

**COVID-19
HEALTH CARE
PROVIDER
UPDATE
MAY 15, 2020**

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Multisystem Inflammatory Syndrome in Children Presentation: 2:45 PM

Slides will be posted on the Health Department COVID-19 provider page: on.nyc.gov/covid19provider

OUTLINE



WHERE WE ARE NOW



SURVEILLANCE UPDATES



MITIGATION IS WORKING. WHAT COMES NEXT?



MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN



QUESTIONS AND DISCUSSION

DISCLAIMER

- Our understanding of COVID-19 is evolving rapidly
- This presentation is based on our knowledge as of May 14, 2020, 5 PM

WHERE WE ARE NOW

- The COVID-19 pandemic continues worldwide
- Suppression has been achieved in some areas, but the outbreak is accelerating in others
- Since the first confirmed case of COVID-19 in NYC, over 20,000 deaths have been attributed to the disease
- Following a peak in early to mid-April, daily case counts, hospitalizations, and deaths have been declining
- This suggests that mitigation measures, including physical distancing, are working
- These measures must be maintained as we prepare to transition to suppression measures

CUMULATIVE CASES AND DEATHS, WORLDWIDE

5/14/20

>4,400,000 cases

>300,000 deaths



Johns Hopkins University. COVID-19 dashboard: cumulative confirmed cases.

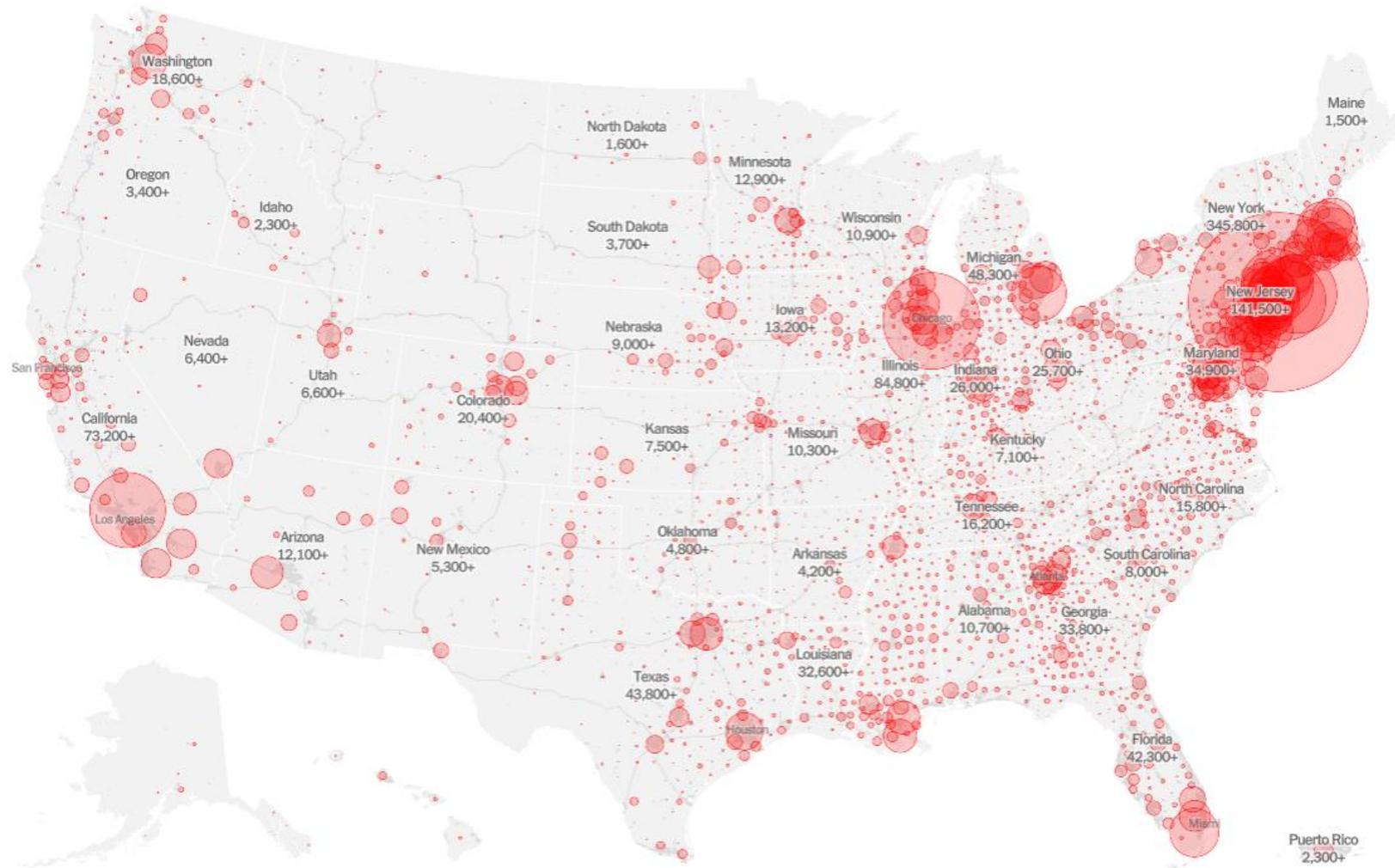
<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

CUMULATIVE CASES AND DEATHS, U.S.

5/14/20

>1,390,000 cases
(~1/3 of confirmed global cases)

>84,000 deaths
(~1/4 of reported global deaths)



New York Times. Coronavirus in the U.S.: latest map and case count.

<https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

CURRENT
STATUS OF
OUTBREAK,
NYC
5/14/20

Laboratory-confirmed cases	186,293
Hospitalizations	49,516
Deaths	
Confirmed	15,349
Probable	5,057

NYC Health Department. COVID-19: data. Updated daily.
<https://www1.nyc.gov/site/doh/covid/covid-19-data.page>

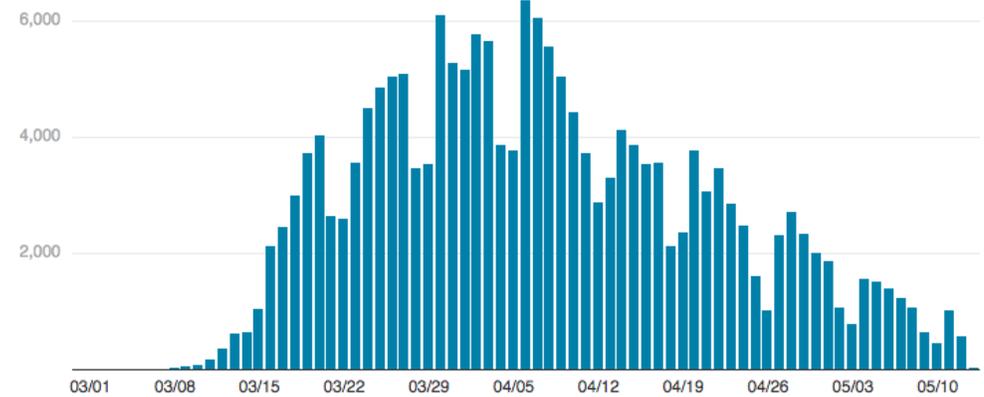
COVID-19 CASES, NYC

3/3/20 – 5/12/20

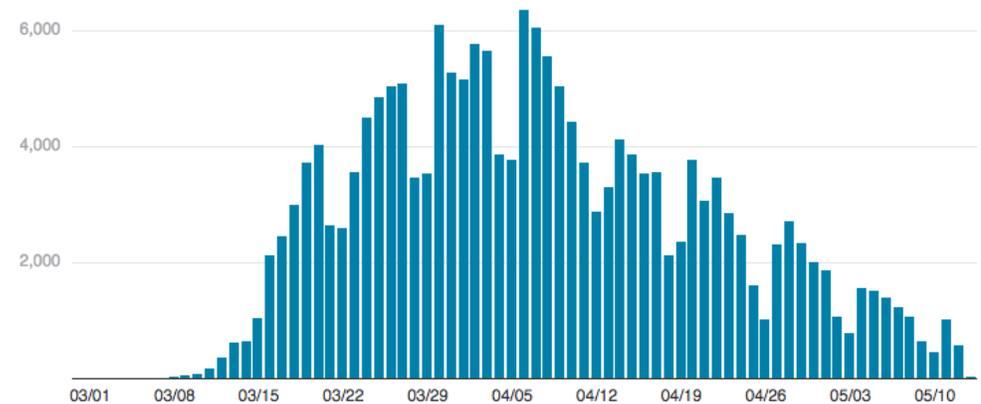
Shows number of COVID-19 cases,
hospitalizations, and deaths based
on a daily analysis since March 3

Deaths lag 1-2 weeks after
hospitalizations

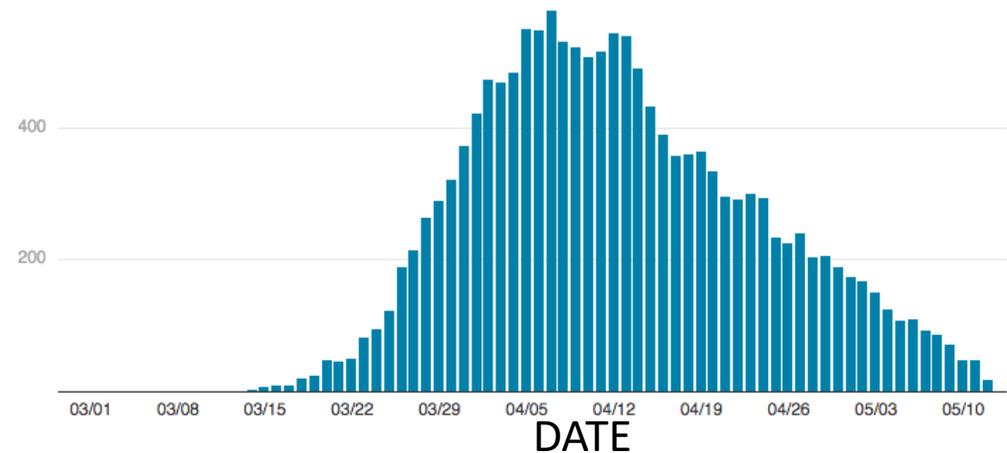
CASES



HOSPITALIZATIONS



DEATHS



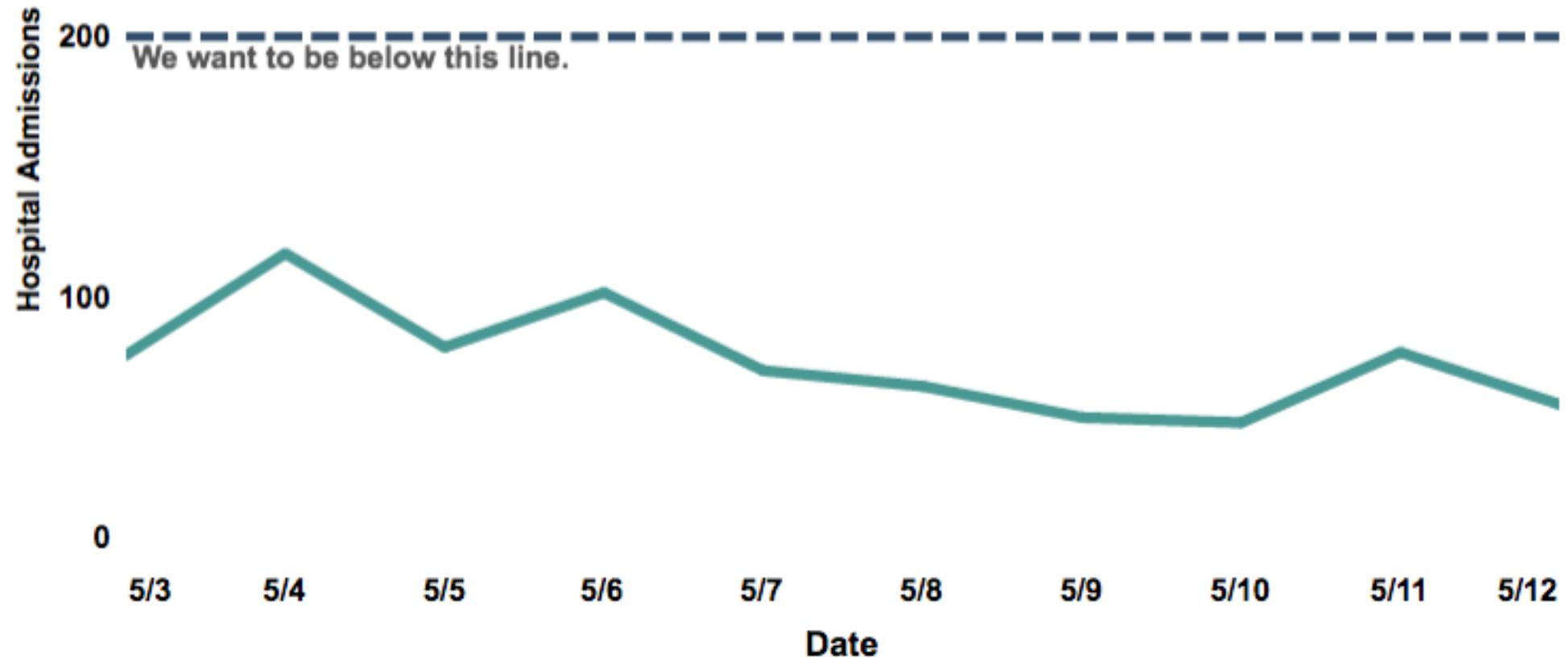
COVID-19 RATES BY BOROUGH, NYC 5/14/20

Shows number of positive cases
per 100,000 people in each
borough

	▼ Rate per 100,000 people	Count
The Bronx	2,870	42,222
Staten Island	2,545	12,791
Queens	2,301	57,459
Brooklyn	1,869	50,674
Manhattan	1,228	23,056
Citywide		186,293

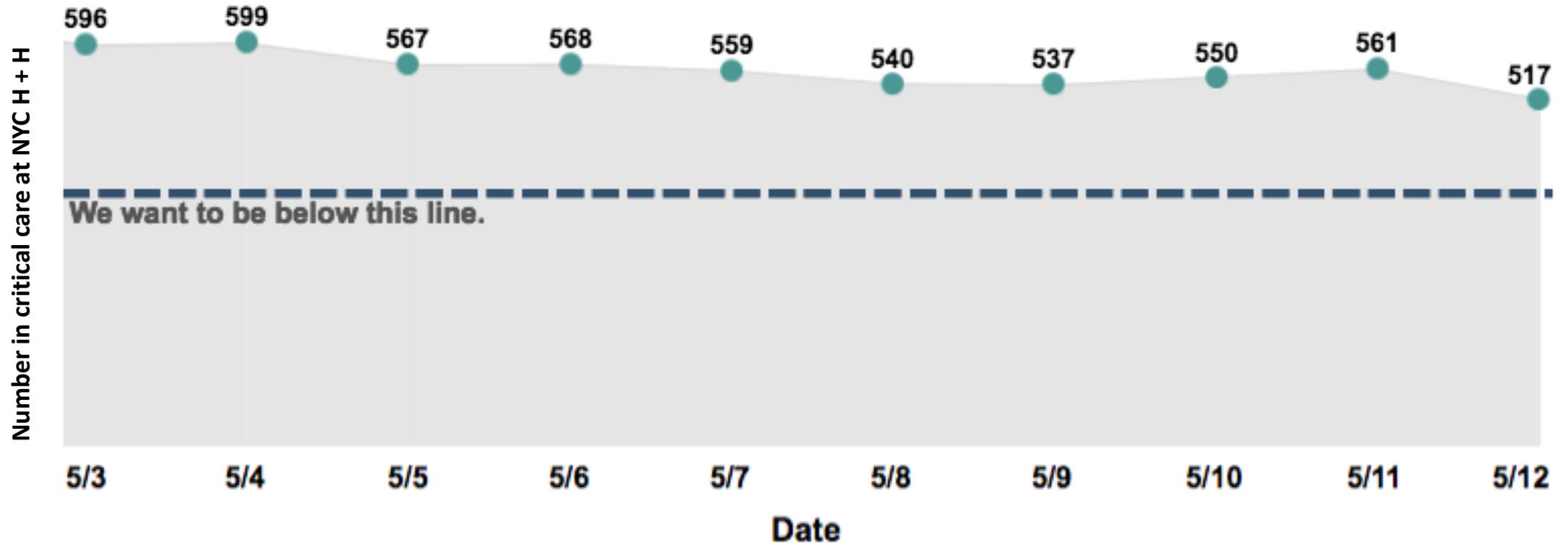
NYC Health Department. COVID-19: data. Updated daily.
<https://www1.nyc.gov/site/doh/covid/covid-19-data.page>

MILESTONE: PEOPLE ADMITTED TO NYC HOSPITALS FOR COVID-19-LIKE ILLNESS



MILESTONE: This chart may indicate when COVID-19's spread is slowing by showing 10 consecutive days when the daily number of people admitted to NYC hospitals for influenza-like illness and pneumonia is less than 200. That would be double the average for prior years in the city.

MILESTONE: PEOPLE IN CRITICAL CARE ACROSS NYC HEALTH + HOSPITALS



MILESTONE: This chart may indicate when critical care volume is at sustainable levels by showing 10 consecutive days when the daily number of people in critical care at NYC Health + Hospitals is less than 375.

ESTIMATE OF EXCESS DEATHS, NYC

MARCH 11-
MAY 2, 2020

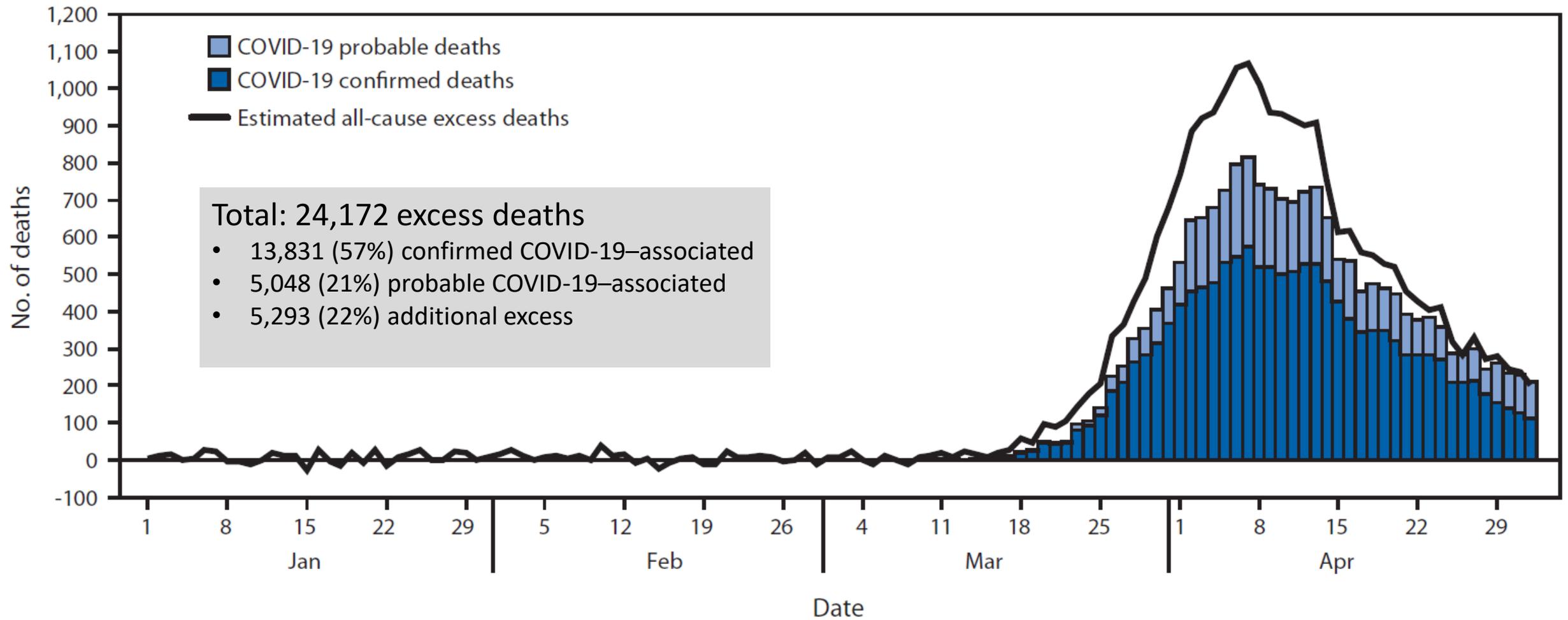
BACKGROUND

- Confirmed and probable COVID-19-associated deaths only include deaths that are directly associated with SARS-CoV-2 infection
 - Deaths in persons with chronic health conditions that increase risk of severe COVID-19 might not be recognized as attributable to COVID-19

METHODS

- Excess deaths occurring during widespread community transmission estimated
 - Difference between seasonally expected baseline and reported all-cause deaths

Preliminary estimate of excess mortality during the COVID-19 outbreak — New York City, March 11–May 2, 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69:603-605. <http://dx.doi.org/10.15585/mmwr.mm6919e5external icon>



NUMBER OF LABORATORY-CONFIRMED AND PROBABLE COVID-19 ASSOCIATED DEATHS AND TOTAL ESTIMATED EXCESS DEATHS – NYC, MARCH 11-MAY 2, 2020

Morb Mortal Wkly Rep. May 2020: Confirmed deaths were in persons with a positive laboratory test for SARS-CoV-2. Probable deaths were in persons without a positive test but for whom the death certificate listed COVID-19 or similar as a cause of death. Excess all-cause deaths were observed minus expected.

IMPLICATIONS: ESTIMATE OF EXCESS DEATHS, NYC

MARCH 11-
MAY 2, 2020

- Physical distancing, demand on the health care system, and public fear might lead to delays in obtaining lifesaving care*
- This is a good time to remind patients that some symptoms always require immediate care, including:
 - Trouble breathing
 - Persistent pain or pressure in the chest or abdomen
 - Cyanosis
 - Alterations in mental status
 - Symptoms suggestive of a stroke
- Advise patients with risk factors for severe COVID-19 to notify a health care provider if they develop symptoms of COVID-19 – enable prompt escalation of care, if needed
- Consider proactively contacting patients to support chronic disease management during physical distancing

Preliminary estimate of excess mortality during the COVID-19 outbreak — New York City, March 11–May 2, 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69:603-605. [http://dx.doi.org/10.15585/mmwr.mm6919e5external icon](http://dx.doi.org/10.15585/mmwr.mm6919e5external%20icon)

UPDATED
GUIDANCE:
EXTENDED
DURATION OF
ISOLATION AND
MONITORING

ASYMPTOMATIC PEOPLE WHO TEST POSITIVE

- All asymptomatic people (including health care workers) who test positive for SARS-CoV-2 with a molecular-based test should self-isolate and monitor their health for at least 10 days (previous guidance – 7 days)
- After 10 days, can discontinue monitoring unless symptoms consistent with COVID-19 develop
- If symptoms of COVID-19 develop during monitoring, follow guidance for symptomatic persons

NYC Health Department. Health Alert #14: Updated NYC Health Department COVID-19 Recommendations. May 14, 2020.
<https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-update-05142020.pdf>

UPDATED GUIDANCE: DISCONTINUING ISOLATION

NON-HOSPITALIZED PATIENTS WITH COVID-19

- CDC updated guidance on discontinuing home isolation for non-hospitalized people with possible or confirmed COVID-19 (April 30, 2020)
- Minimum duration of isolation:
 - At least 10 days after symptom onset; AND
 - Absence of fever for at least 3 days without antipyretics (if ever febrile); AND
 - Overall illness has improved

HOSPITALIZED PATIENTS

- In addition to meeting above criteria for fever and improved symptoms, should be isolated for at least 14 days after symptom onset
- Patients discharged from a hospital to a nursing home must first have a negative result on a COVID-19 diagnostic test (New York State Executive Order 202.30, May 10, 2020)

CDC. What To Do If You Are Sick. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

New York State. Executive Order 202.30. May 10, 2020. <https://www.governor.ny.gov/news/no-20230-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>

NYC Health Department. Health Alert #14: Updated NYC Health Department COVID-19 Recommendations. May 14, 2020. <https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-update-05142020.pdf>

UPDATED GUIDANCE: DISCONTINUING ISOLATION – VULNERABLE POPULATIONS

ADDITIONAL PRECAUTIONS FOR PEOPLE WITH CERTAIN RISK FACTORS

- Isolation for at least 14 days OR
- Negative molecular testing for SARS-CoV-2 before discontinuing isolation

APPLIES TO:

- Members of highly vulnerable populations:
 - Residents and employees of long-term care facilities
 - Residents of facilities for people with developmental disabilities
 - Residents of supportive housing or shelter settings in which individuals share bathrooms, kitchens, or sleeping areas
- Persons with chronic illnesses that may compromise immune response
 - Including chronic lung, heart, kidney, or liver disease; obesity; and diabetes
- Severely immunocompromised people (e.g., receiving chemotherapy)
 - Molecular testing for SARS-CoV-2 is preferred for this group

New York State Department of Health. Health Advisory: Discontinuation of Isolation for Patients with COVID-19 Who Are Hospitalized or in Nursing Homes, Adult Care Homes, or Other Congregate Settings with Vulnerable Residents. April 19, 2020. <https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh-covid-19-discontinuing-isolation-hospital-congregate-setting.pdf>

NYC Health Department. Health Alert #14: Updated NYC Health Department COVID-19 Recommendations. May 14, 2020. <https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-update-05142020.pdf>

LOOKING FORWARD

Potential pandemic phases based on experience with influenza:

- Deceleration phase
- Interwave phase
 - Suppression/preparation
- Future wave(s)

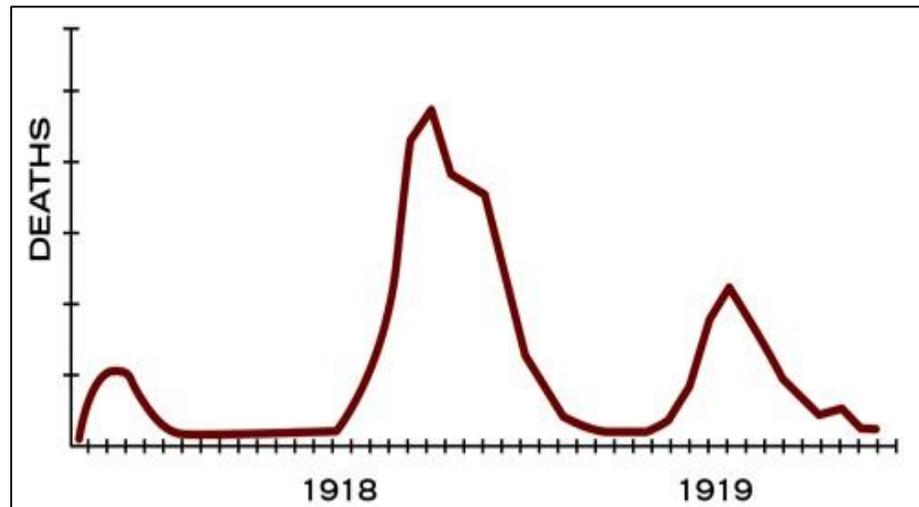
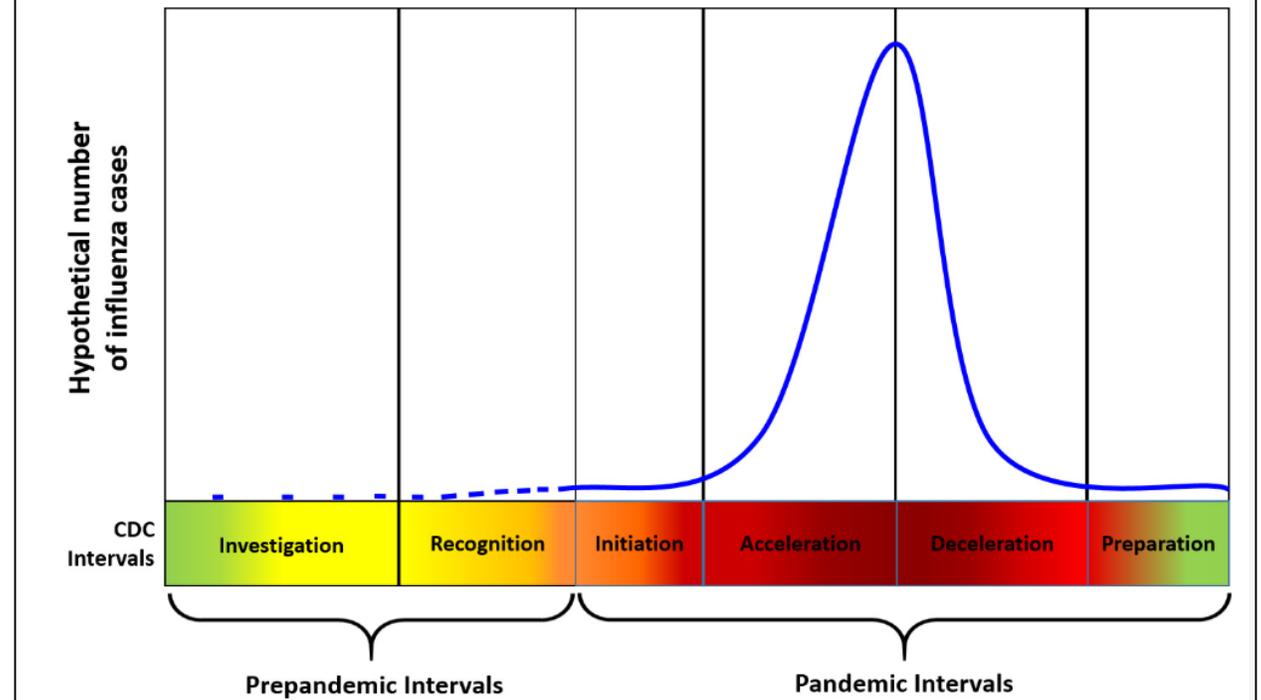
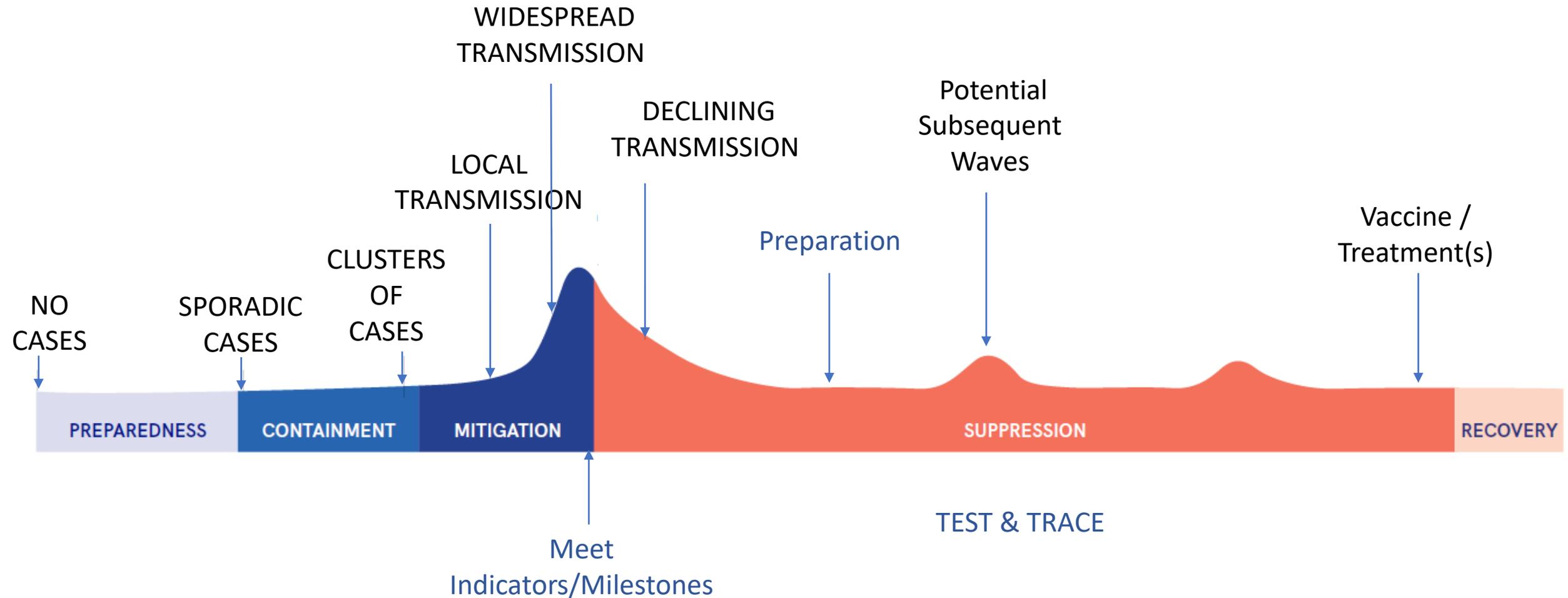


Figure 1. Preparedness and response framework for novel influenza A virus pandemics: CDC intervals



PHASES OF THE NYC COVID-19 RESPONSE



DECELERATION AND PREPARING FOR SUPPRESSION

- Hospitals
 - Gradually expand services (e.g., elective procedures, cancer treatments)
 - Maintain readiness for second wave
- Long term care
 - New normal – how to increase surveillance and response capacity for vulnerable population that may have an atypical clinical presentation
- Outpatient
 - Re-establish services while optimizing telehealth
 - Adjust to new normal, including use of PPE and triage processes
- Emergency medical services
 - New normal of providing care in COVID-19 environment
 - Build out services/partnerships to support 911 surge
- Specialty services
 - Dialysis – potential increase in volume
 - Pediatricians – catch up on immunizations
 - Rehabilitation and other services post ICU discharges

SPOTLIGHT ON AMBULATORY SETTINGS

- Outpatient practices have been impacted severely
 - Small independent practices
 - Federally Qualified Health Centers (FQHCs)
- Essential to maintain primary care services
 - Ensure follow-up and care in most impacted and vulnerable communities
- Crucial role in next phase of suppression
 - Test and Trace
- Potential for reopening surge
- Need to reopen the faucet gradually and thoughtfully
 - Do you have a plan?

CONSIDERATIONS FOR REOPENING

- Continue to maximize telemedicine options as appropriate
- Develop prioritization policy for in-person visits
 - Sick visits for potential high-risk COVID-19 patients
 - High-risk chronic diseases including behavioral health conditions
 - Preventive services
 - Previously canceled or postponed visits and patients lost to care
- Space out schedules with extended hours
 - Special hours for at-risk patients (earlier) and “cough clinic” (later)
- Develop COVID-19 testing policies and procedures
- Ensure staffing to support services and safeguards
- Plan for communicating with patients, staff and public health

PRIORITIZING PATIENTS FOR OUTREACH AND CARE

- Comprehensive risk stratification is a way to systematically categorize patient panels based on individuals' health status and other factors within these categories:
 - Poorly controlled or complex conditions
 - Behavioral health conditions
 - Social determinants of health
 - High cost/high utilization
- Risk stratification can help practices prioritize patients for outreach and direct resources as needed
 - Educate patients on telehealth and switch their visits to virtual visits
 - Follow up on care plans
 - Discuss changes in health and/or lifestyle
 - Follow up on visits to specialists
 - Follow up on any ordered referrals and tests

INFECTION CONTROL

- Offer staff trainings and education
- Ensure supplies
 - PPE, hand hygiene, cleaning products, testing supplies
- Utilize engineering controls
- Develop/review triage protocols
- Limit visitors/companions
- Utilize source control → universal face masks/face coverings
- Implement physical distancing measures
- Support employee health
- Designate COVID-19 spaces
 - Entrances, rooms, waiting areas, tents

MANAGING HIGH-RISK COVID-19 PATIENTS

All patients with possible or confirmed COVID-19 should receive education on symptoms that require urgent care

Risk for decompensation highest ~ 1week after symptom onset

Identify

- Age \geq 50 years
 - \geq 65 years are at highest risk
- Underlying medical conditions
- Social concerns

Assess

- Signs and symptoms
- Vitals
- O₂ saturation (> vs. \leq 92%)
- Chest X-ray?
- Labs? Flu test?

MANAGING HIGH-RISK COVID-19 PATIENTS

Test

- Prioritize PCR testing for high-risk patients
- If negative and high-suspicion, treat as COVID-19
- Antigen testing helpful if positive
- Serology is NOT diagnostic

Monitor

- Urgent referral vs. home monitoring vs. hotel
- Follow-up plan with regular check-ins
- Home monitoring tools?
- Oxygen or other home treatments?

PREPARE FOR NEW AND OLD CHALLENGES

New reality

- Be ready for difficult conversations
 - Advanced directives
 - Trauma-informed care
- Complex psychosocial needs
- Post-discharge management
- Increased home health needs

Hope for the best, but be prepared

- Summer heat emergencies
- Coastal storm season
- Power outages
- Continued shortages
 - Medications/supplies
- Influenza season
- Subsequent pandemic waves

POSITIVE
OUTLOOK:
BUILD IT
BACK BETTER

- Time of incredible innovation
 - Continue sharing best practices and lessons learned
- Continued expansion of telemedicine and home-based care
- Spotlight on national and local health disparities
 - How can we better address social determinants of health?
- Attention to critical role of safety net systems and healthcare access
- Realizing the value of population health
 - How can we fix our fragmented health care system?
 - How can we optimize population-level data to improve outcomes?
- Renewal of public trust and respect for medical professionals

POSITIVE
OUTLOOK:
BUILD IT
BACK BETTER

“There are dark shadows on the earth, but its lights are stronger in the contrast.”

—Charles Dickens

COVID-19 PREPAREDNESS RESOURCES

- NYC REACH: Telehealth and practice transformation resources
<http://nycreach.org>
- American College of Physicians: COVID-19 physician's guide and resources
<https://www.acponline.org/clinical-information/clinical-resources-products/coronavirus-disease-2019-covid-19-information-for-internists>
- Center to Advance Palliative Care: COVID-19 Response Resources
<https://www.capc.org/toolkits/covid-19-response-resources>
- CDC: Preparedness Tools for Healthcare Professionals and Facilities Responding to COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>
- Emergency Preparedness for Health Care Providers and Their Patients
<https://www1.nyc.gov/assets/doh/downloads/pdf/chi/chi-38-3.pdf>
- Sample COVID-19 outpatient management protocol (Emory)
https://www.dropbox.com/s/g6dau5aiczvow1q/COVID_amb_clinical_guidance_ACP.pdf
- CDC: Guidance on health care exposure risk assessment
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

COVID-19
HOTEL
PROGRAM
OVERVIEW

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COVID-19 HOTEL PROGRAM OVERVIEW

- Goals:
 - Protect communities disproportionately impacted by COVID-19
 - Reduce the spread of COVID-19 within the home, especially in communities at high risk
- Intervention:
 - Free hotel rooms for people who need to isolate from household members due to COVID-19 but cannot do so where they live

PROCESS FOR ACCESSING COVID-19 HOTELS PROGRAM

Provider who has enrolled in program identifies patient (during in-person or telemedicine visit) with COVID-19 symptoms who cannot self-isolate where they live.

Clinician uses Provider Referral Checklist to determine appropriateness for placement and calls **800-673-6109** to validate with on-site clinical staff.

Clinician ensures patient has enough prescription medications to last two weeks. Prescriptions can be transferred to a pharmacy near the hotel or to an online pharmacy service.

If patient meets criteria, provider books patient for hotel using the NYC Emergency Management (NYCEM) booking process.

If patient receives in-home supportive services (such as visits from a counselor), arrange for continuity of services in hotels (remotely, if possible).

PROVIDER REFERRAL CHECKLIST

- Providers use checklist to assess the following circumstances as they relate to eligibility for hotel program:
 - Medical
 - Psychiatric
 - Substance use
- If patient does not meet eligibility criteria for COVID-19 Hotel Program, provider may contact the NYCEM Clinical Screening Center at **800-673-6109** for possible review of circumstances and assessment for alternative placement

COVID-19 HOTELS PROGRAM SERVICES

Guests will receive:

- Three meals per day delivered to room, local phone, and Wi-Fi
- Vital signs check 2 to 4 times a day
- Medical services via onsite visit or telemedicine with contracted provider
- Pharmacy services for any regular (chronic care) medications, which can be delivered to the room by a nurse
- 24-hour nursing services for any emergencies or questions
- Case management assistance
- Education on importance of self-isolation in reducing COVID-19 transmission
- Transportation to and from hotel (if needed)

Guests must bring:

- Personal items (e.g., toiletries, clothing, books, phone charger)
- Two weeks prescription and over-the-counter medication (including Medically Assisted Treatment)

NEXT STEPS

If you are interested in becoming an enrolled provider, email your NYC REACH representative or nycreach@health.nyc.gov with the following information:

1. Name of organization
2. Contact name
3. Email
4. Phone number
5. Organizational NPI number
6. Type of setting (e.g., primary care practice, community health center)
7. Description of patients served by the organization (e.g., adult, family, pediatric)
8. Zip codes of service catchment areas
9. Affiliation with an independent practice association or other professional associations
10. Whether you want to be a Category A or Category B provider

List of currently enrolled providers available at: <https://www1.nyc.gov/site/helpnownyc/get-help/covid-19-hotel-program.page>

MULTISYSTEM
INFLAMMATORY
SYNDROME IN
CHILDREN (MIS-C)

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BACKGROUND

- Providers in United Kingdom reported newly recognized pediatric multisystem inflammatory syndrome (PMIS), late April 2020
 - Patients with “overlapping features of toxic shock syndrome and atypical [incomplete] Kawasaki disease (KD)”^{1,2,3}
 - Some patients positive by PCR for SARS-CoV-2
- NYC Health Department identified similar cases via outreach to pediatric intensive care units (PICUs) and issued Health Alert #13 on May 4, asking providers to report PMIS:
 - <21 years old, four or more days fever, and either incomplete KD, typical KD, or toxic shock syndrome-like presentation with no alternative explanation⁴
- New York State issued a Health Alert on May 13⁵
- On May 15, Centers for Disease Control and prevention (CDC) issued Health Alert 432
 - Renamed the syndrome “Multisystem Inflammatory Syndrome in Children (MIS-C),” and released a case definition⁶

1. Paediatric Intensive Care Statement April 27, 2020. 2. Jones VG et al. *Hosp Pediatr*. 2020. 3. Riphagen S et al. *Lancet*. May 7, 2020.

4. NYC Health Department. Health alert #13: May 4, 2020 5.

5. CDC Health Advisory (CDCHAN-00432), issued 5/14/2020

6. NY State Health Alert: https://www.health.ny.gov/press/releases/2020/docs/2020-05-06_covid19_pediatric_inflammatory_syndrome.pdf

KAWASAKI DISEASE

- Typical Kawasaki disease
 - Fever ≥ 5 days AND ≥ 4 of the 5 following criteria:
 - Bilateral bulbar conjunctival injection
 - Oral mucous membrane changes (red or fissured lips, injected pharynx, or strawberry tongue)
 - Peripheral extremity changes, including erythema of palms or soles, edema of hands or feet, periungual desquamation
 - Polymorphous rash
 - Cervical lymphadenopathy (≥ 1 node >1.5 cm in diameter)
- Incomplete Kawasaki disease
 - Fever ≥ 5 days and 2-3 of the 5 classical findings
- Kawasaki disease shock syndrome (KDSS)
 - Kawasaki disease with hemodynamic instability

COMMON SYMPTOMS SEEN IN MIS-C

- Kawasaki symptoms, or
- Fever lasting several days, along with other symptoms, including:
 - Abdominal pain
 - Diarrhea
 - Vomiting
 - Conjunctivitis
 - Rash
- Breadth of symptoms still being defined

STUDY OF KAWASAKI-LIKE DISEASE IN ITALY

- Study of patients admitted to tertiary pediatric referral center in Bergamo, Italy before and after start of COVID-19 pandemic with:
 - “Kawasaki-like disease” = typical Kawasaki disease (KD) or incomplete KD
- Characteristics of cases
 - Before COVID-19 outbreak (~5-year period)
 - N=19 (0.3 cases/month)
 - Mean age 3 years; 12 (63%) female
 - 13 (68%) typical KD, 6 (31%) incomplete KD; none w/ KDSS
 - After COVID-19 outbreak (~5-week period)
 - N=10 (10 cases/month)
 - Mean age 7.5 years; 7 (70%) male
 - 5 (50%) atypical KD; KDSS in 50% of cases (found in both typical + incomplete)
 - Elevated inflammatory markers (fibrinogen, ferritin, troponin) in some
 - SARS-CoV-2 detected in 2, serologies positive in 8
 - Clinically distinct from cases before COVID: older, respiratory & GI involvement, meningeal signs, cardiovascular involvement

CDC MIS-C CASE DEFINITION

An individual aged <21 years:

- Presenting with fever, laboratory evidence of inflammation, 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

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.

NYC HEALTH DEPARTMENT RESPONSE

- Investigating all reported cases
- Provider education and outreach regarding identification and care, local epidemiology, and reporting
 - PICUs, hospitals, providers
- Public education and outreach
 - Fact sheet aimed at parents/caregivers:
<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-pmis.pdf>
 - DOE and REC childcare centers outreach
 - Developing media campaign
- Coordinating with CDC

REPORTS TO NYC HEALTH DEPARTMENT

Reported to NYC Health Department (as of 5/14)

- 110 patients met reporting criteria multi-system inflammatory syndrome
- 59 (54%) tested positive for COVID-19 by either PCR or serology
 - 38 positive by PCR only
 - 16 positive by serology only
 - 5 tested positive on both PCR and serology
 - 32 negative PCR and/or serology
 - 19 no test result
- 1 death reported
- Cases will be counted using a standard case definition
- Case definition applied will impact case counts

REPORTS TO NYC
HEALTH
DEPARTMENT

Characteristic	Number N=110	%
Age		
0-4	38	35
5-9	28	25
10-14	26	24
15-21	18	16
Sex		
Male	48	44
Female	62	56

REPORTS TO NYC HEALTH DEPARTMENT

Characteristic	Number	(%)
Borough		
Bronx	42	(38)
Brooklyn	24	(22)
Manhattan	7	(6)
Queens	34	(31)
Staten Island	3	(3)
Race/Ethnicity		
Hispanic/Latino	15	(14)
Asian	11	(10)
Black/African American	26	(24)
White	10	(9)
Other	5	(5)
Unknown	43	(39)

DIAGNOSIS AND TREATMENT

- Associated with COVID-19 infection, but relationship not yet defined
- Immediately refer suspected cases to specialist in pediatric infectious disease, rheumatology, and critical care, as indicated
- Early diagnosis and treatment of patients who meet full or partial criteria for KD is critical to prevent end-organ damage and other long-term complications
 - Patients who meet full criteria for KD should be treated with intravenous immunoglobulin and aspirin

REPORTING TO NYC HEALTH DEPARTMENT

- Reporting to NYC is required by NYS Sanitary Code and NYC Health Code
- Call the Provider Access Line: **(866) 692-3641** to report any patient who meets criteria for PMIS
- Revised reporting requirements will be issued

REFERENCES

Jones VG et al. COVID-19 and kawasaki disease: novel virus and novel case. *Hosp Pediatr.* 2020.

<https://hosppeds.aappublications.org/content/hosppeds/early/2020/04/06/hpeds.2020-0123.full.pdf>

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<https://www1.nyc.gov/assets/doh/downloads/pdf/han/alert/2020/covid-19-pediatric-multi-system-inflammatory-syndrome.pdf>

Paediatric Intensive Care Society. PICS Statement: Increased number of reported cases of novel presentation of multi-system inflammatory disease. April 27, 2020.

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PEDIATRIC
MULTISYSTEM
INFLAMMATORY
SYNDROME

CLINICAL CASES

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MULTISYSTEM SYMPTOMS ARE KEY

MOST common symptoms

- Fever – high for many days
- Gastrointestinal
 - Abdominal pain and guarding
 - Nausea/vomiting
 - Diarrhea
- Rash
- Conjunctivitis
- Lip redness/swelling
- Lethargy and headaches

LESS common symptoms

- Respiratory
 - Cough
 - Difficulty breathing
 - Cyanosis
- Myalgias
- Lymphadenopathy
- Desquamation
- Neuro: focal deficits, seizures

NYC HEALTH DEPARTMENT COVID-19 RESOURCES

- Provider page: on.nyc.gov/covid19provider
- Data page: on.nyc.gov/covid19data
- Weekly webinars: Fridays, 2 PM (sign up on provider page)
- Dear Colleague COVID-19 newsletters (sign up for *City Health Information* subscription at: nyc.gov/health/register)
- NYC Health Alert Network (sign up at <https://www1.nyc.gov/site/doh/providers/resources/health-alert-network.page>)
- Provider Access Line: **866-692-3641**

QUESTIONS?
