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Interim Guidance for Clinicians Evaluating and Reporting Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19).

PLEASE NOTE, RECOMMENDATIONS ARE SUBJECT TO CHANGE.

Background:

The Georgia Department of Public Health (DPH), along with multiple other states, CDC, and other countries, is investigating reports of multisystem inflammatory syndrome in children (MIS-C; previously termed pediatric multi-system inflammatory syndrome or PMIS). Initial descriptions of cases in the United Kingdom included children testing positive for current or recent infection by SARS-CoV-2, the novel coronavirus that causes COVID-19, based on reverse-transcriptase polymerase chain reaction (RT-PCR) or serologic assay, or who had an epidemiologic link to a COVID-19 case. This syndrome has features which overlap with atypical Kawasaki disease and Toxic Shock Syndrome (TSS). Patients presented with a persistent fever and a constellation of symptoms including hypotension, multi-organ (e.g., cardiac, gastrointestinal, renal, hematologic, dermatologic, and neurologic) involvement, and elevated inflammatory markers. Respiratory symptoms were not present in all cases.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31094-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31094-1/fulltext))

Recommendations for evaluation:

Pediatricians and other clinicians should refer children with suspected MIS-C for inpatient evaluation and care and consultation with infectious disease, cardiology, and rheumatology specialists. Because MIS-C, Kawasaki Disease, and TSS are all managed differently, multispecialty evaluation in an inpatient pediatric setting is optimal. For children presenting with symptoms compatible with MIS-C, pediatricians and specialists should elicit any recent history of illness compatible with COVID-19 or close contact an individuals suspected or known to have COVID-19 infection and pursue SAR-CoV-2 testing. Evaluation for signs of this syndrome may include (but are not limited to) chest radiograph, echocardiography, and blood testing to evaluate for evidence of inflammation.

Recommendations for reporting:

Any pediatric illness meeting the below CDC case definition should be reported to the Georgia Department of Public Health. The preferred way to report is by entering case information into the DPH State Electronic Notifiable Disease Surveillance System (SendSS-- <https://sendss.state.ga.us/sendss/login.screen>). Alternatively providers may report by phone

to 404-657-2588 during business hours or 1-866-pub-hlth evenings and weekends. Reporting of suspected cases should not be delayed pending results of SARS-COV2 test results.

Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C)

- An individual aged <21 years presenting with feverⁱ, laboratory evidence of inflammationⁱⁱ, and evidence of clinically severe illness requiring hospitalization, with multisystem (>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); **AND**
- No alternative plausible diagnoses; **AND**
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms

ⁱFever >38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours

ⁱⁱIncluding, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes, and low albumin

Additional comments

- Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C
- Consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection

For additional information please refer to:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

<https://emergency.cdc.gov/han/2020/han00432.asp>