



Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C) According to the CDC

An individual <21 years presenting with:

1. Measured or subjective fever $\geq 100.4^{\circ}\text{F}$ for ≥ 24 hours.
2. Laboratory evidence of inflammation with one or more of the following: elevated CRP, procalcitonin, ESR, fibrinogen, D-dimer, ferritin, LDH, IL-6, or neutrophils; low lymphocytes or albumin level.
3. Evidence of clinically severe illness requiring hospitalization with at least two organ systems involved:
 - **Rash:** polymorphic, maculopapular, petechial, NOT vesicular
 - **GI symptoms:** diarrhea, abdominal pain, vomiting
 - **Extremity Changes:** erythema and edema of hands and feet
 - **Oral Mucosal Changes:** erythema and cracking of lips, strawberry tongue, erythema of oral and pharyngeal mucosa
 - **Conjunctivitis:** bilateral bulbar conjunctival injection without exudate
 - **Lymphadenopathy:** cervical > 1.5 cm unilateral
 - **Neurologic:** headache, irritability, lethargy, AMS
4. No alternative plausible diagnoses.
5. Evidence of current or recent (within the last four weeks) COVID-19 infection.

May consider diagnosis even with negative COVID-19 testing if clinical suspicion is high.

High-Risk Lab Criteria

- CRP ≥ 3 and/or ESR ≥ 40
- AND
- Lymphopenia < 1000 , thrombocytopenia $< 150,000$, or sodium < 135