



Department of Health

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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 definition¹ 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 fever², laboratory evidence of inflammation³, 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

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, lactic acid 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.

| Clinical | | General/Virologic Laboratory/Epidemiological |
|---|------------|--|
| An individual aged <21 years presenting with <ul style="list-style-type: none"> • Fever² • Laboratory evidence of inflammation³ • Multisystem (>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic, or neurological); <p style="text-align: center;">AND</p> Hospitalization <ul style="list-style-type: none"> • Evaluated in the Emergency Department • Seen in observation • Admitted inpatient • Transferred to or received from another facility <p style="text-align: center;">AND</p> No alternative plausible diagnoses | AND | Within the 3 months prior to illness onset, the individual tested positive for SARS-CoV-2 by <ul style="list-style-type: none"> • RT-PCR • Serology • Antigen test <p style="text-align: center;">OR</p> Exposure to a suspected or confirmed COVID-19 case within the 4 weeks prior to the onset of symptoms <p style="text-align: center;">OR</p> 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.

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>

⁷ https://regs.health.ny.gov/sites/default/files/pdf/emergency_regulations/COVID-19%20Confirmatory%20Testing_4.pdf