**Table 5.** GRADE Evidence Profile: In children with mild to moderate COVID-19, does treatment with remdesivir vs. no treatment result in better outcomes (e.g., time to symptom resolution, hospitalization, progression to severe or critical illness)?

| Certainty assessment | | | | | | | № of patients | | Effect | | Certainty | Importance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| № of studies | Study design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | remdesivir | no remdesivir* | Relative (95% CI) | Absolute (95% CI) | | |
| **Hospitalization (all-cause) (follow-up: 28 days)** | | | | | | | | | | | | |
| 1[Gottlieb 2022] | randomized trials | not serious | not serious | serious[a] | serious[b] | none | 5/279 (1.8%) | 0.5% | **HR 0.28** (0.10 to 0.75) | **4 fewer per 1,000** (from 4 fewer to 1 fewer) | ⨁⨁◯◯ Low | CRITICAL |
| | | | | serious[a] | very serious[b] | | | 3.0% | | **22 fewer per 1,000** (from 27 fewer to 7 fewer) | ⨁⨁◯◯ Low | |
| | | | | not serious[a] | serious[b] | | | 6.0% | | **43 fewer per 1,000** (from 54 fewer to 15 fewer) | ⨁⨁⨁◯ Moderate | |
| **Covid-19-related medically attended visits (follow-up: 28 days)** | | | | | | | | | | | | |
| 1[Gottlieb 2022] | randomized trials | not serious | not serious | not serious[a] | serious[b] | none | 4/246 (1.6%) | 21/252 (8.3%) | **HR 0.19** (0.07 to 0.56) | **67 fewer per 1,000** (from 77 fewer to 36 fewer) | ⨁⨁⨁◯ Moderate | IMPORTANT |
| **Symptom alleviation** | | | | | | | | | | | | |
| 1[Gottlieb 2022] | randomized trials | not serious | not serious | not serious[a] | serious[b] | none | 23/66 (34.8%) | 15/60 (25.0%) | **RR 1.60** (0.74 to 3.48) | **150 more per 1,000** (from 65 fewer to 620 more) | ⨁⨁⨁◯ Moderate | IMPORTANT |
| **Serious adverse events** | | | | | | | | | | | | |
| 4[Gottlieb 2022, Beigel 2020, Sise 2024, Spinner 2020] | randomized trials | not serious | not serious | not serious[a] | serious[b] | none | 98/688 (14.2%) | 77/612 (12.6%) | **RR 0.78** (0.61 to 1.00) | **28 fewer per 1,000** (from 49 fewer to 0 fewer) | ⨁⨁⨁◯ Moderate | CRITICAL |

**CI:** confidence interval; **HR:** hazard ratio; **RR:** risk ratio

*For hospitalization, percentages represent illustrative baseline risks for patients without risk factors for progression to severe disease, patients at increased but not high risk, and patients at high risk.

*Explanations*

a. Most trial participants were adults and evidence in pediatric patients is limited, reducing applicability to children. In addition, key trials were conducted in the pre-Omicron era and largely among unvaccinated, high-risk outpatients; current baseline risks and hospitalization patterns have changed substantially, which may affect applicability—particularly for lower-risk populations where hospitalizations are now rarer and less specific to COVID-19. Because the trial populations closely match those at highest risk today, the panel did not further downgrade for baseline-risk differences in the highest-risk stratum but did downgrade for indirectness in lower-risk strata.

b. Few events do not meet the optimal information size and suggest fragility in the estimate. For the outcome of hospitalization: at baseline risks of 0.5%, the entire 95% CI of the absolute risk difference is within the no effect boundary and only fragility is present (rated down once); at baseline risk of 3%, the 95% CI of the absolute risk difference includes appreciable benefits as well little or no effect on hospitalization: rated down twice (but leaving the overall certainty at "low" due to borderline judgments in combination with the indirectness rating); at 6% baseline risk, the entire 95% CI of the absolute risk reduction is above the panel determination of minimally important difference (rated down once).