SUPPLEMENTARY MATERIAL
Please complete the survey below.

Thank you!

SARS-CoV-2 and Pediatric Ischemic Stroke - Survey II

Background: Early in the COVID-19 pandemic, there were concerning reports of young adults presenting with stroke as the first symptom of COVID-19. Additionally, large strokes with worse outcomes were reported among adults with COVID-19. Due to concern among parents and caregivers, we previously surveyed IPSS members and other colleagues within the pediatric stroke community, to answer the following questions about patients from March to May 2020:

1. Numbers of new ischemic strokes in first 3 months of the pandemic compared to preceding two months
2. Number of ischemic stroke cases that tested positive for SARS-CoV-2
3. Patient-level data on those with stroke and SARS-CoV-2
4. Numbers of pediatric patients hospitalized with SARS-CoV-2

Findings of this study are in press at Annals of Neurology (Pediatric Ischemic Stroke: An Infrequent Complication of SARS-CoV-2). All sites and co-investigators are listed in a Supplementary Table that can be found in PubMed.

We found that about 0.8% of pediatric patients hospitalized with SARS-CoV-2 had ischemic strokes, and the percentage of incident ischemic strokes with evidence of SARS-CoV-2 infection ranged from 0% (neonatal CSVT) to 3.6% (childhood arterial ischemic stroke). On trend analysis, we did not find an increase in stroke numbers among our 61 centers from January to May 2020, but we acknowledged the importance of continued surveillance given the knowledge that some infections related to stroke, like varicella, can cause strokes weeks to months after infection. Of the 8 ischemic stroke cases, 7 had additional established risk factors for pediatric stroke.

Given that 6 of 8 cases were childhood arterial ischemic stroke, we are now focusing our second survey on childhood arterial ischemic stroke only. This survey requests information from June to December 2020. SickKids has approved an IRB waiver to obtain the numbers requested. If your center has stroke cases positive for SARS-CoV-2, we will invite you to submit a case report form, and we can help your center with IRB/REB approval, if needed. Investigators that submit cases positive for SARS-CoV-2 will be invited to co-author the manuscript. All contributing sites and co-investigators will be listed in the Appendix, as per the IPSS Policy. Cases that have been reported in the literature already can still be submitted. Please just let us know so that we can cite the paper.

We would be grateful for your provision of stroke numbers even if you do not have access to the SARS-CoV-2 hospitalization numbers.

We very much appreciate your support and participation in the survey, and hope that you and your family are well.

**Respondent Information**

| Name of Hospital: |
|-------------------|

| Are you an IPSS Site? |
|-----------------------|
| ○ Yes ○ No |

| Site Code / DAG: |
|------------------|

| Country: |
|---------|

| Respondent Name (optional): |
|----------------------------|

( This will help us ensure there is one entry per site. )
**Childhood AIS (cAIS) Survey Questions**

**cAIS defined as 29 days through 18 years**

**JUNE 2020**

| How many new acute (incident) cAIS patients were admitted to your hospital in JUNE 2020? |
|--------------------------------------------------------------------------------------------|
| ○ 0  
| ○ 1  
| ○ 2  
| ○ 3  
| ○ 4  
| ○ 5  
| ○ 6  
| ○ 7  
| ○ 8  
| ○ 9  
| ○ 10  
| ○ 11  
| ○ 12  
| ○ 13  
| ○ 14  
| ○ 15  
| ○ 16  
| ○ 17  
| ○ 18  
| ○ 19  
| ○ 20  
| ○ Greater than 20 |

| How many acute cAIS patients were tested for SARS-CoV-2? |
|----------------------------------------------------------|
| ______________________________________________________________________________________ |

| What was your institutional SARS-CoV-2 testing practice(s) in June 2020? Please check all that apply. |
|---------------------------------------------------------------------------------------------------|
| ☐ PCR  
| ☐ Antibody / Serology  
| ☐ Antigen  
| ☐ Other  
| ☐ No Testing Performed/ Not Applicable |

| Other, Specify: |
|------------------|
| ______________________________________________________________________________________ |

| Did any of your acute cAIS patients seen in June 2020 have evidence of SARS-CoV-2 during the time of their stroke presentation (positive PCR; IgM and/or IgG, antigen, or MIS-C/PIMS-TS)? |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ○ Yes  
| ○ No  
| (MIS-C = Multisystem Inflammatory Syndrome of Childhood (associated with SARS-CoV-2/ COVID-19); PIMS-TS = Paediatric Inflammatory Multisystem Syndrome; temporally associated with SARS-CoV-2) |
How many acute cAIS patients tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic from virus) in June 2020?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- Greater than 20

*We may contact you at a later time to capture the details of this/these case(s).*
How many hospitalized pediatric patients (0 to < 18 years, with or without stroke) tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in June 2020?

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 |
| 32 | 33 | 34 | 35 |
| 36 | 37 | 38 | 39 |
| 40 | 41 | 42 | 43 |
| 44 | 45 | 46 | 47 |
| 48 | 49 | 50 | 51 |
| 52 | 53 | 54 | 55 |
| 56 | 57 | 58 | 59 |
| 60 | 61 | 62 | 63 |
| 64 | 65 | 66 | 67 |
| 68 | 69 | 70 | 71 |
| 72 | 73 | 74 | 75 |
| 76 | 77 | 78 | 79 |
| 80 | 81 | 82 | 83 |
| 84 | 85 | 86 | 87 |
| 88 | 89 | 90 | 91 |
| 92 | 93 | 94 | 95 |
| 96 | 97 | 98 | 99 |
| 100 | 101 | 102 |
| 103 | 104 | 105 |
| 106 | 107 | 108 |
| 109 | 110 | 111 |
| 112 | 113 | 114 |
| 115 | 116 | 117 |
| 118 | 119 | 120 |
| 121 | 122 | 123 |
| 124 | 125 | 126 |
| 127 | 128 | 129 |
| 130 | 131 | 132 |
| 133 | 134 | 135 |
| 136 | 137 | 138 |
| 139 | 140 | 141 |
| 142 | 143 | 144 |
| 145 | 146 | 147 |
| 148 | 149 | 150 |
| 151 | 152 | 153 |
| 154 | 155 | 156 |
| 157 | 158 | 159 |
| 160 | 161 | 162 |
| 163 | 164 | 165 |
| 166 | 167 | 168 |
| 169 | 170 | 171 |
| 172 | 173 | 174 |
| 175 |

Please check "Not able to obtain this information" if you are not able to obtain number above (hospitalized pediatric patients (0 to < 18 years) that tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in June 2020).

○ NOT able to obtain this information
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in June 2020, please indicate the number positive by PCR:

- Not able to obtain the breakdown of numbers by testing type
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71
- 72
- 73
- 74
- 75
- 76
- 77
- 78
- 79
- 80
- 81
- 82
- 83
- 84
- 85
- 86
- 87
- 88
- 89
- 90
- 91
- 92
- 93
- 94
- 95
- 96
- 97
- 98
- 99
- 100
- 101
- 102
- 103
- 104
- 105
- 106
- 107
- 108
- 109
- 110
- 111
- 112
- 113
- 114
- 115
- 116
- 117
- 118
- 119
- 120
- 121
- 122
- 123
- 124
- 125
- 126
- 127
- 128
- 129
- 130
- 131
- 132
- 133
- 134
- 135
- 136
- 137
- 138
- 139
- 140
- 141
- 142
- 143
- 144
- 145
- 146
- 147
- 148
- 149
- 150
- 151
- 152
- 153
- 154
- 155
- 156
- 157
- 158
- 159
- 160
- 161
- 162
- 163
- 164
- 165
- 166
- 167
- 168
- 169
- 170
- 171
- 172
- 173
- 174
- 175
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in June 2020, please indicate the number positive by Serology/Antibody (IgM and/or IgG):

- Not able to obtain the breakdown of numbers by testing type
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71
- 72
- 73
- 74
- 75
- 76
- 77
- 78
- 79
- 80
- 81
- 82
- 83
- 84
- 85
- 86
- 87
- 88
- 89
- 90
- 91
- 92
- 93
- 94
- 95
- 96
- 97
- 98
- 99
- 100
- 101
- 102
- 103
- 104
- 105
- 106
- 107
- 108
- 109
- 110
- 111
- 112
- 113
- 114
- 115
- 116
- 117
- 118
- 119
- 120
- 121
- 122
- 123
- 124
- 125
- 126
- 127
- 128
- 129
- 130
- 131
- 132
- 133
- 134
- 135
- 136
- 137
- 138
- 139
- 140
- 141
- 142
- 143
- 144
- 145
- 146
- 147
- 148
- 149
- 150
- 151
- 152
- 153
- 154
- 155
- 156
- 157
- 158
- 159
- 160
- 161
- 162
- 163
- 164
- 165
- 166
- 167
- 168
- 169
- 170
- 171
- 172
- 173
- 174
- 175
### JULY 2020

How many new acute (incident) cAIS patients were admitted to your hospital in JULY 2020?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ Greater than 20

Acute AIS defined as = new onset focal symptoms in last 10 days in arterial distribution with CT or MRI evidence of infarct.

| Greater than 20 |
|-----------------|
| 0               |
| 1               |
| 2               |
| 3               |
| 4               |
| 5               |
| 6               |
| 7               |
| 8               |
| 9               |
| 10              |
| 11              |
| 12              |
| 13              |
| 14              |
| 15              |
| 16              |
| 17              |
| 18              |
| 19              |
| 20              |

How many acute cAIS patients were tested for SARS-CoV-2?

__________________________________

What was your institutional SARS-CoV-2 testing practice(s) in July 2020? Please check all that apply.

- ☐ PCR
- ☐ Antibody / Serology
- ☐ Antigen
- ☐ Other
- ☐ No Testing Performed/ Not Applicable

Other, Specify:

__________________________________

Did any of your acute cAIS patients seen in July 2020 have evidence of SARS-CoV-2 during the time of their stroke presentation (positive PCR; IgM and/or IgG, antigen, or MIS-C/PIMS-TS)?

- ☐ Yes
- ☐ No

(MIS-C = Multisystem Inflammatory Syndrome of Childhood (associated with SARS-CoV-2/ COVID-19); PIMS-TS = Paediatric Inflammatory Multisystem Syndrome; temporally associated with SARS-CoV-2)
How many acute cAIS patients tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic from virus) in July 2020?

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | Greater than 20 |

*We may contact you at a later time to capture the details of this/these case(s).*
How many hospitalized pediatric patients (0 to < 18 years) tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in July 2020?

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 |   |
| 4 | 5 | 6 | 7 |   |
| 8 | 9 | 10| 11|   |
| 12| 13| 14| 15|   |
| 16| 17| 18| 19|   |
| 20| 21| 22| 23|   |
| 24| 25| 26| 27|   |
| 28| 29| 30| 31|   |
| 32| 33| 34| 35|   |
| 36| 37| 38| 39|   |
| 40| 41| 42| 43|   |
| 44| 45| 46| 47|   |
| 48| 49| 50| 51|   |
| 52| 53| 54| 55|   |
| 56| 57| 58| 59|   |
| 60| 61| 62| 63|   |
| 64| 65| 66| 67|   |
| 68| 69| 70| 71|   |
| 72| 73| 74| 75|   |
| 76| 77| 78| 79|   |
| 80| 81| 82| 83|   |
| 84| 85| 86| 87|   |
| 88| 89| 90| 91|   |
| 92| 93| 94| 95|   |
| 96| 97| 98| 99|   |
| 100| 101| 102|   |
| 103| 104| 105|   |
| 106| 107| 108|   |
| 109| 110| 111|   |
| 112| 113| 114|   |
| 115| 116| 117|   |
| 118| 119| 120|   |
| 121| 122| 123|   |
| 124| 125| 126|   |
| 127| 128| 129|   |
| 130| 131| 132|   |
| 133| 134| 135|   |
| 136| 137| 138|   |
| 139| 140| 141|   |
| 142| 143| 144|   |
| 145| 146| 147|   |
| 148| 149| 150|   |
| 151| 152| 153|   |
| 154| 155| 156|   |
| 157| 158| 159|   |
| 160| 161| 162|   |
| 163| 164| 165|   |
| 166| 167| 168|   |
| 169| 170| 171|   |
| 172| 173| 174|   |
| 175|   |   |   |   |

Please check "Not able to obtain this information" if you are not able to obtain number above (hospitalized pediatric patients (0 to < 18 years) that tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in July 2020).

○ NOT able to obtain this information
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in July 2020, please indicate the number positive by PCR:

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 |

Not able to obtain the breakdown of numbers by testing type
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in July 2020, please indicate the number positive by Serology/Antibody (IgM and/or IgG):

- Not able to obtain the breakdown of numbers by testing type
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71
- 72
- 73
- 74
- 75
- 76
- 77
- 78
- 79
- 80
- 81
- 82
- 83
- 84
- 85
- 86
- 87
- 88
- 89
- 90
- 91
- 92
- 93
- 94
- 95
- 96
- 97
- 98
- 99
- 100
- 101
- 102
- 103
- 104
- 105
- 106
- 107
- 108
- 109
- 110
- 111
- 112
- 113
- 114
- 115
- 116
- 117
- 118
- 119
- 120
- 121
- 122
- 123
- 124
- 125
- 126
- 127
- 128
- 129
- 130
- 131
- 132
- 133
- 134
- 135
- 136
- 137
- 138
- 139
- 140
- 141
- 142
- 143
- 144
- 145
- 146
- 147
- 148
- 149
- 150
- 151
- 152
- 153
- 154
- 155
- 156
- 157
- 158
- 159
- 160
- 161
- 162
- 163
- 164
- 165
- 166
- 167
- 168
- 169
- 170
- 171
- 172
- 173
- 174
- 175
### AUGUST 2020

| How many new acute (incident) cAIS patients were admitted to your hospital in AUGUST 2020? |
|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | Greater than 20 |

**Acute AIS defined as:** new onset focal symptoms in last 10 days in arterial distribution with CT or MRI evidence of infarct.

| How many acute cAIS patients were tested for SARS-CoV-2? |
|---|
| ____________________________________ |

**What was your institutional SARS-CoV-2 testing practice(s) in August 2020? Please check all that apply.**

- □ PCR
- □ Antibody / Serology
- □ Antigen
- □ Other
- □ No Testing Performed/ Not Applicable

**Other, Specify:**

| ____________________________________ |

**Did any of your acute cAIS patients seen in August 2020 have evidence of SARS-CoV-2 during the time of their stroke presentation (positive PCR; IgM and/or IgG, antigen, or MIS-C/PIMS-TS)?**

- □ Yes
- □ No

(MIS-C = Multisystem Inflammatory Syndrome of Childhood (associated with SARS-CoV-2/ COVID-19); PIMS-TS = Paediatric Inflammatory Multisystem Syndrome; temporally associated with SARS-CoV-2)
How many acute cAIS patients tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic from virus) in August 2020?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Greater than 20

*We may contact you at a later time to capture the details of this/these case(s).
| How many hospitalized pediatric patients (0 to < 18 years) tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in August 2020? |
|--------------------------------------------------|
| ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20 ○ 21 ○ 22 ○ 23 ○ 24 ○ 25 ○ 26 ○ 27 ○ 28 ○ 29 ○ 30 ○ 31 ○ 32 ○ 33 ○ 34 ○ 35 ○ 36 ○ 37 ○ 38 ○ 39 ○ 40 ○ 41 ○ 42 ○ 43 ○ 44 ○ 45 ○ 46 ○ 47 ○ 48 ○ 49 ○ 50 ○ 51 ○ 52 ○ 53 ○ 54 ○ 55 ○ 56 ○ 57 ○ 58 ○ 59 ○ 60 ○ 61 ○ 62 ○ 63 ○ 64 ○ 65 ○ 66 ○ 67 ○ 68 ○ 69 ○ 70 ○ 71 ○ 72 ○ 73 ○ 74 ○ 75 ○ 76 ○ 77 ○ 78 ○ 79 ○ 80 ○ 81 ○ 82 ○ 83 ○ 84 ○ 85 ○ 86 ○ 87 ○ 88 ○ 89 ○ 90 ○ 91 ○ 92 ○ 93 ○ 94 ○ 95 ○ 96 ○ 97 ○ 98 ○ 99 ○ 100 ○ 101 ○ 102 ○ 103 ○ 104 ○ 105 ○ 106 ○ 107 ○ 108 ○ 109 ○ 110 ○ 111 ○ 112 ○ 113 ○ 114 ○ 115 ○ 116 ○ 117 ○ 118 ○ 119 ○ 120 ○ 121 ○ 122 ○ 123 ○ 124 ○ 125 ○ 126 ○ 127 ○ 128 ○ 129 ○ 130 ○ 131 ○ 132 ○ 133 ○ 134 ○ 135 ○ 136 ○ 137 ○ 138 ○ 139 ○ 140 ○ 141 ○ 142 ○ 143 ○ 144 ○ 145 ○ 146 ○ 147 ○ 148 ○ 149 ○ 150 ○ 151 ○ 152 ○ 153 ○ 154 ○ 155 ○ 156 ○ 157 ○ 158 ○ 159 ○ 160 ○ 161 ○ 162 ○ 163 ○ 164 ○ 165 ○ 166 ○ 167 ○ 168 ○ 169 ○ 170 ○ 171 ○ 172 ○ 173 ○ 174 ○ 175 |
| Please check "Not able to obtain this information" if you are not able to obtain number above (hospitalized pediatric patients (0 to < 18 years) that tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in August 2020). |
| ○ NOT able to obtain this information |
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in August 2020, please indicate the number positive by PCR:

Not able to obtain the breakdown of numbers by testing type

| Number | Number | Number | Number | Number |
|--------|--------|--------|--------|--------|
| 0      | 1      | 2      | 3      | 4      |
| 5      | 6      | 7      | 8      | 9      |
| 10     | 11     | 12     | 13     | 14     |
| 15     | 16     | 17     | 18     | 19     |
| 20     | 21     | 22     | 23     | 24     |
| 25     | 26     | 27     | 28     | 29     |
| 30     | 31     | 32     | 33     | 34     |
| 35     | 36     | 37     | 38     | 39     |
| 40     | 41     | 42     | 43     | 44     |
| 45     | 46     | 47     | 48     | 49     |
| 50     | 51     | 52     | 53     | 54     |
| 55     | 56     | 57     | 58     | 59     |
| 60     | 61     | 62     | 63     | 64     |
| 65     | 66     | 67     | 68     | 69     |
| 70     | 71     | 72     | 73     | 74     |
| 75     | 76     | 77     | 78     | 79     |
| 80     | 81     | 82     | 83     | 84     |
| 85     | 86     | 87     | 88     | 89     |
| 90     | 91     | 92     | 93     | 94     |
| 95     | 96     | 97     | 98     | 99     |
| 100    | 101    | 102    | 103    | 104    |
| 105    | 106    | 107    | 108    | 109    |
| 110    | 111    | 112    | 113    | 114    |
| 115    | 116    | 117    | 118    | 119    |
| 120    | 121    | 122    | 123    | 124    |
| 125    | 126    | 127    | 128    | 129    |
| 130    | 131    | 132    | 133    | 134    |
| 135    | 136    | 137    | 138    | 139    |
| 140    | 141    | 142    | 143    | 144    |
| 145    | 146    | 147    | 148    | 149    |
| 150    | 151    | 152    | 153    | 154    |
| 155    | 156    | 157    | 158    | 159    |
| 160    | 161    | 162    | 163    | 164    |
| 165    | 166    | 167    | 168    | 169    |
| 170    | 171    | 172    | 173    | 174    |
| 175    |        |        |        |        |
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in August 2020, please indicate the number positive by Serology/Antibody (IgM and/or IgG):

☐ Not able to obtain the breakdown of numbers by testing type

☐ 0  ☐ 1  ☐ 2  ☐ 3
☐ 4  ☐ 5  ☐ 6  ☐ 7
☐ 8  ☐ 9  ☐ 10  ☐ 11
☐ 12  ☐ 13  ☐ 14  ☐ 15
☐ 16  ☐ 17  ☐ 18  ☐ 19
☐ 20  ☐ 21  ☐ 22  ☐ 23
☐ 24  ☐ 25  ☐ 26  ☐ 27
☐ 28  ☐ 29  ☐ 30  ☐ 31
☐ 32  ☐ 33  ☐ 34  ☐ 35
☐ 36  ☐ 37  ☐ 38  ☐ 39
☐ 40  ☐ 41  ☐ 42  ☐ 43
☐ 44  ☐ 45  ☐ 46  ☐ 47
☐ 48  ☐ 49  ☐ 50  ☐ 51
☐ 52  ☐ 53  ☐ 54  ☐ 55
☐ 56  ☐ 57  ☐ 58  ☐ 59
☐ 60  ☐ 61  ☐ 62  ☐ 63
☐ 64  ☐ 65  ☐ 66  ☐ 67
☐ 68  ☐ 69  ☐ 70  ☐ 71
☐ 72  ☐ 73  ☐ 74  ☐ 75
☐ 76  ☐ 77  ☐ 78  ☐ 79
☐ 80  ☐ 81  ☐ 82  ☐ 83
☐ 84  ☐ 85  ☐ 86  ☐ 87
☐ 88  ☐ 89  ☐ 90  ☐ 91
☐ 92  ☐ 93  ☐ 94  ☐ 95
☐ 96  ☐ 97  ☐ 98  ☐ 99
☐ 100  ☐ 101  ☐ 102
☐ 103  ☐ 104  ☐ 105
☐ 106  ☐ 107  ☐ 108
☐ 109  ☐ 110  ☐ 111
☐ 112  ☐ 113  ☐ 114
☐ 115  ☐ 116  ☐ 117
☐ 118  ☐ 119  ☐ 120
☐ 121  ☐ 122  ☐ 123
☐ 124  ☐ 125  ☐ 126
☐ 127  ☐ 128  ☐ 129
☐ 130  ☐ 131  ☐ 132
☐ 133  ☐ 134  ☐ 135
☐ 136  ☐ 137  ☐ 138
☐ 139  ☐ 140  ☐ 141
☐ 142  ☐ 143  ☐ 144
☐ 145  ☐ 146  ☐ 147
☐ 148  ☐ 149  ☐ 150
☐ 151  ☐ 152  ☐ 153
☐ 154  ☐ 155  ☐ 156
☐ 157  ☐ 158  ☐ 159
☐ 160  ☐ 161  ☐ 162
☐ 163  ☐ 164  ☐ 165
☐ 166  ☐ 167  ☐ 168
☐ 169  ☐ 170  ☐ 171
☐ 172  ☐ 173  ☐ 174
☐ 175
# SEPTEMBER 2020

How many new acute (incident) cAIS patients were admitted to your hospital in SEPTEMBER 2020?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- Greater than 20

Acute AIS defined as = new onset focal symptoms in last 10 days in arterial distribution with CT or MRI evidence of infarct.

---

How many acute cAIS patients were tested for SARS-CoV-2?

______________________________

What was your institutional SARS-CoV-2 testing practice(s) in September 2020? Please check all that apply.

- [ ] PCR
- [ ] Antibody / Serology
- [ ] Antigen
- [ ] Other
- [ ] No Testing Performed/ Not Applicable

Other, Specify: ____________________________

---

Did any of your acute cAIS patients seen in September 2020 have evidence of SARS-CoV-2 during the time of their stroke presentation (positive PCR; IgM and/or IgG, antigen, or MIS-C/PIMS-TS)?

- [ ] Yes
- [ ] No

(MIS-C = Multisystem Inflammatory Syndrome of Childhood (associated with SARS-CoV-2/ COVID-19); PIMS-TS = Paediatric Inflammatory Multisystem Syndrome; temporally associated with SARS-CoV-2)
How many acute cAIS patients tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic from virus) in September 2020?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- Greater than 20

*We may contact you at a later time to capture the details of this/these case(s).*
How many hospitalized pediatric patients (0 to < 18 years) tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in September 2020?

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 |
| 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 |
| 32 | 33 | 34 | 35 |
| 36 | 37 | 38 | 39 |
| 40 | 41 | 42 | 43 |
| 44 | 45 | 46 | 47 |
| 48 | 49 | 50 | 51 |
| 52 | 53 | 54 | 55 |
| 56 | 57 | 58 | 59 |
| 60 | 61 | 62 | 63 |
| 64 | 65 | 66 | 67 |
| 68 | 69 | 70 | 71 |
| 72 | 73 | 74 | 75 |
| 76 | 77 | 78 | 79 |
| 80 | 81 | 82 | 83 |
| 84 | 85 | 86 | 87 |
| 88 | 89 | 90 | 91 |
| 92 | 93 | 94 | 95 |
| 96 | 97 | 98 | 99 |
| 100 | 101 | 102 |
| 103 | 104 | 105 |
| 106 | 107 | 108 |
| 109 | 110 | 111 |
| 112 | 113 | 114 |
| 115 | 116 | 117 |
| 118 | 119 | 120 |
| 121 | 122 | 123 |
| 124 | 125 | 126 |
| 127 | 128 | 129 |
| 130 | 131 | 132 |
| 133 | 134 | 135 |
| 136 | 137 | 138 |
| 139 | 140 | 141 |
| 142 | 143 | 144 |
| 145 | 146 | 147 |
| 148 | 149 | 150 |
| 151 | 152 | 153 |
| 154 | 155 | 156 |
| 157 | 158 | 159 |
| 160 | 161 | 162 |
| 163 | 164 | 165 |
| 166 | 167 | 168 |
| 169 | 170 | 171 |
| 172 | 173 | 174 |
| 175 |

Please check "Not able to obtain this information" if you are not able to obtain number above (hospitalized pediatric patients (0 to < 18 years) that tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in September 2020).

○ NOT able to obtain this information
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in September 2020, please indicate the number positive by PCR:

- Not able to obtain the breakdown of numbers by testing type

| Options | Counts |
|---------|--------|
| 0       | 1      |
| 1       | 2      |
| 2       | 3      |
| 3       | 4      |
| 4       | 5      |
| 5       | 6      |
| 6       | 7      |
| 7       | 8      |
| 8       | 9      |
| 9       | 10     |
| 10      | 11     |
| 11      | 12     |
| 12      | 13     |
| 13      | 14     |
| 14      | 15     |
| 15      | 16     |
| 16      | 17     |
| 17      | 18     |
| 18      | 19     |
| 19      | 20     |
| 20      | 21     |
| 21      | 22     |
| 22      | 23     |
| 23      | 24     |
| 24      | 25     |
| 25      | 26     |
| 26      | 27     |
| 27      | 28     |
| 28      | 29     |
| 29      | 30     |
| 30      | 31     |
| 31      | 32     |
| 32      | 33     |
| 33      | 34     |
| 34      | 35     |
| 35      | 36     |
| 36      | 37     |
| 37      | 38     |
| 38      | 39     |
| 39      | 40     |
| 40      | 41     |
| 41      | 42     |
| 42      | 43     |
| 43      | 44     |
| 44      | 45     |
| 45      | 46     |
| 46      | 47     |
| 47      | 48     |
| 48      | 49     |
| 49      | 50     |
| 50      | 51     |
| 51      | 52     |
| 52      | 53     |
| 53      | 54     |
| 54      | 55     |
| 55      | 56     |
| 56      | 57     |
| 57      | 58     |
| 58      | 59     |
| 59      | 60     |
| 60      | 61     |
| 61      | 62     |
| 62      | 63     |
| 63      | 64     |
| 64      | 65     |
| 65      | 66     |
| 66      | 67     |
| 67      | 68     |
| 68      | 69     |
| 69      | 70     |
| 70      | 71     |
| 71      | 72     |
| 72      | 73     |
| 73      | 74     |
| 74      | 75     |
| 75      | 76     |
| 76      | 77     |
| 77      | 78     |
| 78      | 79     |
| 79      | 80     |
| 80      | 81     |
| 81      | 82     |
| 82      | 83     |
| 83      | 84     |
| 84      | 85     |
| 85      | 86     |
| 86      | 87     |
| 87      | 88     |
| 88      | 89     |
| 89      | 90     |
| 90      | 91     |
| 91      | 92     |
| 92      | 93     |
| 93      | 94     |
| 94      | 95     |
| 95      | 96     |
| 96      | 97     |
| 97      | 98     |
| 98      | 99     |
| 99      | 100    |
| 100     | 101    |
| 101     | 102    |
| 102     | 103    |
| 103     | 104    |
| 104     | 105    |
| 105     | 106    |
| 106     | 107    |
| 107     | 108    |
| 108     | 109    |
| 109     | 110    |
| 110     | 111    |
| 111     | 112    |
| 112     | 113    |
| 113     | 114    |
| 114     | 115    |
| 115     | 116    |
| 116     | 117    |
| 117     | 118    |
| 118     | 119    |
| 119     | 120    |
| 120     | 121    |
| 121     | 122    |
| 122     | 123    |
| 123     | 124    |
| 124     | 125    |
| 125     | 126    |
| 126     | 127    |
| 127     | 128    |
| 128     | 129    |
| 129     | 130    |
| 130     | 131    |
| 131     | 132    |
| 132     | 133    |
| 133     | 134    |
| 134     | 135    |
| 135     | 136    |
| 136     | 137    |
| 137     | 138    |
| 138     | 139    |
| 139     | 140    |
| 140     | 141    |
| 141     | 142    |
| 142     | 143    |
| 143     | 144    |
| 144     | 145    |
| 145     | 146    |
| 146     | 147    |
| 147     | 148    |
| 148     | 149    |
| 149     | 150    |
| 150     | 151    |
| 151     | 152    |
| 152     | 153    |
| 153     | 154    |
| 154     | 155    |
| 155     | 156    |
| 156     | 157    |
| 157     | 158    |
| 158     | 159    |
| 159     | 160    |
| 160     | 161    |
| 161     | 162    |
| 162     | 163    |
| 163     | 164    |
| 164     | 165    |
| 165     | 166    |
| 166     | 167    |
| 167     | 168    |
| 168     | 169    |
| 169     | 170    |
| 170     | 171    |
| 171     | 172    |
| 172     | 173    |
| 173     | 174    |
| 174     | 175    |
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in September 2020, please indicate the number positive by Serology/Antibody (IgM and/or IgG):

○ Not able to obtain the breakdown of numbers by testing type
○ 0  ○ 1  ○ 2  ○ 3  ○ 4  ○ 5  ○ 6  ○ 7  ○ 8  ○ 9  ○ 10  ○ 11  ○ 12  ○ 13  ○ 14  ○ 15  ○ 16  ○ 17  ○ 18  ○ 19  ○ 20  ○ 21  ○ 22  ○ 23  ○ 24  ○ 25  ○ 26  ○ 27  ○ 28  ○ 29  ○ 30  ○ 31  ○ 32  ○ 33  ○ 34  ○ 35  ○ 36  ○ 37  ○ 38  ○ 39  ○ 40  ○ 41  ○ 42  ○ 43  ○ 44  ○ 45  ○ 46  ○ 47  ○ 48  ○ 49  ○ 50  ○ 51  ○ 52  ○ 53  ○ 54  ○ 55  ○ 56  ○ 57  ○ 58  ○ 59  ○ 60  ○ 61  ○ 62  ○ 63  ○ 64  ○ 65  ○ 66  ○ 67  ○ 68  ○ 69  ○ 70  ○ 71  ○ 72  ○ 73  ○ 74  ○ 75  ○ 76  ○ 77  ○ 78  ○ 79  ○ 80  ○ 81  ○ 82  ○ 83  ○ 84  ○ 85  ○ 86  ○ 87  ○ 88  ○ 89  ○ 90  ○ 91  ○ 92  ○ 93  ○ 94  ○ 95  ○ 96  ○ 97  ○ 98  ○ 99  ○ 100  ○ 101  ○ 102  ○ 103  ○ 104  ○ 105  ○ 106  ○ 107  ○ 108  ○ 109  ○ 110  ○ 111  ○ 112  ○ 113  ○ 114  ○ 115  ○ 116  ○ 117  ○ 118  ○ 119  ○ 120  ○ 121  ○ 122  ○ 123  ○ 124  ○ 125  ○ 126  ○ 127  ○ 128  ○ 129  ○ 130  ○ 131  ○ 132  ○ 133  ○ 134  ○ 135  ○ 136  ○ 137  ○ 138  ○ 139  ○ 140  ○ 141  ○ 142  ○ 143  ○ 144  ○ 145  ○ 146  ○ 147  ○ 148  ○ 149  ○ 150  ○ 151  ○ 152  ○ 153  ○ 154  ○ 155  ○ 156  ○ 157  ○ 158  ○ 159  ○ 160  ○ 161  ○ 162  ○ 163  ○ 164  ○ 165  ○ 166  ○ 167  ○ 168  ○ 169  ○ 170  ○ 171  ○ 172  ○ 173  ○ 174  ○ 175
**OCTOBER 2020**

| How many new acute (incident) cAIS patients were admitted to your hospital in OCTOBER 2020? |
|---------------------------------|
| 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | Greater than 20 |

| Acute AIS defined as = new onset focal symptoms in last 10 days in arterial distribution with CT or MRI evidence of infarct. |
|--------------------------------------------------------------------------------------------------------------------------|
| □ 0  | □ 1  | □ 2  | □ 3  | □ 4  | □ 5  | □ 6  | □ 7  | □ 8  | □ 9  | □ 10 | □ 11 | □ 12 | □ 13 | □ 14 | □ 15 | □ 16 | □ 17 | □ 18 | □ 19 | □ 20 | Greater than 20 |

| How many acute cAIS patients were tested for SARS-CoV-2? |
|---------------------------------------------------------|
| _____________________________________________________|

| What was your institutional SARS-CoV-2 testing practice(s) in October 2020? Please check all that apply. |
|-------------------------------------------------------------------------------------------------|
| □ PCR | □ Antibody / Serology | □ Antigen | □ Other | □ No Testing Performed/ Not Applicable |

| Other, Specify: |
|----------------|
| ___________________________________________|

| Did any of your acute cAIS patients seen in October 2020 have evidence of SARS-CoV-2 during the time of their stroke presentation (positive PCR; IgM and/or IgG, antigen, or MIS-C/PIMS-TS)? |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| □ Yes | □ No |

(MIS-C = Multisystem Inflammatory Syndrome of Childhood (associated with SARS-CoV-2/ COVID-19); PIMS-TS = Paediatric Inflammatory Multisystem Syndrome; temporally associated with SARS-CoV-2)
How many acute cAIS patients tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic from virus) in October 2020?

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 |   |
| 5 | 6 | 7 | 8 |   |
| 9 | 10| 11| 12|   |
| 13| 14| 15| 16|   |
| 17| 18| 19| 20|   |
|   |   |   |   | Greater than 20 |

*We may contact you at a later time to capture the details of this/these case(s).*
How many hospitalized pediatric patients (0 to < 18 years) tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in October 2020?

| Choice | Value |
|--------|-------|
| 0      |       |
| 1      |       |
| 2      |       |
| 3      |       |
| 4      |       |
| 5      |       |
| 6      |       |
| 7      |       |
| 8      |       |
| 9      |       |
| 10     |       |
| 11     |       |
| 12     |       |
| 13     |       |
| 14     |       |
| 15     |       |
| 16     |       |
| 17     |       |
| 18     |       |
| 19     |       |
| 20     |       |
| 21     |       |
| 22     |       |
| 23     |       |
| 24     |       |
| 25     |       |
| 26     |       |
| 27     |       |
| 28     |       |
| 29     |       |
| 30     |       |
| 31     |       |
| 32     |       |
| 33     |       |
| 34     |       |
| 35     |       |
| 36     |       |
| 37     |       |
| 38     |       |
| 39     |       |
| 40     |       |
| 41     |       |
| 42     |       |
| 43     |       |
| 44     |       |
| 45     |       |
| 46     |       |
| 47     |       |
| 48     |       |
| 49     |       |
| 50     |       |
| 51     |       |
| 52     |       |
| 53     |       |
| 54     |       |
| 55     |       |
| 56     |       |
| 57     |       |
| 58     |       |
| 59     |       |
| 60     |       |
| 61     |       |
| 62     |       |
| 63     |       |
| 64     |       |
| 65     |       |
| 66     |       |
| 67     |       |
| 68     |       |
| 69     |       |
| 70     |       |
| 71     |       |
| 72     |       |
| 73     |       |
| 74     |       |
| 75     |       |
| 76     |       |
| 77     |       |
| 78     |       |
| 79     |       |
| 80     |       |
| 81     |       |
| 82     |       |
| 83     |       |
| 84     |       |
| 85     |       |
| 86     |       |
| 87     |       |
| 88     |       |
| 89     |       |
| 90     |       |
| 91     |       |
| 92     |       |
| 93     |       |
| 94     |       |
| 95     |       |
| 96     |       |
| 97     |       |
| 98     |       |
| 99     |       |
| 100    |       |
| 101    |       |
| 102    |       |
| 103    |       |
| 104    |       |
| 105    |       |
| 106    |       |
| 107    |       |
| 108    |       |
| 109    |       |
| 110    |       |
| 111    |       |
| 112    |       |
| 113    |       |
| 114    |       |
| 115    |       |
| 116    |       |
| 117    |       |
| 118    |       |
| 119    |       |
| 120    |       |
| 121    |       |
| 122    |       |
| 123    |       |
| 124    |       |
| 125    |       |
| 126    |       |
| 127    |       |
| 128    |       |
| 129    |       |
| 130    |       |
| 131    |       |
| 132    |       |
| 133    |       |
| 134    |       |
| 135    |       |
| 136    |       |
| 137    |       |
| 138    |       |
| 139    |       |
| 140    |       |
| 141    |       |
| 142    |       |
| 143    |       |
| 144    |       |
| 145    |       |
| 146    |       |
| 147    |       |
| 148    |       |
| 149    |       |
| 150    |       |
| 151    |       |
| 152    |       |
| 153    |       |
| 154    |       |
| 155    |       |
| 156    |       |
| 157    |       |
| 158    |       |
| 159    |       |
| 160    |       |
| 161    |       |
| 162    |       |
| 163    |       |
| 164    |       |
| 165    |       |
| 166    |       |
| 167    |       |
| 168    |       |
| 169    |       |
| 170    |       |
| 171    |       |
| 172    |       |
| 173    |       |
| 174    |       |
| 175    |       |

Please check "Not able to obtain this information" if you are not able to obtain number above (number of hospitalized pediatric patients (0 to < 18 years) that tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in October 2020).

- NOT able to obtain this information
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in October 2020, please indicate the number positive by PCR:

- Not able to obtain the breakdown of numbers by testing type

0  1  2  3
4  5  6  7
8  9  10  11
12 13 14 15
16 17 18 19
20 21 22 23
24 25 26 27
28 29 30 31
32 33 34 35
36 37 38 39
40 41 42 43
44 45 46 47
48 49 50 51
52 53 54 55
56 57 58 59
60 61 62 63
64 65 66 67
68 69 70 71
72 73 74 75
76 77 78 79
80 81 82 83
84 85 86 87
88 89 90 91
92 93 94 95
96 97 98 99
100 101 102
103 104 105
106 107 108
109 110 111
112 113 114
115 116 117
118 119 120
121 122 123
124 125 126
127 128 129
130 131 132
133 134 135
136 137 138
139 140 141
142 143 144
145 146 147
148 149 150
151 152 153
154 155 156
157 158 159
160 161 162
163 164 165
166 167 168
169 170 171
172 173 174
175
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in October 2020, please indicate the number positive by Serology/Antibody (IgM and/or IgG):

- Not able to obtain the breakdown of numbers by testing type
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71
- 72
- 73
- 74
- 75
- 76
- 77
- 78
- 79
- 80
- 81
- 82
- 83
- 84
- 85
- 86
- 87
- 88
- 89
- 90
- 91
- 92
- 93
- 94
- 95
- 96
- 97
- 98
- 99
- 100
- 101
- 102
- 103
- 104
- 105
- 106
- 107
- 108
- 109
- 110
- 111
- 112
- 113
- 114
- 115
- 116
- 117
- 118
- 119
- 120
- 121
- 122
- 123
- 124
- 125
- 126
- 127
- 128
- 129
- 130
- 131
- 132
- 133
- 134
- 135
- 136
- 137
- 138
- 139
- 140
- 141
- 142
- 143
- 144
- 145
- 146
- 147
- 148
- 149
- 150
- 151
- 152
- 153
- 154
- 155
- 156
- 157
- 158
- 159
- 160
- 161
- 162
- 163
- 164
- 165
- 166
- 167
- 168
- 169
- 170
- 171
- 172
- 173
- 174
- 175
| How many new acute (incident) cAIS patients were admitted to your hospital in NOVEMBER 2020? |
|---|
| □ 0 |
| □ 1 |
| □ 2 |
| □ 3 |
| □ 4 |
| □ 5 |
| □ 6 |
| □ 7 |
| □ 8 |
| □ 9 |
| □ 10 |
| □ 11 |
| □ 12 |
| □ 13 |
| □ 14 |
| □ 15 |
| □ 16 |
| □ 17 |
| □ 18 |
| □ 19 |
| □ 20 |
| □ Greater than 20 |

| Acute AIS defined as = new onset focal symptoms in last 10 days in arterial distribution with CT or MRI evidence of infarct. |
|---|
| □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |
| □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |

| How many acute cAIS patients were tested for SARS-CoV-2? |
|---|
| □ □ |

| What was your institutional SARS-CoV-2 testing practice(s) in November 2020? Please check all that apply. |
|---|
| □ PCR |
| □ Antibody / Serology |
| □ Antigen |
| □ Other |
| □ No Testing Performed/ Not Applicable |

| Other, Specify: |
|---|
| □ □ |

| Did any of your acute cAIS patients seen in November 2020 have evidence of SARS-CoV-2 during the time of their stroke presentation (positive PCR; IgM and/or IgG, antigen, or MIS-C/PIMS-TS)? |
|---|
| □ Yes |
| □ No |

(MIS-C = Multisystem Inflammatory Syndrome of Childhood (associated with SARS-CoV-2/ COVID-19); PIMS-TS = Paediatric Inflammatory Multisystem Syndrome; temporally associated with SARS-CoV-2)
How many acute cAIS patients tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic from virus) in November 2020?

|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | Greater than 20 |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----------------|

*We may contact you at a later time to capture the details of this/these case(s).*
How many hospitalized pediatric patients (0 to < 18 years) tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in November 2020?

| Number of Patients |
|--------------------|
| 0                  |
| 1                  |
| 2                  |
| 3                  |
| 4                  |
| 5                  |
| 6                  |
| 7                  |
| 8                  |
| 9                  |
| 10                 |
| 11                 |
| 12                 |
| 13                 |
| 14                 |
| 15                 |
| 16                 |
| 17                 |
| 18                 |
| 19                 |
| 20                 |
| 21                 |
| 22                 |
| 23                 |
| 24                 |
| 25                 |
| 26                 |
| 27                 |
| 28                 |
| 29                 |
| 30                 |
| 31                 |
| 32                 |
| 33                 |
| 34                 |
| 35                 |
| 36                 |
| 37                 |
| 38                 |
| 39                 |
| 40                 |
| 41                 |
| 42                 |
| 43                 |
| 44                 |
| 45                 |
| 46                 |
| 47                 |
| 48                 |
| 49                 |
| 50                 |
| 51                 |
| 52                 |
| 53                 |
| 54                 |
| 55                 |
| 56                 |
| 57                 |
| 58                 |
| 59                 |
| 60                 |
| 61                 |
| 62                 |
| 63                 |
| 64                 |
| 65                 |
| 66                 |
| 67                 |
| 68                 |
| 69                 |
| 70                 |
| 71                 |
| 72                 |
| 73                 |
| 74                 |
| 75                 |
| 76                 |
| 77                 |
| 78                 |
| 79                 |
| 80                 |
| 81                 |
| 82                 |
| 83                 |
| 84                 |
| 85                 |
| 86                 |
| 87                 |
| 88                 |
| 89                 |
| 90                 |
| 91                 |
| 92                 |
| 93                 |
| 94                 |
| 95                 |
| 96                 |
| 97                 |
| 98                 |
| 99                 |
| 100                |
| 101                |
| 102                |
| 103                |
| 104                |
| 105                |
| 106                |
| 107                |
| 108                |
| 109                |
| 110                |
| 111                |
| 112                |
| 113                |
| 114                |
| 115                |
| 116                |
| 117                |
| 118                |
| 119                |
| 120                |
| 121                |
| 122                |
| 123                |
| 124                |
| 125                |
| 126                |
| 127                |
| 128                |
| 129                |
| 130                |
| 131                |
| 132                |
| 133                |
| 134                |
| 135                |
| 136                |
| 137                |
| 138                |
| 139                |
| 140                |
| 141                |
| 142                |
| 143                |
| 144                |
| 145                |
| 146                |
| 147                |
| 148                |
| 149                |
| 150                |
| 151                |
| 152                |
| 153                |
| 154                |
| 155                |
| 156                |
| 157                |
| 158                |
| 159                |
| 160                |
| 161                |
| 162                |
| 163                |
| 164                |
| 165                |
| 166                |
| 167                |
| 168                |
| 169                |
| 170                |
| 171                |
| 172                |
| 173                |
| 174                |
| 175                |

Please check "Not able to obtain this information" if you are not able to obtain number above (number of hospitalized pediatric patients (0 to < 18 years) that tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in November 2020).

○ NOT able to obtain this information
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in November 2020, please indicate the number positive by PCR:

- Not able to obtain the breakdown of numbers by testing type
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71
- 72
- 73
- 74
- 75
- 76
- 77
- 78
- 79
- 80
- 81
- 82
- 83
- 84
- 85
- 86
- 87
- 88
- 89
- 90
- 91
- 92
- 93
- 94
- 95
- 96
- 97
- 98
- 99
- 100
- 101
- 102
- 103
- 104
- 105
- 106
- 107
- 108
- 109
- 110
- 111
- 112
- 113
- 114
- 115
- 116
- 117
- 118
- 119
- 120
- 121
- 122
- 123
- 124
- 125
- 126
- 127
- 128
- 129
- 130
- 131
- 132
- 133
- 134
- 135
- 136
- 137
- 138
- 139
- 140
- 141
- 142
- 143
- 144
- 145
- 146
- 147
- 148
- 149
- 150
- 151
- 152
- 153
- 154
- 155
- 156
- 157
- 158
- 159
- 160
- 161
- 162
- 163
- 164
- 165
- 166
- 167
- 168
- 169
- 170
- 171
- 172
- 173
- 174
- 175
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in November 2020, please indicate the number positive by Serology/Antibody (IgM and/or IgG):

- Not able to obtain the breakdown of numbers by testing type
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71
- 72
- 73
- 74
- 75
- 76
- 77
- 78
- 79
- 80
- 81
- 82
- 83
- 84
- 85
- 86
- 87
- 88
- 89
- 90
- 91
- 92
- 93
- 94
- 95
- 96
- 97
- 98
- 99
- 100
- 101
- 102
- 103
- 104
- 105
- 106
- 107
- 108
- 109
- 110
- 111
- 112
- 113
- 114
- 115
- 116
- 117
- 118
- 119
- 120
- 121
- 122
- 123
- 124
- 125
- 126
- 127
- 128
- 129
- 130
- 131
- 132
- 133
- 134
- 135
- 136
- 137
- 138
- 139
- 140
- 141
- 142
- 143
- 144
- 145
- 146
- 147
- 148
- 149
- 150
- 151
- 152
- 153
- 154
- 155
- 156
- 157
- 158
- 159
- 160
- 161
- 162
- 163
- 164
- 165
- 166
- 167
- 168
- 169
- 170
- 171
- 172
- 173
- 174
- 175
**DECEMBER 2020**

| Question                                                                 | Options                      |
|-------------------------------------------------------------------------|------------------------------|
| How many new acute (incident) cAIS patients were admitted to your hospital in DECEMBER 2020? | 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, Greater than 20 |
| Acute AIS defined as = new onset focal symptoms in last 10 days in arterial distribution with CT or MRI evidence of infarct. |                             |
| How many acute cAIS patients were tested for SARS-CoV-2?                |                              |
| What was your institutional SARS-CoV-2 testing practice(s) in December 2020? Please check all that apply. | PCR, Antibody / Serology, Antigen, Other, No Testing Performed/ Not Applicable |
| Other, Specify:                                                        |                              |
| Did any of your acute cAIS patients seen in December 2020 have evidence of SARS-CoV-2 during the time of their stroke presentation (positive PCR; IgM and/or IgG, antigen, or MIS-C/PIMS-TS)? | Yes, No |
| How many acute cAIS patients tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic from virus) in December 2020? |
|---|
| ○ 1  ○ 2  ○ 3  ○ 4  ○ 5  ○ 6  ○ 7  ○ 8  ○ 9  ○ 10  ○ 11  ○ 12  ○ 13  ○ 14  ○ 15  ○ 16  ○ 17  ○ 18  ○ 19  ○ 20  ○ Greater than 20 |

*We may contact you at a later time to capture the details of this/these case(s).*
How many hospitalized pediatric patients (0 to < 18 years) tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in December 2020?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|---|---|---|---|---|---|---|---|---|----|----|
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |
| 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 |
| 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 |
| 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 |
| 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 |
| 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 |
| 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 |
| 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 |
| 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 |
| 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 |
| 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 |
| 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 |
| 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 |

Please check "Not able to obtain this information" if you are not able to obtain number above (number of hospitalized pediatric patients (0 to < 18 years) that tested positive for SARS-CoV-2 (PCR or antibody/serology; symptomatic or asymptomatic) in December 2020).

- NOT able to obtain this information
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in December 2020, please indicate the number positive by PCR:

- Not able to obtain the breakdown of numbers by testing type

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 |
| 32 | 33 | 34 | 35 |
| 36 | 37 | 38 | 39 |
| 40 | 41 | 42 | 43 |
| 44 | 45 | 46 | 47 |
| 48 | 49 | 50 | 51 |
| 52 | 53 | 54 | 55 |
| 56 | 57 | 58 | 59 |
| 60 | 61 | 62 | 63 |
| 64 | 65 | 66 | 67 |
| 68 | 69 | 70 | 71 |
| 72 | 73 | 74 | 75 |
| 76 | 77 | 78 | 79 |
| 80 | 81 | 82 | 83 |
| 84 | 85 | 86 | 87 |
| 88 | 89 | 90 | 91 |
| 92 | 93 | 94 | 95 |
| 96 | 97 | 98 | 99 |
| 100 | 101 | 102 |
| 103 | 104 | 105 |
| 106 | 107 | 108 |
| 109 | 110 | 111 |
| 112 | 113 | 114 |
| 115 | 116 | 117 |
| 118 | 119 | 120 |
| 121 | 122 | 123 |
| 124 | 125 | 126 |
| 127 | 128 | 129 |
| 130 | 131 | 132 |
| 133 | 134 | 135 |
| 136 | 137 | 138 |
| 139 | 140 | 141 |
| 142 | 143 | 144 |
| 145 | 146 | 147 |
| 148 | 149 | 150 |
| 151 | 152 | 153 |
| 154 | 155 | 156 |
| 157 | 158 | 159 |
| 160 | 161 | 162 |
| 163 | 164 | 165 |
| 166 | 167 | 168 |
| 169 | 170 | 171 |
| 172 | 173 | 174 |
| 175 |
Of the hospitalized pediatric patients (0 to < 18 years, with or without stroke) that tested positive for SARS-CoV-2 in December 2020, please indicate the number positive by Serology/Antibody (IgM and/or IgG):

| 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   |
|-----|-----|-----|-----|-----|-----|-----|-----|
| 8   | 9   | 10  | 11  | 12  | 13  | 14  | 15  |
| 16  | 17  | 18  | 19  | 20  | 21  | 22  | 23  |
| 24  | 25  | 26  | 27  | 28  | 29  | 30  | 31  |
| 32  | 33  | 34  | 35  | 36  | 37  | 38  | 39  |
| 40  | 41  | 42  | 43  | 44  | 45  | 46  | 47  |
| 48  | 49  | 50  | 51  | 52  | 53  | 54  | 55  |
| 56  | 57  | 58  | 59  | 60  | 61  | 62  | 63  |
| 64  | 65  | 66  | 67  | 68  | 69  | 70  | 71  |
| 72  | 73  | 74  | 75  | 76  | 77  | 78  | 79  |
| 80  | 81  | 82  | 83  | 84  | 85  | 86  | 87  |
| 88  | 89  | 90  | 91  | 92  | 93  | 94  | 95  |
| 96  | 97  | 98  | 99  | 100 | 101 | 102 | 103 |
| 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 |
| 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 |
| 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 |
| 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 |
| 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 |
| 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 |
| 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 |
| 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 |
| 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 |
**Authorship**

Please sign if you DO NOT want to be listed in the appendix of contributing authors for the resulting manuscript.

__________________________________________

Would it be ok for project leaders to contact you about any cases you report to be positive for SARS-CoV-2/COVID-19?

- [ ] Yes
- [ ] No

Please add any additional notes here:

__________________________________________
Patient Information

Patient ID (pt_id)

IPSS ID (ipssid)

Patient Information

Was the patient admitted? (admityes)

Yes  No

Admission date (daent)

What was the reason for hospital admission? Check all that apply. (hosp_admit)

Stroke/strokes symptoms (aphasia, hemiparesis)
COVID-19 related symptoms
Other

Please specify reason for admission (admit_reas)

Sex (sex)

Male  Female

Birth month (birmont)

January
February
March
April
May
June
July
August
September
October
November
December

Birth year (biryear)

Race

Caucasian/White: Includes N. America, North, East, West Europe, Australia/New Zealand, Former Soviet Union
Black: Includes African, African-American, -Canadian, Caribbean; Excludes those of North African descent
Southeast Asian: Includes Chinese, Korean, Japanese, Vietnamese, Cambodian, Thai, Laotian, Taiwanese, Filipino, Malaysian etc.
East Indian/South Asian: Includes East Indian, Pakistani, Sri Lankan, Bangladeshi etc.
Middle Eastern: Includes North Africa and Arab Countries
First Nations/Aboriginal: Includes Canadian, American, including Alaskan
Child (childrac) □ □ □ □ □ □ □ □ □ □

Child's race is "Other". Provide any relevant information (e.g. country of origin) (childot) ____________________________ (main)

**Stroke Details**

Age at stroke (strage)

- □ Neonate (< = 28 days of life or presumed perinatal stroke)
- □ Older infant or child (< 19th birthday)

Date of stroke symptoms onset (date of imaging that diagnosed stroke if stroke was asymptomatic) (doe) ____________________________

If exact time is unknown, describe (e.g. woke with deficit) (timedes) ____________________________ (main)

Stroke types (stroke_type)

- □ Childhood arterial ischemic stroke (AIS)
- □ Childhood cerebral sinovenous thrombosis (CSVT)
- □ Acute neonatal arterial ischemic stroke (NAIS)
- □ Acute neonatal cerebral sinovenous thrombosis (NCSVT)
  (Check all that apply main)
## Covid Related

| **COVID-19 Related Questions** |
|--------------------------------|
| How was this patient tested for COVID-19? Please check all that apply: |
| ☐ PCR |
| ☐ Antigen |
| ☐ Antibody (ELISA) |
| ☐ Other |

Specify other test: ____________________________

Was patient tested for COVID-19 on multiple dates?  
☐ Yes  
☐ No

Please describe testing: ____________________________

What symptoms of COVID-19 did the patient have? Check all that apply.  
☐ None (asymptomatic)/ COVID-19 was found on routine hospital testing  
☐ Fever  
☐ Diarrhea  
☐ Rash  
☐ Cough  
☐ Sneezing  
☐ Runny Nose  
☐ Multisystem Inflammatory Syndrome in Children (Kawasaki-like Disease)  
☐ Severe Respiratory Distress  
☐ Other

Other COVID Symptoms: ____________________________

Was the patient intubated because of COVID-19?  
☐ Yes  
☐ No

Was the patient on ECMO due to COVID-19?  
☐ Yes  
☐ No

Was the patient septic/in septic shock due to COVID-19?  
☐ Yes  
☐ No

Did the patient die due to COVID-19 or due to COVID-19 related symptoms?  
☐ Yes  
☐ No

Please provide any additional relevant information: ____________________________
### Stroke Related Questions

| Question                                                                 | Options                                      |
|--------------------------------------------------------------------------|----------------------------------------------|
| Do you think the stroke was related to COVID-19?                         | Yes, No, Maybe                               |
| Do you think the stroke was primarily caused by COVID-19 or COVID-19 related complications? | Yes, No, Maybe                               |
Stroke Risk Radiology

A. Cardiac

Are there cardiac risk factors? (card)
- Yes
- No
- Not assessed

Please check all that apply:
- Congenital Heart Disease
- Patent Foramen Ovale
- Cardiomyopathy
- Myocarditis
- Arrhythmia
- Other

Specify type of congenital heart disease:

Other cardiac diagnosis:

B. Arteriopathy

This section does not apply.

Are there arteriopathy risk factors? (art)
- Yes
- No
- Not assessed

Dissection (dissprov)
- Proven
- No
- Presumed

Moyamoya (moyaprov)
- Proven
- No
- Presumed

Focal cerebral arteriopathy (FCA) (fcaprov)
- Proven
- No
- Presumed

Focal cerebral arteriopathy, specify type (fcat)
- Transient cerebral arteriopathy of childhood (TCA)
- Post-varicella angiopathy (PVAR)/chickenpox in the last 12 months
- Unknown
- Other

FCA type: other, specify (fcaoth)

Vasculitis (not TCA, FCA, or PVAR) (vascprov)
- Proven
- No
- Presumed

Other arteriopathy (artoth)
Other arteriopathy, specify (artspe)

---

**C. Patient disease/condition-related risk factors**

| Risk Factor | Yes | No | Not assessed |
|-------------|-----|----|--------------|
| Iron deficiency/anaemia (anemia) | | | |
| | Yes | No | Not assessed |
| Sickle cell anaemia (sickle) | | | |
| | Yes | No | Not assessed |
| Genetic syndrome (genesy) | | | |
| | Yes | No | Not assessed |
| Genetic syndrome, specify (genetsys) | | | |
| | | | |
| Prothrombotic disorder (prothrom) | | | |
| | Yes | No | Not assessed |
| Prothrombotic disorder, specify: (prothrosp) | Oral contraceptives, L-asparaginase exposure, APCR, ATIII, aPTT, Factor VIII, Fibrinogen, Homocysteine, Lipoprotein(a), Lupus anticoagulant, Protein S Total, Protein S Free, Protein C, Factor V Leiden, MTHFR, Prothrombin gene, ACLA IgG, D-Dimer, Other |
| | | | |
| Pre-existing hypertension (hypertension) | | | |
| | Yes | No | Not assessed |
| Diabetes (diabetes) | | | |
| | Yes | No | Unknown |
| History of Smoking (smoking) | | | |
| | Yes | No | Unknown |
| Inflammatory/auto-immune illness (inflam) | | | |
| | Yes | No | Unknown |
| Active Malignancy (malig) | | | |
| | Yes | No | Unknown |
| History of Cranial Radiation (cranrad) | ○ Yes (main) ○ No ○ Unknown |
|-------------------------|-----------------------------|
| Severe Dehydration (dehyd) | ○ Yes (main) ○ No ○ Unknown |
| Meningitis (mening) | ○ Yes (main) ○ No ○ Not assessed |
| Mastoiditis (mastoid) | ○ Yes (main) ○ No ○ Not assessed |
| Inflammatory Bowel Disease (ibd) | ○ Yes (main) ○ No ○ Not assessed |
| Nephrotic Syndrome (neph) | ○ Yes (main) ○ No ○ Not assessed |
| Other Risk Factors (othris) | ○ |
| Other stroke risk factors, specify/describe (othrissp) | (main) |

**Diagnostic Workup**

**FOR ARTERIAL ISCHEMIC STROKE (AIS) ONLY**

Diagnostic Workup, please select all that apply (diagscan):

- Head Ultrasound
- Head CT
- CTA Head
- CTA Neck
- MRA Brain
- MRA Head
- MRA Neck
- Conventional Angiogram
- Echocardiogram
- Thrombophilia Studies

**FOR CEREBRAL SINOVENOUS THROMBOSIS (CSVT) ONLY**

Diagnostic Workup, please select all that apply (diagscan):

- Doppler Ultrasound (Venous)
- Cranial Ultrasound
- Head CT
- CTV Head
- MRI Brain
- MRV Head
- Catheter/Conventional Angiogram
- Echocardiogram
- Thrombophilia Studies

Echo Type: (echo_type)

- Trans-thoracic echo (TTE)
- Trans-esophageal echo (TEE)

Done with Bubble Study? (echo_bubble)

- Yes
- No
| Stroke Location and Characteristics, please check all that apply (stroloc) |
|-------------------------------------------------------------------------|
| ☐ Left Anterior Cerebral Artery                                         |
| ☐ Left Middle Cerebral Artery                                          |
| ☐ Left Posterior Cerebral Artery                                       |
| ☐ Right Anterior Cerebral Artery                                       |
| ☐ Right Middle Cerebral Artery                                         |
| ☐ Right Posterior Cerebral Artery                                      |
| ☐ Left Cerebellum                                                      |
| ☐ Right Cerebellum                                                     |
| ☐ Midbrain                                                             |
| ☐ Pons                                                                  |
| ☐ Medulla                                                              |
| ☐ Hemorrhagic Transformation of Infarction                             |
| ☐ Other (main)                                                         |

| Other AIS Location, Specify:                                           |
|------------------------------------------------------------------------|
| _____________________________________________________________________|

| Stroke Location and Characteristics, please check all that apply (stroloc) |
|-------------------------------------------------------------------------|
| ☐ Superior Sagittal Sinus                                               |
| ☐ Inferior Sagittal Sinus                                               |
| ☐ Straight Sinus                                                        |
| ☐ Confluence of Sinuses                                                 |
| ☐ Left Transverse Sinus                                                 |
| ☐ Left Sigmoid Sinus                                                    |
| ☐ Right Transverse Sinus                                                |
| ☐ Right Sigmoid Sinus                                                   |
| ☐ Medullary Vein                                                        |
| ☐ Cortical Vein                                                         |
| ☐ Venous Ischemic Infarction                                            |
| ☐ Venous Hemorrhagic Infarction                                         |
| ☐ Other (main)                                                         |

| Other CSVT Location, Specify:                                          |
|------------------------------------------------------------------------|
| _____________________________________________________________________|
Supplemental Figure 3. Arterial ischemic stroke and focal cerebral arteriopathy in a child with SARS-CoV-2. A) Axial diffusion weighted imaging in a 6-year-old male demonstrates restricted diffusion involving both the left lentiform nucleus and much of the left anterior middle cerebral artery territory. B) Coronal magnetic resonance angiogram maximum intensity projection of the same patient demonstrates irregularity and narrowing of the left distal internal carotid artery, A1 and M1 segments (arrowheads), and a focal cutoff of the left M2 segment anterior division (arrow).
| Institution                                                                 | Site Investigator(s)‡                                      |
|----------------------------------------------------------------------------|----------------------------------------------------------|
| *Ain Shams University, Cairo, Egypt                                        | Ahmed Abd El-Hamid Rihan, MSc                             |
|                                                                           | Maha Mohammed, MD, MRCPCH                                  |
|                                                                           | Moustafa Farid, MD, PhD                                    |
|                                                                           | Sahar M.A. Hassanein, MD, PhD                              |
|                                                                           | Wessam S.S. Guergues, MD, PhD                             |
| *Al Jalila Children's Hospital, Dubai, United Arab Emirates               | Mohamed O.E. Babiker, MBBS, MD, DPH, FRCPCH, CCT          |
| *Aristotle University of Thessaloniki, Thessaloniki, Greece                | Dimitrios Zafeiriou, MD, PhD                              |
| *Assuta Ashdod University Medical Center, Ben-Gurion University, Beer-Sheva, Israel | Oded Hochberg, MD                                         |
| *Azienda Ospedaliero-Universitaria Città della Salute e della Scienza di Torino, Regina Margherita Children Hospital University Hospital Città della Salute Torino, Turin Italy | Paola Saracco, MD                                         |
| Bristol Royal Hospital for Children, Bristol, United Kingdom               | Thomas Main, MB BCh, BSc, DTM&H                           |
|                                                                           | Andrew Mallick, MB BCh, MRCPCH, PGCME, PhD               |
| *Children’s Healthcare Atlanta, Atlanta, Georgia, United States           | Selina Kala, RN CPN, Bryan L. Philbrook, MD               |
|                                                                           | Kartik Reddy, MD                                           |
| *Children’s Hospital Los Angeles, Keck School of Medicine at USC, Los Angeles, California, United States | Jonathan D. Santoro, MD                                   |
| *Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, United States | Lauren A. Beslow, MD, MSCE, FAHA                         |
|                                                                           | Rebecca N. Ichord, MD, PhD                                 |
|                                                                           | Evelyn K. Shih, MD, PhD                                    |
| Hospital/Institution                                                                 | Authors                        |
|-----------------------------------------------------------------------------------|-------------------------------|
| Children’s Hospital Orange County, Orange, California, United States              | Rachel P. Pearson, MD         |
| *Children’s Hospital Research Institute of Manitoba, University of Manitoba, Winnipeg Children’s Hospital, Manitoba, Winnipeg, Canada | Mubeen F. Rafay, MBBS MSc     |
| Children's Mercy Hospital, University of Missouri Kansas City School of Medicine, Kansas City, Missouri, United States | Mukta Sharma, MD, MPH, FAAP   |
| *Children’s National Medical Center, Washington D.C., United States               | Dana Harrar, MD, PhD          |
| *Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, United States   | Mary Allen Staat, MD          |
|                                                                                    | Sudhakar Vadivelu, DO         |
| *Clinica Universidad de La Sabana, Bogota, Colombia                               | Marvid Duarte, MD             |
| *Cook Children's Medical Center, Fort Worth, Texas, United States                 | Marcela Torres, MD            |
|                                                                                    | Mary Suzanne Whitworth, MD    |
| *Dr S N Medical College, Umaid Hospital for Women and Children, Jodhpur, Rajasthan, India | Manish Parakh, MD            |
| *Evelina London Children's Hospital, London, United Kingdom                       | Kevin Meesters Thomas Rosser |
| *French Center for Pediatric Stroke, APHP University Hospital Necker-Enfants Malades, Paris, France | Charles-Joris Roud, MD        |
|                                                                                    | Manoëlle Kossorotoff, MD, PhD |
|                                                                                    | Marianne Leruez-Ville, PhD    |
| Great Ormond Street Hospital and Institute of Child Health, London, United Kingdom | Vijaya Ganesan, MB, ChB       |
| *Harvard Medical School, Boston Children’s Hospital, Boston, Massachusetts, United States | Laura L. Lehman, MD           |
|                                                                                    | Michael Rivkin, MD            |
| *HOMI Fundación Hospital Pediátrico la Misericordia, Bogotá, Colombia             | Yenny C. Zuñiga Zambrano, MD  |
| Hospital Central de la Policia Nacional de Bogotá, Bogotá, Colombia               | Zulma Hernandez, MD           |
| Hospital Clinico San Borja Arriaran, University of Chile, Santiago Chile         | Fernanda Balut, MD            |
| *Hospital de Pediatría Prof. Dr. Juan P. Garrahan, Buenos Aires, Argentina        | Maria Celeste Buompadre, MD   |
| Institution                                                                 | Authors                                                                 |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Hospital Infantil de la Cruz Roja Rafael Henao Toro, Manizales, Colombia  | Heidy J. Gómez Naranjo, MD                                               |
| Hospital Sant Joan de Deu, University of Barcelona, Spain                  | Veronica Gonzalez Alvarez, MD                                            |
| Indiana Hemophilia and Thrombosis Center+, Indianapolis, Indiana, United States with Peyton Manning Children's Hospital at Ascension St. Vincent±, Indianapolis, Indiana, United States | Nihal Bakeer, MD+, Stephanie Garrison, CPNP+, Christopher Belcher, MD, FAAP±, Lorie Miller, CPHQ±, Maria Whitmore, PharmD, BCPPS± |
| IRCCS Giannina Gaslini Institute, Genoa, Italy                            | Giulia Amico, MSc, Mariasavina Severino, MD, Marta Bertamino, MD, PhD, Sara Signa, MD |
| Johns Hopkins School of Medicine, Johns Hopkins University, Baltimore, Maryland, United States | Lisa R. Sun, MD, Ryan J. Felling, MD, PhD                               |
| Latifa Women and Children Hospital Dubai, United Arab Emirates            | Pawan Kashyape, MD, DCH, NB, FRCPCH, CCT                                |
| LMU Munich, University Hospital, Dr. von Hauner Children's Hospital, Munich, Germany | Lucia Gerstl, MD                                                        |
| Medical University of Silesia, Katowice, Poland                           | Ilona Kopyta, MD                                                        |
| Mother and Child Health Care Institute, Belgrade, Serbia                   | Gordana Kovacevic, MD                                                   |
| Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle University, Newcastle upon Tyne, United Kingdom | Anna Basu, BMBCh, MA, FRCPCH, PhD, Yusri Taha, PhD                       |
| Ohio State University, Nationwide Children’s Hospital, Columbus Ohio, United States | Warren D. Lo, MD                                                        |
| Oregon Health & Science University, Portland, Oregon, United States       | Jenny Wilson, MD                                                        |
| Phoenix Children's Hospital, University of Arizona College of Medicine -Phoenix, Phoenix, Arizona, United States | Brian Appavu, MD                                                        |
| Institution                                                                 | Authors                                                                 |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------|
| *Pontificia Universidad Catolica de Chile, Santiago, Chile                 | Marta Hernández-Chávez, MD                                               |
| *Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong, SAR, China | Maggie L.Y. Yau, MBBS                                                    |
| Royal Belfast Hospital for Sick Children, Belfast, Northern Ireland, UK   | Deirdre Peake, MB BCH, MRCPCH, Kim Stevenson, BB BCH, CaO, MRCPCH        |
| *Royal Manchester Children's Hospital, Manchester, England, United Kingdom | Dipak Ram, MBBS, MRCPCH                                                  |
| School of Medicine, Kenyatta University, Nairobi, Kenya                    | Samson Gwer, MD                                                          |
| Schulich School of Medicine and Dentistry, University of Western Ontario, London, Ontario, Canada | Andrea Andrade, MD                                                        |
| *Seattle Children’s Hospital, University of Washington School of Medicine, Seattle, Washington, United States | Catherine Amlie-Lefond, MD, Jacqueline Lee-Eng, BS                       |
| *Stanford University School of Medicine, Stanford, California, United States | Sarah Lee, MD                                                             |
| *Stollery Children’s Hospital, Edmonton, Alberta, Canada                  | Janette Mailo, MD                                                        |
| *Tel Aviv Sourasky Medical Center, Tel Aviv University, Tel Aviv, Israel  | Moran Hausman-Kedem, MD                                                  |
| *The Children’s Hospital at St. Francis, Tulsa, Oklahoma, United States   | Kamma Jaiswal, MD, Kellie Brown, RN                                      |
| *The Royal Children's Hospital, Melbourne, Australia                      | Belinda Stojanovski, BSc, Mark T Mackay, MD                              |
| *The University of Toronto, The Hospital for Sick Children, Toronto, Ontario, Canada | Adriana Carolina Vargas Nino, MD, Daune McGregor, MD, MSc, MBA, Gabrielle deVeber, MD, Ishvinder Bhathal, NP, Liza Pulcine, MD, MSC, Mahendra Moharir, MD, MSc, Nomazulu Dlamini, MBBS, MSs, PhD |
| Institution                                                                 | Authors                                                                 |
|----------------------------------------------------------------------------|------------------------------------------------------------------------|
| University of British Columbia and BC Children's Hospital, Vancouver, BC   | Bruce Bjornson, MD, FRCPC                                                |
|                                                                              | Danny H.C. Kim, BASc                                                     |
| University of Calgary, Alberta Children's Hospital, Calgary, Alberta, CA   | Adam Kirton, MD                                                         |
|                                                                              | Amalia Floer                                                            |
| University of California, San Francisco, CA, United States                 | Christine K. Fox, MD, MAS                                                |
| University of Colorado School of Medicine, Children's Hospital, Colorado, | Christiana Smith-Anderson, MD MSc                                     |
|                                                                              | Kelly Wilt, MD                                                          |
|                                                                              | Timothy J. Bernard, MD, MD, MSCS                                        |
|                                                                              | Vivian Thompson, BA                                                    |
| University of Texas McGovern Medical School, Children's Memorial Hermann   | Michael L. Chang, MD                                                    |
| Hospital, Houston, TX, United States                                       | Stuart Fraser, MD                                                       |
| University of Texas Southwestern Medical Center, Dallas, TX, United States  | Michael M. Dowling, MD, PhD, MSCS                                        |
| University of the Philippines-Philippine General Hospital, Manila, PH       | Marilyn Tan, MD                                                         |
| Vanderbilt University Medical Center, Monroe Carell Jr. Children's Hospital | Lori C Jordan, MD, PhD                                                  |
| at Vanderbilt, United States                                                |                                                                        |
| Wake Forest Baptist Health, Brenner Children's Hospital, Winston-Salem, NC  | Annette E. Grefe, MD                                                   |
| United States                                                               |                                                                        |
| Washington University School of Medicine, St Louis Children's Hospital,     | Kristin Guilliams, MD                                                   |
| St Louis, MO, United States                                                 | Michael J. Noetzel, MD                                                  |
|                                                                              | Shannon C. Agner, MD                                                    |

‡= Site investigators contributed to data collection only with exception of co-authors whose additional contributions are cited in Appendix 1; *= Institutions provided SARS-CoV-2 positive hospitalization numbers plus childhood arterial ischemic stroke case numbers.
**Supplemental Table 2.** Clinical details of 23 pediatric patients with SARS-CoV-2 and arterial ischemic stroke

| Demographics | SARS-CoV-2 tests and symptoms | Critical illness* | Stroke location | Relationship between SARS-CoV-2 and stroke/ Other stroke risk factors |
|---------------|-------------------------------|-------------------|----------------|---------------------------------------------------------------------|
| M, 2 years, Chile (Native/White) | PCR+ 5 days prior to stroke ictus; fever, rash, severe respiratory distress, MIS-C 5 days prior to stroke ictus | Yes: septic shock, MIS-C | MRI: right MCA and right PCA infarct with hemorrhagic transformation MRA: decreased caliber in V4 segment of vertebral arteries, basilar trunk, distal right P2 | Likely causative or contributing factor (arteritis/vasculitis); patient also had Wiskott Aldrich syndrome with bone marrow transplant, recent brain abscess that was treated adequately, pre-existing hypertension, iron deficiency anemia |
| M, 6 years, Colombia (White) | IgG+ 8 days after stroke ictus; cough and sneezing 7 days prior to stroke ictus | No | MRI: left MCA infarct MRA and angiogram: focal irregular stenosis in left ICA, M1, A1 | Likely causative or contributing factor (focal cerebral arteriopathy) |
| M, 8 years, United States (White) | PCR+ day of stroke ictus; fever, diarrhea, MIS-C 3 days prior to stroke ictus | Yes: intubated, MIS-C | MRI: left MCA infarct MRA: left MCA narrowing | Likely causative or contributing factor (focal cerebral arteriopathy) |
| F, 8 years, United States (Native American)± | IgG+ 1 day after stroke ictus; fever, cough, sneeze, and runny nose 21 days prior to stroke ictus | No | MRI: bilateral MCA infarcts; vessel wall imaging with concentric mural enhancement of left ICA MRA: left M1 occlusion Angiogram: distal MCA branches with arteriopathic changes | Likely causative or contributing factor (arteritis/vasculitis); also had significant iron deficiency anemia requiring transfusion |
| Name | Age | Ethnicity | PCR/IgG Timing | Symptoms | MRI Findings | MRA Findings | Contributing Factor |
|------|-----|-----------|----------------|----------|-------------|--------------|-------------------|
| M, 16 years, United States | 16 | Black | PCR+ 30 days prior to stroke and IgG+ at stroke ictus; fever and cough 30 days prior to stroke ictus | No | MRI: complete left MCA infarct | MRA: left M1 irregularity and occlusion of left MCA bifurcation | Likely causative or contributing factor (arteritis/vasculitis) |
| F, 16 years, United States | 16 | White | PCR+ 28 days prior and day of stroke ictus; headache, fever, loss of taste and smell 28 days prior to stroke ictus | No | MRI: right ACA and MCA infarcts | Likely causative or contributing factor (focal cerebral arteriopathy) |
| M, 1 year, United States | 1 | White | PCR+ 5 days prior to stroke ictus; none | No | MRI: left ACA, right MCA infarcts | MRA: normal | Possible contributing factor; tetralogy of Fallot, pulmonary atresia with ventricular septal defect and major aortopulmonary collateral artery with hypoxia, arrhythmia |
| F, 1 year, Colombia | 1 | Black | IgG+ 10 days after stroke ictus; none | Yes, septic shock related to burn | MRI: right MCA infarct | MRA and angiogram: normal | Possible contributing factor; septic shock with pneumonia, bacteriemia, abdominal compartment syndrome |
| M, 3 years, Colombia | 3 | White | PCR+ day of stroke ictus; none | No | MRI: left MCA infarct | MRA: total occlusion of ICA | Possible contributing factor; cervicocephalic dissection |
| M, 4 years, United States | 4 | White | IgG+ 2 days before stroke | No | MRI: left ACA, right ACA, right PCA | Possible contributing factor |
| Name                             | Age, Location                      | PCR Status | MRI Result                  | MRA Findings                                                                 | Possible Contributing Factors                                                                 |
|---------------------------------|-----------------------------------|------------|-----------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| **(White Hispanic)**            | ictus (IgM not sent), PCR+ 19 days after stroke ictus; none |            | MRA: multifocal arterial irregularity/narrowing at the base of brain, spasm versus arteritis | (vasospasm versus arteritis); hydrocephalus, severe dehydration, PAI-1 homozygous            |
| F, 12 years, United States (White) | PCR+ on day of stroke ictus; none | No         | MRI: left MCA stroke        | Possible contributing factor; Trisomy 21 with right sided moyamoya and early narrowing on left with thrombus |
| M, 13 year, Egypt (Middle Eastern) | IgG+ day of stroke ictus; fever, sneeze, runny nose 14 days before presentation, headache on day of stroke ictus, chest CT with bilateral patchy areas of ground glass with interlobular septal thickening in the periphery associated with consolidative patches in upper lobes and superior | No         | MRI: left MCA infarct       | Possible contributing factor; newly diagnosed mitral valve thickening and left atrial thrombus, possible rheumatic heart disease |
| Name | Age | Country | PCR | MRI | MRA | Contributing Factor |
|------|-----|---------|-----|-----|-----|---------------------|
| M, 14 years, Poland (White) | 14 | Poland | PCR+ 1 day after stroke ictus; none | MRI: left PCA infarct (thalamic) | MRA: normal | Possible contributing factor; left ventricle myxoma with intracardiac thrombus and homozygous MTHFR mutation |
| F, 14 years, United States (Black) | 14 | United States | IgG+ 3 days after stroke ictus (IgM not sent); none | MRI spine: anterior spinal artery infarct | | Possible contributing factor (no known trauma) |
| F, 15 years, United Kingdom (Black) | 15 | United Kingdom | IgG+ 2 days after stroke ictus; none | MRI: right ACA and right MCA infarcts MRA: right distal ICA and proximal M1/A1 narrowing, small left A1 | | Possible contributing factor; Trisomy 21 with mitral regurgitation with remote valve repair, possible early moyamoya syndrome |
| M, 15 years, United Kingdom (Black) | 15 | United Kingdom | PCR+ 2 days after stroke ictus; none | MRI: right MCA, right PCA, pontine infarcts MRA: multiple dissections, pseudoaneurysm formation on follow-up imaging | | Possible contributing factor; multiple dissections after trauma with later pseudoaneurysm formation, low protein C, low protein S |
| M, 16 years, Greece (White) | 16 | Greece | PCR+ day of stroke ictus; fever 1 day prior to stroke ictus, subtle changes on chest X-ray | MRI: right ACA, MCA, PCA infarcts MRA: right MCA stenosis with thickening of M2, right PCOM stenosis, right ICA narrowing, moderate focal stenosis of upper mesenteric artery | | Possible contributing factor; Takayasu arteritis |
| M, 17 years, United States (White Hispanic) | 17 | United States | PCR+ 4 days prior to stroke ictus and 8 days after stroke ictus, Serology+ | MRI brain: left MCA, left PCA, right ACA, right MCA, left cerebellum, right cerebellum infarcts | | Possible contributing factor; Hodgkin’s lymphoma, cryptococcus |
| Name                  | PCR+ ± 1 day after stroke ictus | MRI ± left MCA, left PCA, right ACA, right MCA, right PCA infarcts | MRA ± normal | Meningitis, iron deficiency anemia, presumed vasculitis |
|-----------------------|---------------------------------|------------------------------------------------------------------|-------------|--------------------------------------------------------|
| M, 17 years, United States (White) | 1 day after stroke ictus; none | MRI: left MCA, left PCA, right ACA, right MCA, right PCA infarcts MRA: normal | Possible contributing factor; acute anemia after motor vehicle accident, history of smoking |
| M, 14 year, France (White) | 2 days after stroke ictus; none | MRI: left MCA infarct MRA and angiogram: moyamoya | Unlikely related; moyamoya syndrome with multiple arterial stenoses (mesenteric, aorta, hepatic, celiac), cutis marmorata, pleural AVM, porto-cava malformation, HHV-6 + in cerebrospinal fluid |
| M, 16 years, United States (Black) | 1 day prior to stroke ictus; none | MRI: right PCA, temporal lobe hemorrhages, subarachnoid hemorrhage, skull fracture CTA: normal | Unlikely related; head and neck trauma with skull fracture and hemorrhages |
| United States | Data not available | Data not available | Data not available | Data not available |

*Critical illness defined as intubation, septic shock, extracorporeal membrane oxygenation.
±Case previously published. ACA=anterior cerebral artery. AVM=arteriovenous malformation.
CT=computed tomography. ECMO=extracorporeal membrane oxygenation. F=female.
HCT=head computed tomography. HHV-6=human herpesvirus 6. ICA=internal carotid artery.
M=male. MRI=magnetic resonance imaging. MRA=magnetic resonance angiography. 
MCA=middle cerebral artery. MIS-C=multisystem inflammatory syndrome in children. 
MRV=magnetic resonance venography. MTHFR= methylenetetrahydrofolate reductase. PAI-1=plasminogen activator inhibitor type 1. PCA=posterior cerebral artery. PCOM=posterior communicating artery. PCR=polymerase chain reaction. SARS-CoV-2=severe acute respiratory syndrome coronavirus.
**Supplemental Table 3.** Reason for hospital admission and inflammatory markers for 23 pediatric stroke patients positive for SARS-CoV-2 (abnormal values indicated with italics)

| Demographics       | Reason for hospital admission                                                                                                                                                                                                 | Inflammatory Markers and CSF Studies (normal range; days from stroke ictus)                                                                 |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| M, 2 years, Chile  | Already admitted to hospital for Wiskott Aldrich Syndrome management and complications at time of COVID-19 and MIS-C diagnosis and stroke, had sudden altered mental status and seizures at stroke ictus | CRP 21.71 (<5 mg/dL; -3), D-dimer 1.927.4 and 4.572.8 (≤500 ng/mL; -3 and 4), ferritin 2,138 and 16,504 (30-400 ng/mL; -3 and 4), procalcitonin 0.31 and 2.74 (<0.09 ng/mL; -4 and 4), interleukin-6 183.9 and 451.1 (<7 pg/mL; -5 and 4) |
| (Native/White)     |                                                                                                                                                                                                                                | CSF WBC 7 (≤5 cells/mm³), RBC 7800 (0 cells/mm³), glucose 95 (60-80 mg/dL), protein 135.6 (10-30 mg/dL), culture negative (7)                                                                 |
| M, 6 years, Columbia | Deficits due to stroke (right hemiparesis and headache)                                                                                                                                                                      | ESR 15 (7-15 mm/hr; 0), CRP 17.4 (<10 mg/L; 0), D-dimer 141.9 (<500 ng/mL; 0), ferritin 39.6 (17-464 ng/mL; 0), anticardiolipin IgM <2 (<12 MPL/mL; 0), anticardiolipin IgG 6 (<10 GPL/mL; 0), antiphospholipid IgM 1.44 (<12 MPL/mL; 0), antiphospholipid IgG 1.66 (<10 GPL/mL; 0) |
| (White)            |                                                                                                                                                                                                                                | CSF basic indices normal (9)                                                                                                                                                                    |
| M, 8 years, United States | COVID-19 symptoms and MIS-C                                                                                                                                                                                                  | CK 50 (38-174 u/L; 0), ESR 2 (<10 mm/hr; 0), CRP 2.3 (0-0.9 ng/dL; 0), D-dimer 1310 (<600 ng/mL; 0), Ferritin 441 (20-250 ng/mL; 0), procalcitonin 0.61 (<0.150 ng/mol; 4), soluble interleukin-2 receptor 1200.3 (175-858.2 pg/mL; 4), IL-4 5.3 (<2.2 pg/mL; 4), IL-10 8.5 (<2.8 pg/mL; 4), IL-17 13.5 (<1.4 pg/mL; 4), IL-1 β 9.2 (<6.7 pg/mL; 4) |
| (White)            |                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| Patient | Race/Country | Condition | Laboratory Findings |
|---------|--------------|-----------|-------------------|
| F, 8 years, United States (Native American)± | Deficits due to stroke (right hemiparesis and aphasia with NIH Stroke Scale score 15) | CSF WBC 4 (0-5 cells/mm³), RBC 0 (0-5 cells/mm³), glucose 55 (37-75 mg/dL), protein 44 (12-26 mg/dL), no oligoclonal bands, IgG index 0.55 (normal), neopterin 37 (<20 nmol/L) (5) | |
| M, 16 years, United States (Black)± | Deficits due to stroke (right hemiparesis and aphasia with NIH Stroke Scale score 19) | ESR 14 (0-10 mm/hr; 5), CRP 1.2 (<0.9 mg/dL; 7), D-dimer 1.83 (<0.42 μg/mL FEU; 5), ferritin 41 (10-150 ng/mL; 5), anticardiolipin IgM 4 (0-12 MPL; 1), anticardiolipin IgG 6 (0-14 GPL; 1), β2 glycoprotein IgM 4 (0-20 SMU; 1), β2 glycoprotein IgG 0 (0-20 SMU; 1), factor VIII assay 316 (50-150%; 1) | |
| F, 16 years, United States (White) | Deficits due to stroke (left facial droop, left hemiparesis, headache) | CRP <0.5 (0.0-0.9 mg/dL; 26), D-dimer 0.28 (≤0.48 μg/mL; 26), anticardiolipin IgM 8.0 (≤20.0 CU; 26), anticardiolipin IgG 7.8 (≤20.0 CU; 26), β2 glycoprotein IgM 1.7 (≤20.0 CU; 26), β2 glycoprotein IgG <6.4 (≤20.0 CU; 26) | |
| M, 1 year, United States (White) | Hypoxia in patient with Tetralogy of Fallot | CK 25 (72-367 U/L; 1), CRP 3.66 (0.48-1.52 mg/dL; -5), ferritin 264.4 (26.0-388.0 ng/mL; 10), BNP 111.2 (<73 pg/mL; -5), procalcitonin 0.12 (≤0.05 ng/mL; -2) | |
| F, 1 year, Colombia (Black) | Boiling water burn | CRP 167.8 (<10 mg/L; 7), D-dimer 2.122 (<500 ng/mL; 0), C3 | |
| Age  | Specialty | Symptoms | Test Results |
|------|-----------|----------|--------------|
| M, 3 years, Colombia  (White) | Deficits due to stroke (right hemiparesis) | ESR 7 (7-15 mm/hr; 0), CRP 24 (<5 mg/mL; 0), D-dimer 2,682 (<500 ng/mL; 0), ferritin 96.9 (17-464 mg/mL; 4), anticardiolipin IgM 0.83 (<12 MPL/mL; 4), anticardiolipin IgG 1.1 (<10 GPL/mL; 4) |
| M, 4 years, United States  (White Hispanic) | Headache, vomiting, abdominal pain, poor oral intake, refusal to ambulate | CK 200 (31-152 IU; -3), ESR 7 and 13 (0-20 mm/hr; -2 and 1), CRP 1.27 and 1.38 (0.06-0.79 mg/dL; -2 and 1), D-dimer 0.49 (<0.54 ng/mL; 0), anticardiolipin IgM <12 (≤12 MPL/mL; 2), anticardiolipin IgG <14 (≤14 GPL/mL; 0), β2 glycoprotein IgM <9 (≤9 U/mL; 0), β2 glycoprotein IgG <9 (≤9 U/mL; 0) |
| F, 12 years, United States  (White) | Deficits due to stroke (difficulty ambulating, right facial droop) | D-dimer 2.02 (≤0.48 µg/mL; 0), β2 glycoprotein IgM <1.1 (≤20.0 CU; 2), β2 glycoprotein IgG ≤6.4 (≤20.0 CU; 2) |
| M, 13 year, Egypt  (Middle Eastern) | Deficits due to stroke | CK 55 (<171 IU/L; 1); CRP 8.2 (<6 mg%; 3), D-dimer 0.83 (<0.55 µg/mL; 4), LDH 359 (140-271 IU/L; 1), TLC 9.1 (13-16.3/µL; 1); hemoglobin 9.1 (13-16 gm%; 1) |
| M, 14 year, Poland  (White) | Deficits due to stroke (nystagmus, diplopia, restricted up and down gaze, anisocoria) | CK 17 (0-270 U/L; 4), CRP 4.3 and 2.4 (0-10 mg/L; 1 and 4), D-dimer 419 (0-500 ng/mL; 4), anticardiolipin IgM < 2 (<2 U/mL; 15), anticardiolipin IgG <2 (<2 U/mL; 15) |
| F, 14 years, United States  (Black) | Deficits due to stroke | ESR 16 (0-20 mm/hr; 3), CRP 0.18 (0.06-0.81 mg/L; 3), D-dimer 0.44 (<0.40 ng/mL; 4), anticardiolipin IgM <12 (≤12) |
| Gender, Age, Ethnicity | Symptoms | Lab Results |
|-----------------------|----------|-------------|
| F, 15 years, United Kingdom (Black) | Symptom due to stroke (generalized tonic clonic seizure) | CK 71 (0-159 IU/L; 2), CRP <1 (0-4 mg/L; 1), D-dimer 1.23 (0.0-0.55 mg/L; 2), ferritin 88 (4-114 µg/L; 2), anticardiolipin IgM 1.7 (0-9.3 U/mL; 1), anticardiolipin IgG 5.4 (0.0-12.1 U/mL; 1), β2 glycoprotein IgM 0.2 (0.0-6.6 U/mL; 1), β2 glycoprotein IgG 5.2 (0.0-10.0 U/mL; 1) |
| M, 15 years, United Kingdom (Black) | Deficits due to stroke and headache | ESR 2 (0-10 mm/hr; 2), CRP <1 (0-4 mg/L; 2), D-dimer 1.23 (0.0-0.55 mg/L; 2), anticardiolipin IgM 1.3 (0-9.3 U/mL; 2), anticardiolipin IgG 4.8 (0.0-12.1 U/mL; 2), β2 glycoprotein IgM 0.2 (0.0-6.6 U/mL; 2), β2 glycoprotein IgG 4.1 (0.0-10.0 U/mL; 2) |
| M, 16 years, Greece (White) | Deficits due to stroke | CK 78 (<170 IU; 1), ESR 2 (1-10 mm; 1), CRP 0.9 (>2 mg/L; 1), D-dimer 170.7 (0-500 ng/mL; 1), ferritin 25.6 (23.9-336.2 ng/mL; 1), anticardiolipin IgM 1 (<5 MPL/mL; 2), anticardiolipin IgG 1 (<5 GPL/mL; 2), β2 glycoprotein IgM 2 (<10 U/mL; 2), β2 glycoprotein IgG 1 (<10 U/mL; 2) |
| M, 17 years, United States (White Hispanic) | Cryptococcus meningitis | ESR 32 (0-15 mm/hr; 0), CRP 167 (<10.0 mg/L; 1), ferritin 637 (20-155 ng/mL; 0), procalcitonin 0.5 (≤0.5 ng/mL; -2) |

CSF basic indices normal (3)
| Name          | Age       | Location     | Condition                                      | Test Values                                                                 |
|--------------|-----------|--------------|-----------------------------------------------|-----------------------------------------------------------------------------|
| M, 17 years  | United    | Motor vehicle collision and deficits due to stroke | CK 533 (35-232 U/L; 5), CRP 9.7 (0.0-0.3 mg/dL; -2), D-dimer 3.66 (0.00-0.49 FEU; 1), ferritin 264.4 (26.0-388.0 ng/mL; -2), procalcitonin 2.02 (≤0.05 ng/mL; 1) |
| F, 2 years   | France    | Deficits due to stroke                              | anticardiolipin IgG negative (negative; 2), β2 glycoprotein negative (negative; 2) |
| M, 14 year   | France    | Deficits due to stroke                              | CK 99 (30-300 U/L; 2), ESR 2 (0-7 mm/hr; 4), CRP <0.5 (<0.05 mg/L; 2), ferritin 12 (15-80 µg/L, anticardiolipin IgM negative (negative; 4), anticardiolipin IgG negative (negative; 4), β2 glycoprotein IgM negative (negative; 4), β2 glycoprotein IgG negative (negative; 4) |
| M, 16 years  | United    | Trauma                                               | CK 1,270 (12-191 U/L; 0), CRP 12.4 (0-2.9 mg/L; 0), D-dimer 10.95 (0-0.5 ug/d; 0), ferritin 197 (22-275 ng/mL; 0) |

±Case previously published.

BNP=brain natriuretic peptide. CK=creatine kinase. COVID-19=coronavirus disease 2019.
CRP=C reactive protein. CSF=cerebral spinal fluid. ESR=erythrocyte sedimentation rate.
hr=hour. LDH=lactate dehydrogenase. MIS-C=multisystem inflammatory syndrome in children.
RBC=red blood cell. SARS-CoV-2=severe acute respiratory syndrome coronavirus. TLC=total leucocyte count. WBC=white blood cell.
STROBE Statement—checklist of items that should be included in reports of observational studies

| Item No | Recommendation |
|---------|----------------|
| **Title and abstract** | 1 | *(a)* Indicate the study’s design with a commonly used term in the title or the abstract  
*The abstract states that this is a cohort study.*  
*(b)* Provide in the abstract an informative and balanced summary of what was done and what was found  
*Abstract provides summary of what was done and results found.* |
| **Introduction** | 2 | Explain the scientific background and rationale for the investigation being reported  
*Scientific background and rationale is contained in the introduction on page 5.* |
| **Objectives** | 3 | State specific objectives, including any prespecified hypotheses  
*Our specific objectives are contained at the end of the introduction on page 5.*  
*There were no prespecified hypotheses.* |
| **Methods** | 4 | Present key elements of study design early in the paper  
*The key study design elements are presented early in the methods on pages 5 and 6.*  
| **Setting** | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection  
*The study setting, locations, dates, and other data collection information are contained on pages 5 and 6.* |
| **Participants** | 6 | *(a) Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up  
*Information regarding the study sites that were selected to participate is contained on pages 5 and 6. Follow-up was not a subject of the study.*  
*Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Not applicable*  
*Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants *Not applicable*  
*(b) Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Not applicable – no matching*  
*Case-control study*—For matched studies, give matching criteria and the number of controls per case *Not applicable* |
| **Variables** | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable  
*The methods section pages 5 and 6 include outcomes and exposures. Supplemental figures 1 and 2 are the survey and case report tools and include additional variable definitions.* |
| **Data sources/measurement** | 8* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group  
*The sources of data and details of assessment methods are found on pages 5 and 6 and in Supplemental figures 1 and 2.* |
| **Bias** | 9 | Describe any efforts to address potential sources of bias |
A panel of experts determined the contribution of the virus to the stroke, by discussion and consensus, thereby attempting to limit bias (page 6). The discussion examines how reliance on an expert panel may also be a limitation (page 10).

| Study size | 10 | Explain how the study size was arrived at |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why |
| Statistical methods | 12 | (a) Describe all statistical methods, including those used to control for confounding |
| | | Statistical methods are reported on page 6. |
| | | (b) Describe any methods used to examine subgroups and interactions Not applicable |
| | | (c) Explain how missing data were addressed |
| | | The site participation rate is discussed on page 6. The missing descriptive data are discussed on page 7. |
| | | (d) Cohort study—If applicable, explain how loss to follow-up was addressed |
| | | This study does not include follow-up data. The missing data are discussed on page 7. |
| | | Case-control study—If applicable, explain how matching of cases and controls was addressed Not applicable |
| | | Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy Not applicable |
| | | (e) Describe any sensitivity analyses |
| | | There are no sensitivity analyses for this descriptive study. |

Continued on next page
### Results

#### Participants
- 13
  - (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed
    - *The information regarding the number of sites approached and the response rate is presented on page 6.*
  - (b) Give reasons for non-participation at each stage
    - *Sites were invited to participate via survey. Non-responders did not express their reasons.*
  - (c) Consider use of a flow diagram
    - *This study does not include a flow diagram.*

#### Descriptive data
- 14
  - (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders
    - *Study participant characteristics and additional information are found on pages 6 and 7 and in Supplemental tables 3 and 4.*
  - (b) Indicate number of participants with missing data for each variable of interest
    - *There was missing information for one child which is described on page 7.*
  - (c) Cohort study—Summarise follow-up time (eg, average and total amount)
    - *This study did not include follow-up information.*

#### Outcome data
- 15
  - Cohort study—Report numbers of outcome events or summary measures over time
    - *Numbers of AIS cases and SARS-CoV-2 hospitalization numbers are included on pages 7 and 8.*
  - Case-control study—Report numbers in each exposure category, or summary measures of exposure
    - *Not applicable*
  - Cross-sectional study—Report numbers of outcome events or summary measures
    - *Not applicable*

#### Main results
- 16
  - (a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included
    - *Confidence intervals are presented for a main statistical analysis on page 8. This is a descriptive study, so no analyses with adjustment are presented.*
  - (b) Report category boundaries when continuous variables were categorized
    - *Not applicable*
  - (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
    - *Not applicable*

#### Other analyses
- 17
  - Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
    - *Not applicable*

### Discussion

#### Key results
- 18
  - Summarise key results with reference to study objectives
    - *Key study results are summarized in the first paragraph of the discussion on page 8.*

#### Limitations
- 19
  - Discuss limitations of the study, taking into account sources of potential bias or imprecision.
    - *Limitations are discussed on page 10.*

#### Interpretation
- 20
  - Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
    - *A cautious overall interpretation is present on page 11.*

#### Generalisability
- 21
  - Discuss the generalisability (external validity) of the study results
    - *The inclusion of sites from over 20 countries is present on pages 6 and 8. On page 8, there is*
a discussion of how the study’s findings compare to information in other cohorts.

**Other information**

| Funding | 22 |
|---------|----|
| Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based. |
| Information about funding (none) is contained on page 15. |

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.*

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.