New surveillance case definition developed for MIS-C

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A new surveillance case definition for multisystem inflammatory
syndrome in children (MIS-C) associated with severe acute respiratory
syndrome coronavirus 2 (SARS-CoV-2) infection has been developed,
according to research published in the Dec. 16 issue of the U.S. Centers
for Disease Control and Prevention Morbidity and Mortality Weekly
Report.

Michael Melgar, M.D., from the CDC COVID-19 Response Team, and
colleagues have developed a Council of State and Territorial
Epidemiologists (CSTE) and CDC position statement that includes an
MIS-C surveillance case definition for voluntary reporting to the CDC,
which comes into effect Jan. 1, 2023.

The methods used to develop the definition included convening MIS-C
clinical experts regarding identification of MIS-C and its distinction
from other pediatric conditions, a review of the literature comparing the
MIS-C phenotype to that of other syndromes, and retrospective
application of different criteria to data from previously reported MIS-C
cases. The authors note that four important changes are included in the
CSTE/CDC surveillance case definition versus the 2020 CDC MIS-C
case definition: (1) no required duration of subjective or measured fever;
(2) requirement for C-reactive protein ≥3.0 mg/dL; (3) adjustments to
criteria of organ system involvement to include shock as a distinct
category and eliminate respiratory, neurologic, and renal criteria; and (4)
new requirements of timing of positive SARS-CoV-2 laboratory testing
relative to MIS-C.

"Continued surveillance will be crucial as new SARS-CoV-2 variants of
concern emerge and circulate in the United States and vaccination
recommendations expand to include younger children, potentially
altering the epidemiology of MIS-C," the authors write.

More information: Michael Melgar et al, Council of State and
Territorial Epidemiologists/CDC Surveillance Case Definition for
Multisystem Inflammatory Syndrome in Children Associated with SARS-CoV-2 Infection—United States, MMWR. Recommendations and Reports (2022). DOI: 10.15585/mmwr.rr7104a1

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