

ERRATUM / ERRATA

In the manuscript “Retrospective cohort of children and adolescents hospitalized by COVID-19 in Brazil from the beginning of the pandemic to August 1st, 2020”, published in the *Rev Bras Epidemiol.* 2021; 23: e210026:

Where it reads:

<https://doi.org/10.1590/1980-549720200026>

It should read:

<https://doi.org/10.1590/1980-549720210026>

Page 6, 2nd paragraph:

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Considering the distribution of cases according to the FU of residence, Sao Paulo had the highest frequency of hospitalized patients, with 1,320 (26.8%), of which 1,247 (94.5%) recovered and 73 (4.5%) evolved to death. Subsequently the Amazon with 517 (10,5%) hospitalized patients, of which 491 (95,0%) recovered and 26 (5%) died (Figures 2A and 2B and Supplementary Material).

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Page 8, 7th paragraph:

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In the bivariate analysis, it was found that they had a higher risk of progressing to death in all the cases that were presented to the following factors: being in the age group of adolescents (RR = OR 1.49; 95% CI 1.26 – 1,78; $p < 0.001$); - be of the race/color, self-reported black/mixed-brown race (RR = 1.34; 95%CI 1.08 – 1.68; $p < 0.008$); it has been ranked as critical-SARS (RR = 4.13; 95%CI 3.43 – 3.96; $p < 0.001$); have heart disease (RR = WITH 2.07; 95%CI 1.58 – 2.72; $p < 0.001$), immunopathology (RR = 1.74; 95%CI 1.32 – 2.30; $p < 0.001$), diabetes (RR= 1.57; 95%CI 1.08 – 2.30; $p = 0.032$), and neuropathy (RR = 1.47; 95%CI 1.09 – to 1.97; $p = 0.013$). Asthma was configured as a risk reduction factor for death (RR = 0.25; 95%CI 0.10 – 0.62; $p = 0.003$ (Table 2).

The other variables that are related to the signs and symptoms of respiratory disease were tested in a bivariate analysis, that is, low oxygen saturation (RR = 4.12; 95%CI 3.33 – 5.09; $p < 0.001$), respiratory distress (RR = 3.23; 95%CI 2.57 – 4.06; $p < 0.001$), dyspnea (RR = 3; 95%CI 2.39 – 3.78; $p < 0.001$), and cyanosis (RR = 2.89; 95%CI 1.66 – 5.05; $p = 0.003$) (data not shown in table). These variables were grouped in the set of the critical-SARS variable to compose the best regression model.

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In the bivariate analysis, it was found that they had a higher risk of progressing to death in all the cases that were presented to the following factors: being in the age group of adolescents (RR = 1.49; 95%CI 1.26 – 1.78; $p < 0.001$); be of the race/color, self-reported black/mixed-brown race (RR = 1.34; 95%CI 1.08 – 1.68; $p = 0.008$); it has been ranked as critical-SARS (RR = 4.13; 95%CI 3.43 – 4.97; $p < 0.001$); have heart disease (RR = 2.07; 95%CI 1.58 – 2.72; $p < 0.001$), immunopathology (RR = 1.74; 95%CI 1.32 – 2.30; $p < 0.001$), diabetes (RR = 1.57; 95%CI 1.08 – 2.30; $p = 0.032$), and neuropathy (RR = 1.47; 95%CI 1.09 – 1.97; $p = 0.013$). Asthma was configured as a risk reduction factor for death (RR = 0.22; 95%CI 0.12 – 0.39; $p < 0.001$) (Table 2).

The other variables that are related to the signs and symptoms of respiratory disease were tested in a bivariate analysis, that is, low oxygen saturation (RR = 4.12; 95%CI 3.33 – 5.09; $p < 0.001$), respiratory distress (RR = 3.23; 95%CI 2.57 – 4.06; $p < 0.001$), dyspnea (RR = 3.0; 95%CI 2.39 – 3.78; $p < 0.001$), and cyanosis (RR = 2.89; 95%CI 1.66 – 5.05; $p = 0.003$) (data not shown in table). These variables were grouped in the set of the critical-SARS variable to compose the best regression model.

Pages 8 and 10, 9th paragraph:

Where it reads:

Multivariate analysis showed that these associated factors with COVID-19 death remained: belonging to the adolescent age group (RR = 1.59; 95% CI 1.12 – 2.25; $p = 0.009$), having been classified as SARS-critical (RR = 4.56; 95% CI 2.77 – 7.51; $p < 0.001$) and having immunopathology (RR = 2.24; 95%CI 1.58 – 3.17; $p < 0.001$). Asthma remained a factor associated with reduced risk of death (RR = 2.24; 95%CI 1.58 – 3.17; $p < 0.001$) (Table 2).

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Multivariate analysis showed that these associated factors with COVID-19 death remained: belonging to the adolescent age group (aRR = 1.59; 95%CI 1.12 – 2.25; $p = 0.009$), having been classified as SARS-critical (aRR = 4.56; 95%CI 2.77 – 7.51; $p < 0.001$) and having immunopathology (aRR = 2.24; 95%CI 1.58 – 3.17; $p < 0.001$). Asthma remained a factor associated with reduced risk of death (aRR = 0.25; 95%CI 0.10 – 0.62; $p = 0.003$) (Table 2).

