

5/13/20

** NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

PEDIATRIC MULTI-SYSTEM INFLAMMATORY SYNDROME POTENTIALLY ASSOCIATED WITH CORONAVIRUS DISEASE (COVID-19) IN CHILDREN

Requested Action:

- Be aware that the Novel Coronavirus (COVID-19) has been recently reported as possibly linked with a pediatric multi-system inflammatory syndrome disease – “Pediatric Multi-System Inflammatory Syndrome Potentially Associated with COVID-19.”
- Consider “Pediatric Multi-System Inflammatory Syndrome Potentially Associated with COVID-19” in children who present with persistent fever, inflammation (e.g., neutrophilia, elevated C-reactive protein and lymphopenia) and evidence of single or multi-organ dysfunction (shock, cardiac, respiratory, renal, gastrointestinal or neurological disorder). See below for additional information.
- **Immediately report** cases of pediatric multi-system inflammatory syndrome potentially associated with COVID-19 in patients who are under 21 years of age to your local health jurisdiction.
- **Perform a PCR and serological test** to detect the presence of SARS-COV-2, the virus that causes COVID-19, or corresponding antibodies in the patient.
- Use COVID-19 PPE and infection control precautions while patients are under evaluation for and if diagnosed with COVID-19.

Background:

A possible link has been reported between COVID-19 and a serious inflammatory disease recently termed “Pediatric Multi-System Inflammatory Syndrome Temporally Associated with COVID-19”, in the United Kingdom and Europe. As of May 11, 2020, one suspected pediatric clinical case compatible with multi-system inflammatory syndrome associated with COVID-19 has been reported in a child in Washington State. As of May 5, 2020, 64 cases have been reported in children in New York State.

The syndrome has features which overlap with Kawasaki Disease and Toxic Shock Syndrome. Inflammatory markers may be elevated, and fever and abdominal symptoms may be prominent. Rash also may be present. Myocarditis and other cardiovascular changes may be seen. Additionally, some patients have developed cardiogenic or vasogenic shock and required intensive care. This inflammatory syndrome may occur days to weeks after acute COVID-19 illness. The syndrome may present in a child as:

- Persistent fever,
- Inflammation (e.g., neutrophilia, elevated C-reactive protein, ferritin, and lymphopenia) and,

- Evidence of single or multi-organ dysfunction (shock, cardiac, respiratory, renal, gastrointestinal or neurological disorder). This may include children meeting full or partial criteria for Kawasaki disease.
- Exclusion of any other microbial cause, including bacterial sepsis, staphylococcal or streptococcal shock syndromes, and infections associated with myocarditis such as enterovirus.

Clinicians should not delay seeking expert advice while waiting for results of these investigations. Early recognition by pediatricians and prompt referral to an in-patient specialist, including to critical care is essential.

This syndrome should be considered by pediatricians and specialists, particularly when other microbial etiologies have not been identified. Pediatricians and specialists should elicit any recent history of illness with COVID-19 or close contact with individuals who are known to have COVID-19 in children presenting with symptoms that are compatible with pediatric multi-system inflammatory syndrome potentially associated with COVID-19.

Most patients who have presented with this syndrome have tested positive for SARS-CoV- 2 or corresponding antibodies. Some tested positive on diagnostic, molecular testing for SARS-CoV-2, others were positive on serological testing for corresponding antibodies.

RESOURCES

Lancet correspondence (May 6, 20120):

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31094-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31094-1/fulltext)

Centers for Disease Control and Prevention (CDC) COVID-19 Website:

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Royal College of Paediatrics and Child Health Guidance: Paediatric Multisystem Inflammatory Syndrome Temporarily Associated with COVID-19:

<https://www.rcpch.ac.uk/resources/guidance-paediatric-multisystem-inflammatory-syndrome-temporarily-associated-covid-19>

CDC- Information for Pediatric Health Care Providers: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/pediatric-hcp.html#anchor_1587145914005

COMMUNICABLE DISEASE UPDATE

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION
THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT
412 LILLY RD NE
OLYMPIA, WA, 98506-5132
DISEASE REPORTING: (360)786-5470
Diana Yu, MD, MSPH, Acting Health Officer



THANK YOU FOR REPORTING!

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting non-immediately reportable conditions (24 hours a day)	Phone: 360-786-5470 Fax: 360-867-2601
Day time immediately reportable conditions – Call detailed information to the 24-hour Notifiable Condition Reporting Line at 360-786-5470. Messages are picked up hourly. If a call back can't wait call 360-867-2500 and ask staff to locate a Communicable Disease staff.	Phone: 360-786-5470
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is immediately notifiable	1-877-539-4344

Communicable Disease Updates are posted online at: <http://bit.ly/CDUpdatePHSS>