

An evidence summary of paediatric COVID-19 literature ^[1]

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AVAILABILITY

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Excerpted from introduction

In order to help facilitate the best possible care for children with COVID-19, we sought to aggregate and rapidly review all of the original research being produced pertinent to children, making it available to everyone. Speed has been essential, and in order to keep pace with the rapid production of new evidence, we have proceeded with informal, rapid, evidence synthesis. There have been a handful of studies which were obtained and deemed not suitable for inclusion, due to poor quality or patient overlap. A list of studies not included is available.

Our evidence summaries have undergone internal peer review, as well as being open to external review from our readers. We would like to highlight that due to the speed with which the evidence has been produced, much is of low quality. Many studies include few patients. There are 3 other significant issues:

1. Heterogeneous denominators. There is a significant amount of heterogeneity in the way cohorts or cases have been collected, and many of these are not directly comparable.
2. Overlap. Much of the current evidence has come from a few regions in China. We have tried to identify where cases series were at risk of including the same patients multiple times, but this remains a risk.
3. Non-peer reviewed evidence. Many included papers have come from pre-print servers. Whilst they appear of sufficient quality to be useful, they require caution when interpreting.

We hope this evidence review proves useful in helping manage children with COVID-19. Our team of reviewers includes Alasdair Munro, Alison Boast, Henry Goldstein, Grace Leo, Dani Hall, Daniel Yeoh, Tessa Davis, Melody Redman, Sarah Sloan, Tricia Barlow, Anna Bean, Maeve Kelleher, Victoria Dachtler, Irnthu Premadeva, Lilian Nyirongo, Esther Alderson, Sunil Bhopal, Aimee Donald and Rachel Harwood.

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