Methods All sequentially admitted infants hospitalized during a period of 6 months from who fulfilled the WHO/CDC/RPCH criteria for MIS-C were included in the study. The data was recorded in a semi-structured pre-tested self-designed proforma regarding the demographic profile, presenting symptoms, clinical signs, laboratory parameters and treatment received. The data was analysed using appropriate statistical tools.

Results A total of 19 infants were studied. Of these, 68.3% (13) had an evidence of recent COVID-19 infection. The median age of presentation was 2 months. The male:female ratio was 1.1:1. The most common presenting symptoms were fever (68.4%), gastrointestinal complaints (63.1%) and edema (36.8%) (figure 1). Other predominant signs were shock (78.9%), myocarditis (52.6%) and neurological complaints (26.3%). Incomplete Kawasaki disease was present in 21% patients. Elevated CRP, ferritin, D-Dimer, NT pro BNP and reduced fibrinogen were markers of severe illness. All subjects received IVIG (100%), 31.5% received a second dose of IVIG and 63.1% received pulse intravenous methylprednisolone. (table 1) A total of 5(26.3%) died as a result of the disease process.

Conclusion MIS-C in infants is usually under-diagnosed and under-reported due to the considerable overlap between sepsis and MIS-C especially due to the higher incidence of sepsis in developing countries. The spectrum of this illness can be varied and is different from the overt clinical signs seen in older children and adolescents.

Thus, these investigations should be done early in the course for optimal therapy with immunomodulators and favourable outcome.

Results The proportion, nature, maximum intensity, and duration of injection-site, systemic, and serious AEs were generally comparable between recipients of V114 and PCV13. No serious AEs were reported to be vaccine related. In comparison to PCV13, V114 met non-inferiority criteria for all 15 serotypes based on IgG response rates at PD3. V114 further met non-inferiority criteria based on IgG GMCs for all serotypes at PD3 and PD4 except serotype 6A at PD3. V114-induced antibodies displayed functional activity as assessed by OPA.

Conclusion In healthy infants, V114 has an acceptable safety profile and generates comparable quantitative and qualitative immune responses to the 13 serotypes shared with PCV13, with higher responses to serotypes unique to V114. These results support use of V114 in infant immunisation.