



## Multisystem Inflammatory Syndrome (MIS) Associated with COVID-19 Case Report Form Instructions

### COMPLETION OF ID

**CDC MIS ID: (DSHS Central Office will assign this ID)** Enter the CDC MIS ID assigned to the case. The CDC MIS ID should be assigned by the jurisdiction. CDC MIS IDs should be assigned for all cases that meet the CDC MIS case definition so that they can be tracked at the jurisdictional and national level. The reporting jurisdiction should assign the CDC MIS ID and use this ID for all data transmitted to CDC for that person. This ID will be used to track information about the case-patient in CDC data systems. The structure of the ID should be as follows:

2-3 Alpha Characters (Postal code) followed by 3 to 4 numeric characters (similar to NCOV IDs in assignment)

  N     Y     1     2     3     4  

*The first two/three alpha characters represent the reporting jurisdiction postal code.*

### **Important!**

Like the NCOV IDs, do not add any special characters, dashes or white spaces to the MIS ID. The alpha and numeric portions of the ID are seamless. The numeric portion of the ID cannot begin with zero ('0').

**Health Department ID:** Enter a local-use ID assigned by the state or local health department for patient tracking or matching.

**CDC NCOV ID:** Enter the CDC 2019-nCoV ID if available to the MIS case report form.

**NNDSS ID (local\_record\_id/case id):** Also referred to Local Record ID, enter the MIS NNDSS ID (either GENV2 or NETSS) if it has been entered through the NNDSS MIS surveillance database.

Tools for CRF data submission to supplement NNDSS case notification/data:: Select relevant database used to report the case to the CDC (for your records)

**Abstractor name and date:** Identifying the abstractor and date will ease the task of following up about the case

## **SECTION 1- INCLUSION CRITERIA**

Check all boxes that have findings documented in the patient's medical records.

**1.4** Check all boxes that have medical complications documented by patient's medical records. Must check two boxes for the patient to meet MIS case definition. The list of examples for each organ system is not exhaustive and other conditions may apply.

**1.5** Check box if patient does not have an alternative plausible diagnosis. If patient has an alternative plausible diagnosis and this box can't be checked, patient does not meet case definition for MIS.

**1.6 and 1.7** Patient may meet one or both criteria to be considered a case. Patient may have either positive laboratory testing or COVID-19 exposure within the 4 weeks prior to onset of symptoms or patient may have both. Please complete all boxes with data documented in the patient's medical record.

## **SECTION 2- PATIENT DEMOGRAPHICS**

**2.1** Enter state of residency (this may not be state where illness developed)

**2.2** Enter patient's zip code of residency (this may not be the zip code where patient was residing during illness onset)

**2.6** Check all boxes that apply

**2.7** Complete height in inches

**2.8** Complete weight in lbs

**2.9** Enter patient's BMI if documented in the patient's medical record.

**Comorbidities:** Check "Yes" for each comorbidity that patient has documented in the medical record. Check "No" if patient does not have the comorbidity documented in the medical record.

**2.11** Complete date of hospital admission and/or number of days in the hospital.

**2.12** Complete either date of ICU admission and/or number of days in the ICU

**2.13** Check either died, discharged, still admitted.

**2.13.2** Complete date of hospital discharge if available.

## **SECTION 3- CLINICAL SIGNS AND SYMPTOMS**

**3.1** Did the patient have preceding COVID-like illness? Check "Yes" or "No". If "Yes" is checked, complete 3.1.1 date.

**3.1.1** Complete date, if "Yes" is checked for 3.1

**3.2** Complete date of symptom onset of MIS

**3.3** Fever >38.0°C: Check "Yes" or "No", if "Yes" is checked complete 3.3.1-3.3.3.

**3.3.1** Complete date of fever onset

**3.3.2** Complete highest temperature if available, and enter using °C

**3.3.3** Complete number of days with either recorded fever or subjective fever reported

**Signs and symptoms during present illness**

Check “Yes” for each sign or symptom that patient has documented in the medical record. Check “No” if patient does not have the sign or symptom documented in the medical record.

**SECTION 4- COMPLICATIONS**

**4.1** Does patient have arrhythmia recorded in the medical record? Check “Yes” or “No”. If “Yes” complete 4.1.1-4.1.3.

**4.1.1, 4.1.2** Check “Yes” for each complication that patient has documented in the medical record. Check “No” if patient does not have the complication documented in the medical record.

**4.1.3** Check “Yes” for other complications that patient has documented in the medical record. Check “No” if patient does not have other complications documented in the medical record. If “Yes” is checked, enter the complication on the line.

**4.2-4.12** Check “Yes” for each complication that patient has documented in the medical record. Check “No” if patient does not have the complication documented in the medical record.

**SECTION 5- TREATMENTS**

**5.1-5.6** Check “Yes” for each treatment that patient received as documented in the medical record. Check “No” if patient does not have the treatment documented in the medical record.

**5.7** Check “Yes” for each treatment that patient received as documented in the medical record. Check “No” if patient does not have the treatment documented in the medical record. If “Yes” is checked, write in the name of any medication(s) that patient received for this family of medications.

**5.8** Check “Yes” if patient received steroids as documented in the medical record. Check “No” if patient does not have steroids documented in their medical record.

**5.9-5.11** Check “Yes” for each treatment that patient received as documented in the medical record. Check “No” if patient does not have the treatment listed. If the treatment is not listed in the patient’s medical record leave blank. If “Yes” is checked, write in the name of any medication(s) in the medical record for this family of medications.

**5.12** Check “Yes” if patient has dialysis documented in the medical record. Check “No” if patient does not have dialysis documented in their medical record.

**5.13-5.14** Check “Yes” if patient has IVIG receipt documented in the medical record. Check “No” for both 5.13 and 5.14 if patient does not have IVIG documented in the medical record. Check “Yes” for 5.13 and

“No” for 5.14 if patient received one dose of IVIG, check “Yes” for 5.14 in addition to 5.13 if patient received a second dose of IVIG.

## **SECTION 6- STUDIES**

**6.1-6.1.8** Enter the highest value for each lab that was recorded in the patient’s medical record during hospitalization. Ensure that the units entered are **directly** from the laboratory report form (these can vary across institutions and labs). Check either low (if lab value was below the normal reference range) normal (if lab value was in the normal reference range) or high (if lab value was above the normal reference range).

**6.1.9-6.3.1** Enter the highest value and the lowest value for each lab that was recorded in the patient’s medical record during hospitalization. Ensure that the units entered are **directly** from the laboratory report form (these can vary across institutions and labs).

**6.4.1** Check if echocardiogram was not documented in the medical records.

**6.4.2** Check if echocardiogram was documented in the medical records and the results were documented as normal.

**6.4.3** Check if coronary artery aneurysms were documented on any echocardiogram in the medical record during hospitalization. If this is checked answer 6.4.3.1. if coronary artery aneurysm was documented on any echocardiogram in the medical record during hospitalization enter the max coronary artery Z-score.

**6.4.4** Check if coronary artery dilation was documented on any echocardiogram in the medical record during hospitalization.

**6.4.5** Check if cardiac dysfunction (decreased function) was documented on any echocardiogram in the medical record during hospitalization. If this box is checked check 6.4.5.1 if left ventricular dysfunction was documented on any echocardiogram in the medical record during hospitalization and/or 6.4.5.2 if left ventricular dysfunction was documented on any echocardiogram in the medical record during hospitalization.

**6.4.6-6.4.7** Check if findings were documented on any echocardiogram in the medical record during hospitalization.

**6.4.8** Check if mitral regurgitation was documented on any echocardiogram in the medical record during hospitalization. If this box is checked complete the mild, moderate or severe box to specify the degree of regurgitation. Only check one option for mild, moderate or severe. Choose the most severe option documented. Do not count trace regurgitation.

**6.4.9** Check other, if other abnormal findings were documented on any echocardiogram in the medical record during hospitalization that were not listed in the list above. Enter finding(s).

**6.5** Enter the date of the first test showing coronary artery aneurysm or dilation.

**6.6** if Abdominal imaging is documented in the medical record check “Ultrasound”, “CT” or check both options. If abdominal imaging was performed complete 6.6.1-6.6.4.

**6.6.1** If all abdominal imaging performed was found to be normal check this box.

**6.6.2-6.6.3** Check this box if either of these findings were reported on any imaging study. If both findings were reported on an imaging study check both boxes.

**6.6.4** If other findings were reported enter in this section.

**6.7** If chest imaging is documented in the medical record check "Chest x-ray", "CT" or check both options. If chest imaging was performed complete 6.7.1-6.7.5.

**6.7.1** If all chest imaging performed was found to be normal check this box.

**6.7.2-6.7.4** Check this box if any of these findings were reported on any imaging study. If more than one finding was reported check any boxes with findings reported on any imaging studies.

**6.7.5** If other findings were reported enter in this section.

### **SARS-COV-2 testing**

**6.8-6.12** For each lab check either positive (if patient had a positive laboratory result), negative (if patient had a negative laboratory result) or not done (if no record of laboratory test being performed). If test was performed enter the date of specimen collection. If multiple tests were performed, enter the date for the first positive test.