

## Clinical Criteria

An illness characterized by all of the following, in the absence of a more likely alternative diagnosis\*

- Subjective or documented fever (temperature  $\geq 38.0^{\circ}$  C)
- Clinical severity requiring hospitalization or resulting in death
- Evidence of systemic inflammation indicated by C-reactive protein  $\geq 3.0$  mg/dL (30 mg/L)
- New onset manifestations in at least two of the following categories:
  1. Cardiac involvement indicated by:
    - Left ventricular ejection fraction  $< 55\%$  OR
    - Coronary artery dilatation, aneurysm, or ectasia, OR
    - Troponin elevated above laboratory normal range, or

## Lab Criteria for SARS-CoV-2 Infection

- Detection of SARS-CoV-2 RNA in a clinical specimen\*\*\* up to 60 days prior to or during hospitalization, or in a post-mortem specimen using a diagnostic molecular amplification test (e.g., polymerase chain reaction [PCR]), OR
- Detection of SARS-CoV-2 specific antigen in a clinical specimen\*\*\* up to 60 days prior to or during hospitalization, or in a post-mortem specimen, OR
- Detection of SARS-CoV-2 specific antibodies^ in serum, plasma, or whole blood associated with current illness resulting in or during hospitalization

## Epidemiologic Linkage Criteria

Close contact‡ with a confirmed or probable case of COVID-19 disease in the 60 days prior to hospitalization

## Vital Records Criteria

A person whose death certificate lists MIS-C or multisystem inflammatory syndrome as an underlying cause of death or a significant condition contributing to death

indicated as elevated in  
a clinical note

2. Mucocutaneous involvement  
indicated by:

- Rash, OR
- Inflammation of the oral mucosa (e.g., mucosal erythema or swelling, drying or fissuring of the lips, strawberry tongue), OR
- Conjunctivitis or conjunctival injection (redness of the eyes), OR
- Extremity findings (e.g., erythema [redness] or edema [swelling] of the hands or feet)

3. Shock\*\*

4. Gastrointestinal involvement  
indicated by:

- Abdominal pain, OR
- Vomiting, OR
- Diarrhea

## 5. Hematologic involvement

indicated by:

- Platelet count <150,000 cells/ $\mu$ L, OR
- Absolute lymphocyte count (ALC) <1,000 cells/ $\mu$ L

\*If documented by the clinical treatment team, a final diagnosis of Kawasaki Disease should be considered an alternative diagnosis. These cases should not be reported to national MIS-C surveillance.

\*\* Clinician documentation of shock meets this criterion.

\*\*\*Positive molecular or antigen results from self-administered testing using over-the-counter test kits meet laboratory criteria.

^Includes a positive serology test regardless of COVID-19 vaccination status. Detection of anti-nucleocapsid antibody is indicative of SARS-CoV-2 infection, while anti-spike protein antibody may be induced either by COVID-19 vaccination or by SARS-CoV-2 infection.

‡Close contact is generally defined as being within 6 feet for at least 15 minutes (cumulative over a 24-hour period). However, it depends on the exposure level and setting; for example, in the setting of an aerosol-generating procedure in healthcare settings without proper personal protective equipment (PPE), this may be defined as any duration.