

Please complete the survey below.

Thank you!

SARS-CoV2 and Pediatric Ischemic Stroke

Background: A novel coronavirus, SARS-CoV-2, was identified in Wuhan, China in late 2019 and causes coronavirus disease 2019 (COVID-19). Adult data indicate that complications include arterial ischemic stroke and other systemic thrombotic events. In children, inflammatory diseases, including Kawasaki disease, have been reported. It is unknown whether SARS-CoV-2 is a risk factor for ischemic stroke in children.

Objectives: To leverage an international pediatric ischemic stroke research network to determine whether incident cases of pediatric ischemic stroke are occurring in patients with SARS-CoV-2.

Methods: A survey will be sent to IPSS members asking whether cases of arterial ischemic stroke (AIS) and cerebral sinovenous thrombosis (CSVT) have presented to their hospital since January 1, 2020. Next, responders at a subset of IPSS sites will be asked a series of questions directed at determining whether any cases of AIS or CSVT occurred in patients with SARS-CoV-2. Where available, clinical data housed in the IPSS repository will be leveraged to get a holistic understanding about the patient (stroke presentation, risk factors, radiographic features at presentation, outcome).

Respondent Information

Are you an IPSS Site?

- Yes
- No

Site Name:

Country:

- Argentina
- Australia
- Austria
- Brazil
- Canada
- Chile
- China
- Colombia
- Egypt
- Estonia
- France
- Georgia
- Germany
- Greece
- India
- Israel
- Malaysia
- Netherlands
- Norway
- Poland
- Romania
- Serbia
- Spain
- Switzerland
- Thailand
- United Kingdom
- Uruguay
- USA

Respondent Name (optional):

Neonates

Which best describes your institution's CURRENT COVID-19 testing practices with respect to NEONATES?

- All neonatal inpatients tested
- Some tested (e.g., only if symptoms, exposure, mother exposed or confirmed positive or transfer from other hospital)
- Not testing any neonatal inpatients

If applicable, please specify approximate month that universal testing for all NEONATAL inpatients started:

_____ (Please approximate date or choose 15th of month)

How does your institution test COVID-19 in NEONATES? Please check all that apply.

- PCR
- Antigen
- Antibody (ELISA)
- Other
- Not Applicable

Other, Specify:

There are reports of increased risk of stroke in young adults with COVID-19. With this in mind, did you test all NEONATES with AIS for COVID-19 in:

	Yes	No
Jan-20	<input type="radio"/>	<input type="radio"/>
Feb-20	<input type="radio"/>	<input type="radio"/>
Mar-20	<input type="radio"/>	<input type="radio"/>
Apr-20	<input type="radio"/>	<input type="radio"/>
May-20	<input type="radio"/>	<input type="radio"/>

How many *acute* NEONATAL AIS cases at your institution were seen in each of the following months:

	0	1	2	3	4	5	6	7	8	9	10
January	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
February	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
March 1st-15th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
March 16th-31st	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
April 1st-15th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
April 16th-30th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May 1st-15th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May 16th-31st	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did any of your NEONATAL AIS patients between January and May 2020 have COVID-19 during the time of their stroke presentation?

- Yes
- No

How many were COVID-19 positive?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Greater than 10

Please specify number:

What month(s) did NEONATAL AIS COVID-19 patient(s) present? Please check all that apply:

- January
- February
- March
- April
- May

There are reports of increased risk of stroke in young adults with COVID-19. With this in mind, did you test all NEONATES with CSVT for COVID-19 in:

	Yes	No
Jan-20	<input type="radio"/>	<input type="radio"/>
Feb-20	<input type="radio"/>	<input type="radio"/>
Mar-20	<input type="radio"/>	<input type="radio"/>
Apr-20	<input type="radio"/>	<input type="radio"/>
May-20	<input type="radio"/>	<input type="radio"/>

How many *acute* NEONATAL CSVT cases at your institution were seen in each of the following months:

	0	1	2	3	4	5	6	7	8	9	10
January	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
February	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
March 1st-15th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
March 16th-31st	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
April 1st-15th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
April 16th-30th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May 1st-15th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May 16th-31st	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did any of your NEONATAL CSVT patients between January and May 2020 have COVID-19 during the time of their stroke presentation?

- Yes
- No

How many were COVID-19 positive?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Greater than 10

Please specify number:

What month(s) did NEONATAL CSVT COVID-19 patient(s) present? Please check all that apply:

- January
- February
- March
- April
- May

Children (> 29 days of age)

Which best describes your institution's CURRENT COVID-19 testing practices with respect to CHILDREN (> days)?

- All childhood inpatients tested
- Some tested (e.g., only if symptoms, exposure, 29 mother exposed or confirmed positive or transfer from other hospital)
- Not testing

If applicable, please specify approximate month that universal testing for all CHILDHOOD inpatients started:

_____ (Please approximate date or choose 15th of month)

How does your institution test COVID-19 in CHILDREN? Please check all that apply.

- PCR
 - Antigen
 - Antibody (ELISA)
 - Other
 - Not Applicable
- (Please check all that apply.)

Other, Specify:

There are reports of increased risk of stroke in young adults with COVID-19. With this in mind, did you test all CHILDREN with AIS for COVID-19 in:

	Yes	No
Jan-20	<input type="radio"/>	<input type="radio"/>
Feb-20	<input type="radio"/>	<input type="radio"/>
Mar-20	<input type="radio"/>	<input type="radio"/>
Apr-20	<input type="radio"/>	<input type="radio"/>

May-20



How many *acute* CHILDHOOD AIS cases at your institution were seen in each of the following months:

	0	1	2	3	4	5	6	7	8	9	10
January	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
February	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	March
1st-15th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	March
16th-31st	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	April
1st-15th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	April
16th-30th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May 1st-15th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May 16th-31st	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did any of your CHILDHOOD AIS patients between January and May 2020 have COVID-19 during the time of their stroke presentation? Yes No

How many were COVID-19 positive? 0 1 2 3 4 5 6 7 8 9 10 Greater than 10

Please specify number: _____

What month(s) did CHILDHOOD AIS COVID-19 patient(s) present? Please check all that apply: January February March April May

There are reports of increased risk of stroke in young adults with COVID-19. With this in mind, did you test all CHILDREN with CSVT for COVID-19 in:

	Yes	No
Jan-20	<input type="radio"/>	<input type="radio"/>
Feb-20	<input type="radio"/>	<input type="radio"/>
Mar-20	<input type="radio"/>	<input type="radio"/>
Apr-20	<input type="radio"/>	<input type="radio"/>

May-20



How many *acute* CHILDHOOD CSVT cases at your institution were seen in each of the following months:

	0	1	2	3	4	5	6	7	8	9	10
January	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
February	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	March
1st-15th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	March
16th-31st	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	April
1st-15th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	April
16th-30th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May 1st-15th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May 16th-31st	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did any of your CHILDHOOD CSVT patients between January and May 2020 have COVID-19 during the time of their stroke presentation? Yes No

How many were COVID-19 positive? 0 1 2 3 4 5 6 7 8 9 10 Greater than 10

Please specify number: _____

What month(s) did CHILDHOOD CSVT COVID-19 patient(s) present? Please check all that apply: January February March April May

Additional Questions

Please sign if you DO NOT want to be listed in the appendix of IPSS Investigators for the resulting manuscript. This appendix will correspond with on behalf of IPSS investigators listed in the authorship byline. _____

FOR IPSS SITES

Would it be ok for project leaders from IPSS to contact you about any cases you report who were positive for SARS-CoV-2/COVID-19? Yes No