Supplementary Online Content

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This supplementary material has been provided by the authors to give readers additional information about their work.

eMethods. Detailed Methods

N3C Structure

As described in prior work¹⁻³, the N3C is housed in a cloud-based, secure, data enclave managed by the National Center for Advancing Translational Sciences (NCATS) to which contributing partner sites submit a limited data set in one of four common data models (CDMs). Thereafter, sites continue to provide weekly data updates. N3C harmonizes all data into the Observational Medical Outcomes Partnership (OMOP) CDM⁴. See Haendel et al.³ for details regarding data transfer, harmonization, and data quality assurance and integration. Computable phenotypes for COVID-19 and N3C COVID-negative controls are publicly available on GitHub¹.

N3C Patients and Prior Medical History Data

N3C includes cases, controls, and additional non-SARS-CoV-2 related patient encounters (both inpatient and outpatient) all available for analysis. All N3C cases and demographically matched (by age, sex, race, and ethnicity) SARS-CoV-2 negative controls are drawn from encounters in the database starting on or after 1/1/2020. Positive cases are defined via a priori defined SARS-CoV-2 testing and diagnosis code criteria. Specifically, an N3C SARS-CoV-2 case includes any patient from an N3C study site with an encounter on or after 1/1/2020 meeting the following requirements:

- 1) one of a set of a priori-defined SARS-CoV-2 laboratory tests,
- 2) a "strong positive" diagnostic code, or
- 3) two "weak positive" diagnostic codes during one encounter or on the same date prior to 5/1/2020.

This case definition is publicly available on GitHub¹. Encounters in the same health system on or after 1/1/2018 are also included to provide relevant clinical information on pre-existing health conditions ("lookback data"). For the purposes of our analysis

Controls within the database (not used for the purposes of this work's analysis) include patient encounters with a negative SARS-CoV-2 test (and no positive SARS-CoV-2 testing) who are matched by age, sex, race, and ethnicity to the SARS-CoV-2 positive cases. Data for all other patient encounters from the N3C sites during the study period (including many children without any SARS-CoV-2 testing) during the study period are also available within the N3C database for analysis.

Index Encounter and Clinical Severity Definition

The N3C index encounter assigned to a child with a positive SARS-CoV-2 test result was identified via evaluation of all encounters starting up to 30 days before through 7 days after each positive test. We selected as the index encounter that which, amongst this encounter set, demonstrated the maximum Clinical Progression Scale (CPS) score (created by the World Health Organization [WHO] for COVID-19 clinical research⁵). Of note, we combined certain WHO CPS categories due to data limitations (e.g., certain sites did not submit fraction of inspired oxygen [FiO₂]), resulting in four separate outcome groups:

- 1) Mild (outpatient visit only)
- 2) Mild ED (outpatient with emergency department visit)
- 3) Moderate (hospitalized without requiring invasive ventilation, vasopressors/inotropes, or ECMO)
- 4) Severe (hospitalized and requiring invasive ventilation, vasopressors/inotropes, or ECMO, or death)

As such, we identified a single encounter for each SARS-CoV-2 positive pediatric patient for cohort analysis. All subsequent visit-level analyses were performed using this select encounter only.

Comorbidity Identification

All concept sets developed for and utilized within this report are freely available on the platform and include input from clinical subject matter and informatics experts. All concept sets and analytic pipelines are fully reproducible and will be made publicly available. Children with asthma, obesity, and diabetes mellitus as well as those who received vasoactive-inotropic support were identified via adaptation and application of existing concept sets within the enclave. Children with a pediatric complex chronic condition⁶ (PCCC) were identified using an adapted version of our prior PCCC R implementation⁷.

Additional Software Packages Used

We used a variety of SQL, python, and R packages to clean and analyze data. We utilized SparkR⁸ and pyspark⁹ to interface with Apache Spark¹⁰ and utilized R's ggplot2¹¹ for all visualizations.

Additional Study Methods (as per the STROBE¹² guidelines): Study Design: Prospective cohort study of pediatric patients within the N3C

Setting: Of the 90 healthcare sites that signed data transfer agreements (DTAs) with the N3C, 65 contributed data to the N3C enclave. Among these, 56 sites contributed data which 1) completed harmonization and integration, 2) was released for analysis, and 3) included the necessary death and mechanical ventilation information. Each of these 56 data partners represents an individual healthcare entity (e.g. clinic, hospital, healthcare center, or healthcare network). Many of these include large health systems with numerous, separate primary care, urgent care, and

data partners represents an individual healthcare entity (e.g. clinic, hospital, healthcare center, or healthcare network). Many of these include large health systems with numerous, separate primary care, urgent care, and inpatient care locations. All subsequent patient encounters at each site beginning after the N3C join date are included along with relevant lookback data for each patient among the contributed data (includes encounters from each participating site starting on or after 1/1/2018).

<u>Participants:</u> All children <19-years-old at the time of their first SARS-CoV-2 test within the N3C with an encounter end date prior to 9/24/2021.

Variables:

Patient Measurements:

- Date/time of viral testing
- Geographic location at the time of viral testing by United States Census Bureau geographic subregion
- Demographics: EHR-documented race, ethnicity, biological sex, and age (at encounter start)
- Preselected comorbidities: asthma*, diabetes mellitus*, obesity[†], and pediatric complex chronic condition (PCCC, as defined by Chris Feudtner et al⁶ and determined via adaptation of our R implementation⁷ using available diagnosis and procedure codes)
- Medication administration for each patient with matching day of hospitalization (day 0 = day of admission)
- Select patient vital sign and laboratory values documented during index encounter hospitalization

*Asthma and diabetes mellitus diagnoses were identified via application of validated, pre-existing concept sets within the N3C enclave.

†Presence of obesity is determined only for those children \geq 2-years-old with a BMI measurement available, and obesity is defined as those with a BMI \geq 95th percentile for age and sex per CDC criteria¹³).

Outcomes Variables:

- Severe versus moderate maximum CPS clinical severity category
- MIS-C versus acute COVID-19 patient class
- Severe versus moderate maximum CPS clinical severity category by variant era (Delta era versus pre-Delta era)
 - Delta era is defined as all encounters with a start date on or after 6/26/2021, the approximate date at which Delta variant strains exceeded 50% of all sampled strains over a two week period¹⁴

Data Sources / Measurement:

56 data partners from the 9/24/2021 release of the N3C dataset. See Haendel et al.³ for details on data ingestion, common data model mapping, quality assurance, and harmonization.

Bias:

To assess for the introduction of bias by contributing site, we performed a sensitivity analysis to evaluate the impact of the data source (that is, the contributing healthcare site) on the strength of association between each variable and patient maximum clinical severity. For each of the above listed outcome variables, a sensitivity analysis was performed to identify changes in the strength of association between a given predictor and the outcome of interest (see "Statistical Methods" section below).

Study Size:

The study size was determined by the number of index patient encounters (see above) identified at each contributing data partner during the study period.

Quantitative Variables:

Quantitative variables such as patient age and BMI are reported as medians with associated interquartile range (IQR). Patients are grouped based on index encounter maximum clinical severity (e.g. mild, mild ED, moderate, or severe) to aid in identification of variables associated with higher peak clinical severity. For vital sign measurements obtained during hospitalization, each vital sign is reported using the mean for that day (e.g. day 0) over all patients in a given maximum clinical severity category with its corresponding 95% confidence interval. Similarly, laboratory test values are reported using the mean for each lab on a given day of hospitalization over all patients with the corresponding 95% confidence interval and grouped by maximum clinical severity category. When vital signs and laboratory test values are plotted by day of hospitalization, the median is shown along with the associated IQR for that day.

Statistical Methods

As noted above, quantitative variables are reported as medians with corresponding interquartile ranges. Categorical variables (e.g. ethnicity, race, or presence of a particular PCCC category) are reported as the number of patients and associated percentage, stratified by maximum clinical severity category. We used chi square deviance tests to evaluate for statistically significant changes in patient severity over time (specifically the odds of moderate or severe disease) and statistically significant change in the relative proportions of preselected age groups over time. Proportions of children in each maximum clinical severity category receiving a given medication or medication class (e.g. corticosteroid) were compared using Pearson's chi-squared test statistic. To report on the percent of hospitalized patients receiving a given medication or medication class, patients were grouped by study quarter (three month blocks), by index encounter start date, to allow for some granularity while ensuring that each datapoint represented a patient group of at least 20 patients (as reporting of results for groups comprised of <20 patients is not allowed per N3C policy). Separate lines for pediatric and adult classes were plotted to highlight changes in medication use over time during the study period within these two groups.

Multivariable logistic regression (MLR) was used to identify which predictors among a set of preselected variables were associated with an increased odds of severe (versus moderate) maximum clinical severity. Preselected variables included biologic sex, age, ethnicity, race, asthma, obesity, and PCCC categories. Diabetes mellitus (both type I and type II) was initially selected as a predictor for evaluation; however, the low number of hospitalized children with diabetes precluded evaluation in an MLR model. To evaluate age as a risk factor, outcomes of children under 12-years-old were compared to those of children 12-years-old and over. To evaluate ethnicity as a risk factor for severe disease, Hispanic / Latino patient outcomes were compared with non-Hispanic / non-Latino patient outcomes. Similarly, to evaluate race as a risk factor for severe disease, Black / African American and non-Black, non-White severity outcomes were each compared to those of White children. To evaluate the impact of obesity, an MLR for severe (versus moderate) disease was created using only those children ≥2-years-old with a BMI measurement available.

This same MLR approach was used to identify predictors associated with increased odds of receiving an MIS-C diagnosis (versus acute COVID-19) and to identify changes in odds of severe (versus moderate) disease in the Delta era as compared to the pre-Delta era (both overall and for individual predictors). Pre-Delta era and Delta era odds ratios (and 95% CIs) for severe disease for each predictor were calculated along with the change in odds (and corresponding 95% CI) for the change. For each MLR, a separate sensitivity analysis was performed in which we used generalized estimating equations (GEEs) to account for the impact of patient healthcare site on the odds ratio for severe disease for each predictor. All GEEs used an exchangeable working correlation structure.

Mean values for a given vital sign or laboratory test value on a given day of hospitalization (e.g. day 0 or day 7) were compared using GEEs with an exchangeable working correlation structure. We assessed for significance in change over time for each vital sign or lab result during hospitalization using a linear model to average over the first week of values. We then used the model results to estimate the difference between hospital day 0 and day 7 for each severity subgroup. Lastly, proportions of cases requiring hospitalization in the pre-Delta and Delta eras were compared using chi-square tests.

Data Sharing

The N3C Data Enclave (covid.cd2h.org/enclave) houses fully reproducible, transparent, and broadly available limited and de-identified datasets (HIPAA definitions available at https://www.hhs.gov/hipaa/index.html). Enclave data can be accessed by investigators at institutions that have signed a Data Use Agreement with the NIH who have taken the required human subjects and security training and agree to the N3C User Code of Conduct. Those desiring access to the limited dataset need also supply an IRB protocol from their institution. Data access requests are reviewed by the NIH Data Access Committee. A full description of the N3C Enclave governance has been published³ and additional information on the access application process is available on the NCATS website: https://ncats.nih.gov/n3c/about/applying-for-access. The data model utilized is OMOP 5.3.1, and specifications are available at: https://ncats.nih.gov/files/OMOP_CDM_COVID.pdf

Additional N3C resources including code and governance documents are available within the project GitHub repositories and/or in Zenodo for archival purposes: https://github.com/National-COVID-Cohort-Collaborative https://zenodo.org/communities/cd2h-covid/

Additional information regarding each of the source Common Data Models is available at:

OHDSI: https://ohdsi.org/ PCORNet: https://pcornet.org/

ACT: https://www.dbmi.pitt.edu/node/53983

TriNetX: https://trinetx.com/

Ethics and Regulatory

The N3C data transfer to NCATS is performed under a Johns Hopkins University Reliance Protocol # IRB00249128 or individual site agreements with NIH. Use of the N3C data for this study is authorized under the following IRB Protocols:

Site	IRB name	Exempted vs approved	Protocol number
University of Colorado	Colorado Multiple Institutional Review Board	approved	20-2225
Johns Hopkins University	Johns Hopkins Office of Human Subjects Research - Institutional Review Board	approved	IRB00249128
University of North Carolina	University of North Carolina Chapel Hill Institutional Review Board	exempted	20-3106
Stony Brook University	Office of Research Compliance, Division of Human Subject Protections, Stony Brook University	exempted	IRB2020-00604

eTable 1: N3C	Pediatric and	Adult Coho	rt Characteri	stics		Г	г		
A. Pediatric Pat	tients								
Demographic Category	All Children Tested	PCR/Ag Positive	PCR/Ag Negative	PCR/Ag UNK	No PCR / Ag Test	Ab Positive	Ab Negative	Ab UNK	No Ab Test
Number of Encounters	1,068,410	160,166	655,422	155	252,667	7,579	9,399	<20	1,051,425
Age									
Age(y), mean (SD)	9.7 (5.9)	10.9 (5.8)	9.2 (5.9)	9.2 (5.7)	10.1 (5.9)	11.2 (5.6)	11.1 (5.7)	*	9.7 (5.9)
Age(y), median (IQR)	9.8 (4.1, 15.2)	11.9 (6.0, 16.1)	9.0 (3.7, 14.8)	8.5 (4.8, 13.8)	10.4 (4.5, 15.7)	12.3 (6.4, 16.2)	12.3 (6.2, 16.2)	*	9.7 (4.1, 15.2)
Gender									
Male	542,779 (50.8%)	80,180 (50.1%)	337,987 (51.6%)	69 (44.5%)	124,543 (49.3%)	3,873 (51.1%)	4,880 (51.9%)	<20 (0%)	534,021 (50.8%)
Female	514,972 (48.2%)	79,407 (49.6%)	314,634 (48.0%)	78 (50.3%)	120,853 (47.8%)	3,694 (48.7%)	4,484 (47.7%)	<20 (0%)	506,792 (48.2%)
Other	10,659 (1.0%)	579 (0.4%)	2,801 (0.4%)	<20 (0%)	7,271 (2.9%)	<20 (0%)	35 (0.4%)	<20 (0%)	10,612 (1.0%)
Ethnicity									
Hispanic or Latino	201,162 (18.8%)	34,899 (21.8%)	124,267 (19.0%)	45 (29.0%)	41,951 (16.6%)	1,699 (22.4%)	1,467 (15.6%)	<20 (0%)	197,993 (18.8%)
Not Hispanic or Latino	702,394 (65.7%)	100,836 (63.0%)	442,833 (67.6%)	92 (59.4%)	158,633 (62.8%)	4,671 (61.6%)	6,525 (69.4%)	<20 (0%)	691,197 (65.7%)
Missing / Unknown	164,854 (15.4%)	24,431 (15.3%)	88,322 (13.5%)	<20 (0%)	52,083 (20.6%)	1,209 (16.0%)	1,407 (15.0%)	<20 (0%)	162,235 (15.4%)
Race									
Asian	26,622 (2.5%)	3,450 (2.2%)	17,092 (2.6%)	<20 (0%)	6,077 (2.4%)	168 (2.2%)	271 (2.9%)	<20 (0%)	26,183 (2.5%)
Black or African American	172,861 (16.2%)	26,168 (16.3%)	109,130 (16.7%)	26 (16.8%)	37,537 (14.9%)	977 (12.9%)	1,250 (13.3%)	<20 (0%)	170,633 (16.2%)
Native Hawaiian / Pacific Islander	2,919 (0.3%)	380 (0.2%)	1,738 (0.3%)	<20 (0%)	801 (0.3%)	<20 (0%)	29 (0.3%)	<20 (0%)	2,874 (0.3%)
White	601,095 (56.3%)	89,696 (56.0%)	385,091 (58.8%)	79 (51.0%)	126,229 (50.0%)	3,345 (44.1%)	5,249 (55.8%)	<20 (0%)	592,498 (56.4%)
Other	237,079 (22.2%)	36,346 (22.7%)	131,173 (20.0%)	46 (29.7%)	69,514 (27.5%)	2,935 (38.7%)	2,468 (26.3%)	<20 (0%)	231,673 (22.0%)
Missing / Unknown	27,312 (2.6%)	3,990 (2.5%)	10,852 (1.7%)	<20 (0%)	12,469 (4.9%)	128 (1.7%)	117 (1.2%)	<20 (0%)	27,067 (2.6%)

B. Adult Patients									
Demographic Category	All Adults Tested	PCR/Ag Positive	PCR/Ag Negative	PCR/Ag UNK	No PCR/Ag Test	Ab Positive	Ab Negative	Ab UNK	No Ab Test
Number of Encounters	6,149,156	929,785	3,584,274	863	1,634,234	93,890	148,073	154	5,907,039
Age									
Age(y) mean (SD)	49.8 (18.5)	48.0 (18.4)	50.5 (18.5)	47.2 (17.9)	49.4 (18.3)	51.8 (16.9)	50.2 (16.7)	45.4 (13.7)	49.8 (18.5)
Age(y) median (IQR)	49.5 (34.1, 63.8)	46.7 (32.2, 61.3)	50.5 (34.6, 64.7)	45.4 (32.5, 60.4)	48.9 (34.0, 63.0)	52.3 (38.2, 64.3)	49.9 (36.5, 62.4)	46.5 (34.7, 53.5)	49.4 (33.9, 63.8)
Gender									
Male	2,630,622 (42.8%)	417,987 (45.0%)	1,529,245 (42.7%)	333 (38.6%)	683,057 (41.8%)	· '	59,210 (40.0%)		2,533,938 (42.9%)
Female	3,422,386 (55.7%)	505,600 (54.4%)	2,026,790 (56.5%)	432 (50.1%)	889,564 (54.4%)		88,209 (59.6%)		3,278,093 (55.5%)
Other	96,148 (1.6%)	6,198 (0.7%)	28,239 (0.8%)	98 (11.4%)	61,613 (3.8%)	486 (0.5%)	654 (0.4%)	<20 (0%)	95,008 (1.6%)
Ethnicity									
Hispanic or Latino	703,632 (11.4%)	154,384 (16.6%)	388,108 (10.8%)	15/(18/%)	160,983 (9.9%)	-	15,209 (10.3%)		674,934 (11.4%)
Not Hispanic or Latino	4,730,166 (76.9%)	669,372 (72.0%)	2,881,057 (80.4%)	557 (64.5%)	1,179,180 (72.2%)		118,892 (80.3%)		4,541,191 (76.9%)
Missing / Unknown	715,358 (11.6%)	106,029 (11.4%)	315,109 (8.8%)	149 (17.3%)	294,071 (18.0%)		13,972 (9.4%)		690,914 (11.7%)
Race									
Asian	182,864 (3.0%)	25,726 (2.8%)	109,531 (3.1%)	41 (4.8%)	47,566 (2.9%)	3,505 (3.7%)			173,248 (2.9%)
Black or African American	874,647 (14.2%)	141,483 (15.2%)	539,304 (15.0%)	114 (13.2%)	193,746 (11.9%)	· '	16,221 (11.0%)		847,395 (14.3%)
Native Hawaiian / Pacific Islander	10,891 (0.2%)	1,827 (0.2%)	5,421 (0.2%)	<20 (0%)	3,642 (0.2%)	121 (0.1%)	253 (0.2%)	<20 (0%)	10,517 (0.2%)
White	3,861,223 (62.8%)	552,163 (59.4%)	2,359,258 (65.8%)	424 (49.1%)	949,378 (58.1%)		96,524 (65.2%)		3,711,538 (62.8%)
Other	1,045,699 (17.0%)	170,082 (18.3%)	481,042 (13.4%)	279 (32.3%)	394,296 (24.1%)		27,168 (18.3%)		994,621 (16.8%)
Missing / Unknown	170,316 (2.8%)	37,524 (4.0%)	87,474 (2.4%)	<20 (0%)	45,314 (2.8%)	2,220 (2.4%)	1,706 (1.2%)		166,390 (2.8%)

N3C Cohort Characteristics. Demographic characteristics for pediatric (A) and adult (B) N3C patients stratified by SARS-CoV-2 test type and result. Per N3C policy, cells with <20 patients are censored and replaced each with "<20 (0%)."

*Cell censored per N3C policy for having <20 associated patient encounters Definitions: Ab = antibody, Ag = antigen, IQR = interquartile range, PCR = polymerase chain reaction, SD = standard deviation, UNK = Unknown

eTable 2: Adjusted Odds for Severe Disease by Demographic or Comorbidity Variable

Variable	OR (95% CI, p-value)	aOR (95% CI, p-value)
Sex (male vs. female)†	1.37 (1.21-1.56, < 0.001)	1.32 (1.19-1.46, <0.001)
Age†	0.88 (0.77-1.00, 0.05)	0.91 (0.82-1.02, 0.1)
Ethnicity†	0.96 (0.81-1.12, 0.58)	0.99 (0.89 – 1.09, 0.80)
Black or African American‡	1.25 (1.06-1.47, 0.008)	1.29 (1.13-1.46, <0.001)
Non-Black, Non-White	1.23 (1.04-1.45, 0.01)	1.08 (0.98-1.20, 0.13)
Obese (>= 95th percentile)	1.19 (1.01-1.41, 0.04)	1.19 (1.00-1.41, 0.04)
Asthma Diagnosis	0.91 (0.73-1.13, 0.38)	0.87 (0.72-1.05, 0.16)
<u>PCCC</u>		
Any Category	1.20 (1.16-1.24, < 0.001)	1.16 (1.12–1.21, < 0.001)
Congenital/Genetic	1.17 (0.91-1.49, 0.22)	1.10 (0.90-1.35, 0.35)
Cardiovascular	1.76 (1.40-2.22, < 0.001)	1.57 (1.27-1.92, < 0.001)
Gastrointestinal	1.03 (0.75-1.43, 0.85)	1.09 (0.78-1.52, 0.62)
Heme / Immune	0.83 (0.65-1.07, 0.16)	0.84 (0.63-1.10, 0.20)
Malignancy	1.82 (1.33-2.49, <0.001)	1.70 (1.18-2.45, 0.005)
Metabolic	1.16 (0.91-1.49, 0.23)	1.11 (0.95-1.30, 0.19)
Neonatal	0.99 (0.70-1.41, 0.95)	0.99 (0.71-1.37, 0.95)
Neuromuscular	1.36 (1.06-1.74, 0.02)	1.21 (0.87-1.69, 0.26)
Renal	0.62 (0.45-0.86, 0.004)	0.59 (0.43-0.80, 0.001)
Respiratory	1.51 (1.10-2.08, 0.01)	1.46 (1.01-2.12, 0.04)
Tech Dependence	1.68 (1.19-2.38, 0.004)	1.49 (1.08-2.04, 0.01)
Transplant	1.37 (0.82-2.27, 0.23)	1.21 (0.71-2.09, 0.48)

Sensitivity analysis evaluating impact of contributing health site on odds of severe disease.

A generalized estimating equation-based analysis to determine the adjusted odds of severe (versus moderate) disease for each demographic and comorbidity variable.

Abbreviations: aOR = adjusted odds ratio, CI = confidence interval, OR = odds ratio

- † Odds ratio listed for sex is the odds of a male patient developing severe disease compared to a female patient; the odds ratio for age is the odds of a patient <12-years-old getting severe disease compared to a patient ≥12-years-old; the odds ratio for ethnicity is the odds of a Hispanic patient getting severe disease vs. a non-Hispanic patient (either not Hispanic or unknown)
- ‡ Odds ratio for a Black / African American child developing severe disease as compared to a White child ± Odds ratio for a non-Black, non-White child developing severe disease as compared to a White child

eTable 3. Medication Administration Rates by Pediatric Severity Subgroup

Medication Category	Medication Name	Severity Category	Children who received the medication, n (%)	p value*
Antimicrobial Overall		Moderate	2679 (30)	p < 0.001
Allumiciobiai Overali		Severe	987 (69)	p < 0.001
Immunomodulation		Moderate	1230 (14)	p < 0.001
Overall		Severe	753 (53)	p < 0.001
Antimicrobial	Azithromycin	Moderate	272 (3)	p < 0.001
Allumiciobiai	Aziuliolliyelli	Severe	89 (6)	p < 0.001
Antimicrobial	Remdesivir	Moderate	147 (2)	p < 0.001
Allumiciobiai	Remuesivii	Severe	118 (8)	p < 0.001
Antimicrobial	Systemic	Moderate	2569 (29)	n < 0.001
Allumicrobiai	Antibacterial	Severe	955 (67)	p < 0.001
Antimicrobial	Crystomia Antifuncal	Moderate	104 (1)	m < 0.001
Allumicrobiai	Systemic Antifungal	Severe	136 (10)	p < 0.001
Antimicrobial	Crystomia Antivinal	Moderate	234 (3)	n < 0.001
Allumicrobiai	Systemic Antiviral	Severe	188 (13)	p < 0.001
Immunomodulation	Anakinra	Moderate	89 (1)	p < 0.001
Illillullolllodulatioli	Allakilila	Severe	153 (11)	p < 0.001
Immunomodulation	Dexamethasone	Moderate	412 (5)	p < 0.001
Illillullolllodulatioll	Dexamediasone	Severe	192 (13)	p < 0.001
Immunomodulation	Hydrocortisone	Moderate	133 (2)	p < 0.001
Illillullolllodulatioll	Hydrocorusone	Severe	255 (18)	p < 0.001
Immunomodulation	Infliximab	Moderate	52 (0.6)	m < 0.001
Immunomodulation	IIIIIXIIIIab	Severe	39 (3)	p < 0.001
Immunomodulation	Mathylmuadniaalana	Moderate	405 (5)	n < 0.001
IIIIIIulioillodulation	Methylprednisolone	Severe	310 (22)	p < 0.001
Immunomodulation	Dradnisana	Moderate	437 (5)	n < 0.001
Immunomodulation	Prednisone	Severe	220 (15)	p < 0.001
Immunomodulatio-	Systemic	Moderate	1142 (13)	m < 0.001
Immunomodulation	Corticosteroid	Severe	684 (48)	p < 0.001

Statistical comparison of medication administration during pediatric hospitalization among moderate (N = 8,822) and severe (N = 1,423) subgroups.

^{*}Comparison of the proportions of patients in the moderate vs severe subgroups who received a given medication / medication class.

eTable 4: Vital sign changes during the first week of hospitalization

Vital Sign	Severity Comparison Metric	Mean Value	Standard Error	CI Lower Limit	CI Upper Limit	p value
Systolic blood pressure	Severe: Day 0	103.2	0.8	101.6	104.8	
(mmHg)	Severe: Day 7	109.4	1.2	107.1	111.7	
	Severe: Day 7 - Day 0	6.2	1.4	3.4	9.0	p < 0.001
	Moderate: Day 0	108.4	0.3	107.8	109.1	
	Moderate: Day 7	112.0	0.8	110.3	113.6	
	Moderate: Day 7 - Day 0	3.5	1.0	1.6	5.5	p < 0.001
	Severe Day 0 - Moderate Day 0	-6.2	0.88	-7.92	-4.47	p < 0.001
Heart rate (beats per	Severe: Day 0	115.2	1.3	112.7	117.7	
minute)	Severe: Day 7	92.1	2.0	88.3	96.0	
	Severe: Day 7 - Day 0	-23.1	2.2	-27.4	-18.7	p < 0.001
	Moderate: Day 0	112.8	0.6	111.6	114.1	
	Moderate: Day 7	85.9	1.5	82.9	88.9	
	Moderate: Day 7 - Day 0	-26.9	1.7	-30.2	-23.5	p < 0.001
	Severe Day 0 - Moderate Day 0	4.69	1.52	1.72	7.66	p = 0.002
Respiratory rate	Severe: Day 0	27.1	0.5	26.1	28.2	
(breaths per minute)	Severe: Day 7	24.2	0.8	22.7	25.8	

	Severe: Day 7 - Day 0	-2.9	1.1	-5.0	-0.8	p = 0.006
	Moderate: Day 0	25.3	0.2	24.9	25.7	
	Moderate: Day 7	21.9	0.4	21.0	22.8	
	Moderate: Day 7 - Day 0	-3.4	0.5	-4.4	-2.4	p < 0.001
	Severe Day 0 - Moderate Day 0	2.05	0.5	1.06	3.04	p < 0.001
Diastolic blood pressure	Severe: Day 0	59.9	0.6	58.7	61.0	
(mmHg)	Severe: Day 7	62.9	0.9	61.0	64.7	
	Severe: Day 7 - Day 0	3.0	1.2	0.6	5.4	p = 0.01
	Moderate: Day 0	64.7	0.2	64.2	65.2	
	Moderate: Day 7	67.9	0.7	66.6	69.1	
	Moderate: Day 7 - Day 0	3.2	0.8	1.6	4.7	p < 0.001
	Severe Day 0 - Moderate Day 0	-5.1	0.65	-6.37	-3.83	p < 0.001
Mean arterial pressure	Severe: Day 0	70.4	1.4	67.7	73.1	
(mmHg)	Severe: Day 7	74.3	1.7	70.9	77.7	
	Severe: Day 7 - Day 0	3.9	1.9	0.2	7.7	p = 0.04
	Moderate: Day 0	74.3	0.7	72.9	75.8	
	Moderate: Day 7	82.8	1.6	79.6	86.0	
	Moderate: Day 7 - Day 0	8.4	2.0	4.5	12.4	p < 0.001

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	Severe Day 0 - Moderate Day 0	-7.6	1.99	-11.5	-3.69	p < 0.001
Temperature (°C)	Severe: Day 0	37.2	0.0	37.1	37.3	
	Severe: Day 7	36.7	0.1	36.6	36.8	
	Severe: Day 7 - Day 0	-0.5	0.1	-0.7	-0.3	p < 0.001
	Moderate: Day 0	37.2	0.0	37.1	37.2	
	Moderate: Day 7	36.6	0.0	36.5	36.6	
	Moderate: Day 7 - Day 0	-0.6	0.0	-0.7	-0.5	p < 0.001
	Severe Day 0 - Moderate Day 0	-0.03	0.05	-0.13	0.07	p = 0.55
SpO2 (%)	Severe: Day 0	95.6	0.3	94.9	96.3	
	Severe: Day 7	95.1	0.5	94.1	96.0	
	Severe: Day 7 - Day 0	-0.6	0.6	-1.8	0.7	p = 0.37
	Moderate: Day 0	97.7	0.1	97.5	97.9	
	Moderate: Day 7	97.6	0.2	97.2	97.9	
	Moderate: Day 7 - Day 0	-0.1	0.2	-0.5	0.3	p = 0.50
	Severe Day 0 - Moderate Day 0	-2.63	0.43	-3.48	-1.78	p < 0.001

Statistical comparison of the initial values and trends (from day 0 to day 7 of hospitalization) for vital signs between moderate and severe pediatric subgroups.

Abbreviations: CI = confidence interval, SpO2 = peripheral oxygen saturation

eTable 5: Changes in laboratory test values during the first week of hospitalization

Laboratory Test	Severity Comparison Metric	Mean	Standard Error	CI Lower	CI Upper	p value
	Severe Day 7 - Day 0	-0.2	0.1	-0.3	-0.1	p < 0.001
Albumin (g/dL)	Moderate Day 7 - Day 0	-0.6	0.0	-0.7	-0.6	p < 0.001
	Severe Day 0 - Moderate Day 0	-0.54	0.03	-0.61	-0.47	p < 0.001
	Severe Day 7 - Day 0	-99.0	55.4	-207.6	9.6	p = 0.07
ALT (SGPT), IU/L	Moderate Day 7 - Day 0	-132.7	85.7	-300.6	35.3	p = 0.12
	Severe Day 0 - Moderate Day 0	33.65	13.98	6.24	61.06	p = 0.02
	Severe Day 7 - Day 0	-163.1	57.9	-276.5	-49.6	p = 0.005
AST (SGOT), IU/L	Moderate Day 7 - Day 0	-93.0	43.9	-179.0	-7.0	p = 0.03
	Severe Day 0 - Moderate Day 0	48.46	16.78	15.57	81.36	p = 0.004
Bilirubin	Severe Day 7 - Day 0	0.0	0.2	-0.5	0.4	p = 0.85
(Unconjugated /	Moderate Day 7 - Day 0	-0.3	0.3	-0.8	0.2	p = 0.26
Indirect), mg/dL	Severe Day 0 - Moderate Day 0	-0.05	0.17	-0.38	0.28	p = 0.77
Bilirubin	Severe Day 7 - Day 0	-0.2	0.2	-0.5	0.2	p = 0.33
(Conjugated /	Moderate Day 7 - Day 0	-0.6	0.2	-1.0	-0.2	p = 0.003
Direct),mg/dL	Severe Day 0 - Moderate Day 0	0.09	0.07	-0.04	0.22	p = 0.18
D'I' 1' (/ / 1)	Severe Day 7 - Day 0	-0.1	0.3	-0.6	0.4	p = 0.67
Bilirubin (total),	Moderate Day 7 - Day 0	-0.6	0.2	-0.9	-0.3	p < 0.001
mg/dL	Severe Day 0 - Moderate Day 0	0.11	0.09	-0.07	0.29	p = 0.21
DMD (11 C)	Severe Day 7 - Day 0	-4714.9	802.1	-6286.9	-3142.9	p < 0.001
BNP (all forms),	Moderate Day 7 - Day 0	-806.3	337.0	-1466.8	-145.8	p = 0.02
pg/mL	Severe Day 0 - Moderate Day 0	3,108.1	687.7	1,760.1	4,456.0	p < 0.001
	Severe Day 7 - Day 0	-0.3	2.0	-4.2	3.7	p = 0.90
BUN, mg/dL	Moderate Day 7 - Day 0	-3.4	0.9	-5.1	-1.6	p < 0.001
	Severe Day 0 - Moderate Day 0	4.65	0.66	3.35	5.94	p < 0.001
DIIN/Constining	Severe Day 7 - Day 0	12.5	2.6	7.5	17.5	p < 0.001
BUN/Creatinine	Moderate Day 7 - Day 0	7.7	2.0	3.7	11.7	p < 0.001
ratio	Severe Day 0 - Moderate Day 0	2.99	2.10	-1.13	7.10	p = 0.15
c-reactive protein	Severe Day 7 - Day 0	-137.0	10.7	-157.9	-116.0	p < 0.001
(CRP),	Moderate Day 7 - Day 0	-93.4	6.8	-106.8	-80.0	p < 0.001
mg/L	Severe Day 0 - Moderate Day 0	55.98	6.77	42.72	69.24	p < 0.001
	Severe Day 7 - Day 0	-2.2	0.7	-3.7	-0.8	p = 0.003
Chloride, mmol/L	Moderate Day 7 - Day 0	0.5	0.4	-0.4	1.3	p = 0.27
	Severe Day 0 - Moderate Day 0	-0.18	0.25	-0.67	0.31	p = 0.48
	Severe Day 7 - Day 0	-0.4	0.1	-0.6	-0.2	p < 0.001
Creatinine, mg/dL	Moderate Day 7 - Day 0	-0.4	0.1	-0.6	-0.2	p < 0.001
	Severe Day 0 - Moderate Day 0	0.22	0.06	0.12	0.33	p < 0.001
	Severe Day 7 - Day 0	0.4	0.7	-1.0	1.8	p = 0.55
D-Dimer, mg/L	Moderate Day 7 - Day 0	-0.6	0.3	-1.2	0.0	p = 0.06
	Severe Day 0 - Moderate Day 0	1.22	0.37	0.49	1.95	p = 0.001
	Severe Day 7 - Day 0	3.2	4.8	-6.2	12.7	p = 0.50
Erythrocyte Sed.	Moderate Day 7 - Day 0	12.0	4.0	4.1	19.9	p = 0.003
Rate, mm/hr	Severe Day 0 - Moderate Day 0	5.68	2.11	1.54	9.82	p = 0.007
	Severe Day 7 - Day 0	-542.5	153.1	-842.6	-242.4	p < 0.001
Ferritin, ng/mL	Moderate Day 7 - Day 0	-98.2	149.5	-391.1	194.7	p = 0.51
, 6	Severe Day 0 - Moderate Day 0	232.82	102.58	31.76	433.88	p = 0.02
	Severe Day 7 - Day 0	-141.5	24.6	-189.7	-93.2	p < 0.001
Fibrinogen	Moderate Day 7 - Day 0	-163.1	24.4	-210.9	-115.3	p < 0.001
l e	Severe Day 0 - Moderate Day 0	-13.67	16.95	-46.90	19.56	p = 0.42

	T				T	T
	Severe Day 7 - Day 0	-19.7	5.4	-30.4	-9.1	p < 0.001
Glucose, mg/dL	Moderate Day 7 - Day 0	-43.0	5.7	-54.1	-31.9	p < 0.001
	Severe Day 0 - Moderate Day 0	14.24	2.64	9.07	19.41	p < 0.001
	Severe Day 7 - Day 0	-0.7	0.2	-1.1	-0.4	p < 0.001
Hemoglobin, g/dL	Moderate Day 7 - Day 0	-1.4	0.1	-1.7	-1.2	p < 0.001
	Severe Day 0 - Moderate Day 0	-0.53	0.10	-0.73	-0.33	p < 0.001
	Severe Day 7 - Day 0	12.4	87.4	-158.9	183.7	p = 0.89
IL-6, pg/mL	Moderate Day 7 - Day 0	0.0	46.9	-91.9	91.9	p = 1.00
	Severe Day 0 - Moderate Day 0	78.89	27.77	24.47	133.32	p = 0.005
Lactate	Severe Day 7 - Day 0	-276.5	143.0	-556.9	3.8	p = 0.05
Dehydrogenase	Moderate Day 7 - Day 0	-160.9	64.8	-287.8	-33.9	p = 0.01
(LDH), units/L	Severe Day 0 - Moderate Day 0	159.38	57.40	46.88	271.88	p = 0.006
	Severe Day 7 - Day 0	-2.1	0.3	-2.7	-1.5	p < 0.001
Lactate, mM	Moderate Day 7 - Day 0	-2.9	1.2	-5.2	-0.6	p = 0.02
	Severe Day 0 - Moderate Day 0	0.49	0.11	0.27	0.71	p < 0.001
Lymphocytes	Severe Day 7 - Day 0	-0.1	0.2	-0.5	0.3	p = 0.64
(absolute),	Moderate Day 7 - Day 0	0.3	0.2	-0.1	0.6	p = 0.12
$x10^3/\mu$ L	Severe Day 0 - Moderate Day 0	-0.27	0.10	-0.48	-0.07	p = 0.009
T1	Severe Day 7 - Day 0	3.5	1.1	1.4	5.6	p < 0.001
Lymphocytes	Moderate Day 7 - Day 0	10.5	0.8	8.8	12.1	p < 0.001
(relative), %	Severe Day 0 - Moderate Day 0	-7.40	0.78	-8.92	-5.87	p < 0.001
Neutrophils	Severe Day 7 - Day 0	-0.2	0.8	-1.7	1.3	p = 0.82
(absolute),	Moderate Day 7 - Day 0	-1.5	0.4	-2.2	-0.8	p < 0.001
$x10^3/\mu$ L	Severe Day 0 - Moderate Day 0	1.98	0.34	1.31	2.66	p < 0.001
•	Severe Day 7 - Day 0	-3.2	1.6	-6.4	0.0	p = 0.05
Neutrophils	Moderate Day 7 - Day 0	-8.6	1.2	-10.9	-6.2	p < 0.001
(relative), %	Severe Day 0 - Moderate Day 0	6.72	1.23	4.31	9.13	p < 0.001
	Severe Day 7 - Day 0	-9538.9	1765.5	-12999.2	-6078.6	p < 0.001
NT-proBNP, pg/mL	Moderate Day 7 - Day 0	-1178.9	523.1	-2204.2	-153.7	p = 0.02
· · · · · · · · · · · · · · · · · ·	Severe Day 0 - Moderate Day 0	6,297	1,479	3,399	9,196	p < 0.001
	Severe Day 7 - Day 0	0.10	0.01	0.08	0.12	p < 0.001
pН	Moderate Day 7 - Day 0	0.15	0.02	0.11	0.18	p < 0.001
F	Severe Day 0 - Moderate Day 0	-0.01	0.01	-0.02	0.01	p = 0.48
DI . I .	Severe Day 7 - Day 0	69.9	10.2	49.8	89.9	p < 0.001
Platelet count,	Moderate Day 7 - Day 0	80.7	7.2	66.6	94.9	p < 0.001
$x10^3/\mu$ L	Severe Day 0 - Moderate Day 0	-48.59	5.41	-59.20	-37.98	p < 0.001
	Severe Day 7 - Day 0	0.03	0.06	-0.09	0.14	p = 0.64
Potassium, mmol/L	Moderate Day 7 - Day 0	-0.09	0.04	-0.17	-0.01	p = 0.03
Totassiani, innion E	Severe Day 0 - Moderate Day 0	-0.17	0.03	-0.23	-0.11	p < 0.001
	Severe Day 7 - Day 0	-11.9	2.6	-16.9	-6.8	p < 0.001
Procalcitonin,	Moderate Day 7 - Day 0	-6.0	1.9	-9.8	-2.2	p = 0.002
ng/mL	Severe Day 0 - Moderate Day 0	8.28	2.65	3.08	13.48	p = 0.002
	Severe Day 7 - Day 0	1.6	0.7	0.2	3.0	p = 0.002
Sodium, mmol/L	Moderate Day 7 - Day 0	1.5	0.4	0.6	2.4	p = 0.001
Sourain, illiloi/L	Severe Day 0 - Moderate Day 0	-0.88	0.22	-1.32	-0.45	p = 0.001
	Severe Day 7 - Day 0	-1.64	0.22	-2.76	-0.52	p < 0.001 p = 0.004
Troponin all types,	Moderate Day 7 - Day 0	-1.30	0.49	-2.76	-0.35	p = 0.004 p = 0.008
ng/mL	Severe Day 0 - Moderate Day 0	0.45	0.49	0.03	0.87	p = 0.008
White blood cell	Severe Day 7 - Day 0	-2.81	2.81	-8.33	2.70	p = 0.04 p = 0.32
count,	Moderate Day 7 - Day 0	-2.00	1.09	-8.33 -4.14	0.13	p = 0.32 p = 0.07
		2.42	0.81	0.84	4.00	
$x10^3/\mu$ L	Severe Day 0 - Moderate Day 0					p = 0.003

Statistical comparison of the initial values and trends (from day 0 to day 7 of hospitalization) for laboratory results between moderate and severe pediatric subgroups. Day 7 and day 0 mean values not shown.

Abbreviations: ALT = alanine aminotransferase, AST = aspartate aminotransferase, BNP = brain natriuretic peptide, BUN = blood urea nitrogen, CI = confidence interval, IL-6 interleukin-6, NT-proBNP = N-terminal pro brain natriuretic peptide.

eTable 6: Proportion of children with a given lab test result by severity subgroup

Lab Test	Severity Category	Children with Lab Available, n (%)	Adults with Lab Available, n (%)
ALT (SGPT), IU/L	Severe	946 (66)	32201 (78)
ALT (501 1), 10/L	Moderate	3471 (39)	91101 (67)
AST (SGOT), IU/L	Severe	1002 (70)	33892 (82)
1161 (6661), 16/2	Moderate	3789 (43)	103552 (76)
Albumin (g/dL)	Severe	1013 (71)	34216 (83)
Thousand (g/dL)	Moderate	4042 (46)	107634 (79)
BNP (all forms), pg/mL	Severe	554 (39)	22098 (53)
bivi (an iorins), pg/inL	Moderate	1276 (14)	49156 (36)
BUN, mg/dL	Severe	1131 (79)	37629 (91)
BUN, mg/uL	Moderate	4967 (56)	122020 (90)
BUN/Creatinine ratio	Severe	178 (13)	11721 (28)
BOWCIeatilline ratio	Moderate	1245 (14)	42383 (31)
Dilimshin (Conjugated/Direct) ma/dI	Severe	599 (42)	21539 (52)
Bilirubin (Conjugated/Direct), mg/dL	Moderate	1651 (19)	53646 (39)
Dilimbin (4545) may/JI	Severe	1032 (73)	35923 (87)
Bilirubin (total), mg/dL	Moderate	4067 (46)	111413 (82)
Bilirubin - (Unconjugated/Indirect),	Severe	278 (20)	6432 (16)
mg/dL	Moderate	527 (6)	14065 (10)
Chlorida manal/I	Severe	1142 (80)	37616 (91)
Chloride, mmol/L	Moderate	4987 (57)	121951 (90)
Constinuing mod/41	Severe	1133 (80)	37667 (91)
Creatinine, mg/dL	Moderate	4984 (56)	122251 (90)
D Dimon work FELL	Severe	380 (27)	19825 (48)
D-Dimer, mg/L FEU	Moderate	1115 (13)	58530 (43)
Erythrocyte Sed. Rate, mm/hr	Severe	570 (40)	11167 (27)
Erythrocyte Sed. Rate, Illii/Ill	Moderate	1554 (18)	24466 (18)
Fouritin ng/ml	Severe	588 (41)	24927 (60)
Ferritin, ng/mL	Moderate	1400 (16)	69839 (51)
Fibrinogen mg/dL	Severe	617 (43)	11966 (29)
Tiormogon mg/ub	Moderate	833 (9)	15464 (11)
Glucose, mg/dL	Severe	1134 (80)	37510 (90)
carrow, mg and	Moderate	5060 (57)	121217 (89)
Hemoglobin, g/dL	Severe	1152 (81)	37566 (91)
0, 6	Moderate	5195 (59)	123850 (91)
IL-6, pg/mL	Severe	137 (10)	3790 (9)

	Moderate	111 (1)	6042 (4)
I was Dalata and A DID at A	Severe	398 (28)	19753 (48)
Lactate Dehydrogenase (LDH), units/L	Moderate	788 (9)	53493 (39)
T	Severe	815 (57)	27913 (67)
Lactate, mmol/L	Moderate	1399 (16)	57520 (42)
Y 1021 Y	Severe	883 (62)	33569 (81)
Lymphocytes (absolute), $x10^3/\mu L$	Moderate	4114 (47)	109304 (80)
Ihto = (lati) 0/	Severe	1045 (73)	33268 (80)
Lymphocytes (relative), %	Moderate	4677 (53)	112995 (83)
NT are DND ac/ml	Severe	309 (22)	11608 (28)
NT pro BNP, pg/mL	Moderate	889 (10)	29859 (22)
N . 13 (1 1) 103/m	Severe	757 (53)	32152 (78)
Neutrophils (absolute), $x10^3/\mu L$	Moderate	3684 (42)	102215 (75)
Nautonalila (valation) 0/	Severe	671 (47)	33268 (80)
Neutrophils (relative), %	Moderate	3224 (37)	94513 (69)
DI 1 1 103/11	Severe	928 (65)	36277 (88)
Platelet count, $x10^3/\mu L$	Moderate	4339 (49)	116436 (86)
Detective mmol/	Severe	1143 (80)	37619 (91)
Potassium, mmol/L	Moderate	4956 (56)	121795 (90)
Pusaslaitanin na/mI	Severe	325 (23)	17444 (42)
Procalcitonin, ng/mL	Moderate	940 (11)	43524 (32)
Codium mmol/I	Severe	1144 (80)	37628 (91)
Sodium, mmol/L	Moderate	4999 (57)	121500 (89)
Troponin all types, ng/mL	Severe	468 (33)	16632 (40)
Tropolini an types, ng/mL	Moderate	726 (8)	35537 (26)
W/I: 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Severe	893 (63)	36499 (88)
White blood cell count, $x10^3/\mu$ L	Moderate	4397 (50)	120301 (88)
c-reactive protein CRP, mg/L	Severe	702 (49)	20175 (49)
c-reactive protein CKP, Ing/L	Moderate	1655 (19)	49491 (36)
au	Severe	730 (51)	26237 (63)
рН	Moderate	1015 (12)	32237 (24)

Proportion of children in the moderate (N = 8,822) and severe (N = 1,423) disease subgroups alongside the number and percent of adults in the moderate (N = 136,055) and severe (N = 41,457) disease subgroups who had at least one value for a given lab test available during their inpatient hospital encounter.

eTable 7: MIS-C versus acute COVID-19 characteristics, outcomes, and risk factors.

eTable 7: MIS-C versus ac Category	MIS-C (N = 707), n (%)	·	MIS-C vs. COVID-19 OR (95% CI, p-value)	MIS-C vs. COVID-19 aOR (95% CI, p-value)
Demographics				
Age [†]			1.81 (1.51-2.18, <0.001)	1.70 (1.14-2.55, 0.01)
Age < 1 year				
Age 1-5 years				
Age 5-12 years				
Age 12-18 years				
Sex [†]			1.59 (1.33-1.90, <0.001)	1.64 (1.33-2.02, <0.001)
Male	416 (59)	3987 (48)		
Female	291 (41)	4237 (51)		
Race [±]			0.65 (0.51-0.83, <0.001)	0.80 (0.65-0.98, 0.03)
Asian	<20 (0)	168 (2)		
Black [‡]	250 (35)	2065 (25)	1.44 (1.17-1.77, <0.001)	1.32 (1.03-1.69, 0.03)
White	277 (39)	3578 (43)		
Other Race	39 (6)	293 (4)		
Ethnicity [†]			1.16 (0.92-1.46, 0.22)	1.23 (0.97-1.55, 0.09)
Hispanic	153 (22)	2155 (26)		
Not Hispanic	413 (58)	5034 (61)		
No Matching Ethnicity	138 (20)	1015 (12)		
Preselected Comorbidities				
Asthma	47 (7)	850 (10)	0.69 (0.48-1.00, 0.05)	0.66 (0.49-0.90, 0.008)
Diabetes	<20 (0)	256 (3)	*	*
Obesity [‡]	169 (32)	1275 (33)	1.76 (1.40-2.22, <0.001)	1.76 (1.40-2.22, < 0.001)
Pediatric Complex Chronic Conditions				
Any PCCC Category	112 (16)	2208 (27)	0.72 (0.65-0.80, <0.001)	0.75 (0.62-0.90, 0.002)
Cong Genetic PCCC	25 (4)	659 (8)	0.69 (0.41-1.14, 0.15)	0.61 (0.29-1.28, 0.19)
CV PCCC	52 (7)	777 (9)	1.42 (0.93-2.16, 0.10)	1.38 (0.95-2.00, 0.09)
GI PCCC	22 (3)	650 (8)	1.07 (0.55-2.09, 0.85)	1.03 (0.43-2.46, 0.94)

	1	1			
Heme Immune PCCC	43 (6)	737 (9)	0.65 (0.41-1.05, 0.08)	0.62 (0.36-1.05,0.08)	
Malignancy PCCC	<20 (0)	333 (4)	0.33 (0.13-0.86, 0.02)	0.32 (0.12-0.84, 0.02)	
Metabolic PCCC	41 (6)	700 (9)	0.56 (0.32-0.98, 0.04)	0.47 (0.25-0.91, 0.02)	
Neonatal PCCC	<20 (0)	264 (3)	0.36 (0.14-0.92, 0.03)	0.26 (0.06-1.21, 0.09)	
Neuromuscular PCCC	<20 (0)	721 (9)	0.28 (0.14-0.57, < 0.001)	0.25 (0.11-0.57, 0.001)	
Renal PCCC	20 (3)	445 (5)	1.38 (0.74-2.56, 0.31)	1.46 (0.74-2.86, 0.27)	
Respiratory PCCC	<20 (0)	425 (5)	0.70 (0.32-1.50, 0.35)	0.75 (0.29-1.95, 0.55)	
COVID Testing					
COVID +PCR/Ag	207 (29)	8241 (100)			
COVID +Antibody	624 (88)	<20 (0)			
Laboratory Test	•				
ESR (High)	509 (72)	693 (8)			
Albumin (Low)	454 (64)	648 (8)			
LDH (High)	436 (62)	516 (6)			
Serum Sodium (Low)	426 (60)	1075 (13)			
D-dimer (High)	401 (57)	591 (7)			
NT Pro BNP (High)	363 (51)	315 (4)			
ALC (Low)	351 (50)	1219 (15)			
CRP (High)	349 (49)	343 (4)			
Ferritin (High)	285 (40)	285 (4)			
Platelet Count (Low)	261 (37)	668 (8)			
WBC (High)	229 (32)	829 (10)			
ALT (High)	217 (31)	658 (8)			
Procalcitonin (High)	201 (28)	227 (3)			
BNP (High)	184 (26)	80 (1)			
IL6 (High)	137 (19)	107 (1)			
WBC (Low)	122 (17)	840 (10)			
Hgb (Low)	59 (8)	342 (4)			
Fibrinogen (Low)	31 (4)	63 (1)			

Clinical Outcomes			
Invasive Mechanical Ventilation [¥]	117 (17)	514 (6)	
ЕСМО	<20 (0)	25 (0.3)	
Vasopressor / Inotropic Support [¥]	191 (27)	426 (5)	
Deaths	<20 (0)	95 (1)	

Number and percent of children in the MIS-C and acute COVID-19 subgroups with a given demographic characteristic, pre-existing comorbidity, abnormal lab value during hospitalization, or clinical outcome. The odds ratio (OR) and adjusted odds ratio (aOR) (controlling for healthcare site) for having MIS-C (versus acute COVID-19) is shows for each. Those with a p-value < 0.05 are shown in bold. Given the low number of patients with diabetes mellitus, calculation of OR's for this potential risk factor was not feasible.

Abbreviations: ALC = absolute lymphocyte count, ANC = absolute neutrophil count, CRP = c-reactive protein, hgb = hemoglobin, IL6 = interleukin-6

- * Given the low number of children with diabetes mellitus in the subgroups, odds ratios for diabetes mellitus were not able to be calculated
- † Odds ratio listed for sex is the odds of a male patient developing severe disease compared to a female patient; the odds ratio for age is the odds of a patient <12-years-old getting severe disease compared to a patient ≥12-years-old; the odds ratio for ethnicity is the odds of a Hispanic patient getting severe disease vs. a non-Hispanic patient (either not Hispanic or unknown)
- ‡ Odds ratio for a Black / African American child developing severe disease as compared to a White child
- ± Odds ratio for a non-Black, non-White child developing severe disease as compared to a White child. Missing / Unknown and Native Hawaiian / Pacific Islander racial categories not shown.
- ↓ BMI calculated as per the Centers for Disease Control and Prevention (CDC) guidelines ¹³ with obesity defined as any child ≥ 2-years-old with a BMI ≥ 95th percentile for age and sex. The percent of children with obesity was calculated by dividing the number of children ≥2-years-old who had a BMI for age and sex ≥95th percentile in that subgroup, by the number of children in that subgroup who were ≥2 years old and had a BMI measurement available (N = 529 for MIS-C and N = 3,829 for acute COVID-19).
- Ψ p < 0.001 for comparison of subgroup proportions

eTable 8: Delta versus pre-Delta differences in patient characteristics, outcomes, and severity risk factors.

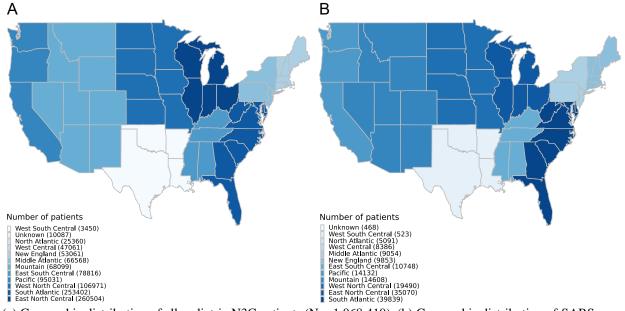
	Pre-De	<u>Pre-Delta Era</u>		a Era	Odds for Severe Disease	
Variable	All Cases (N = 138,071)	Hospitalized (N = 8,507)	All Cases (N = 29,191)	Hospitalized (N = 1,738)	OR Change (95% CI, p-value)	aOR Change (95% CI, p-value)
Sex [†]					1.36 (0.92-2.01, 0.12)	1.45 (1.13-1.87, 0.003)
Male	69,062 (50.0%)	4,279 (50.3%)	14,727 (50.5%)	830 (47.8%)		
Female	68,442 (49.6%)	4,213 (49.5%)	14,440 (49.5%)	906 (52.1%)		
Other	567 (0.4%)	<20 (0%)	24 (0.1%)	<20 (0%)		
Age [†]						
Age in years, median (IQR)	12.3 (6.2, 16.4)	11.1 (2.7, 16.0)	10.3 (5.3, 14.9)	9.5 (1.9, 15.4)	1.14 (0.77-1.71, 0.51)	1.13 (0.91-1.40, 0.26)
Ethnicity [†]					0.56 (0.31-0.99, 0.05)	0.67 (0.44-1.02, 0.06)
Hispanic or Latino	31,248 (22.6%)	2,401 (28.2%)	5,220 (17.9%)	287 (16.5%)		
Not Hispanic or Latino	85,112 (61.6%)	4,854 (57.1%)	20,119 (68.9%)	1,262 (72.6%)		
Missing/Unknown	21,711 (15.7%)	1,252 (14.7%)	3,852 (13.2%)	189 (10.9%)		
Race [±]					1.69 (1.02-2.82, 0.04)	1.58 (1.09-2.30, 0.02)
Asian	3,133 (2.3%)	194 (2.3%)	475 (1.6%)	21 (1.2%)		
Black or African American [‡]	20,171 (14.6%)	2,096 (24.6%)	6,859 (23.5%)	611 (35.2%)	0.73 (0.45-1.18, 0.20)	0.90 (0.64-1.25, 0.52)
Missing/Unknown	3,467 (2.5%)	301 (3.5%)	631 (2.2%)	22 (1.3%)		
Native Hawaiian or Other Pacific Islander	352 (0.3%)	31 (0.4%)	42 (0.1%)	<20 (0%)		
White	77,211 (55.9%)	3,580 (42.1%)	15,636 (53.6%)	753 (43.3%)		
Other	33,623 (24.4%)	2,289 (26.9%)	5,520 (18.9%)	323 (18.6%)		
Comorbidity						
Known BMI	57,481 (41.6%)	4,356 (51.2%)	12,398 (42.5%)	765 (44.0%)		

Obese (≥95th percentile) [‡]	14,477 (25.2%)	1,402 (32.2%)	3,327 (26.8%)	254 (33.2%)	0.77 (0.45-1.31, 0.33)	0.77 (0.44-1.33, 0.35)
Asthma	10,583 (7.7%)	801 (9.4%)	2,706 (9.3%)	198 (11.4%)	1.43 (0.80-2.57, 0.23)	1.35 (0.79-2.31, 0.28)
Diabetes	938 (0.7%)	253 (3.0%)	133 (0.5%)	32 (1.8%)	*	*
PCCC Category						
Any PCCC	19468 (14%)	2205 (26%)	4318 (15%)	432 (25%)	1.04 (0.95-1.13, 0.38)	1.04 (0.98-1.11, 0.20)
Congenital / Genetic	5430 (4%)	625 (7%)	1246 (4%)	151 (9%)	0.77 (0.39-1.53, 0.45)	0.86 (0.48-1.54, 0.61)
Cardiovascular	4040 (3%)	803 (9%)	760 (3%)	154 (9%)	1.31 (0.68-2.51, 0.42)	1.38 (0.84-2.27, 0.21)
Gastrointestinal	2982 (2%)	649 (8%)	556 (2%)	119 (7%)	0.95 (0.39-2.33, 0.91)	0.95 (0.36-2.47, 0.91)
Heme/Immune	4605 (3%)	720 (8%)	1290 (4%)	162 (9%)	1.76 (0.89-3.46, 0.10)	1.64 (1.15-2.31, 0.006)
Malignancy	1469 (1%)	344 (4%)	253 (1%)	48 (3%)	1.43 (0.51-4.02, 0.50)	1.35 (0.54-3.37, 0.52)
Metabolic	4549 (3%)	694 (8%)	964 (3%)	134 (8%)	1.17 (0.57-2.38, 0.67)	1.38 (0.83-2.30, 0.22)
Neonatal	1466 (1%)	234 (3%)	384 (1%)	64 (4%)	1.18 (0.46-3.06, 0.73)	1.18 (0.62-2.25, 0.62)
Neuromuscular	3532 (3%)	709 (8%)	717 (2%)	143 (8%)	1.54 (0.76-3.15, 0.23)	1.64 (0.69-3.09, 0.32)
Renal	2330 (2%)	446 (5%)	458 (2%)	88 (5%)	0.55 (0.20-1.54, 0.26)	0.61 (0.21-1.82, 0.38)
Respiratory	2139 (2%)	419 (5%)	419 (1%)	80 (5%)	0.66 (0.26-1.70, 0.39)	0.63 (0.23-1.72, 0.37)
Tech Dependence	1830 (1%)	616 (7%)	358 (1%)	126 (7%)	0.74 (0.27-2.03, 0.56)	0.71 (0.29-1.77, 0.47)
Transplant	222 (0%)	94 (1%)	32 (0.1%)	<20 (0%)	1.37 (0.24-7.71, 0.72)	1.27 (0.35-4.61, 0.72)
Clinical Outcomes						
Mechanical Ventilation	700 (0.5%)	700 (8.2%)	96 (0.3%)	96 (5.5%)		
Vasoactive-Inotropic Support	760 (0.6%)	760 (8.9%)	108 (0.4%)	108 (6.2%)		
ЕСМО	39 (0.03%)	39 (0.5%)	<20 (0%)	<20 (0%)		
Mortality	134 (0.1%)	122 (1.4%)	<20 (0%)	<20 (0%)		

The number and percent of children in each era (Delta, defined as patients with a visit start date on/after 6/26/2021, and pre-Delta, defined as those with a start date before 6/26/2021) with a given demographic characteristic, pre-existing comorbidity, or clinical outcome. Also shown is the change in the odds ratios (ORs) for severe (as compared to moderate) disease observed during the Delta era as compared with the pre-Delta era. Similarly, the change in adjusted odds ratio (aOR) (correcting for health care site), is also shown.

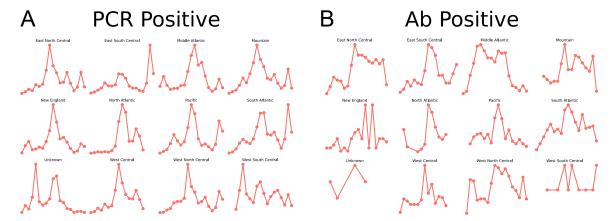
- *Given the low number of children with diabetes mellitus, calculation of OR's for this potential risk factor was not feasible
- † Odds ratio listed for sex is the odds of a male patient developing severe disease compared to a female patient; the odds ratio for age is the odds of a patient <12-years-old getting severe disease compared to a patient ≥12-years-old; the odds ratio for ethnicity is the odds of a Hispanic patient getting severe disease vs. a non-Hispanic patient (either not Hispanic or unknown)
- ‡ Odds ratio for a Black / African American child developing severe disease as compared to a White child
- \pm Odds ratio for a non-Black, non-White child developing severe disease as compared to a White child
- \$ BMI calculated as per the Centers for Disease Control and Prevention (CDC) guidelines 13 with obesity defined as any child ≥ 2 -years-old with a BMI ≥ 95 th percentile for age and sex. The percent of children with obesity was calculated by dividing the number of children ≥ 2 -years-old who had a BMI for age and sex ≥ 95 th percentile in that subgroup, by the number of children in that subgroup who were ≥ 2 years old and had a BMI measurement available.

eFigure 1: Geographic distribution and case incidence over time N3C pediatric patients.



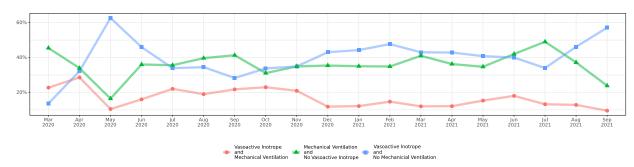
(a) Geographic distribution of all pediatric N3C patients (N = 1,068,410). (b) Geographic distribution of SARS-CoV-2 positive pediatric cases only (N = 167,262).

eFigure 2: Subregion positive test result trends by test type



(a) Monthly trends for positive PCR/Ag pediatric SARS-CoV-2 tests by subregion. (b) Monthly trends for positive SARS-CoV-2 antibody tests by subregion. Note that these individual subregion plots are scaled such that the maximum value is located at the top of the chart regardless of absolute value.

eFigure 3: Change in qualifying criteria for "severe" subgroup classification over time



Shown here is the percent of patient encounters each month who meet different criteria for "severe" maximum clinical severity status during the study period.

Severity of Illness Distribution by Age Group

100%75%57.1%
77.3%
85.8%
84.7%

26.1%
15.3%
9.8%
9.4%

eFigure 4: Maximum clinical severity distributions among prespecified age groups.

For each specified age group (<1 year old, 1-5 years old, 5-12 years old, and 12-18 years old) the percent of patients within each of the four maximum clinical severity categories is shown.

Age Group

Mild Mild ED Moderate Severe

5-12*

12-18*

1-5*

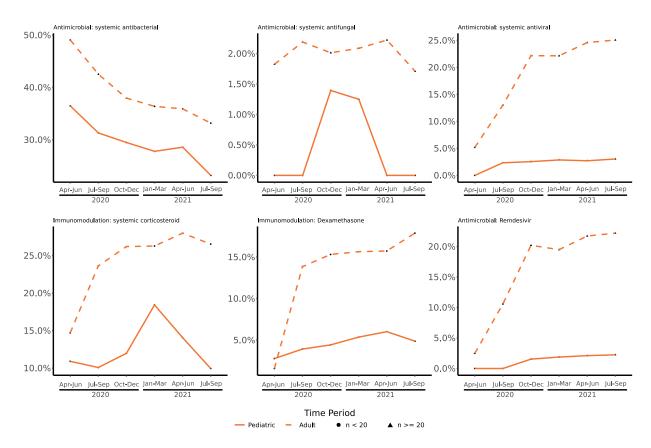
0%

<1

Disease Severity

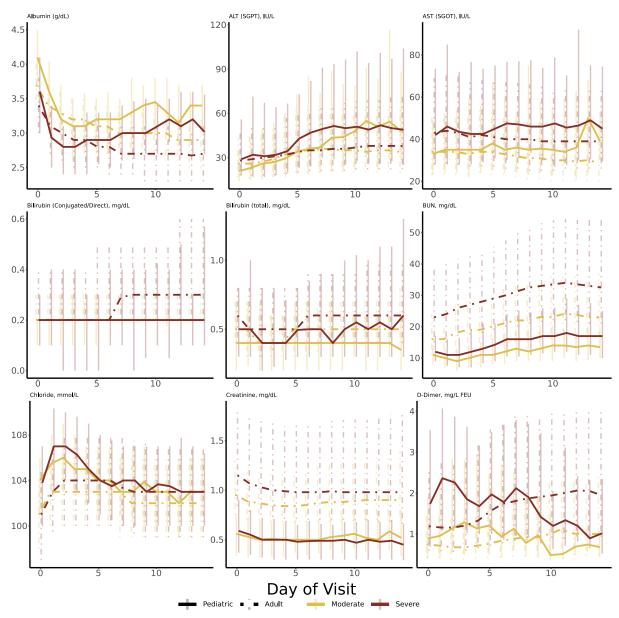
^{*}Severe category percentages for the 1-5, 5-12, and 12-18 year old age subgroups are 1%, 0.8%, and 0.8%, respectively.

eFigure 5: Antimicrobial and immunomodulatory medication usage trends

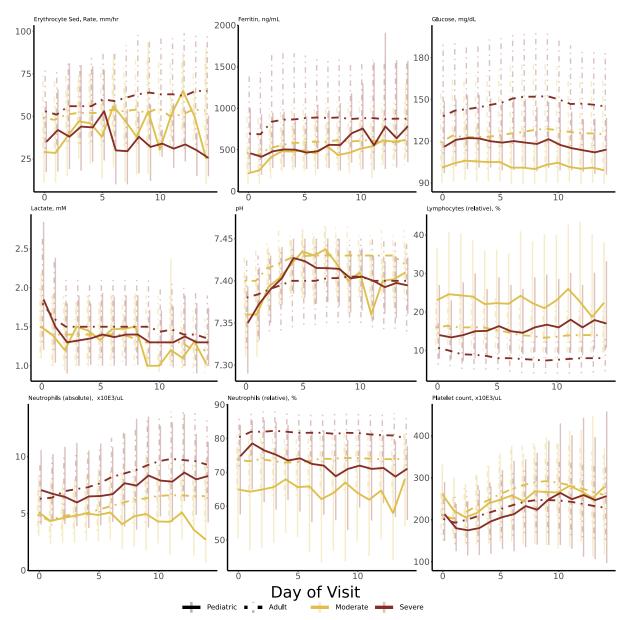


For each three-month period during the study time period, the percent of children and adults who receive a given medication / medication class during their hospitalization is illustrated.

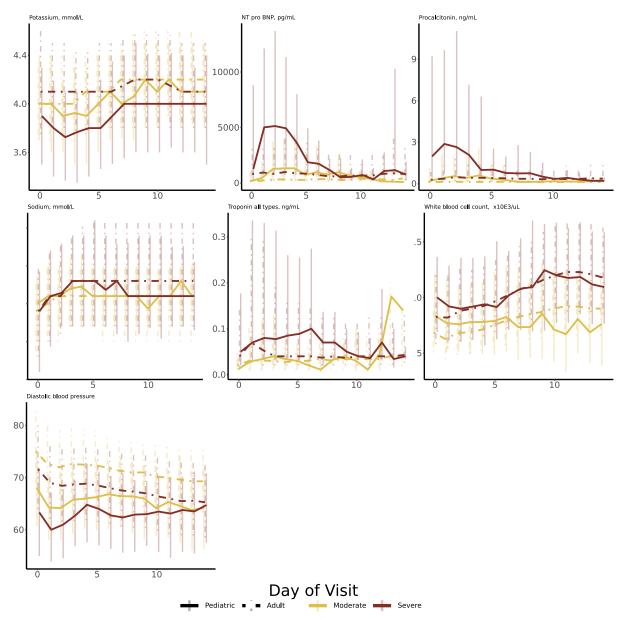
eFigure 6: Additional vital sign and laboratory value in-hospital trajectories



Trajectories of additional selected vital sign and laboratory median values by day of hospitalization during pediatric hospital encounters as compared to N3C adult hospital encounters. For each day of hospitalization, the median and interquartile range (IQR) for those patients with a given vital sign or laboratory value available on that day are calculated. The vertical bars represent the IQR for the values of that specific vital sign or laboratory test value on that day of hospitalization.



eFigure 6 Continued



eFigure 6 Continued

eReferences

- The National COVID Cohort Collaborative. The N3C Phenotype & Data Acquisition Workstream. GitHub. https://github.com/National-COVID-Cohort-Collaborative/Phenotype Data Acquisition. Published 2021. Updated March 17, 2021. Accessed June 15, 2021.
- 2. Bennett TD, Moffitt RA, Hajagos JG, et al. Clinical Characterization and Prediction of Clinical Severity of SARS-CoV-2 Infection Among US Adults Using Data From the US National COVID Cohort Collaborative. *Jama Netw Open.* 2021;4(7):e2116901-e2116901.
- 3. Haendel MA, Chute CG, Bennett TD, et al. The National COVID Cohort Collaborative (N3C): Rationale, design, infrastructure, and deployment. *J Am Med Inform Assoc.* 2021;28(3):427-443.
- 4. OHDSI. OMOP Common Data Model. Observational Health Data Sciences and Informatics. https://www.ohdsi.org/data-standardization/the-common-data-model/. Published 2021. Accessed June 18, 2021.
- 5. Marshall J, Murthy S, Diaz J, Adhikari N, Angus D, Arabi Y. WHO Working Group on the Clinical Characterisation and Management of COVID-19 infection: A minimal common outcome measure set for COVID-19 clinical research. *Lancet Infect Dis.* 2020;20:e192-e197.
- 6. Feudtner C, Christakis DA, Connell FA. Pediatric deaths attributable to complex chronic conditions: a population-based study of Washington State, 1980-1997. *Pediatrics*. 2000;106(1 Pt 2):205-209.
- 7. Feinstein JA, Russell S, DeWitt PE, Feudtner C, Dai D, Bennett TD. R package for pediatric complex chronic condition classification. *JAMA pediatrics*. 2018;172(6):596-598.
- 8. Venkataraman S, Yang Z, Liu D, et al. Sparkr: Scaling r programs with spark. Paper presented at: Proceedings of the 2016 International Conference on Management of Data2016.
- 9. PySpark Documentation. Apache Spark. http://spark.apache.org/docs/latest/api/python/. Accessed September 1, 2021.
- 10. Zaharia M, Xin RS, Wendell P, et al. Apache spark: a unified engine for big data processing. *Communications of the ACM*. 2016;59(11):56-65.
- 11. Wickham H, Chang W, Wickham MH. Package 'ggplot2'. Create Elegant Data Visualisations Using the Grammar of Graphics Version. 2016;2(1):1-189.
- 12. von Elm E, Altman DG, Egger M, et al. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *J Clin Epidemiol*. 2008;61(4):344-349.
- 13. Centers for Disease Control and Prevention. Defining Childhood Obesity.

 https://www.cdc.gov/obesity/childhood/defining.html. Updated July 3, 2018. Accessed March 1, 2021.
- Centers for Disease Control and Prevention. Variant Proportions. CDC. Published 2021. Accessed Sep 23, 2021.