Health Department-Reported Cases of Multisystem Inflammatory Syndrome in Children (MIS-C) in the United States

As of October 1, the number of cases meeting the case definition for multisystem inflammatory syndrome in children (MIS-C) in the United States surpassed 1,000. As of February 1, this number surpassed 2,000.

Since mid-May 2020, CDC has been tracking reports of multisystem inflammatory syndrome in children (MIS-C), a rare but serious condition associated with COVID-19. MIS-C is a new syndrome, and many questions remain about why some children and adolescents develop it after a COVID-19 illness or contact with someone with COVID-19, while others do not.

Last updated February 8, 2021

TOTAL MIS-C CASES MEETING CASE DEFINITION*	TOTAL MIS-C DEATHS MEETING CASE DEFINITION
2060	30

*Cases were reported in 48 states, New York City, Puerto Rico, and Washington, DC. Additional cases are under investigation.

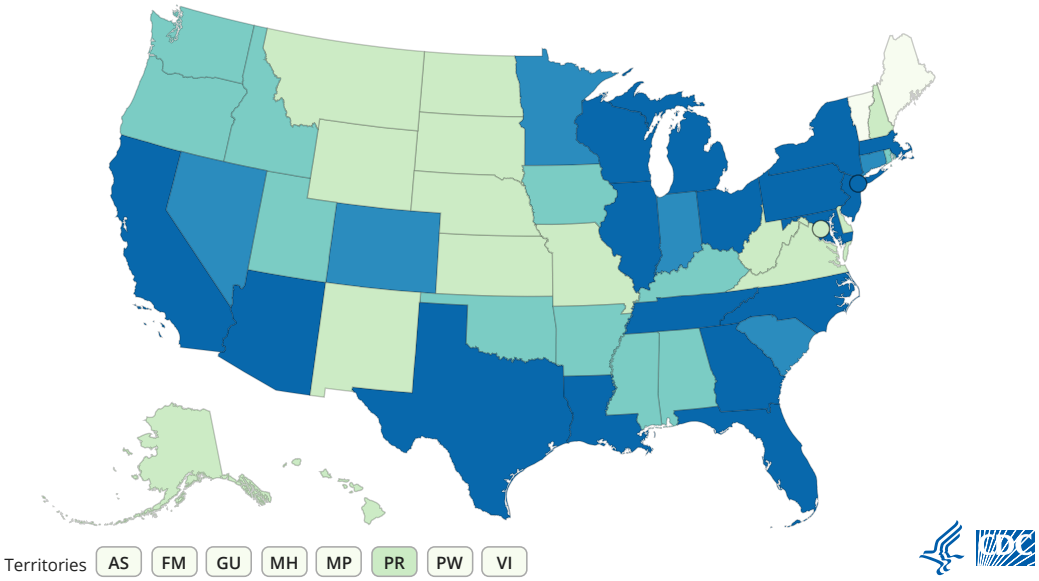
Summary

- Most cases were in children and adolescents between the ages of 1 and 14 years, with a median age of 9 years.
- Cases have occurred in children and adolescents from <1 year old to 20 years old.
- 69% of reported cases have occurred in children who are Hispanic or Latino (690 cases) or Black, Non-Hispanic (600 cases).
- 99% of cases (2,039) tested positive for SARS CoV-2, the virus that causes COVID-19. The remaining 1% were around someone with COVID-19.
- Slightly more than half (58%) of reported cases were male.

MIS-C Cases by Jurisdiction

Since reporting began in mid-May, 48 states, New York City, Puerto Rico, and Washington, DC, have reported at least one case of MIS-C to CDC. Most of those jurisdictions have 11 or more reported cases. Because of the small number of cases in most states and to protect the privacy of patients and their families, CDC is not reporting individual states' case counts.

MIS-C Case Ranges by Territory, State, New York City, and Washington, DC*



Reported Cases

Location	Cases
Alabama	11-30
Alaska	1-10
American Samoa	No cases reported
Arizona	51+
Arkansas	11-30
California	51+
Colorado	31-50
Connecticut	31-50
Delaware	1-10
Florida	51+
Georgia	51+
Guam	No cases reported
Hawaii	1-10
Idaho	11-30
Illinois	51+
Indiana	31-50
Iowa	11-30
Kansas	1-10
Kentucky	11-30

Louisiana	51+
Maine	No cases reported
Marshall Islands	No cases reported
Maryland	51+
Massachusetts	51+
Michigan	51+
Micronesia	No cases reported
Minnesota	31-50
Mississippi	11-30
Missouri	1-10
Montana	1-10
Nebraska	1-10
Nevada	31-50
New Hampshire	1-10
New Jersey	51+
New Mexico	1-10
New York	51+
New York City	51+
North Carolina	51+
North Dakota	1-10
Northern Marianas	No cases reported
Ohio	51+
Oklahoma	11-30
Oregon	11-30
Palau	No cases reported
Pennsylvania	51+
Puerto Rico	1-10
Rhode Island	11-30
South Carolina	31-50
South Dakota	1-10
Tennessee	51+
Texas	51+
Utah	11-30
Vermont	No cases reported
Virgin Islands	No cases reported
Virginia	1-10
Washington	11-30
Washington D.C.	1-10
West Virginia	1-10
Wisconsin	51+
Wyoming	1-10

Download Data (CSV)

*We defer to states to release additional information on cases as they choose.

Daily MIS-C Cases (Seven-Day Moving Average)

The graph shows the seven-day average number of MIS-C cases with date of onset between February 19, 2020 and February 4, 2021. The cases meeting case definition are reported nationally on a monthly interval. The 7-day average number of MIS-C cases initially peaked at approximately 16 cases between May 1 and May 16.

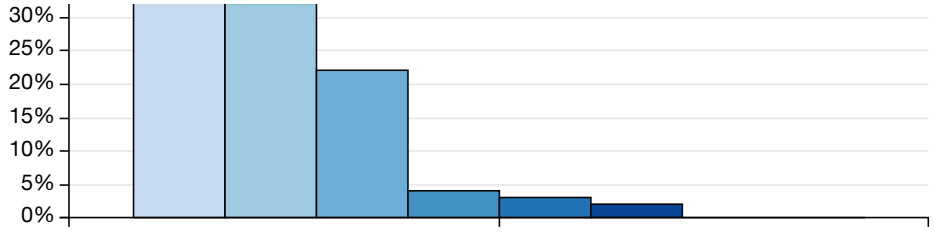
The grayed-out area represents the most recent six weeks of data, in which reporting of cases is still incomplete. The actual number of MIS-C cases during this period is likely larger and these numbers will increase as additional case reports are incorporated.

2 of the 2,060 cases were missing dates.

Race and Ethnicity of Reported MIS-C Cases

In addition to location of MIS-C cases, CDC is closely monitoring characteristics of MIS-C patients by race and ethnicity and age. To date, the majority of MIS-C patients have been Hispanic/Latino and Non-Hispanic Black. Hispanic/Latino and Non-Hispanic Black populations are also disproportionately affected by COVID-19 overall. Additional studies into MIS-C are needed to learn why certain racial or ethnic groups may be affected in greater numbers and what risk factors may contribute to this phenomenon.

Cases by Race & Ethnicity



Race/Ethnicity

☐ Hispanic/Latino ☐ Black, Non Hispanic ☐ White, Non Hispanic ☐ Other ☐ Multiple ☐ Asian, Non Hispanic

☐ American Indian/Alaskan Native, Non Hispanic ☐ Native Hawaiian/ Other Pacific Islander, Non Hispanic Reset

Race and Ethnic Groups −

Hispanic/Latino	37%
Black, Non Hispanic	32%
White, Non Hispanic	22%
Other	4%
Multiple	3%
Asian, Non Hispanic	2%
American Indian/Alaskan Native, Non Hispanic	0%
Native Hawaiian/ Other Pacific Islander, Non Hispanic	0%

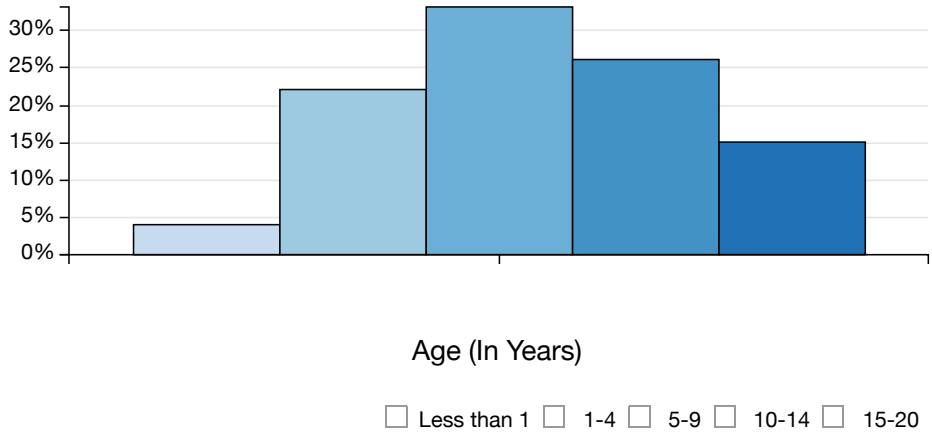
Download Table Data (csv)

182 of the 2,060 cases did not report race/ethnicity data.

Age of MIS-C Reported Cases

Early in the pandemic, it appeared that children and adolescents were less likely than adults to be infected with SARS-CoV-2 and, if infected, most had mild to moderate illness. Then, MIS-C cases began to appear in children and adolescents weeks after they had COVID-19, and sometimes even when a child or adolescent had no known prior SARS-CoV-2 infection. Current data indicate the median age of children with MIS-C is 9 years.

Cases by Age Group



☐ Less than 1 ☐ 1-4 ☐ 5-9 ☐ 10-14 ☐ 15-20 Reset

Age Groups −

Less than 1	4%
1-4	22%
5-9	33%
10-14	26%
15-20	15%

Download Table Data (csv)

Next steps

Children and adolescents appeared to be less likely than adults to be infected or to have severe illness early in the COVID-19 pandemic and may have asymptomatic or mildly symptomatic COVID-19. However, as the outbreak has progressed, larger numbers of children and adolescents are getting infected. It's unknown whether this increase in COVID-19 cases among children and adolescents will also increase cases of MIS-C. CDC and state partners will be monitoring for additional cases and will adapt MIS-C recommendations as needed.

CDC investigators are assessing reported cases and children and adolescent's health outcomes to try to learn more about specific risk factors for MIS-C, progression of the illness in children and adolescents, and how to better identify MIS-C and distinguish it from similar illnesses.

About the data

This page is updated on the first Friday of each month.

Reported by Jurisdiction's Health Department

Data on this page are reported voluntarily to CDC by each jurisdiction's health department. CDC encourages all jurisdictions to report the most complete and accurate information that best represents the data available in their jurisdiction.

Case definition

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

- An individual aged <21 years presenting with fever[i], laboratory evidence of inflammation[ii], 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
[ii]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

Additional comments

- Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C
- Consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection

Timing of reporting

Case reporting may be delayed due to limited capacity at local/state health departments and as CDC assesses data to ensure cases meet the MIS-C case definition.

Page last reviewed: February 8, 2021
Content source: National Center for Immunization and Respiratory Diseases (NCIRD)