Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Regarding: "Vertical transmission of coronavirus disease 2019: a systematic review and meta-analysis"

TO THE EDITORS: We read with great interest about the study by Kotlyar et al (Volume 224, issue 1).[1] In short, the authors aimed to estimate the vertical transmission of COVID-19 based on early RNA detection of SARS-CoV-2 after birth from various neonatal or fetal sources and neonatal serology. We want to congratulate the authors for establishing an informative systematic review and shed some light on this infection in a vulnerable group. Certainly, the findings of Kotlyar et al[1] add to the literature on neonatal SARS-CoV-2 infections. However, we believe that some concerns should be discussed about this important study.

First, the statement 'included 68 studies that fulfilled the eligibility criteria in the qualitative synthesis' in the search strategy, study selection, and data extraction should read 'included 69 studies that fulfilled the eligibility criteria in the qualitative synthesis.' The '38 studies included in quantitative synthesis' in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses flowchart (Figure 1) should be corrected to '39 studies included in quantitative synthesis.' Although they are minor issues, these should be clarified.

Second, the authors should exclude the studies suspected of including duplicate reporting. More precisely, some pregnant women or neonates may have been included in multiple publications, as the recruitment periods overlap for reports from the same hospital. The case from Wang et al[2] should be considered as duplicate, as that and the larger retrospective case series from Yu et al[3] reported by the same hospital overlapped, with respect to the periods of recruitment. It should also be noted that the data from Yu et al[3] were mixed with the demographics of 7 cases from Hu et al.[4] The cases from Yang et al[5] likely replicated the data from Chen et al[6] for similar reasons.

Isolated case reports and repeat case series from the same hospital or region should be excluded to avoid duplicate data from large retrospective studies. The studies suspected of including duplicate reporting can be identified based on the hospital location, recruitment periods, and the maternal and neonatal characteristics. Although duplicate reporting has small numbers in this systematic review and a reanalysis is not likely to change the results, we humbly suggest that the authors extract the hospital's name and recruitment periods. When a hospital has published their cases more than once and if the recruitment periods overlapped, only the most informative study with the bigger sample size should be included to minimize the possibility of double counting. ■

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