This advisory has been superseded by
Updated MIS-C Healthcare Provider Reporting Requirements on June 17, 2020

Alameda County Health Advisory
Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19) now reportable to Alameda County Public Health Department (ACPHD) - May 20, 2020

Situation

In accordance with a recent CDC health advisory, Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19 is now reportable to Alameda County Public Health Department (ACPHD).

On May 14, 2020, the Centers for Disease Control and Prevention (CDC) issued a health advisory providing background information and a case definition for the recently reported multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19. Cases of a severe inflammatory syndrome, with features resembling Kawasaki disease or toxic shock syndrome have been reported in Italy and the UK, and have now been recognized in New York City and other locations in the United States, including California.

Based on current reports, clinical features include persistent fever, hypotension, severe illness involving multiple organ systems, and elevated inflammatory markers. Cardiovascular complications are common, and respiratory symptoms are not always present.

The full CDC case definition follows:

- An individual aged <21 years presenting with fever, laboratory evidence of inflammation, and evidence of clinically severe illness requiring hospitalization, with multisystem (>2) organ involvement (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

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

The appearance of these cases several weeks after a local outbreak of COVID-19 suggests an excessive or disordered immunologic response to SARS-CoV-2 infection. Many patients with MIS-C appear to have current or recent SARS-CoV-2 infection, or they have a history of exposure to COVID-19 within the four weeks prior to onset of symptoms. Although MIS-C is rare, the condition is serious and some affected children have died.
Information about risk factors, pathogenesis, clinical course, and treatment is currently limited. It is currently unknown whether adults >21 years of age might also be affected by this rare condition.

### Actions Requested of Clinicians, Emergency Departments, Pathologists, and Healthcare Facilities

2. Be vigilant for children and youth <21 years of age presenting with fever, clinical and laboratory signs of an inflammatory condition, and severe illness with multiple organ system involvement.
3. Test patients with these findings for SARS-CoV-2, using a nucleic acid amplification test such as RT-PCR, and a serologic assay approved or given Emergency Use Authorization by the US Food and Drug Administration (FDA). Serology should not be the sole diagnostic test for SARS-CoV-2 and should be interpreted with caution. See ACPHD’s [Serological Testing for COVID-19](https://www.acgov.org/health/AD/COVID-19) for more information.
4. When hospitalization is clinically warranted for suspected MIS-C, admit children and youth (especially those under 14 years of age) to hospitals with CCS-approved Pediatric Intensive Care Unit (PICU) facilities and ready access to consultation with pediatric subspecialists. These facilities include UCSF Benioff Children’s Hospital-Oakland and Kaiser Oakland (in Alameda County), and UCSF Benioff Children’s Hospital-San Francisco, Lucile Packard Children’s Hospital, California Pacific Medical Center, Kaiser Santa Clara, and John Muir Medical Center (Walnut Creek) in neighboring counties.
5. [Report cases meeting CDC’s case definition for Multisystem Inflammatory Syndrome in Children (MIS-C) within 24 hours to the Alameda County Public Health Department (ACPHD)](https://www.acgov.org/health/AD/COVID-19) at (510) 267-3250, Mon-Fri 8:30 am to 5 pm. After hours and on weekends, call Alameda County Fire Dispatch at (925) 422-7595 and ask to speak to the Public Health Duty Officer on call. Laboratory results must be reported by Electronic Laboratory Reporting (ELR), fax or secure email within 24 hours. Please make sure to report as completely as possible, including race and ethnicity information.
6. Cases meeting the case definition for MIS-C should be reported, even if they meet some or all of the criteria for Kawasaki disease.
7. Clinicians should consider the possibility of MIS-C in any pediatric death with evidence of SARS-CoV-2 infection.

### Local Health Department Reporting and Contact Information

- **Alameda County Acute Communicable Disease Control:**
  - Weekdays 8:30am–5pm Phone: (510) 267-3250
  - After hours Phone: (925) 422-7595 and ask for the public health duty officer on call
  - For non-immediate concerns, email nCoV@acgov.org

- **Berkeley Public Health Division:**
  - Weekdays 8am-5pm Phone: (510) 981-5292
  - After hours: Phone: (510) 981-5911 and ask for the Health Officer on call

- **Contact Information for all other Local Health Jurisdictions** is available online from CDPH

### Resources

- [ACPHD Health Alert Page](https://www.acgov.org/health/AD/COVID-19)
• CDC COVID-19 Page