

Retrospective Review of SARS-CoV-2 Infection in Immunocompromised Children at a Single Pediatric Institution



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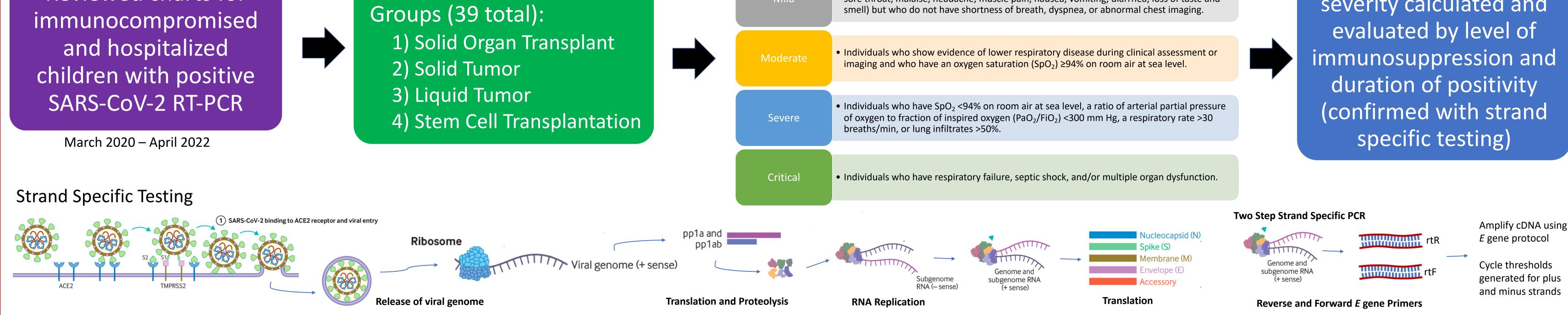
Children's Health

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INTRODUCTION

- SARS-CoV-2 virus has caused severe disease globally with initial reports supporting that immunocompromised individuals are at higher risk for severe disease
- There is limited data on COVID-19 disease severity in immunocompromised children and some studies suggest that SARS-CoV-2 may not cause worse clinical outcomes in immunosuppressed children
- In this study we characterize our pediatric experience of immunocompromised individuals that were hospitalized with acute SARS-CoV-2 infection

		METHODOLOGY	
		NIH COVID-19 Treatment Guidelines Clinical Spectrum	
		Asymptomatic Presymptomatic with COVID-19.	
Reviewed charts for	Immunocompromised	Mild • Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but who do not have shortness of breath, dyspnea, or abnormal chest imaging.	



RESULTS AND DISCUSSION

Figure 1							F
Immunocompromised Individuals (n=39)	Solid Organ Transplant (n=14)	Solid Tumor (n=10)	Liquid Tumor (n=13)	Stem Cell Transplant (n=2)	Prolonged Positives* (n=6)	Total (n=39)	
Median Age (Years)	12.9 (0.64-21.2)	4.5 (1.8-16.7)	10.4 (5.3-20.3)	17.7 (17.6-17.9)	9.5 (8.0-17.9)	10 (0.64-21.2)	
Gender:							
Male	31% (4/13)	36% (4/11)	46% (6/13)	50% (1/2)	17% (1/6)	38% (15/39)	
Female	69% (9/13)	64% (7/11)	54% (7/13)	50% (1/2)	83% (5/6)	62% (24/39)	
Vaccinated for COVID-19	15% (2/13)	9% (1/11)	31% (4/13)	None	None	18% (7/39)	- 3
Monoclonal Antibody Treatment	31% (4/13)	36% (4/11)	23% (3/13)	50% (1/2)	50% (3/6)	31% (12/39)	
Remdesivir Treatment	15% (2/13)	36% (4/11)	46% (6/13)	100% (2/2)	83% (5/6)	36% (14/39)	
Steroid therapy for COVID-19	0%	0%	31% (4/13)	100% (2/2)	67% (4/6)	15% (6/39)	
Immunosuppression:							
Mild	54% (7/13)	-	15% (2/13)	-	33% (2/6)	23% (9/39)	
Moderate	23% (3/13)	18% (2/11)	54% (7/13)	-	33% (2/6)	31% (12/39)	
Severe	23% (3/13)	82% (9/11)	31% (4/13)	100% (2/2)	33% (2/6)	46% (18/39)	-
COVID-19 Severity:							
Asymptomatic/mild	100% (14/14)	100% (10/10)	69% (9/13)	-	33% (2/6)	85% (33/39)	-
Severe/Critical	-	-	31% (4/13)	100% (2/2)	67% (4/6)	15% (6/39)	_

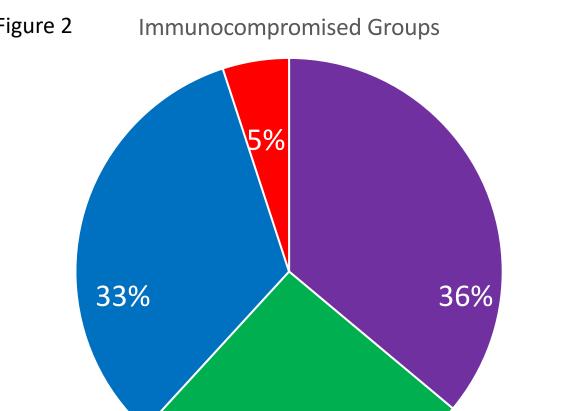
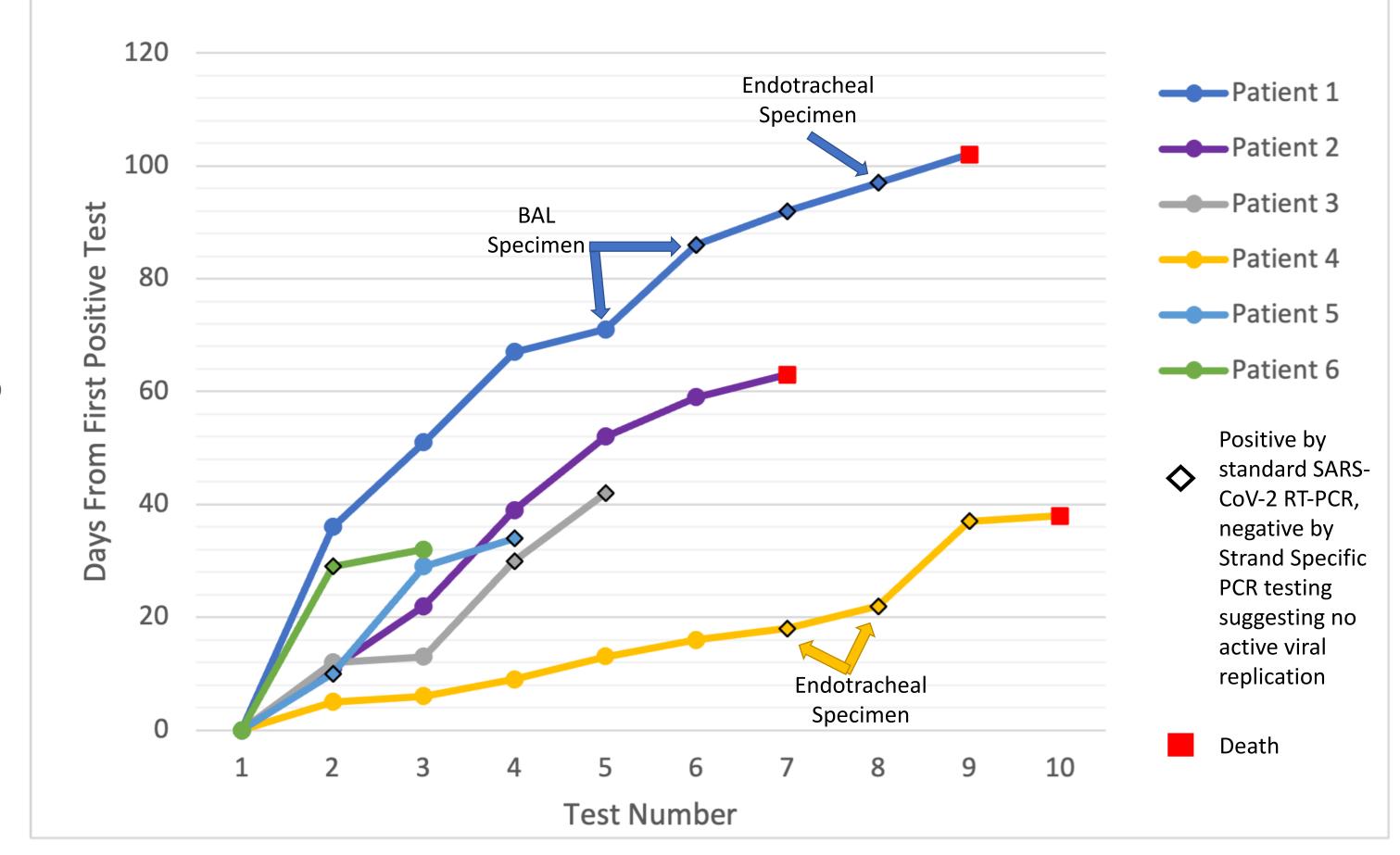


Figure 3 SARS-CoV-2 RT-PCR NP Swab Testing in Prolonged Positive Individuals



*Subset of individuals with symptomatic infection and prolonged replicating virus confirmed by strand specific RT-PCR testing

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Solid Organ Transplant (SOT) Solid Tumor Liquid Tumor Stem Cell Transplant (HSCT)

Detient 1	ndividuals in Figure 3
Patient 1	Stem Cell Transplant ⁺
Patient 2	Stem Cell Transplant ⁺
Patient 3	B-ALL
Patient 4	Anaplastic Large Cell Lymphoma
Patient 5	T-ALL
Patient 6	Renal Transplant

DISCUSSION:

- · All solid organ transplant recipients and solid tumor individuals had mild disease with favorable outcomes
- 15% of immunocompromised and hospitalized had severe/critical COVID-19 disease compared to 23% of the total population of children hospitalized at our center⁶
- There was no significance between COVID-19 severity and level of immunosuppression ($\chi^2(2, n=39)=1.6, p=.43$)
- There was a subset of 6 patients that were symptomatic with confirmed prolonged replication of SARS-CoV-2 - 3 of these patients died; 2 received high dose steroid therapy, 1 received rituximab, 1 received bortezomib, and 1 received lorlatinib
- Further studies are indicated on the effect of specific immunosuppressive therapies and COVID-19 disease in immunocompromised children
- The strand specific RT-PCR allows us to test for replicating virus instead of virus shedding in immunocompromised individuals and can be helpful for isolation precautions and when experiencing prolonged symptoms in severe/critical disease

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