

## CORRESPONDENCE



# COVID-19 outbreak in children and/or adolescents

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We would like to thank Cai et al.<sup>1</sup> for your interest regarding our 2020 meta-analysis<sup>2</sup> on the overall prevalence of clinical signs, symptoms, and radiological findings in children and/or adolescents with coronavirus disease 2019 (COVID-19). We offer the following response to the issues raised. First, Cai et al.<sup>1</sup> wrote that we had to exclude the references #21, #27, and #28, as these manuscripts were not published in English. Although these references were not published in English, we selected to include them, as their English abstracts provided all the data needed for our meta-analysis. In this context, it is also important to consider the period in which our meta-analysis<sup>2</sup> was carried out. In the first months of 2020, indeed, any information on COVID-19 in children and/or adolescents was relevant, and, hence, we considered appropriate to use the works in which the abstracts in English allowed us to obtain useful information. The “non-English” works we have excluded referred to those completely written in Chinese or other languages, from which we were unable to extrapolate information to carry out a meta-analysis. This may be a bias that we have recognized in the work.<sup>2</sup> Second, they wrote that we failed to exclude studies suspected of including duplicate reporting. Indeed, we did our best to extract information regarding the hospitals and recruitment periods of all eligible studies, in order to reduce the overlapping risk. However, given that no authors of the eligible studies in our meta-analysis clearly specified whether patients in their published manuscripts had been reported in other publications, we might have failed to remove the overlapping risk completely.<sup>3</sup> That said, this issue may be present in most (if not all) of the studies on COVID-19.<sup>3</sup>

We believe that our meta-analysis had been important and useful for pediatricians and had provided important information regarding COVID-19 outbreak in children and/or adolescents. In addition, the message of our meta-analysis has been confirmed by other relevant studies.<sup>4,5</sup> However, the clinical scenario of COVID-19 outbreak is constantly evolving and it is reasonable to think that these data should be updated to the current state.

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## AUTHOR CONTRIBUTIONS

All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

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## COMPETING INTERESTS

The authors declare no competing interests.

## ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Not required.

## ADDITIONAL INFORMATION

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