

# PEDIATRIC SEPSIS COLAB


## 2025 YEAR IN REVIEW

This year, our community continued to grow, generate new evidence, and strengthen global collaboration in pediatric sepsis research. We are always eager to support members in building partnerships and sharing results - whether through data, visibility, or research connections. We look forward to building more connections and strengthening research impact through partnerships in the year ahead. Thank you for being part of this global effort to improve pediatric sepsis outcomes!

### 2024 Data Challenge

The [2024 Pediatric Sepsis Data Challenge](#) is now complete! We are thrilled to have 16 finalist teams from 13 countries participate in the final round of the challenge. These teams brought forward innovative, high-performing algorithms to predict in-hospital pediatric mortality using a synthetic clinical dataset derived from real patient data. Congratulations to those who participated in our challenge and the top 3 teams - Team AIMS, Team Epiphany, and Team UCL Paediatrics!

[Learn More](#)

 <https://www.linkedin.com/in/sepsis-colab/>

 <https://wfpiccs.org/pediatric-sepsis-colab/>

### 2025 Updates



**13 new datasets  
to our  
Dataverse  
Collection**



**25 new  
members from  
18 different  
countries**



**3 new steering  
committee  
members**



**Got data? Need  
data? Join us!**



[sepsiscolab@bcchr.ca](mailto:sepsiscolab@bcchr.ca)



Membership Application



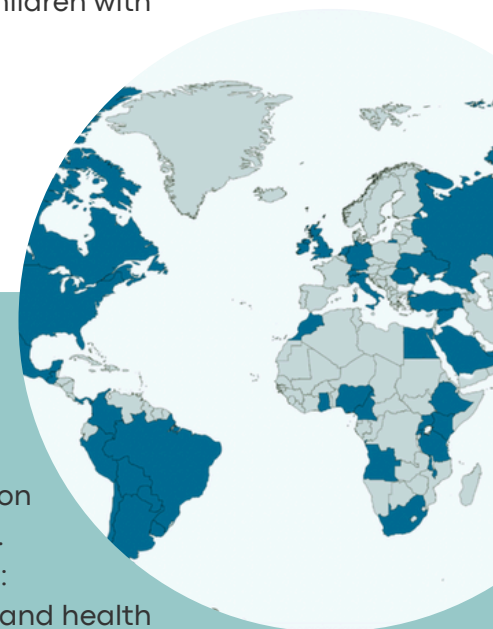
# Publication Spotlight

On behalf of the Sepsis CoLab, Dr. Mark Ansermino et al. published a multisite study in Kenya and Uganda implementing Smart Triage, a digital platform designed to improve early sepsis detection and care. At both intervention sites, there was a reduction in antimicrobial utilization (47% in Kenya & 33% in Uganda), admission (47% in Kenya & 33% in Uganda), and mortality (25% in Kenya & 75% in Uganda) compared to baseline. The platform resulted in inconsistent improvements in time to intravenous antimicrobial administration, likely due to COVID-19, a short study period, and resource constraints. These findings emphasize the promise of digital triage tools and the need for health system strengthening in resource-limited settings. Study materials such as protocol and data collection tools are available on the [Sepsis CoLab Dataverse Collection](#)!

[Learn More](#)

Sepsis CoLab Steering Committee member Dr. Roberto Jabornisky and colleagues conducted a study describing the epidemiology of sepsis and septic shock in pediatric intensive care units in Argentina, comparing current findings with data collected in 2008. Their analysis of 428 children (476 sepsis events) across 55 PICUs found a sepsis prevalence of 14.7% and a 28-day mortality rate of 16.5%. More than one-third of patients did not receive antibiotics within the first hour, and early high-volume fluid administration (>60 mL/kg) showed a negative trend in outcomes. Mortality was highest among children with septic shock, multi-organ dysfunction, acute respiratory distress syndrome, comorbidities, or phenotype D. The clinical characteristics and prevalence remained unchanged, whereas the administration of fluids and the use of vasoactive drugs changed, and mortality rates decreased significantly.

[Learn More](#)



## Publications

- Diverging pathways: exploring the interplay between hospital readmission and postdischarge mortality in paediatric sepsis in low-income settings.
- Discharge policies and care practices for children with suspected sepsis: A health facility scan at a nationally representative sample of hospitals and health centres in Uganda.
- Exploring two-way text messages for post-discharge follow-up and quality improvement in rural Uganda.
- Improving pediatric care in Uganda with a digital platform and quality improvement initiative: A retrospective review of Smart Triage + QI.
- Exposure to pollutants for household cooking and lighting and pediatric post-discharge mortality following a severe infection in Uganda.
- Validation of a risk-prediction model for pediatric post-discharge mortality after hospital admission for infection in Rwanda: A prospective cohort study.
- Implementation of Smart Triage combined with a quality improvement program for children presenting to facilities in Kenya and Uganda: An interrupted time series analysis.
- Repeatability of RRate measurements in children during triage in two Ugandan hospitals.