

MIS-C (Multisystem Inflammatory Syndrome in Children)

2022 Case Definition- CSTE Position Statement 22-ID-02

Clinical Criteria

An illness in a person aged < 21 years characterized by all of the following, in the absence of a more likely alternative diagnosis*:

- Subjective or measured fever (temperature ≥ 38.0 C); **AND**
- Clinical severity requiring hospitalization or resulting in death; **AND**
- Evidence of systemic inflammation indicated by C-reactive protein ≥ 3.0 mg/dL; **AND**
- New onset manifestations in at least two of the following categories:
 1. Cardiac involvement indicated by:
 - Left ventricular ejection fraction < 55% OR
 - Coronary artery dilatation, aneurysm, or ectasia, OR
 - Troponin elevated above laboratory normal range, or indicated as elevated in a clinical note
 2. Mucocutaneous involvement indicated by:
 - Rash, OR
 - Inflammation of the oral mucosa (e.g., mucosal erythema or swelling, drying or fissuring of the lips, strawberry tongue), OR
 - Conjunctivitis or conjunctival injection (redness of the eyes), OR
 - Extremity findings (e.g., erythema [redness] or edema [swelling] of the hands or feet)
 3. Shock**
 4. Gastrointestinal
 - Abdominal pain, OR
 - Vomiting, OR
 - Diarrhea
 5. Hematologic
 - Platelet count <150,000 cells/ μ L, OR
 - Absolute lymphocyte count (ALC) <1,000 cells/ μ L

Laboratory Criteria

Confirmatory laboratory evidence:

- Detection of SARS-CoV-2 RNA in a clinical specimen*** up to 60 days prior to or during hospitalization, or in a post-mortem specimen using diagnostic molecular amplification test (e.g., polymerase chain reaction [PCR]), OR
- Detection of SARS-CoV-2 specific antigen in a clinical specimen*** up to 60 days prior to or during hospitalization, or in a post-mortem specimen, OR
- Detection of SARS-CoV-2 specific antibodies[^] in serum, plasma, or whole blood associated with current illness resulting in or during hospitalization

Epidemiologic Linkage Criteria

- Close contact \pm with a confirmed or probable case of COVID-19 disease in the 60 days prior to hospitalization.

Vital Records Criteria for Reporting

- A person whose death certificate lists MIS-C or multisystem inflammatory syndrome as an underlying cause of death or a significant condition contributing to death.

Case Classification

Confirmed

- Meets the clinical criteria **AND** the confirmatory laboratory evidence.

Probable

- Meets the clinical criteria **AND** the epidemiologic linkage criteria.

Suspect

- Meets the vital records criteria.

*If documented by the clinical treatment, a final diagnosis of Kawasaki Disease should be considered an alternative diagnosis. These cases should not be reported to national MIS-C surveillance.

**Clinician documentation of shock meets this criterion.

***Positive molecular or antigen results from self-administered testing using over-the-counter test kits meet laboratory criteria.

^Includes a positive serology test regardless of COVID-19 vaccination status. Detection of anti-nucleocapsid antibody is indicative of SARS-CoV-2 infection, while anti-spike protein antibody may be induced either by COVID-19 vaccination or by SARS-CoV-2 infection.

±Close contact is generally defined as being within 6 feet for at least 15 minutes (cumulative over a 24-hour period). However, it depends on the exposure level and setting; for example, in the setting of an aerosol-generating procedure in healthcare setting without proper personal protective equipment (PPE), this may be defined as any duration.