DATE: January 28, 2022

TO: Healthcare Providers, Healthcare Facilities, Clinical Laboratories, and Local Health Departments (LHDs)

FROM: New York State Department of Health (NYSDOH)

HEALTH ADVISORY:

MULTI-SYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C) ASSOCIATED WITH CORONAVIRUS DISEASE 2019 (COVID-19) INFECTION OR COVID-19 VACCINATION – UPDATED CASE DEFINITION

For all Clinical Staff in Pediatrics, Internal Medicine, Pulmonary and Intensive Care Medicine, Primary Care, Infectious Diseases, Emergency Medicine, Cardiology, Dermatology, Gastroenterology Family Medicine, Hematology, Laboratory Medicine, and Infection Control/Epidemiology

SUMMARY

• This guidance supersedes the previous “New York State Department of Health (NYSDOH) Health Advisory: Pediatric Multi-System Inflammatory Syndrome Temporally Associated with COVID-19 Interim Case Definition In New York State (May 13, 2020)”.

• In May 2020, the Centers for Disease Control and Prevention (CDC) introduced a case definition for Multi-System Inflammatory Syndrome in Children (MIS-C) associated with COVID-19; the NYSDOH established an interim case definition for reporting cases of MIS-C in residents of New York State.

• As of January 26, 2022, 1,038 persons with suspected MIS-C have been reported; 641 (62%) met confirmed MIS-C case criteria following infection with COVID-19 or vaccination for COVID-19.

• Effective July 1, 2021, NYSDOH updated the interim case definition to better align with the CDC and expand upon hospitalization criteria to include diagnosis occurring in multiple settings.

• Suspected and confirmed cases of MIS-C in persons < 21 years of age potentially associated with COVID-19 infection or COVID-19 vaccination are required to be reported to the NYSDOH pursuant to Section 206(1)(j) of the Public Health Law.

CASE DEFINITION

The MIS-C case definition has clinical, general/virologic laboratory, and epidemiological criteria:

• An individual aged <21 years presenting with fever, laboratory evidence of inflammation, and evidence of clinically severe illness, with multisystem (>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); AND

• Who is hospitalized, evaluated in the Emergency Department, seen in an observation, admitted inpatient or transferred from another facility; AND

• No alternative plausible diagnoses; AND

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1 https://www.cdc.gov/mis/mis-c/hcp/index.html
2 Fever >38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours
3 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, lactate dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin
• Positive for current or recent acute SARS-CoV-2 infection by RT-PCR, serology, or antigen test; OR exposure to a suspected or confirmed COVID-19 case within the 4 weeks prior to the onset of symptoms; or received a COVID-19 vaccine in the prior 6 weeks.

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<th>Clinical</th>
<th>General/Virologic Laboratory/Epidemiological</th>
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| An individual aged <21 years presenting with:  
  • Fever²  
  • Laboratory evidence of inflammation³  
  • Multisystem (>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic, or neurological);  
  AND  
   
Hospitalization  
  • Evaluated in the Emergency Department  
  • Seen in observation  
  • Admitted inpatient  
  • Transferred to or received from another facility  
  AND  
  No alternative plausible diagnoses  
| Within the 3 months prior to illness onset, the individual tested positive for SARS-CoV-2 by:  
  • RT-PCR  
  • Serology  
  • Antigen test  
| AND  
| OR  
| Exposure to a suspected or confirmed COVID-19 case within the 4 weeks prior to the onset of symptoms  
| OR  
| Received any doses of COVID-19 vaccine in the prior 6 weeks  

Additional comments:
• Some individuals may fulfill full or partial criteria for Kawasaki Disease⁴ but should be reported as MIS-C if they meet the case definition for MIS-C.
• Consider MIS-C in any pediatric death with evidence of recent COVID-19 infection or vaccination.

COVID-19 VACCINE IMPLICATIONS:
• For pediatric patients who develop MIS-C within 6 weeks after receipt of a COVID-19 vaccine, consider referral to a specialist in infectious diseases, rheumatology, or cardiology.
• Clinicians may request a consultation from the Clinical Immunization Safety Assessment COVIDvax⁵.
• In addition, these cases need to be reported to the Vaccine Adverse Event Reporting System⁶ (VAERS) in accordance with federal requirements.

REPORTING:
• Suspected and confirmed cases of MIS-C potentially associated with SARS-CoV-2 infection or COVID-19 vaccination in those < 21 years old are required to be reported to the NYSDOH pursuant to 10 NYCRR 2.1.
• Hospitals are required to report suspected and confirmed cases of MIS-C using the Health Electronic Response Data System (HERDS) application on the NYSDOH Health Commerce System.
• In addition to healthcare settings in which COVID-19 confirmatory testing is required⁷, such as in hospitals and nursing homes pursuant to 10 NYCRR 405.11 and 415.33, clinicians in other settings should also perform molecular testing for SARS-CoV-2 and serologic testing on all suspected cases, along with any other clinically appropriate testing.

For questions about the HERDS survey, please contact: MISCNYS@health.ny.gov
Clinicians with questions can contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 1-866-881-2809 evenings, weekends, and holidays.

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⁴ https://www.cdc.gov/kawasaki/index.html  
⁵ https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/index.html  
⁶ https://www.cdc.gov/vaccinesafety/hcproviders/reportingadverseevents.html  