Dear Colleague:

We are writing to alert you to new guidance from the Centers for Disease Control and Prevention regarding *multisystem inflammatory syndrome in children (MIS-C)* associated with COVID-19, and to advise you to **immediately report cases to your local health department**. While most children with COVID-19 have mild clinical presentations, reports of this newly recognized serious pediatric condition are concerning, particularly as widespread community transmission of COVID-19 continues in Maryland.

The complete CDC Health Advisory on MIS-C is available at [https://emergency.cdc.gov/han/2020/han00432.asp](https://emergency.cdc.gov/han/2020/han00432.asp).

In summary, the full spectrum of MIS-C is not yet characterized, but reports have included a severe inflammatory syndrome with Kawasaki disease-like features in children with laboratory evidence of SARS-CoV-2 or known exposure to COVID-19. Patients may present with prolonged fever and a constellation of other symptoms, including hypotension, multi-organ involvement, and elevated inflammatory markers; respiratory symptoms have not been present in all cases.

**Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C)**

- An individual aged <21 years presenting with fever\(^i\), laboratory evidence of inflammation\(^i\), 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

\(^i\)Fever ≥38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours

\(^i\)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
**Required Reporting of MIS-C**

- The Code of Maryland Regulations (COMAR) 10.06.01.03 C requires reporting of cases or outbreaks of diseases or conditions of known or unknown etiology that may be a danger to public health, and unusual manifestations of a communicable disease. **Therefore, all cases of MIS-C must be immediately reported by phone to your local health department.**

- Contact information for local health departments may be found at: [https://phpa.health.maryland.gov/IDEHASharedDocuments/Maryland-Local-Health-Department-Contact-Information.pdf](https://phpa.health.maryland.gov/IDEHASharedDocuments/Maryland-Local-Health-Department-Contact-Information.pdf)

- Provide the following information to the health department:
  - Patient demographic information
  - Maximum temperature
  - Laboratory value(s) fulfilling the above listed laboratory evidence of inflammation
  - Hospitalization status
  - Types of organ system involvement
  - SARS-CoV-2 testing results
  - Other relevant testing results (for example, those that have been used to exclude an alternative diagnosis)

**Clinical Considerations**

Clinicians are encouraged to have a low threshold for considering MIS-C in children presenting with signs or symptoms of concern. Aggressive management, including ensuring hemodynamic and respiratory stability as well as undertaking close care coordination with pediatric clinical specialists, is recommended.

For questions, please call your local health department or the Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700 or 410-795-7365 after hours.

Sincerely,

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