**Clinical Signs/Symptoms**

- Most commonly reported: Fever (36-76%), cough (19-65%)
- Tachypnea (10-28%)
- URI symptoms (sore throat, rhinorrhea, sneezing) are common (19-51%) but non-specific
- GI symptoms (diarrhea, N/V) (6-15%)
- Skin findings of dusky purpuric lesions in hands/feet and livedo reticularis on the extremities
- Kawasaki Disease-like syndrome has been reported
- Adults have noted a loss of smell/taste
- Asymptomatic in 4-31% of reported cases

**Labs and biomarkers**

- Most commonly reported: normal WBC and lymphocyte counts
- Leukopenia (15-38%)
- Lymphopenia (20%-31%)
- CRP increased (13-20%)
- Procalcitonin elevated (10-17%, up to 64%)
- Possible to have CK-MB, AST, and ALT elevations

**Microbiology**

- Consider SARS-CoV-2 testing by RT-PCR is thought to be highly specific (very few false positives), with sensitivity that may vary on timing of testing (higher viral loads earlier in disease course)
- Testing from multiple sites (e.g., NP/Mid-turbinate and OP) may increase sensitivity
- Emerging serologic testing may provide additional diagnostic data, especially after the first week of symptoms
- Coinfection rate with other viruses/bacteria vary with age, reported in 12-47% of pediatric cases

**Imaging**

- Asymptomatic children can still have abnormal imaging (20%)
- Up to half of children will have no radiographic abnormality on first presentation (CXR and/or CT)
- Abnormal CT findings are ground glass opacity (33-67%), followed by local vs. bilateral patchy opacity, consolidation, and halo sign
References

References are based on the few reports of pediatric COVID-19 disease available as of 4/29/20 and may be updated as we learn more about COVID-19 in children

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