

**Center for Policy, Planning and Evaluation
Division of Epidemiology–Disease Surveillance and Investigation**

June 3, 2020

**Health Notice for District of Columbia Health Care Providers
Interim Guidance Regarding Multisystem Inflammatory Syndrome in Children (MIS-C)**

SUMMARY

This guidance is an update to the May 11th, 2020 “Interim Guidance Regarding Pediatric Multi-System Inflammatory Syndrome Possibly Associated with COVID-19”¹, which is now known as Multisystem Inflammatory Syndrome in Children (MIS-C). This guidance updates case definition criteria for the syndrome as well as expands reporting data to be provided by healthcare providers. Across the nation, more cases are being reported of this syndrome. Since May 11th, five children in the District of Columbia have been reported with suspected MIS-C.

Diagnosis

In the public health interest of District of Columbia and per the regulatory authority in DCMR 22-B201.1, all providers should immediately report any patients suspected of having MIS-C to DC Health through the Notifiable Disease and Condition Case Report Form (<https://redcap.doh.dc.gov/surveys/index.php/surveys/?s=DHNA4X8LJC>) or by calling 202-576-1117.

Case Definition

Any child < 21 years that fulfills the below clinical criteria, general laboratory criteria, and COVID-19 related criteria; without evidence of an alternate diagnosis as an etiology of symptoms (i.e. sepsis).

Clinical Criteria:

- One or more days of subjective OR objective fever ($\geq 100.4^{\circ}$ F/ 38° C), **and**
- hospitalization required, **and**
- multisystem (≥ 2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological), **and/or**
- clinical features of Kawasaki or Incomplete Kawasaki Syndrome.

General Laboratory Criteria

One or more of the following:

- elevated C-reactive protein (CRP),
- elevated erythrocyte sedimentation rate (ESR),
- elevated fibrinogen,
- elevated procalcitonin,
- elevated d-dimer,
- elevated ferritin,
- elevated lactic acid dehydrogenase (LDH),
- elevated interleukin 6 (IL-6),
- elevated neutrophils,
- reduced lymphocytes,
- low albumin, **or**
- any other laboratory marker of inflammation.

COVID-19 related Criteria

- positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; **or**

- possible COVID-19 exposure within the 4 weeks prior to the onset of symptoms.

Reporting information needed includes the patient's underlying conditions, SARS-CoV-2 exposure or test result, symptoms of current illness, hospitalization course to date, laboratory markers, and management steps.

Clinical Considerations

Early diagnosis and aggressive management is important to improve pediatric morbidity and mortality. If a healthcare provider suspects this syndrome, immediate management steps should include ensuring hemodynamic and respiratory stability as well as undertaking close care coordination with pediatric infectious disease, pediatric rheumatology, pediatric cardiology, and pediatric critical care specialists.

References

1. https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID_Peds%20Inflam%20Disease_5-8-2020_FINAL_1.pdf
2. <https://emergency.cdc.gov/han/2020/han00432.asp>
3. https://health.ny.gov/press/releases/2020/docs/2020-05-13_health_advisory.pdf
4. <https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-providers-mis-c.pdf>

Please contact DC Health regarding COVID-19 at:
Phone: 202-576-1117 Fax: 202-442-8060 | Email: coronavirus@dc.gov