseltamivir		

3 Y/F	China	High fever (>41 ℃)	Cough, Pharyngeal congestion, Swollen tonsils	Vomiting	-	Low lymphocyte count, high ESR	High CRP	High D-dimer, high AST, low Cr, high LDH, low Na, low chlorine, high Mg, low bicarbonate	Patchy shadows in both lungs		No	Oseltamivir, Glucocorticoids
1 Y/M	China	High fever (>42 ℃)	Cough, Wheeze, Pharyngeal congestion, Swollen tonsils	-	-	Low WBC, low neutrophil count, low lymphocyte count, high AST, low Cr, low bicarbonate	High CRP		Patchy shadows in both lungs		No	Oseltamivir, Glucocorticoids
3 Y/F	China	High fever (>43 ℃)	Cough, Wheeze, Swollen tonsils	Vomiting	-	Low WBC, low lymphocyte count, high ESR	High CRP	High D-dimer, high ALT, high AST, low Cr, low Na, low bicarbonate	Patchy shadows in both lungs		No	Oseltamivir, Glucocorticoids
4 Y/M	China	High fever (>44 ℃)	Cough, Pharyngeal congestion, Swollen	Vomiting	-	Low WBC, low neutrophil count, low lymphocyte count		Low Cr, low Na, low bicarbonate	Normal		No	Ribavirin, Oseltamivir

			tonsils											
3. Sun et al. (2020)[26]*	8 Y/M	Fever	Cough, Expectoration, Polypnea	-	-	Low leukocytes, low neutrophils, low lymphocytes, low Hb	High CRP	High procalcitonin, high LDH, high ALT	Bilateral pneumonia, Multiple patch-like shadows, GGO, "white lung" appearance	Acute lymphocytic leukemia (infection with Influenza A virus)	Yes	Oxygen therapy, Mechanical Ventilation, Antibiotic treatment, Antiviral treatment, Glucocorticoids, Intravenous immunoglobulin therapy, (Traditional Chinese medicine) *	Remained in ICU	Alive
	10 M/F	-	Cough, Expectoration, Polypnea	Constipation, Nausea, Vomiting	-	High leukocytes, high neutrophils, low thrombocyte, low Hb	High CRP	High procalcitonin, high LDH, high ALT, high CK, high D-dimer	Bilateral pneumonia, Multiple patch-like shadows, pleural effusion, GGO	Lacrimal sac dredge	Yes	Oxygen therapy, Antibiotic treatment, Antiviral treatment, Glucocorticoids, Intravenous immunoglobulin therapy, (Enterostomy, hemopurification, transfusions of red blood cell, plasma and thrombocyte)	Remained in ICU	Alive
	1 Y 1 M / M	Fever	Polypnea	Diarrhea, Nausea, Vomiting	-	Low Hb		Low creatine, high D-dimer	Bilateral pneumonia, Multiple patch-like shadows, GGO		Yes	Oxygen therapy, Mechanical Ventilation, Antibiotic treatment, Antiviral treatment, Glucocorticoids,	Discharged	Alive

												(Plasmapheresis)		
	2 M/M	-	Cough, Expectoration, Polypnea	Nausea, Vomiting	-	High lymphocytes, high thrombocyte		High procalcitonin, high LDH, high ALT, low Cr	Unilateral pneumonia, Multiple patch-like shadows		Yes	Oxygen therapy, Antiviral treatment	Discharged	Alive
	2 Y 1 M/M	Fever	Cough, Polypnea	Diarrhea, Nausea, Vomiting	-		High CRP	High procalcitonin, high LDH, low AST, high ALT, high Cr kinase, low Cr	Bilateral pneumonia, Multiple patch-like	Pharyngitis	Yes	Antibiotic treatment, Antiviral treatment	Discharged	Alive
	15 Y/F	Fever	Cough, Polypnea	Diarrhea	-	Mildly High leukocytes, mildly high neutrophils, mildly high lymphocytes, high thrombocyte		High LDH, low AST, low ALT, high Cr	Bilateral pneumonia, Multiple patch-like shadows, GGO		Yes	Antibiotic treatment, Antiviral treatment, Glucocorticoids, Intravenous immunoglobulin therapy, (Traditional Chinese medicine)	Discharged	Alive
	13 Y 11 M/M	Fever	Cough, Polypnea	-	-	Mildly high Hb	High CRP	High procalcitonin, low AST	Bilateral pneumonia, GGO		Yes	Oxygen therapy, Antiviral treatment, Glucocorticoids, Intravenous immunoglobulin therapy, (Traditional Chinese medicine)	Discharged	Alive

	13 Y 5 M / M		Fever	Expectoration, Polypnea	-	-			Low AST, low ALT, high Cr	Unilateral pneumonia, Multiple mottling, GGO		Yes		Oxygen therapy, Antiviral treatment, (Traditional Chinese medicine)	Remained in ICU	Alive
4. Ji et al. (2020)[27]	15 Y/ M	China	Fever (37.9 ℃)	Pharyngeal congestion	-	-	WBC 11.82*10^9/L (67.3% neutrophils, 25.7% lymphocytes)	34.64 mg/ L		Normal	-	-	-	Symptomatic treatment was given	Symptoms disappeared after treatment for two days	Alive
	9 Y/ M	China	-	Small amount of sputum	Mild diarrhea	-	WBC 6.6*10^9/L (34.1% neutrophils, 52% lymphocytes)	3.49 mg/ L		Normal	-	-	-	Oral probiotic	Symptoms disappeared after treatment for two days	Alive
5. Park et al. (2020)[28]	10 Y/ F	Korea	Fever	Sputum	-	-	WBC 4,080/μL (37.3% lymphocytes), Hb 13.5g/dl, platelet count 251,000/μL	<0.4 mg/ dl		CT: Patchy or nodular consolidations with peripheral ground glass opacities in subpleural areas of the right lower lobe	-	-	-	-	-	-
6. Cao et al. (2020)[3]	3 M /F	China	Fever	-	-	-	WBC 9690/mm^3 (45% neutrophils, 44% lymphocytes)			CT: mildly increased infiltrates at bilateral lung				Supportive treatment	Discharged	Alive

	7 Y/M	China	Fever	-	-	-	-		-	-	-	-	-	-	-	
	-	China	-	Runny nose	Vomiting	-	WBC 7660/mm^3 (15% neutrophils, 73% lymphocytes)		CT: mildly increased bilateral linear opacities					-	-	
	30 h/-	China	-	Respiratory distress without fever	-	-	-		-	-	-	-	-	-	-	
	1 Y/M	China	Fever	Respiratory distress	Diarrhea, Vomiting	-	-		CT: showed pneumonia	-	Yes	-	Assisted ventilation, continuous venovenous hemofiltration	Recovered gradually	Alive	
7. Cui et al. (2020)[29]	55 D/F	China	-	Dry cough, Rhinorrhea	-	-	Elevated lymphocyte, platelet	Elevated AST/ALT, CK	CT: Patchy shadows and GGO in Rt. lung	-	No	No	Inhaled interferon α-1b, amoxicillin potassium clavulanate, reduced glutathione, ursodeoxycholic acid, traditional Chinese medicine lotus qingwen	Improved	Alive	
8. Spiteri et al. (2020)[30]	4 cases ≤ 17	Europe	-	-	-	-										

	years old										
9. Xu et al. (2020)[4]	6 Y/M	China	Fever	Cough	Diarrhea	-	Elevated neutrophils, decreased lymphocytes, elevated ESR		Elevated procalcitonin	A-interferon oral spray, azithromycin, IVIG	Alive
	12 Y/F	China	Fever	Sore throat, Rhinorrhea	-	-	Decreased leukocytes, Decreased lymphocytes		Increased procalcitonin	A-interferon oral spray	Alive
	7 Y/F	China	Fever	Cough, Sore throat	Diarrhea	-	Decreased lymphocytes	Increased CRP	Increased procalcitonin	A-interferon oral spray	Alive
	1 Y/M	China	Fever	-	-	-	Decreased neutrophils, increased lymphocytes, increased ESR		Increased AST	A-interferon oral spray	Alive
	3 Y/M	China	-	Rhinorrhea	-	-	None			A-interferon oral spray	Alive
	15 Y/F	China	Fever	-	-	-	Decreased leukocytes, decreased neutrophils,	Increased CRP		A-interferon oral spray	Alive

							increased ESR								
	13 Y/M	China	Fever	Cough, Sore throat	-	-		Increased CRP	Increased procalcitonin				A-interferon oral spray		Alive
	2 M/F	China	-	Cough, Sore throat	-	-	Decreased neutrophil, increased lymphocytes		Increased AST/ALT, increased procalcitonin				A-interferon oral spray		Alive
	1 Y/M	China	Fever	Cough	Diarrhea	-	Not available						A-interferon oral spray		Alive
10. Liu et al. (2020)[31]	5 Y/F	China	Fever	Cough	-	Fatigue	Decreased leukocyte count, decreased neutrophil ratio, increased lymphocyte count, increased lymphocyte ratio			Normal	No	No	-	Stable	Alive
	11 M/M	China	Fever	Cough	-	-	Decreased neutrophil ratio, increased lymphocyte count, increased lymphocyte ratio			Single consolidation	No	No	-		Alive
	9 Y/F	China	Fever	-	-	-	Decreased lymphocyte ratio			GGO	No	No	-		Alive

	2 M/M	China	-	Cough	-	Fatigue		Increased CRP			Multiple consolidations	No	No	-		Alive
11. Zhang et al. (2020)[32]	9 Y/M		Fever	Nasal congestion, Sore throat, Runny nose	Gastric appetite, Nausea	Muscle pain, Headache	Mild high WBC		High CRP, low CK	High IL-6				Interferon, Chinese medicine, vitamin C, antibiotic application		
	6 Y/M		-	Cough	-	-	High Hb		Low CK					Interferon, Chinese medicine, vitamin C		
	8 Y/M		Low grade fever	Nasal congestion, Rhinorrhea	-	-	High Hb, low neutrophil ratio, high lymphocyte ratio		Low ALT, low CK					Interferon, Chinese medicine, vitamin C		
12. Le et al. (2020)[33]	3 M/F	Vietnam	Fever	Rhinorrhea	-	Myalgia	Mild high WBC		High CK			Yes		Azithromycin,	Discharged	
13. Ma et al. (2020)[5]	8 Y/F	China	Fever	-	-	-					-				Improved	Alive
	3 Y/F	China	Fever	-	-	-									Improved	Alive
14. Lou et al. (2020)[34]†	6 Y/F	China	Fever	Cough	-	-								Interferon-α2b		
	8 Y/F	China	Fever	-	-	-								Interferon-α2b		

	6 M/M	China	Fever	-	-	-										
15. Li et al. (2020)[35]	10 M/M	China	Fever	-	-	-	Increased lymphocytes	Increased CRP			CT: diffuse GGO					
16. Dong et al. (2020)[36]	3 Y/M	China	-	Cough with phlegm	-	-	Normal	Normal	Normal	Normal serum IgE	CT: signs of pneumonia in the left upper lobe	Allergic rhinitis Community-acquired pneumonia (CAP)		Inhalation of interferon-α Supportive care	Discharged	Alive
	2 Y 4 M/M	China	Fever (39.2 ℃)	-	-	-	Normal	Normal	Normal	Serum IgE level: 173 IU/ml	CT: bilateral pneumonia	Atopic dermatitis		Inhalation of interferon-α Supportive care	Discharged	Alive
17. Zeng et al. (2020)[6]	2 d/M	China	Fever	-	-	Lethargy	Normal				CT: pneumonia		Yes		Negative	Alive
	2 d/M	China	Fever	-	Vomiting	Lethargy	Leukocytosis, lymphocytopenia		Elevated CK–MB fraction		CT: pneumonia				Negative	Alive
18. Su et al. (2020)[22]	3 Y 7 M/F	China	Fever	-	-	-	WBC 7.55*10^9/L (20.4% neutrophils, 73.6% lymphocytes)	0.35 mg/L			Bronchitis				Discharged	Alive
	8 Y	China	Fever	-	-	-	WBC 3.78*10^9/L	0.19 mg/			Negative				Discharged	Alive

	1 M /F						(38.7% neutrophils, 43.9% lymphocytes)	L						
	5 Y 7 M /F	China	-	Mild, dry cough	-	-	WBC 3.69*10⁹/L (33.8% neutrophils, 53.3% lymphocytes)	0.12 mg/ L		Negative			Recover	Alive
19. Cai et al. (2020)[37]	7 Y/ M	China	Fever	Cough	-	-	Increased WBC, Increased neutrophil	Increased CRP	Increased CK-MB, Increased D-dimer	-		Symptomatic Treatment		
	10 Y/ F	China	Fever	Sore throat, Stuffy nose	-	-						Symptomatic Treatment		
	10 Y/ F	China	Fever	Cough, Sore throat, Stuffy nose	-	-		Increased CRP	Increased CK-MB	X-ray: Lt. retrocardiac opacity		Symptomatic Treatment		
	9 Y/ M	China	Fever	Cough, Rhinorrhea, Sneezing, Sore throat	-	-	Decreased WBC, Decreased neutrophil	Increased CRP	Increased D-dimer	X-ray: Opacities in Rt. Lung		Symptomatic Treatment		
	7 M /F	China	-	Cough, Rhinorrhea, Sneezing, Stuffy nose	-	-			Increased CK-MB, Increased ALT, Increased AST	X-ray: Opacities in Rt. Lung		Symptomatic Treatment		
	6	China	Feve	Rhinorrh	-	-	Decreased					Symptomatic		

	Y/F		r	ea			neutrophil				Treatment, Antibiotic
	3 M/F	China	Fever	-	-	-	Increased lymphocyte, Increased PLATELET	Increased AST			Symptomatic Treatment, Antibiotic
	4 Y/F	China	-	Cough	-	-	Decreased neutrophil	Increased CK-MB	X-ray: Opacities in Rt. Lung		Symptomatic Treatment, Antibiotic
	8 Y/M	China	Fever	Sore throat	-	-	Increased WBC, Increased PLATELET	Increased CK-MB			Symptomatic Treatment, Antibiotic
	5 Y/M	China	Fever	Cough	-	-	Increased WBC				Symptomatic Treatment, Antibiotic
20. Wei et al. (2020)[7]	9 M/F	China	Fever	-	-	-				No	
	11 M/F	China	Fever	-	-	-				No	
	10 M/M	China	-	-	-	-				No	
	7 M/F	China	Fever	-	-	-				No	
	1 M/F	China	-	Cough, Rhinorrhea	-	-				No	
	3 M/F	China	-	Cough, Sputum	-	-				No	
	3	China	Feve	-	-	-				No	

	M/F		r													
	6 M/M	China	-	-	-	-						No				
21. Odievre et al. (2020)[38]	16 Y/F	France	Isolated fever	Respiratory distress syndrome, Superficial tachypnea 80/min	-	Acute chest pain, Tachycardia 140/min		355 mg/L	LDH 446 U/L, D-dimer 23,611 ng/ml	Spo2 85%, high IL-6 629 pg/ml, high TNF-α 32.5pg/ml, normal IL-1β normal	CTPA: bilateral pulmonary embolism complicating the ACS, bilateral consolidations with a halo sign on the right side	Homozygous SCD with bilateral ischemic retinopathy, exchange transfusions from 5 to 11yrs old, switched, thereafter for hydroxyurea	Yes	Yes	Non-invasive ventilation, red blood cell exchange transfusion followed by simple transfusion (hemoglobin nadir 6.4 g/dl), anticoagulation, 1 pulse of intravenous Tocilizumab (TCZ, 8 mg/kg),	Recover	Alive
22. Wu et al. (2020)[39]	2 Y 10 M/M	China	-	-	-	Conjunctivitis, Eyelid dermatitis	High lymphocyte (4.48*10^9/L)			High myoglobin	CT: normal		No	No	National protocol in China	Recover	Alive
23. Dugue et al. (2020)[40]	6 wks/M	USA	Fever (38.4 ℃)	Cough	-	Mild hypertension (114/57), seizure	WBC 5.07 *10^3/μL, normal differentiation		Procalcitonin(0.21ng/ml), e' normal	Rhinovirus/enterovirus PCR positive, abnormal	Brain MRI: normal	None	No	No		Discharged	Alive

									EEG								
24. See et al. (2020)[8]	1 Y 8 M / M	Malaysia (from china)	Mild fever	-	Diarrhea	-			Renal and liver profile normal			None	No	No	Paracetamol and Oral Rehydration Salts		Alive
	4 Y/ F	Malaysia (from china)	Intermittent fever	Cough (2-4 weeks), Rhinorrhea	-	-				No blood Cx		None	No	No	Paracetamol, oral penicillin V, loratadine		Alive
	11 Y/ M	Malaysia (from china)	-	Mild cough (later diagnosed as asthma)	-	-					X-ray: perihilar opacities	None	No	No	MDI salbutamol prn		Alive
25. Yang et al. (2020)[10]	37 w +2 / M	China	-	Vomiting	Hypoglycemia	-	Normal CBC	Normal	High myocardial globin, high CK-MB, high D-dimer (2591)				Yes			Discharged	Alive
	36 w +3	China	-	-	-	Moan, spit	Normal CBC	Normal	High procalcitonin (48hrs), high myocardial globin, high CK-MB, high D-dimer (611)		X-ray: (premature) bilateral GO, granular high-density shadows		Yes		NCPAP	Discharged	Alive
	36 w	China	-	-	-	Moan	Normal CBC	Normal	High AST (74)>48hr				Yes		NCPAP	Discharged	Alive

								normal (46), high myocardial globin, high CK-MB							
26. Tan et al. (2020)[11]	9 Y 5 M /F	China	-	Cough	Abdominal pain	-	Normal CBC	Normal	High AST		CT: GGO	None	No oxygen, no antiviral	Discharged	Alive
	11 Y 8 M /F	China	-	Cough	-	-	Normal CBC	Normal	Normal			None	No oxygen, no antiviral	Discharged	Alive
	2 Y/ F	China	Fever	Vomiting	-	Convulsion	Normal CBC	Normal	High AST, high CK	Mycoplasma 1:160	CT: GGO	None	No oxygen, no antiviral	Discharged	Alive
	8 Y 9 M / M	China	Fever	-	Constipation	-	Normal CBC	Normal	Normal	Mycoplasma 1:160		None	No oxygen, no antiviral	Discharged	Alive
	12 Y 1 M / M	China	Fever	-	-	-	Normal CBC	Normal	Normal			None	No oxygen, no antiviral	Discharged	Alive
	9 Y 3 M /F	China	-	Cough	-	-	Normal CBC	Normal	Normal	Mycoplasma 1:80	CT: GGO, multiple nodule shadows	None	No oxygen, no antiviral	Discharged	Alive
	3	China	Feve	-	-	-	Normal	Nor	Normal		CT: GGO	None	No oxygen, no	Discharged	Alive

	Y 7 M /F		r				CBC	mal							antiviral		
27. Zhang et al. (2020)[12]	10 M /F	China	Fever	Dry cough	-	Malaise	High WBC, high lymphocyte, low Hb,		High AST, low Cr, high LDH			None	No	No	Oseltamivir	Recover	Alive
28. Parri et al. (2020)[41]	4 M /F	Italy	Fever	Cough, rhinorrhea, respiratory distress							CXR: normal	None			Low-flow oxygen		
	11 M / M	Italy		Respiratory distress	Vomiting						CXR: normal	None			Low-flow oxygen		
	9 d/ F	Italy	Fever			Drowsiness, feeding difficulty		Not performed				None			High-flow oxygen		
	15 Y 5 M /F	Italy	Fever	Cough, rhinorrhea, respiratory distress			Thrombocytopenia			frequent respiratory tract infection	CXR: patchy and ground-glass-like opacity and interstitial changes in the lungs	None			Low-flow oxygen		
	12 Y 6 M /	Italy		Cough, respiratory distress	Nausea, vomiting						CXR: pneumonia	Autism			High-flow oxygen		

	M												
	8 d/ M	Italy	Fever		Drowsiness, feeding difficulty				None	Low-flow oxygen			
	6 Y 5 M /F	Italy	Fever		Feeding difficulty, dehydration			CXR: patchy and ground-glass-like opacity and interstitial changes in the lungs		High-flow oxygen			
	2 M / M	Italy	Fever	Cough	Feeding difficulty, skin rash			CXR: ground-glass-like opacity and interstitial changes in the lungs	Ventricular septal defect	Non-invasive ventilation			
	14 Y 5 M / M	Italy		Cough, respiratory distress	Fatigue, drowsiness, dehydration			CXR: patchy and ground-glass-like opacity and interstitial changes in the lungs	Epileptic encephalopathy (tracheotomy)	Mechanical ventilation			
29. Lee et al. (2020)[42]	15 Y/ F	USA	Fever	Cough	Abdominal pain	Decreased oral intake, fatigue	WBC 1460/uL, ANC 800cells/uL	Elevated ferritin, CRP, D-dimer, pro-BNP	Unremarkable	Familial dilated cardiomyopathy status post 3rd heart transplantation & 1st kidney	2L nasal cannula O2	Discharged	Alive

									transplan 5 mo prior, on cyclosporine, mycophenolate sodium, and low-dose prednisone, recent total lymphoid irradiation			
	13 M/M	USA		Non-productive cough, sneezing	Normal	Normal	Normal		Hypoplastic left heart syndrome, post-positive cross-match heart transplant 6 mo prior, tacrolimus, on mycophenolate mofetil, and low-dose prednisone	No change in medications (immunosuppression)	Discharged	Alive
30. Musolino, et al. (2020)[4	13 Y/M	Italy	Fever	Cough				Not performed				

3]									
	1 Y/F	Italy	Fever	Cough			High WBC	33.6 mg/L	Not performed
	15 Y/F	Italy	Fever	Cough		Chest pain			CXR: interstitial
	1 Y/F	Italy	Fever	Cough					Not performed
	15 Y/M	Italy				Seizure (not related)			Consolidation
	6 Y/M	Italy							Not performed
	16 Y/F	Italy	Fever	Cough		Chest pain, anosmia	Low WBC		Ground glass opacities
	10 Y/M	Italy	Fever		Diarrhea	Arthralgia, headache			Not performed
	12 Y/M	Italy	Fever		Diarrhea	Arthralgia, headache			Not performed
	7 Y/M	Italy	Fever			Arthralgia			Not performed

*Sun et al. (2020). Treatment in () means other treatments.

†Lou et al. did state that two of the three patients presented nasal congestion and rhinitis, but did not specify which.

Abbreviation: ALT(alanine transferase), ANC(absolute neutrophil count), ARDS(acute respiratory distress syndrome), AST(aspartate transferase), CBC(complete blood count), CK(creatine kinase), CK-MB(creatine kinase-myocardial band), Cr(creatinine), CRP(C-reactive protein), Cx(complication), EEG(electroencephalography), ESR(Erythrocyte sedimentation ratio), GI(gastrointestinal), Hb(hemoglobin), ICU(intensive care unit),

mo(month), IL(interleukin), LDH(lactate dehydrogenase), NA(not available), NCPAP(nasal continuous positive airway pressure) PCR(polymerase chain reaction), TNF(tumor necrotizing factor), WBC(white blood cell).

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