COVID-19-ASSOCIATED MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN

There have been several reports recently of this new disease entity and NORD has developed this information guide to provide some brief information and resources.

WHAT IS COVID-19-ASSOCIATED MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)?

> MIS–C is a new disease entity characterized by fever and high levels of inflammation in different organs in the body. This syndrome has been observed in a very small percentage of children who were infected with the novel coronavirus (SARS-CoV_2).

IS MIS-C A RARE CONDITION?

> Yes, most children with COVID-19 do not become seriously ill and do not develop MIS-C. Studies are underway to determine the estimated prevalence of MIS-C.

CAN A CHILD APPEAR TO HAVE RECOVERED FROM SARS-COV-2 INFECTION AND THEN DEVELOP MIS-C?

> Yes, some children with MIS-C had a respiratory infection that was likely COVID-19 weeks or months before symptoms of MIS-C.

CAN A CHILD DEVELOP MIS-C IF THEY NEVER HAD SYMPTOMS OF A COVID-19 INFECTION?

> Yes, some children with MIS-C did not experience symptoms with the initial infection but antibody testing is positive and indicates exposure to the coronavirus.

IS MIS-C CONTAGIOUS?

> The coronavirus is infectious and can be spread from person to person. MIS-C is thought to be the body’s reaction to the virus. This reaction is unique from person to person and cannot be transmitted to others.
HOW DOES MIS-C DIFFER FROM KAWASAKI DISEASE?
> MIS-C and Kawasaki disease have some overlapping symptoms such as fever, red eyes, lips and tongue and rashes. Children with MIS-C and Kawasaki disease (KD) can develop inflammation in the blood vessels around the heart (coronary arteries). However, there are ways that MIS-C and KD are different. Children with MIS-C tend to be older, and to have more gastrointestinal symptoms such as abdominal pain, vomiting and/or diarrhea, and present more frequently in shock.

HOW ARE CHILDREN WITH MIS-C TREATED IN THE HOSPITAL?
> Children with MIS-C might need anti-inflammatory treatments such as intravenous immunoglobulin (IVIG) and sometimes steroids. Rarely, other immunosuppressive medications are used.

WHAT SHOULD PARENTS DO IF THEY SUSPECT THEIR CHILD MIGHT HAVE MIS-C?
> If your child has a fever but is otherwise well, parents should contact their pediatrician. If the child is unresponsive, has severe abdominal pain, or persistent vomiting/diarrhea, they should go to the hospital emergency room.

WHAT SHOULD PEDIATRICIANS DO IF THEY SUSPECT A CHILD IN THEIR CARE MIGHT HAVE MIS-C?
> Pediatricians who suspect that they might have a child with MIS-C should consult with a rheumatologist.

ARE ANY GROUPS STUDYING MIS-C TO DETERMINE THE BEST WAYS TO RECOGNIZE AND MANAGE THE CONDITION?
> Yes, there are many groups studying children with MIS-C including the CDC and NIH. The International PICU-COVID-19 Collaboration is a platform for pediatric intensive care doctors to discuss diagnosis and treatment of COVID-19 in children and MIS-C in order to provide the best care to affected children. In addition, the American College of Rheumatology has also developed guidance on how to manage MIS-C.

ADDITIONAL RESOURCES FROM THE CENTERS FOR DISEASE CONTROL:
Multisystem Inflammatory Syndrome in Children (MIS-C)
What CDC Is Doing About Multisystem Inflammatory Syndrome in Children (MIS-C)
For Parents: Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19
Information for Healthcare Providers about Multisystem Inflammatory Syndrome in Children (MIS-C)

COVID-19 EDUCATION SUPPORT
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