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COVID-19-ASSOCIATED MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN

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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.

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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

This series is made possible by individual donations, grants and corporate sponsorships.

