used telemedicine. Screening for COVID-19 for clinic visits was done by telephone, in-person questionnaires and/or temperature checks.

Table 1. Characteristics of Transplant Centers

| Characteristic                        | No. (%) |
|---------------------------------------|---------|
| No. of participating centers          | 65      |
| Country                               |         |
| Canada                                | 3 (5%)  |
| France                                | 3 (5%)  |
| Japan                                 | 11 (17%)|
| Malaysia                              | 4 (6%)  |
| Switzerland                           | 2 (3%)  |
| Turkey                                | 2 (3%)  |
| US                                    | 28 (43%)|

Others 12 (18%)

Type of transplant

| Kidney | Pancreas | Liver | Lung | Heart |
|--------|----------|-------|------|-------|
| 24 (37%)| 25 (38%)| 40 (62%)| 21 (32%)| 24 (37%)|

Transplants performed in 2019

- Decedent donor kidney transplant (n=55)
  - <50: 28 (51%)
  - 50-100: 9 (16%)
  - 100-200: 12 (22%)
  - 200-300: 4 (7%)
  - >300: 2 (4%)

- Living donor kidney transplant (n=56)
  - <50: 37 (66%)
  - 50-100: 12 (21%)
  - 100-200: 6 (11%)
  - 200-300: 1 (2%)

- Decedent donor liver transplant (n=42)
  - <50: 20 (48%)
  - 50-100: 12 (29%)
  - 100-200: 9 (21%)
  - 200-300: 1 (2%)

- Living donor liver transplant (n=43)
  - <50: 39 (91%)
  - 50-100: 2 (5%)
  - 100-200: 1 (2%)
  - >300: 0

- Lung transplant (n=42)
  - 0: 33 (79%)
  - 1-30: 12 (27%)
  - >30: 4 (9%)  
  - >300: 6 (13%)

- Heart transplant (n=42)
  - 0: 17 (40%)
  - 1-30: 14 (33%)
  - >30: 10 (24%)
  - >300: 1 (2%)

Table 2. Countermeasures and Disruption of Transplant Services

| Measure                                | No. (%) |
|----------------------------------------|---------|
| Outpatient clinic visit                |         |
| Canceled pre-transplant clinic visits  |         |
| Yes                                     | 36 (56%)|
| No                                      | 28 (44%)|
| Canceled post-transplant clinic visits |         |
| Yes                                     | 17 (26%)|
| No                                      | 44 (74%)|
| Telemedicine use (n=64)                |         |
| Year                                   |         |
| Yes                                     | 54 (84%)|
| No                                      | 10 (16%)|
| Postponing clinic appointments (n=65)  |         |
| Yes                                     | 59 (89%)|
| No                                      | 8 (14%) |
| Postponing living donor kidney transplant (n=58) |         |
| Yes                                     | 50 (86%)|
| No                                      | 8 (14%) |
| Postponing deceased donor kidney transplant (n=57) |         |
| Yes                                     | 20 (35%)|
| No                                      | 37 (65%)|
| Postponing living donor liver transplant (n=42) |         |
| Yes, only for stable patients           | 10 (24%)|
| Yes, all patients                       | 32 (76%)|
| Postponing deceased donor liver transplant (n=41) |         |
| Yes, only for stable patients           | 24 (59%)|
| Yes, all patients                       | 17 (41%)|
| Postponing lung transplant (n=31)       |         |
| Yes, only for stable patients           | 11 (33%)|
| Yes, all patients                       | 8 (26%) |
| Postponing heart transplant in LVAD patients (n=33) |       |
| Yes, only for stable patients           | 11 (33%)|
| Yes, all patients                       | 12 (37%)|
| Postponing heart transplant in nLVAD patients (n=33) |       |
| Yes, only for stable patients           | 15 (46%)|
| Yes, all patients                       | 9 (27%) |

There was a significant increase in number of new patients diagnosed with PFAPA between June through August 2020 compared to similar months in 2018 and 2019. Monthly Distribution Summary for New PFAPA Diagnosis
4.8. SARS-CoV-2 Infection in Hospitalized Children: An Elevated Body Mass Index is a Marker of Increased Risk of Acute Respiratory Failure

Session: P-23. COVID-19 Special populations (e.g. pregnant women, children, immunocompromised, etc)

Background. SARS-CoV-2 infection is typically a mild illness in children. Multisystem inflammatory syndrome in children (MIS-C) is a rare, post-infectious, hyperinflammatory condition associated with SARS-CoV-2 infection. The presentation of MIS-C is nonspecific and diagnostic criteria is broad. The Centers for Disease Control (CDC) defines MIS-C as a hospitalized patient < 21 years presenting with fever, laboratory evidence of inflammation, no alternative plausible diagnosis, and with positive exposure history or testing for current or recent SARS-CoV-2 infection. Since there is no single diagnostic test for MIS-C, there are other disease processes that can mimic its presentation and delay prompt diagnosis and management.

Methods. Between March 2020 and February 2021, we reviewed 282 charts of patients admitted for evaluation of MIS-C at our institution. The most common final diagnoses were viral infection, urinary tract infection, and acute SARS-CoV-2 infection. Other diagnoses included rickettsial infections, pneumonia, rheumatologic conditions, and bloodstream infection. Rhinovirus/enterovirus, adenovirus, Epstein-Barr virus (EBV), and Herpes Simplex Virus (HSV) were the most common viruses other than SARS-CoV-2 identified.

Results. Of the 282 patients, 129 were ruled out, the most common final diagnoses were viral infection, urinary tract infection, and acute SARS-CoV-2 infection. Other diagnoses included rickettsial infections, pneumonia, rheumatologic conditions, and bloodstream infection. Rhinovirus/enterovirus, adenovirus, Epstein-Barr virus (EBV), and Herpes Simplex Virus (HSV) were the most common viruses other than SARS-CoV-2 identified.

Conclusions. These findings highlight the importance of maintaining a broad differential when evaluating a patient for MIS-C, especially as community seroprevalence rises, making antibody presence less predictive of MIS-C.