Predictors of Mortality of Pediatric Patients with COVID-19 in Dr. Moewardi General Hospital, Surakarta

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ABSTRACT

**Background:** COVID-19 has spread all over the world and became a global pandemic. In Indonesia, COVID-19 has officially defined the non-natural disaster of COVID-19 spread as national disaster in April 13th 2020. COVID-19 cases are predominant in adult population with higher severity particularly if accompanied with comorbidities resulting in a relatively high mortality rate. However, some recent studies showed that children are at a similar or higher risk to COVID-19 compared to adults. This study aims to evaluate the predictors of mortality in pediatric COVID-19 cases.

**Subjects and Method:** This study used a cross-sectional design using data from medical records of pediatric patients with confirmed COVID-19 who were hospitalized in the isolation ward of Dr Moewardi General Hospital from March 2020 to August 2021. All variables with significant result in the bivariate analysis were analyzed using multivariate logistic regression. Data were analyzed using SPSS (IBM SPSS Statistics version 25) with significance of p value of < 0.05.

**Results:** Results of this study showed that age 10-17 years (OR= 16.26; 95% CI= 1.47 to 179.56; p= 0.023), the use of oxygen mask (OR= 45.89; 95% CI = 5.39 to 390.58; p <0.001), and the use of continued oxygen therapy (OR= 181.48; 95% CI=11.25 to 2927.80; p <0.001) are predictors of mortality in pediatric patients with confirmed COVID-19.

**Conclusion:** Age 10-17 years, use of oxygen mask and advanced oxygen therapy are predictors of mortality in pediatric patients with COVID-19 hospitalized in Dr Moewardi General Hospital Surakarta.

**Keywords:** mortality, COVID-19, pediatric.

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at a similar or higher risk to COVID-19 compared to adults. Therefore, COVID-19 control should not only be by providing adequate high quality resources to hospitals, but also by paying more attention to the health care system including health care services, health care workers, information system, funding of health care services, workers, and management of health care. (Mahrous ES, Mokbel RA, 2021). Mother and children are at a higher risk for severe disease, morbidity and mortality compared to the general population (Rahmi et al., 2020).

Many studies have evaluated the severity and mortality rate in cases of COVID-19 in adult population. However, there are very limited studies that evaluated the mortality of COVID-19 in pediatric patients. This study aimed to evaluate the predictors of mortality in COVID-19 cases in pediatric patients hospitalized in Dr Moewardi General Hospital Surakarta.

SUBJECTS AND METHOD
1. Study Design
This study is an analytic observational study with cross-sectional design. This study was conducted by collecting data from the medical records of pediatric patients with COVID-19 in Dr Moewardi General Hospital Surakarta from March 2020 to August 2021.
2. Population and samples
The population data were all pediatric patients diagnosed with confirmed COVID-19 with moderate, severe, and critical severity hospitalized in the isolation ward in Dr Moewardi General Hospital Surakarta from March 2020 to August 2021. The exclusion criteria were patients who died or discharge from hospital with no laboratory or X-ray data.
3. Study variable
The independent variable were pediatric patients diagnosed with confirmed COVID-19 with moderate, severe, and critical severity. The Dependent variable were epidemiology finding, nutritional status, immunization status, radiology finding, laboratorium finding, comorbid and oxygen therapy.

4. Operational Definition of Variables
COVID-19 infection by the SARS-CoV-2 virus characterized by fever (≥ 38°C) or a history of fever and cough; or there are 3 or more of the following symptoms such as fever or a history of fever, cough, fatigue, headache, myalgia, sore throat, runny nose, nasal congestion, shortness of breath, anorexia, nausea, vomiting, diarrhea, decreased consciousness and confirmed by RT-PCR confirmed positive. (Burhan et al, 2020).

Age length of time lived or existed since born. Based on the Regulation of the Minister of Health no. 25 of 2014, age categories are: infants aged 0 to <1 years, toddlers 0 to <5 years, adolescents 10 to 18 years, school-aged children 6 to <18 years (Kemenkes, 2014).

Gender was differentiated to male and female.

Immunization status was history of immunization based on the Ministry of Health immunization schedule.

Epidemiology finding was epidemiological investigations to seek close contacts.

Laboratory finding was laboratory examinations conducted on research subjects.

Radiology finding was radiological examination conducted on research subjects.

Comorbid was other diseases experienced apart from the main disease, such as congenital or acquired heart disease, autoimmune disease, malignancy, kidney disease, liver disease, hematological disease, and others.

Length of stay was number of days calculated from the time the patient was admitted in to the time when the patient was discharged from hospital or died.

Oxygen therapy was medical intervention by giving oxygen support (O2) to prevent or improve tissue hypoxia and maintain adequate tissue oxygenation.
5. Study instrument
The basic characteristics of study subjects were age, gender, chest X-ray finding, hospital’s length of stay, immunization status, clinical symptoms, nutritional status, and epidemiological findings of the patients was acquired from the medical records.

6. Data Analysis
The numerical demographic data were presented as mean + SD (standard deviation), while categorical data were presented as frequency distribution (%). Categorical variables were presented as numbers (percentage) and compared using Chi-square test. Categorical data were analyzed using Chi-square or Fisher’s exact test, while numerical data were analyzed using independent t-test. All parameters with significant results in bivariate analysis were continued to multivariate analysis using logistic regression.

Data analysis was using SPSS program (IBM SPSS Statistics version 25) and a p value of less than 0.05 is considered statistically significant.

7. Research ethics
This study was approved by the Health Research Ethics Committee of Dr. Moewardi Hospital, Surakarta.

RESULTS
1. Sample of characteristics
This study used data from the medical records of 67 pediatric patients aged 0 – 17 years old. According to the results of the study, there were 48 patients who were alive at the end of the study period and 19 patients with mortality. The general description of the study subjects is presented on Table 1.

Table 1. Characteristics of subjects

| Variables                      | Results (n= 67) |
|--------------------------------|----------------|
| Gender                         |                |
| Male                           | 32 (47.8%)     |
| Female                         | 35 (52.2%)     |
| Age                            |                |
| ≤ 5 years old                  | 31 (46.3%)     |
| 6-9 years old                  | 7 (1.4%)       |
| 10-17 years old                | 29 (43.3%)     |
| Length of stay (days)          |                |
| <7 days                        | 18 (26.9%)     |
| >7 days                        | 49 (73.1%)     |
| Nutritional status             |                |
| Normal                         | 23 (34.3%)     |
| Underweight                    | 34 (50.7%)     |
| Overweight                     | 10 (14.9%)     |
| Immunization status            |                |
| Complete                       | 59 (88.1%)     |
| Incomplete                     | 8 (11.9%)      |
| Radiological finding           |                |
| Local patchy shadowing         | 14 (20.9%)     |
| Bilateral patchy shadowing     | 40 (59.7%)     |
| Others                         | 8 (11.9%)      |
| Comorbidities                  |                |
| Malignancy                     | 46 (68.7%)     |
|                                | 14 (20.9%)     |
Variables | Results (n = 67)
--- | ---
CHD (Congenital Heart Disease) | 9 (13.4%)
Oxygen Therapy
   - Nasal cannula | 45 (67.2%)
   - Oxygen mask | 11 (16.4%)
   - Advanced | 11 (16.4%)
Laboratory finding
   - Hb (n=67) | 11.16, SD=3.20
   - Leukocyte (n=67) | 22.91, SD=51.56
   - Platelets (n=67) | 254.66, SD=174.75
   - NLR (n=59) | 4.94, SD=7.51
   - Lymphocyte (n=60) | 32.06, SD=21.85
   - Neutrophil (n=60) | 59.28, SD=23.67
   - Sodium (n=45) | 131.51, SD=8.25
Clinical finding
   - Cough | 48 (71.6%)
   - Fever | 44 (65.7%)
   - Dyspnea | 41 (61.2%)
   - Gastrointestinal disturbance | 18 (26.9%)
Contact
   - None | 41 (61.2%)
   - Present | 26 (38.8%)
Disease severity
   - Moderate | 50 (74.6%)
   - Severe / critical | 17 (25.4%)
Outcome
   - Alive | 48 (71.6%)
   - Deceased | 19 (28.4%)

2. Bivariate analysis
According to the bivariate analysis, there were several variables with significant result, including age (p 0.001), radiological finding (p < 0.036), and oxygen therapy (p < 0.010). The results are presented in Table 2.

Table 2. Bivariate analysis characteristics of pediatric patients based on mortality

| Variables | Alive (n=48) | Deceased (n=19) | OR (95% CI) | p |
| --- | --- | --- | --- | --- |
| Gender<sup>a</sup> | | | | 0.968 |
| Male | 23 (47.9%) | 9 (47.4%) | 1.02 (0.35-2.96) | |
| Female | 25 (52.1%) | 10 (52.6%) | | |
| Age<sup>a</sup> | | | 0.001* | |
| < 5 years old | 28 (58.3%) | 3 (15.8%) | | |
| 6-9 years old | 6 (12.5%) | 1 (5.3%) | 1.56 (0.14-17.65) | |
| 10-17 years old | 14 (29.2%) | 15 (78.9%) | 10.00 (2.48-40.38) | |
| Length of stay (days)<sup>a</sup> | | | 0.949 | |
| <7 days | 13 (27.1%) | 5 (26.3%) | | |
| ≥7 days | 35 (72.9%) | 14 (73.7%) | 1.04 (0.31-3.46) | |
| Nutritional status<sup>a</sup> | | | 0.814 | |
## Variables

| Variables                  | Alive (n=48) | Deceased (n=19) | OR (95% CI) | P     |
|----------------------------|--------------|-----------------|-------------|-------|
| Normal                     | 16 (33.3%)   | 7 (36.8%)       |             |       |
| Underweight                | 24 (50.0%)   | 10 (52.6%)      | 0.95 (0.30-3.02) | 0.71  |
| Overweight                 | 8 (16.7%)    | 2 (10.5%)       | 0.571 (0.09-3.41) | 0.64  |
| Immunization status        |              |                 |             |       |
| Complete                   | 42 (87.5%)   | 17 (89.5%)      |             |       |
| Incomplete                 | 6 (12.5%)    | 2 (10.5%)       | 0.82 (0.15-4.49) | 0.82  |
| Radiological finding       |              |                 |             |       |
| local patchy shadowing     | 12 (25.0%)   | 2 (10.5%)       | 0.35 (0.07-1.75) | 0.18  |
| bilateral patchy shadowing | 29 (60.4%)   | 11 (57.9%)      | 0.90 (0.31-2.65) | 0.85  |
| others                     | 3 (6.3%)     | 5 (26.3%)       | 5.36 (1.14-25.29) | 0.036 |
| Comorbidities              |              |                 |             |       |
| Malignancy                 | 8 (16.7%)    | 6 (31.6%)       | 2.31 (0.67-7.89) | 0.19  |
| CHD                        | 8 (16.7%)    | 1 (5.3%)        | 0.28 (0.03-2.39) | 0.43  |
| Oxygen therapy             |              |                 |             |       |
| Nasal cannula              | 43 (89.6%)   | 2 (10.5%)       | 10.91 (2.48-48.02) | 0.001 |
| Oxygen mask                | 3 (6.3%)     | 8 (42.1%)       | 5.36 (1.14-25.29) | 0.036 |
| Advanced                   | 2 (4.2%)     | 9 (47.4%)       | 20.70 (3.87-110.83) | 0.001 |
| Laboratory finding         |              |                 |             |       |
| Hb (n=67)                  | 11.27, SD=2.81 | 10.90, SD=4.12 | 0.964 (0.814-1.142) | 0.676 |
| Leukocyte (n=67)           | 16.15, SD=25.68 | 39.96, SD=87.15 | 1.009 (0.996-1.023) | 0.126 |
| Platelet (n=67)            | 261.35, SD=124.99 | 237.74, SD=266.01 | 0.99 (0.99-1.00) | 0.146 |
| NLR (n=59)                 | 5.57, SD=8.41 | 3.38, SD=4.45 | 0.95 (0.86-1.05) | 0.543 |
| Lymphocyte (n=60)          | 31.02, SD=21.93 | 34.71, SD=22.09 | 1.01 (0.98-1.03) | 0.528 |
| Neutrophil (n=60)          | 60.08, SD=23.09 | 57.26, SD=25.69 | 0.99 (0.97-1.019) | 0.681 |
| Sodium (n=45)              | 131.00, SD=7.80 | 132.77, SD=9.50 | 1.027 (0.948-1.11) | 0.521 |
| Clinical finding           |              |                 |             |       |
| Cough                      | 36 (75.0%)   | 12 (63.2%)      | 0.57 (0.18-1.78) | 0.367 |
| Fever                      | 34 (70.8%)   | 10 (52.6%)      | 0.458 (0.15-1.37) | 0.157 |
| Dyspnea                    | 28 (58.3%)   | 13 (68.4%)      | 1.55 (0.50-4.77) | 0.445 |
| Gastrointestinal disturbance| 12 (25.0%)  | 6 (31.6%)       | 1.39 (0.43-4.45) | 0.584 |
| Contact                    |              |                 |             |       |
| None                       | 27 (56.3%)   | 14 (73.7%)      | 0.68 (0.14-4.18) | 0.73  |
| Present                    | 21 (43.8%)   | 5 (26.3%)       | 0.46 (0.14-1.48) |       |
| Disease severity           |              |                 |             |       |
| Moderate                   | 44 (91.7%)   | 6 (31.6%)       | 23.83 (5.83-97.46) | 0.001 |
| Severe/Critical            | 4 (8.3%)     | 13 (68.4%)      |             |       |

Note: *categorical data using Chi-square/ Fisher’s exact test; bnumerical data that did not meet the normality assumption, using Mann-Whitney test; cnumerical data that met the normality assumption, using independent t-test; *significant at α= 5%.

### 3. Multivariate analysis

From Table 3, it can be seen that Age 10-17 years old (OR= 16.27; 95% CI= 1.47 to 179.56 p=0.023) significantly affect the outcome of
COVID-19 in pediatric patients with a p value of <0.05. Meaning that pediatric patients aged 10-17 years old had 16.27 times more risk for mortality outcome compared to those aged <5 years old.

Oxygen mask (OR = 45.89; 95% CI = 5.39 to 390.58; p < 0.001) significantly affect the outcome of COVID-19 in pediatric patients with a p value of < 0.05. Meaning that pediatric patients with oxygen mask use had 45.89 times more risk for mortality outcome compared to those without. While other radiologic findings, comorbidities, nasal cannula use, and disease severity had less significant effect than age, oxygen mask use and advanced oxygen therapy as predictors of COVID-19 outcome.

Table 3. Multivariate analysis of variables that affect the outcome of COVID-19

| Variables                    | OR     | CI 95%         | p      |
|------------------------------|--------|----------------|--------|
| Age 10-17 years old          | 16.265 | 1.473 to 179.558 | 0.023* |
| Oxygen mask                  | 45.890 | 5.392 to 390.577  | <0.001*|
| Advanced oxygen therapy      | 181.482| 11.249 to 2927.800| <0.001*|

Note: Backward Logistic Regression Method; *significant for α=5%

DISCUSSION

From the general description of this study, it is known that the majority of pediatric patients were female which were 35 patients (52.2%) and mostly were <5 years old which were 31 patients (46.3%). This result is in contrast to the most recent national data which showed that the percentage of COVID-19 patients were dominated by male which was 51.3% and 48.7% female, while based on age, the 2.9% were 0-5 years old and 10.5% were 6-18 years old (Satgas Penanganan COVID-19, 2020). According to a study by Wong in 2021 which found that COVID-19 patients in Indonesia and Japan were dominated by female (75% and 67%), in contrast to in Malaysia, India, and Pakistan which were slightly dominated by male with a percentage of 50-60% (Wong et al, 2021). In the multivariate analysis, patients who were deceased was found at age 10-17 years old had a significant value (risk p= 0.023) with OR= 16.265, meaning that in this study, patients aged 10-17 years old were at 16.265 times more risk to die from COVID-19. However, this result has been discussed several times in other studies regarding the expression of ACE-2. Expression of ACE-2 in the epithelial cells of the nose and lungs are increased during childhood and then during adulthood. The number and affinity of ACE-2 receptors in the epithelial cells increases with age (Mancia et al, 2020; Wang et al, 2020).

The use of advanced oxygen therapy (OR= 181.48; 95% CI= 11.24 to 2927.80; p< 0.001) significantly affect the outcome of COVID-19 in pediatric patients with a p value of <0.05. Meaning that pediatric patients with advanced oxygen therapy had 181.43 times more risk for mortality outcome compared to those without. While other radiologic findings, comorbidities, nasal cannula use, and disease severity had less significant effect than age, oxygen mask use and advanced oxygen therapy as predictors of COVID-19 outcome.

Table 3. Multivariate analysis of variables that affect the outcome of COVID-19

| Variables                    | OR     | CI 95%         | p      |
|------------------------------|--------|----------------|--------|
| Age 10-17 years old          | 16.265 | 1.473 to 179.558 | 0.023* |
| Oxygen mask                  | 45.890 | 5.392 to 390.577  | <0.001*|
| Advanced oxygen therapy      | 181.482| 11.249 to 2927.800| <0.001*|

Note: Backward Logistic Regression Method; *significant for α=5%
associated with more severe COVID-19. The suspected underlying mechanisms are abnormality in leptin production, atrophy of thymus in malnourished patients, and chronic inflammation in patients with obesity (Tsankov et al, 2020; Kurtz A et al, 2021).

The majority of patients in this study had a complete immunization status which were 59 patients (88.1%). In the multivariate analysis, there was no significant result in the outcome of patients. There were limited studies that correlate immunization status to the severity of COVID-19. Several vaccines which were reported to have strong correlation to COVID-19 severity are BCG, MMR and hepatitis A. However, those studies have universally conflicting results, therefore further studies are necessary (Beric-Stojsic et al, 2020; Saad and Elsalamony, 2020).

A total of 46 patients (68.7%) had a co-morbidity recorded in the medical records, and malignancy was the most common co-morbidity with 14 patients (20.9%), followed by congenital heart disease with 9 patients (13.4%). According to the national COVID-19 distribution pattern in October 2021, malignancy has 1.8% percentage as a co-morbidity in COVID-19 patients of all ages (Satgas penanganan COVID-19, 2021). Congenital heart disease is one of the most common co-morbidity in several studies, including in Pakistan and North America which studies the association between pediatric patients with COVID-19 indicated for PICU admission (Shekerdemian et al, 2019; González-Dambrauskas et al, 2020). Malnutrition and malignancy are the two most common co-morbidity, which were 18% and 17% (Pudija et al, 2020). Children with malnutrition and malignancy are at an increased risk due to the decreased immunity compared to healthy individuals. Patients with malignancy are also more at risk for COVID-19 exposure since they have to visit the hospital to receive treatments (Akseer et al, 2020). From this study, there was no significant result of the multivariate analysis of patient outcome.

Clinical findings of patients in this study were dominated by cough, which were 48 patients (71.6%), followed by fever which were 41 patients (61.2%) and gastrointestinal disturbance. According to the national COVID-19 distribution pattern in October 2021, cough and fever were the most common symptom of COVID-19 patients of all ages (64.6% and 43.7%, respectively) (Satgas penanganan COVID-19, 2021). In this study, there was no significant result from the multivariate analysis of patient outcome.

Laboratory findings showed that the mean value of Hemoglobin profile was 11.16; SD= 3.20, leukocyte count was 22.91; SD= 51.56, platelet count was 254.66; SD= 174.75, NLR was 4.94, SD=7.51, lymphocyte count was 32.06; SD=1.85, neutrophil count was 59.28; SD= 23.67, and sodium was 131.51, SD=8.25. The reported laboratory findings that can be a predictor for diseases severity in COVID-19 infection were lymphopenia and NLR. A high neutrophil-to-lymphocyte ratio (>9.8) had a higher incidence of acute respiratory distress syndrome (ARDS) (p= 0.005) and higher number of non-mechanical and mechanical ventilation (p= 0.002 and p= 0.048, respectively) (Ma et al, 2020). Radiological finding was mostly bilateral patchy shadowing which was found in 40 patients (73.1%). According to the Diagnosis and Care Protocol of COVID-19 in China, radiological findings are divided in to 4 stages: early stage, continued stage, critical stage, and recovery stage (National Health Commission of Cina, 2020). The finding of bilateral patchy shadowing are more commonly found in early stage radiological finding. However, from the laboratory and radiological findings, there were no significant result from the multivariate analysis of patient outcome.

The most common oxygen therapy
used was nasal cannula were 45 patients (67.2%), followed by oxygen mask 11 patients (16.4%). In the mortality outcome, oxygen mask and advanced oxygen therapy showed a significant value. Oxygen mask had a p value of <0.001 with OR = 45.89 and continued oxygen therapy had a p value of <0.001 with OR= 181.482. This result can be apprehended since the risk of mortality is directly proportional to the severity of COVID-19. As of now, the authors have not yet found another study that correlates oxygen therapy with mortality risk in COVID-19.

**AUTHOR CONTRIBUTION**
Dwi Suryaning Ayu Aprilizia was the main author who conducted the study, processed data analysis, and wrote the manuscript. Ismiranti Andarini examined the background and discussion of the study Yulidar Hafidh formulated the framework of study.

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None.

**CONFLICT OF INTERESTS**
There is no conflict of interest in this study.

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**REFERENCES**
Akseer N, Kandru G, Keats EC, Bhutta ZA (2020). COVID-19 pandemic and mitigation strategies: implications for maternal and child health and nutrition. Am J Clin Nutr. 112(2):251–256. doi:10.1093/ajcn/nqaa171
Beric-Stojsic B, Kalabalik-Hoganson J, Rizzolo D, Roy S (2020). Childhood immunization and COVID-19: an early narrative review. Frontiers in Public Health. 8:587007. doi: 10.3389/fpubh.2020.587007
Burhan E, Susanto D, Nasution SA, Ginanjar E, Pitoyo CW, Susilo A, Firdaus I, et al. (2020). Pedoman tatalaksana COVID-19 edisi 3. Jakarta: PDPI, PERKI, PAPDI, PERDATIN, IDAI.
General Office of the National Health Commission of Cina (2020). Diagnosis and treatment protocol for 2019-nCoV. 5th ed. Beijing, Cina: National Health Commission of Cina
González-Dambrauskas S, Vásquez-Hoyos P, Camporesi A, Díaz-Rubio F, Piñeres-Olave BE, Fernández-Sarmiento J (2020). Pediatric critical care and COVID-19. Pediatrics. 146(3):1-5. doi: 10.-1542/peds.2020-1766
Kemenkes RI (2014). Peraturan menteri ke- sehatan nomor 25 tahun 2014 tentang upaya kesehatan anak (Minister of health regulation number 25 of 2014 concerning child health efforts). Jakarta: Kemenkes.
Kemenkes RI (2020). Keputusan presiden republik indonesia nomor 12 tahun 2020 tentang penetapan bencana non-alam penyebaran corona virus disease 2019 (COVID-19) sebagai bencana nasional (Presidential Decree of the Republic of Indonesia number 12 of 2020 concerning the determination of non-natural disasters that spread the corona virus disease 2019 (COVID-19) as a national disaster). Jakarta: Kemenkes
Kurtz A, Grant K, Marano R, Arrieta A, Feaster W (2021). Long-term effects of malnutrition on severity of COVID-19. Sci Rep 11(1): 14974. doi: 10.1038/s41598-021-94138-z
Ma A, Cheng J, Yang J, Dong M, Liao X, Kang Y (2020). Neutrophil-to-lymphocyte ratio as a predictive biomarker for moderate-severe ARDS in severe...
COVID-19 patients. Crit Care 24(288). doi.org/10.1186/s13054-020-03007-0
Mahrous ES, Mokbel RA (2021). Children and COVID-19. International Egyptian Journal of Nursing Sciences and Research. 1(2):1-5.
Mancia G, Rea F, Ludergnani M, Apolone G, Corrao G (2020). Renin-Angiotensin-Aldosterone system blockers and the risk of COVID-19. N Engl J Med. 382:2431–2440. doi: 10.1056/NEJMoa2006923
Pudjiadi AH, Putri ND, Sjakti HA, Yanuarso PB, Gunardi H, Roeslani RD, Pasaribu AD, et al. (2021). Pediatric COVID-19: report from indonesian pediatric society data registry. Front. Pediatr. 9:716-898. doi: 10.3389/fped.2021.716898
Rahmi J, Romlah SN, Listiana I (2020). Kesehatan ibu dan anak di era pandemi corona virus disease (COVID-19). Jurnal Abdi Masyarakat. 1(1):62-69.
Saad M, Elsalamony R (2020). Measles vaccines may provide partial protection against COVID-19. Int J Cancer Bio-med Res. 4:15-19. doi: 10.21608/jcbr.2020.26765.1024
Satuan Tugas Penanganan COVID-19 (2021). Peta sebaran September 2021. https://covid19.go.id/peta-sebaran.
Satuan Tugas Penanganan COVID-19 (2021). Peta sebaran Oktober 2021. https://covid19.go.id/peta-sebaran.
Sekerdemian LS, Mahmood NR, Wolfe KK, Riggs BJ, Ross CE, McKiernan CA, Heidemann, et al. (2020). Characteristics of children with coronavirus disease 2019 (COVID-19) infection admitted to US and Canadian pediatric intensive care units. JAMA Pediatr. 174(9): 868-873. doi: 10.1001/jamapediatrics.2020.1948
Tsankov BK, Allaire JM, Irvine MA, Lopez AA, Sauvé LJ, Vallance BA, Jacobson K (2020). Severe COVID-19 infection and pediatric comorbidities: a systematic review and meta-analysis. Int J Infect Dis. 103:246-256. doi: 10.1016/j.ijid.2020.11.163
Wang D, Hu B, Hu C, Zhu F, Liu K, Zhang J, Wang et al. (2020). Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus–infected pneumonia in Wuhan, China. Jama. 323(11): 1061-1069. doi: 10.1001/jama.2020.1585
Wanti, Sambara J, Kristina, Hilaria M, Yuliani NN (2021). Buku panduan gerakan hidup sehat di masa pandemi COVID-19 (Guidebook for healthy living during the COVID-19 pandemic). Kupang: CV Yarsa.
Wong JJ, Abbas Q, Chuah SL, Malisie RF, Pon KM, Katsuta T, Dang H, Lee PC, et al. (2021). Comparative analysis of pediatric COVID-19 infection in Southeast Asia, south Asia, Japan, and China. Am J Trop Med Hyg. 105(2):413–420. doi: 10.4269/ajtmh.21-0299