

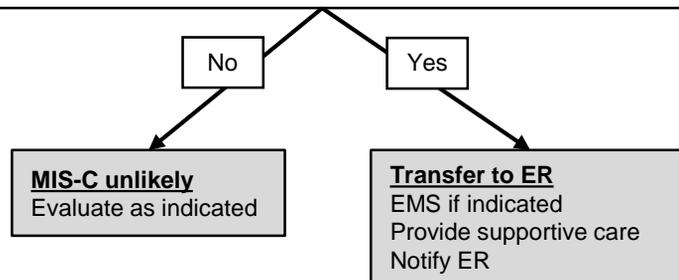
Multisystem Inflammatory Syndrome in Children (MIS-C) CMG and UC Clinical Practice Guideline

This guideline was updated 1/10/23 and may not reflect the latest information available. Please use clinical judgment and current best available evidence to provide patient care.

Does the patient have ALL of the following?

- 1) Clinically significant illness requiring hospitalization
- 2) Absence of a more likely alternative diagnosis
- 3) Subjective or objective fever $\geq 38.0^{\circ}\text{C}$
- 4) New onset manifestations in at least two of the following categories:
 - Derm: mucocutaneous rash, oral mucosal inflammation, conjunctival injection, extremity erythema/edema
 - Cardiac: tachycardia, edema, poor capillary refill, hypotension, other symptoms of shock
 - GI symptoms: abdominal pain, vomiting, or diarrhea

Note: SARS COV2 exposure in past 60 days OR positive SARS-COV2 test of any kind within 60 days are both part of diagnostic criteria but may not be known at time of visit



Comparison – CDC 2020 & CSTE/CDC Surveillance Case Definitions for MIS-C (10 of 10) In a person aged <21 years, and in the absence of a more likely alternative diagnosis:

CDC 2020 MIS-C Surveillance Case Definition	CSTE/CDC MIS-C Surveillance Case Definition (Effective 1/1/2023) <small>Highlighted text indicates substantive change from 2020 CDC definition</small>
Fever $\geq 38.0^{\circ}\text{C}$ or subjective fever lasting ≥ 24 hours	Subjective or documented fever ($T \geq 38.0^{\circ}\text{C}$) lasting ≥ 24 hours
Illness requiring hospitalization	Clinical severity requiring hospitalization or resulting in death
Laboratory evidence of inflammation (e.g., \uparrow CRP, \uparrow ESR, ...)	CRP ≥ 3.0 mg/dL
Multisystem organ involvement, ≥ 2 of the following:	New onset manifestations in ≥ 2 of the following categories:
• Cardiac (e.g., shock, \uparrow troponin, \uparrow BNP, abnormal echo, arrhythmia)	• Cardiac: coronary artery dilatation/aneurysm, left ventricular ejection fraction $< 55\%$, or troponin elevated above normal
• Dermatologic (e.g., rash, mucocutaneous lesions)	• Shock
• GI (e.g., \uparrow bilirubin, \uparrow liver enzymes, diarrhea)	• Mucocutaneous: rash, oral mucosal inflammation, conjunctivitis/conjunctival injection, or extremity findings (erythema, edema)
• Hematologic (e.g., \uparrow D-dimer, thrombophilia, \downarrow platelets)	• GI: abdominal pain, vomiting, or diarrhea
• Neurologic, Renal, Respiratory	• Hematologic: platelet count $< 150\text{k} / \mu\text{L}$, ALC $< 1,000 / \mu\text{L}$
Positive SARS-CoV-2 RT-PCR/serology/antigen, OR exposure within the 4 weeks prior to symptom onset	• Neurologic, Renal, Respiratory Detection of SARS-CoV-2 nucleic acid/antigen up to 60 days prior to or during hospitalization, or in a post-mortem specimen* , OR Detection of antibody associated with current illness* , OR Close contact with a confirmed/probable COVID-19 case in the 60 days prior to hospitalization

*confirmatory lab evidence