

# Coinfection with flu, SARS-CoV-2 described in children

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In a report published in the Dec. 16 issue of the U.S. Centers for Disease

Control and Prevention *Morbidity and Mortality Weekly Report*, data are presented on coinfection with influenza and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in pediatric patients.

Using data from two Respiratory Virus Hospitalizations Surveillance Network platforms, Katherine Adams, M.P.H., from the CDC in Atlanta, and colleagues describe the characteristics and prevalence of laboratory-confirmed [influenza](#) virus and SARS-CoV-2 coinfections among patients aged younger than 18 years who had been hospitalized or died with influenza.

The researchers found that in 6 percent (32 of 575) of pediatric influenza-associated hospitalizations and 16 percent (seven of 44) of pediatric influenza-associated deaths, SARS-CoV-2 coinfection occurred. A higher proportion of those hospitalized with versus without coinfection received invasive mechanical ventilation (13 versus 4 percent) and bilevel positive airway pressure or [continuous positive airway pressure](#) (16 versus 6 percent). None of the seven coinfecting patients who died had completed influenza vaccination, and only one had received influenza antivirals.

"To prevent and mitigate the incidence of severe respiratory virus-associated illness during periods of influenza virus and SARS-CoV-2 cocirculation, the public and parents should be aware of the risk for pediatric coinfection and adopt prevention strategies, including considering wearing well-fitted, high-quality masks when respiratory virus circulation is high and annual influenza vaccination and up-to-date COVID-19 vaccination," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.

**More information:** Lisa A. Grohskopf et al, Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory

Committee on Immunization Practices—United States, 2022–23  
Influenza Season, *MMWR. Recommendations and Reports* (2022). DOI:  
[10.15585/mmwr.rr7101a1](https://doi.org/10.15585/mmwr.rr7101a1)

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