

NOTIFIABLE MEDICAL CONDITIONS (NMC) CASE DEFINITIONS

Category 1: Immediate reporting telephonically followed by written or electronic notification within 24hrs of diagnosing a case

MULTISYSTEM INFLAMMATORY SYNDROME (MIS-C)

Why is surveillance necessary?	Who must notify and when?	Suspected case definition	Probable case definition	Confirmed case definition
<p>On the 31st December 2019, the World Health Organization (WHO) China country office reported a cluster of pneumonia cases in Wuhan City, Hubei Province of China now known to be caused by a novel virus. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has been confirmed as the causative virus of coronavirus disease 2019. WHO has declared a global pandemic.</p> <p>Limited data suggest clinical manifestations of COVID-19 are generally milder in children than adults. However, reports from Europe and North America describe clusters of children and adolescents requiring admission to intensive care with a multisystem inflammatory syndrome (MIS-C). It is essential to report and characterize this syndrome including clinical presentation, risk factors, severity, and outcomes.</p>	<p>The healthcare worker responsible for the patient should notify authorities immediately of a probable or confirmed case. Outcome of patient should be updated if status changes following notification.</p>	<p>Not notifiable</p>	<p>A person aged 0-19 years meeting the World Health Organization (WHO) case definition of multisystem inflammatory syndrome in children (MIS-C)*</p>	<p>A person aged 0-19 years meeting the World Health Organization (WHO) case definition of multisystem inflammatory syndrome in children (MIS-C)*</p>
<p>*Additional notes WHO case definition of multisystem inflammatory syndrome in children (MIS-C) All 6 criteria must be met:</p> <ol style="list-style-type: none"> 1. Age 0 to 19 years 2. Fever for ≥3 days 3. Clinical signs of multisystem involvement (at least 2 of the following): <ul style="list-style-type: none"> - Rash, bilateral nonpurulent conjunctivitis, or mucocutaneous inflammation signs (oral, hands, or feet), - Hypotension or shock, - Cardiac dysfunction, pericarditis, valvulitis, or coronary abnormalities (including echocardiographic findings or elevated troponin/BNP), - Evidence of coagulopathy (prolonged PT or PTT; elevated D-dimer). - Acute gastrointestinal symptoms (diarrhea, vomiting, or abdominal pain) 4. Elevated markers of inflammation (eg, ESR, CRP, or procalcitonin) 5. No other obvious microbial cause of inflammation, including bacterial sepsis and staphylococcal/streptococcal toxic shock syndromes 6. Evidence of SARS-CoV-2 infection (any of the following): <ul style="list-style-type: none"> - Positive SARS-CoV-2 RT-PCR (reverse transcription real-time PCR); - Positive antibody test; - Positive antigen test; - Likely contact with an individual with COVID-19 <p>Additional resources Additional resources for COVID-19 including case definitions, FAQs, specimen collection instructions and guidelines may be found at: http://www.nicd.ac.za/diseases-a-z-index/covid-19/</p>				