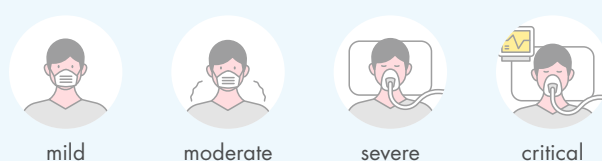


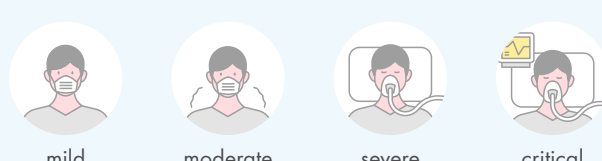


IVIG (alone or combined with steroids) for MIS-C patients

Revision Jan 2023



1. For the initial treatment of patients with multisystem inflammatory syndrome in children (MIS-C), we suggest the use of intravenous immunoglobulin (IVIG) combined with steroids rather than either IVIG alone or steroids alone.

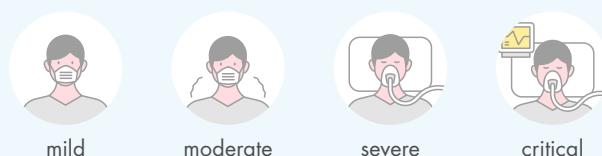


Expert consensus

2. We consider the use of steroids alone for the initial treatment of patients with MIS-C.

Other immunomodulators for MIS-C patients

Revision Feb 2023

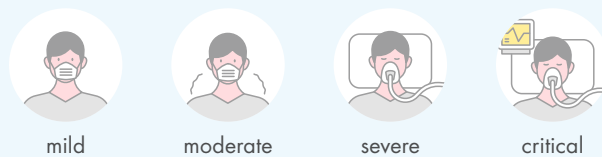


Expert consensus

For patients with MIS-C who do not respond to IVIG and/or steroid therapy, we suggest the use of other immunomodulators (e.g., interleukin-1 inhibitor, interleukin-6 inhibitor, TNF- α inhibitor).

Aspirin and anticoagulant therapy for MIS-C patients

Revision Jan 2023

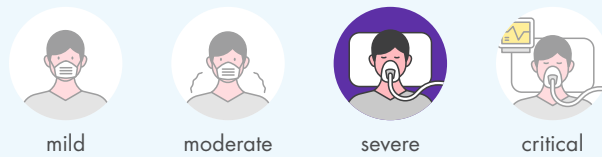


Expert consensus

We suggest the use of low-dose aspirin to prevent thrombosis in patients with MIS-C.

Medications for pediatric patients

New Dec 2022

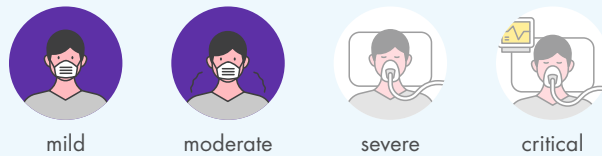


Expert consensus

1. We suggest the use of remdesivir in pediatric patients (aged 28 days and over and weighing at least 3 kg) with severe COVID-19 who require supplemental oxygen without mechanical ventilation or ECMO.

Clinical considerations:

We suggest treatment with five days of remdesivir in pediatric patients with severe COVID-19. If patients on remdesivir treatment progress to requiring mechanical ventilation or ECMO, the full course of remdesivir should still be completed. We recommend against the routine initiation of remdesivir in patients with COVID-19 on mechanical ventilation or ECMO.

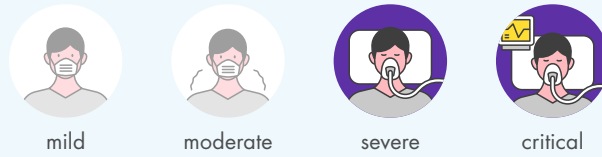


Expert consensus

2. We suggest the use of remdesivir within seven days of symptom onset in pediatric patients (aged 12 years and over and weighing at least 40 kg) with mild-to-moderate COVID-19 who do not require supplemental oxygen at high risk for progression to severe disease.

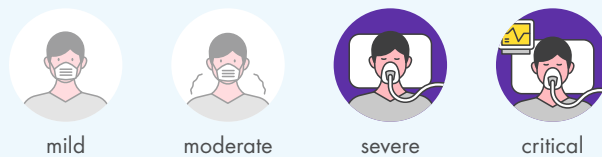
Clinical considerations:

We suggest treatment with three days of remdesivir in patients with mild-to-moderate COVID-19. If these patients progress to severe COVID-19, five days of remdesivir treatment is suggested.



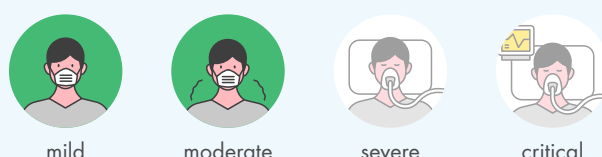
Expert consensus

3. We suggest the use of steroids (dexamethasone) in pediatric patients with severe-to-critical COVID-19 who require supplemental oxygen.



Expert consensus

4. In pediatric patients with severe or critical COVID-19 (≥ 2 years of age), we consider the use of tocilizumab in addition to steroids.



5. We suggest the use of nirmatrelvir/ritonavir in pediatric patients (aged 12 years and over and weighing at least 40 kg) with mild-to-moderate COVID-19 at high risk for progression to severe disease.

Clinical considerations:

We recommend the use of nirmatrelvir/ritonavir within 5 days of symptom onset.