

## **MIS-C Guidance for Clinicians**

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This message is to provide guidance for Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19), previously referred to as Pediatric Multisystem Inflammatory Syndrome (PMIS) or a Kawasaki- or TSS-like illness temporally associated with COVID-19.

### ***What is MIS-C?***

MIS-C is a severe multisystem inflammatory syndrome possibly associated with COVID-19 that was initially reported in the United Kingdom and since then reported in children in various parts of the United States. While an epidemiological link with COVID-19 exists, a causal link has not been established. Since these reports, the CDC has released a **case-definition**, which is described below.

#### *Case definition for Multisystem Inflammatory Syndrome in Children (MIS-C)*

- An individual aged <21 years presenting with fever\*, laboratory evidence of inflammation\*\*, 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\*\*\*

\*Fever >38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours

\*\*Including, 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

\*\*\*With widespread community activity, all patients currently meet criteria of possible COVID-19 exposure within past 4w

#### *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

### ***What should I do if I suspect MIS-C based on this case definition?***

If you have a patient who you believe may meet the above case definition, please do the following:

- Consult the PrIIME team between 7a and 4p (contact information in paging directory under “PrIIME”)
  - The PrIIME team will advise on clinical and laboratory evaluation, including potentially markers of inflammation, COVID-19 serology testing, and echocardiography, as well as possible treatment
  - For urgent clinical questions between 4p-7a, please contact the infectious diseases fellow on call.
- Notify Infection Prevention and Control (IP&C). Call 7-4290 and leave a voicemail with patient information.
  - IP&C will notify the health department. Please do not contact the health department directly.

### ***Do patients with suspected MIS-C require isolation?***

- Isolation needs are dependent on symptoms and COVID-19 PCR testing results
  - COVID-19 isolation is required while COVID-19 PCR testing is pending or if positive.
  - COVID-19 isolation can be discontinued if COVID-19 PCR testing is negative.
  - In patients with a negative COVID-19 PCR result, isolation is required based on symptoms
    - Respiratory symptoms require droplet/contact isolation
    - Vomiting and/or diarrhea require contact isolation

### ***Where can I find additional information?***

This is a rapidly evolving topic: <https://emergency.cdc.gov/han/2020/han00432.asp>