

## Multisystem Inflammatory Syndrome (MIS-C)

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

Since mid-May 2020, CDC has been tracking case reports of multisystem inflammatory syndrome in children (MIS-C), a rare but serious condition associated with COVID-19. CDC is working to learn more about why some children and adolescents develop MIS-C after having COVID-19 or contact with someone with COVID-19, while others do not.

As of October 1, 2020, the number of patients meeting the case definition for MIS-C in the United States surpassed 1,000. In 2021, this number surpassed 2,000 as of February 1, and 3,000 as of April 1.

Last updated with cases reported to CDC on or before May 3, 2021\*:

TOTAL MIS-C PATIENTS MEETING CASE DEFINITION\*

3742

TOTAL MIS-C DEATHS MEETING CASE
DEFINITION

35

<sup>\*</sup>Additional patients are under investigation. After review of additional clinical data, patients may be excluded if there are alternative diagnoses that explained their illness.

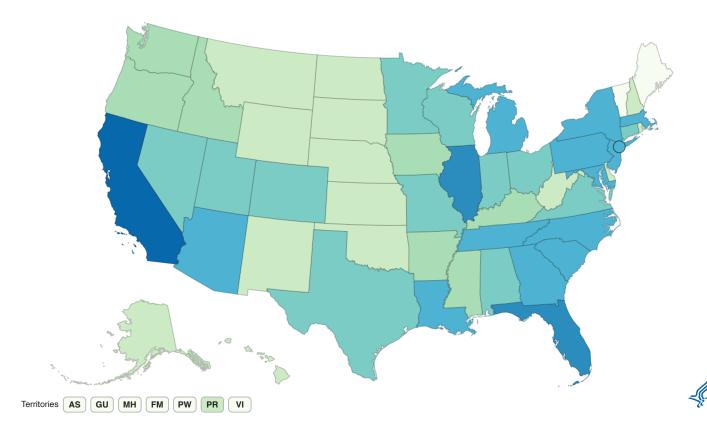
#### **Summary**

- The median age of patients with MIS-C was 9 years. Half of children with MIS-C were between the ages of 5 and 13 years.
- 63% of the reported patients with race/ethnicity information available occurred in children who are Hispanic or Latino (1,166 cases) or Black, Non-Hispanic (1,042 cases).
- 99% of patients had a positive test result for SARS CoV-2, the virus that causes COVID-19. The remaining 1% of patients had contact with someone with COVID-19.
- 60% of reported patients were male.

### MIS-C Cases by Jurisdiction

Since reporting began in 2020, 51 U.S. jurisdictions (including 48 states, New York City, Puerto Rico, and Washington, DC) have reported at least one MIS-C patients to CDC. Because of the small number of patients reported in some jurisdictions, this report includes case ranges instead of exact case counts from individual jurisdictions to protect the privacy of patients and their families.

#### Reported MIS-C Case Ranges by Jurisdiction, on or before May 3, 2021\*





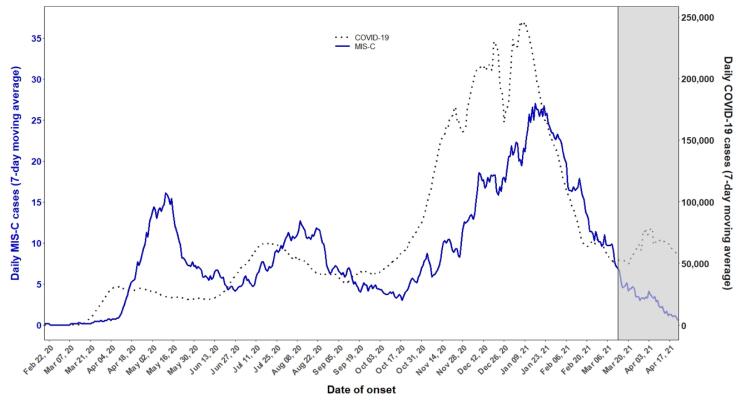
No case reported 1-24 cases 25-49 cases 50-99 cases 100-149 cases 150-199 cases 300+ cases Data Table Number of Cases Location Alabama 50-99 cases Alaska 1-24 cases American Samoa No case reported 100-149 cases Arizona 25-49 cases Arkansas California 300+ cases 50-99 cases Colorado Connecticut 50-99 cases Delaware 1-24 cases 150-199 cases Florida Georgia 100-149 cases Guam No case reported Hawaii 1-24 cases Idaho 25-49 cases Illinois 150-199 cases Indiana 50-99 cases 25-49 cases lowa 1-24 cases Kansas 25-49 cases Kentucky Louisiana 100-149 cases No case reported Maine Marshall Islands No case reported Maryland 100-149 cases Massachusetts 100-149 cases 100-149 cases Michigan Micronesia No case reported Minnesota 50-99 cases 25-49 cases Mississippi 50-99 cases Missouri 1-24 cases Montana Nebraska 1-24 cases

Nevada	50-99 cases
New Hampshire	1-24 cases
New Jersey	100-149 cases
New Mexico	1-24 cases
New York	100-149 cases
New York City	100-149 cases
North Carolina	100-149 cases
North Dakota	1-24 cases
Ohio	50-99 cases
Oklahoma	1-24 cases
Oregon	25-49 cases
○ Palau	No case reported
Pennsylvania	100-149 cases
O Puerto Rico	1-24 cases
Rhode Island	1-24 cases
South Carolina	100-149 cases
South Dakota	1-24 cases
Tennessee	100-149 cases
Texas	50-99 cases
Utah	50-99 cases
○ Vermont	No case reported
○ Virgin Islands	No case reported
Virginia	50-99 cases
Washington	25-49 cases
Washington D.C.	25-49 cases
West Virginia	1-24 cases
Wisconsin	50-99 cases
Wyoming	1-24 cases

**Download Data (CSV)** 

# Daily MIS-C Cases and COVID-19 Cases Reported to CDC (7-Day Moving Average)

<sup>\*</sup>CDC defers to jurisdictions to release additional information on patients.



The graph shows the 7-day moving average number of COVID-19 patients and MIS-C patients with date of onset between February 19, 2020 and April 23, 2021.

The grayed-out area on the right side of the figure represents the most recent 6 weeks of data, for which reporting of MIS-C patients is still incomplete. The actual number of MIS-C patients during this period is likely larger, and these numbers are expected to increase as additional case reports are incorporated. The scale for the Y-axis differs on the left and the right sides of the figure. The left Y-axis marks the number of daily 7-day average MIS-C patients in units of 5 with a scale of 0 to 35; the right Y-axis marks the number of daily 7-day average COVID-19 patients in units of 50,000 with a scale from 0 to 250,000.

Date of onset was missing for 7 of the 3,742 patients.

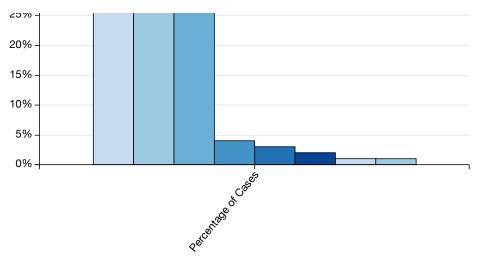
### Characteristics of Reported MIS-C Patients

CDC is closely monitoring characteristics of MIS-C patients by race and ethnicity, sex, and age.

To date, the majority of MIS-C patients have been of Hispanic/Latino or Non-Hispanic Black race/ethnicity. Hispanic/Latino and Non-Hispanic Black populations are also disproportionately affected by COVID-19 overall. Additional studies of MIS-C are needed to learn why certain racial or ethnic groups may be disproportionately affected and to understand the risk factors for this disease.

#### MIS-C Patients by Race & Ethnicity





\*Values are less than 1%

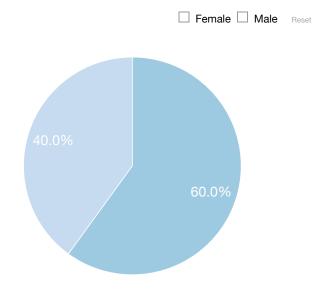
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	Percentage of Cases
Hispanic/Latino	33%
Black, Non Hispanic	30%
White, Non Hispanic	28%
Other	4%
Multiple	3%
Asian	2%
*American Indian/Alaska Native	1%
*Native Hawaiian/ Other Pacific Islander	1%

Download Table Data (csv)

Race/ethnicity data were not reported for 232 of the 3,742 cases. Column percents may add up to more than 100% due to children who fit within more than one race category.

# MIS-C Patients by Sex

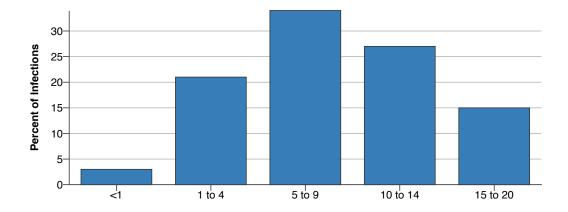


Data	_
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Female	40%
Male	60%

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Sex was not reported for 6 of 3,742 patients.

# MIS-C Patients by Age Group



Age (In Years)

Data Table —						
	<1	1 to 4	5 to 9	10 to 14	15 to 20	
Percent	3%	21%	34%	27%	15%	

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Age group was not reported for 116 of the 3,742 cases.

#### Next steps

MIS-C can occur weeks after COVID-19 and even if the child or family did not know the child had COVID-19. CDC and state partners will be monitoring for additional cases and will adapt MIS-C recommendations as needed. Learn more about children and COVID-19 here.

CDC investigators are assessing reported cases of MIS-C and associated 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.

Additional comments

- Some patients 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: May 11, 2021

Content source: National Center for Immunization and Respiratory Diseases (NCIRD)