

HEALTH ALERT NETWORK HEALTH DISTRICT 4

COVID-19 ADVISORY FOR HEALTH CARE PROVIDERS

Central District Health Requests Reporting Multisystem Inflammatory Syndrome in
Children Associated with Coronavirus Disease 2019

May 18, 2020

Background

In early May 2020, the New York City Department of Health and Mental Hygiene received reports of children with multisystem inflammatory syndrome (MIS-C). From April 16 through May 4, 2020, 15 patients aged 2-15 years were hospitalized, many requiring admission to the intensive care unit. As of May 12, 2020, the New York State Department of Health identified 102 patients (including patients from New York City) with similar presentations, many of whom tested positive for SARS-CoV-2 infection by RT-PCR or serologic assay. Additional reports of children presenting with severe inflammatory syndrome with a laboratory-confirmed case of COVID-19 or an epidemiological link to a COVID-19 case have been reported by authorities in other countries.

As of May 18, no children with MIS-C have been reported to Idaho public health officials.

It is currently unknown if multisystem inflammatory syndrome is specific to children or if it also occurs in adults. There is limited information currently available about risk factors, pathogenesis, clinical course, and treatment for MIS-C.

Recommendations

Healthcare providers who have cared or are caring for patients younger than 21 years of age meeting MIS-C criteria should report suspected cases to Central District Health at (208)327-8625 or to the Bureau of Communicable Disease Prevention Epidemiology Section at (208) 334-5939.

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

An individual younger than 21 years of age presenting with subjective or measured fever of at least 38 C for 24 hours or more, laboratory evidence of inflammation (see note below), and evidence of clinically severe illness requiring hospitalization, with multisystem organ involvement (2 or more including 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

Note: Evidence of inflammation 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

For additional information, please contact CDC's 24-hour Emergency Operations Center at 770-488-7100.

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

Please note there will be a CDC Clinician Outreach and Communication Activity (COCA) call on this topic

Tuesday, May 19, 2020

Time: 2:00pm-3:30pm (ET)

Please click the link below to join the webinar:

<https://www.zoomgov.com/j/1602255337>

Or iPhone one-tap:

US: +16692545252,,1602255337# or +16468287666,,1602255337#

Or Telephone:

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Webinar ID: 160 225 5337