BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Multi-system Inflammatory Syndrome in Children and Adolescents (MIS-C)

Case Report Form

INSTRUCTIONS

- **This form is confidential when completed.**
- **All SARS-CoV-2 positive laboratory results need to be appended by the physician to this form, when applicable.**
- **Use the Notes section to include any additional comments that could not be placed in a relevant section.**
- **Completed forms should be submitted to the health authority pertaining to the residence of the case:**
  - Vancouver Coastal Health Authority - Fax: (604) 731-2756
  - Fraser Health Authority - Fax: (604) 930-5414
  - Interior Health Authority - Fax: (250) 549-6310
  - Vancouver Island Health Authority - Fax: (250) 519-3441
  - Northern Health Authority Central Communicable Disease Hub Fax: (250) 649-7071.
- **Any updates as to the Outcome section will be reported by the health authority to BCCDC.**
- **Only Confirmed MIS-C cases are reportable provincially.**

• HEALTHCARE PROVIDER COLLECTING CASE INFORMATION

Hospital/clinic name:

Physician Name: *Last* *First* | Phone Number: ( ) - ext.

Email: | Fax Number: ( ) - ext.

Date of data collection: _____ *YYYY / MM / DD*

• HEALTH AUTHORITY/PUBLIC HEALTH STAFF REPORTING TO BCCDC

Health Authority: ☐ FHA ☐ FNHA ☐ IHA ☐ NHA ☐ VCH ☐ VIHA

Reporter Name: *Last* *First* | Phone Number: ( ) - ext.

Email: | Fax Number: ( ) - ext.

Date report received by health authority: *YYYY / MM / DD*

A) CASE PERSONAL INFORMATION

Name: *Last* *First* *Middle*

Date of Birth: _____ *YYYY / MM / DD* | Sex: ☐ Male ☐ Female ☐ Undifferentiated ☐ Unknown

Health Card Number: | Alternate Name(s):

Address: *Unit #* *Street #* *Street Name* *City*

Postal Code: | Province: | Country of Residence (*if not Canada*):

B) INDIGENOUS INFORMATION

Do you self-identify as an Indigenous Person?

☐ Asked, not provided ☐ No ☐ Non-BC Resident ☐ Yes

Indigenous Identity:

☐ Asked, but unknown ☐ Asked, not provided ☐ First Nations

☐ First Nations and Inuit ☐ First Nations and Métis ☐ First Nations, Inuit and Métis ☐ Inuit

☐ Inuit and Métis ☐ Métis ☐ Not asked

First Nations Status:

☐ Asked, but unknown ☐ Asked, not provided ☐ Non-Status Indian

☐ Not Asked ☐ Status Indian

Indigenous Organization: _____

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C) COMORBIDITIES / PAST HISTORY

Does the case have a chronic disease or comorbidity? ☐ Yes ☐ No ☐ Not assessed

If yes, specify 1: _____

specify 2: _____

specify 3: _____

D) PATHOGEN TESTING

Was the case tested for bacterial or viral infections (besides COVID-19)? ☐ Yes ☐ No

specify result: ☐ Positive ☐ Negative ☐ Unknown

If test result was positive, specify pathogen identified: _____

type of specimen collected: _____

specimen collection date (*YYYY / MM / DD*): _____/_____/_____

E) COVID-19 EXPOSURE

Was the case tested by RT-PCR/NAT? ☐ Yes ☐ No

If yes, specimen collection date (*YYYY / MM / DD*): _____/_____/_____

specify result: ☐ Positive ☐ Negative ☐ Indeterminate

If retest performed, specimen collection date (*YYYY / MM / DD*): _____/_____/_____

specify result: ☐ Positive ☐ Negative ☐ Indeterminate

comments:

Was the case tested by antigen test? ☐ Yes ☐ No

If yes, specimen collection date (*YYYY / MM / DD*): _____/_____/_____

specify result: ☐ Positive ☐ Negative ☐ Indeterminate

If retest performed, specimen collection date (*YYYY / MM / DD*): _____/_____/_____

specify result: ☐ Positive ☐ Negative ☐ Indeterminate

comments:

Was the case tested by serology? ☐ Yes ☐ No

If yes, specimen collection date (*YYYY / MM / DD*): _____/_____/_____

specify result: ☐ Positive ☐ Negative ☐ Indeterminate

If positive, specify type: ☐ Total Ig ☐ IgG

If retest performed, specimen collection date (*YYYY / MM / DD*): _____/_____/_____

specify result: ☐ Positive ☐ Negative ☐ Indeterminate

If positive, specify type: ☐ Total Ig ☐ IgG

If retest performed, specimen collection date (*YYYY / MM / DD*): _____/_____/_____

specify result: ☐ Positive ☐ Negative ☐ Indeterminate

If positive, specify type: ☐ Total Ig ☐ IgG

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Was the case in close contact with a laboratory confirmed or probable or epi-linked probable COVID-19 case? ☐ Yes ☐ No ☐ Unknown

If yes:

Name *Last, First*	PHN	First Contact Date or Sustained Contact *YYYY / MM / DD*	Last Contact Date *YYYY / MM / DD*	Contact Setting (e.g., household)
		☐ Sustained contact		
		☐ Sustained contact		
		☐ Sustained contact		

F) SIGNS AND SYMPTOMS

Onset of earliest symptom: _____ / _____ / _____ (YYYY / MM / DD)

Clinical picture	Yes	No	Unknown	Not Assessed
Fever If yes, total duration of fever:_____ days	☐	☐	☐	☐
Features of hypotension or shock				
Shock (hypotension, tachycardia, prolonged capillary refill time, pale/mottled skin, cold extremities, or urinary output <2 mL/kg/hr)	☐	☐	☐	☐
Cutaneous and mucocutaneous				
Skin rash	☐	☐	☐	☐
Conjunctivitis (bilateral, non-purulent)	☐	☐	☐	☐
Oral mucosal inflammation	☐	☐	☐	☐
Peripheral signs of inflammation (e.g. erythema and edema or peeling of hands and/or feet)	☐	☐	☐	☐
Gastrointestinal				
Acute abdominal pain	☐	☐	☐	☐
Diarrhea	☐	☐	☐	☐
Vomiting	☐	☐	☐	☐
Other				
specify1: _____	☐	☐	☐	☐
specify2: _____	☐	☐	☐	☐
*specify3 :*_____	☐	☐	☐	☐
specify4: _____	☐	☐	☐	☐

G) LABORATORY TESTS

Abnormal test result	Yes	No	Unknown	Not Assessed
Elevated ESR	☐	☐	☐	☐
Elevated C-reactive protein	☐	☐	☐	☐
Elevated procalcitonin	☐	☐	☐	☐
Elevated PT/PTT	☐	☐	☐	☐
Elevated D-dimers	☐	☐	☐	☐

Elevated troponin	☐	☐	☐	☐
Elevated BNP or NT-proBNP	☐	☐	☐	☐
Elevated Ferritin	☐	☐	☐	☐
Other, specify 1: _____	☐	☐	☐	☐
Other, specify 2: _____	☐	☐	☐	☐
Other, specify 3: _____	☐	☐	☐	☐
Other, specify 4: _____	☐	☐	☐	☐

H) CARDIAC IMAGING

Abnormal echocardiogram finding	Yes	No	Unknown	Not Assessed
Features of myocardial dysfunction	☐	☐	☐	☐
Features of pericarditis	☐	☐	☐	☐
Features of valvulitis	☐	☐	☐	☐
Coronary abnormalities	☐	☐	☐	☐
Other, specify 1:	☐	☐	☐	☐

I) HOSPITALIZATION

Admitted to hospital: ☐ Yes ☐ No ☐ Not assessed

If yes, name of hospital: _____

Admission date (*YYYY / MM / DD*): _____/____/____ Discharge date (*YYYY / MM / DD*): _____/____/____

Admitted to intensive care unit: ☐ Yes ☐ No ☐ Not assessed

Admission date (*YYYY / MM / DD*): _____/____/____ Discharge date (*YYYY / MM / DD*): _____/____/____

J) OUTCOME

☐ Fully recovered

☐ Not yet recovered/recovering

☐ Fatal *If died,* date of death (*YYYY / MM / DD*): _____/____/____

If died, specify cause of death: _____

☐ Permanent disability, specify: _____

☐ Other, specify: _____

☐ Unknown

K) CLASSIFICATION

☐ Person under investigation (non-reportable) ☐ Confirmed

L) NOTES

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M) DEFINITIONS	
COVID-19 Confirmed – lab case	A person with confirmation of infection with SARS-CoV-2 documented by: • The detection of at least one specific gene target by a validated laboratory-based nucleic acid amplification test (NAAT) assay (e.g. real-time PCR or nucleic acid sequencing) performed at a community, hospital, or reference laboratory (the National Microbiology Laboratory or a provincial public health laboratory) OR • The detection of at least one specific gene target by a validated point-of-care (POC) nucleic acid amplification test (NAAT) that has been deemed acceptable to provide a final result (i.e. does not require confirmatory testing) OR • Seroconversion or diagnostic rise (at least four-fold or greater from baseline) in viral specific antibody titre in serum or plasma using a validated laboratory-based serological assay for SARS-CoV-2
COVID-19 Probable – lab case	1. A person who: • Has symptoms (see Symptoms* below) compatible with COVID-19 AND • Had a high-risk exposure with a confirmed COVID-19 case (i.e. close contact) OR was exposed to a known cluster or outbreak of COVID-19 AND - Has had a laboratory-based NAAT assay for SARS-CoV-2 and the result is inconclusive OR - Had SARS-CoV-2 antibodies detected in a single serum, plasma, or whole blood sample using a validated laboratory-based serological assay for SARS-CoV-2 collected within 4 weeks of symptom onset OR 2. A person who had a POC NAAT or POC antigen test for SARS-CoV-2 completed and the result is preliminary (presumptive) positive OR 3. A person who had a validated POC antigen test for SARS-CoV-2 completed and the result is positive **Symptoms compatible with COVID-19 include any 1 or more of the following: Fever or chills; Cough; Loss of sense of smell or taste; Difficulty breathing; Sore throat; Loss of appetite; Extreme fatigue or tiredness; Headache; Body aches; Nausea or vomiting; Diarrhea.*
COVID-19 Probable – epi-linked case	• A person who has symptoms (see Symptoms* below) compatible with COVID-19 AND • A person who had a high-risk exposure with a confirmed COVID-19 case (i.e. close contact) OR was exposed to a known cluster or outbreak of COVID-19 AND • A person who has not had a laboratory-based NAAT assay for SARS-CoV-2 completed. (Note: Cases who had a high-risk exposure with a probable COVID-19 case that had a positive result to validated POC antigen test for SARS-CoV-2 where confirmatory testing was not required (as per the provincial guidelines for POC test in Rural, Remote and Indigenous Communities) should also be considered probable – epi-linked). **Symptoms compatible with COVID-19 include any 1 or more of the following: Fever or chills; Cough; Loss of sense of smell or taste; Difficulty breathing; Sore throat; Loss of appetite; Extreme fatigue or tiredness; Headache; Body aches; Nausea or vomiting; Diarrhea.*
Close contact	A close contact is defined as a person who: provided direct care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g., intimate partner) without consistent and appropriate use of personal protective equipment, **OR** lived with or otherwise had close face to face contact (within 2 metres) with a probable or confirmed case for more than 15 minutes (may be cumulative, i.e., multiple interactions) up to 48 hours prior to symptom onset, **OR** had direct contact with infectious body fluids of a probable or confirmed case (e.g., was coughed or sneezed on) while not wearing recommended PPE, **OR** has been identified by the local MHO as a possible contact.
Hospitalization	Any person admitted to a hospital for at least an overnight stay, for reasons directly or indirectly related to their MIS-C, and with no period of complete recovery between illness and admission. If unable to determine whether an admission was related to MIS-C, please report as a hospital admission. Includes persons admitted to hospital but without transfer to a ward/unit.
ICU admission	Any person admitted to an intensive care unit (ICU) for at least an overnight stay, for reasons directly or indirectly related to MIS-C and with no period of complete recovery between illness and admission. If unable to determine whether an admission was related to MIS-C, please report as an ICU admission.
Death	A death occurring in any person with no period of complete recovery between illness and death, unless there is evidence that MIS-C did not contribute to the death (e.g., trauma, poisoning, drug overdose).

MIS-C confirmed case	Children 0-19 years of age requiring hospitalization with fever for three days or more and two of the following: a) Acute gastrointestinal symptoms (abdominal pain, vomiting, diarrhea); b) Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet); c) Hypotension or shock; d) Features of myocardial dysfunction or pericarditis or valvulitis or coronary abnormalities: ECHO findings or elevated troponin/ brain natriuretic peptide (BNP)/ natriuretic peptide tests (NT-proBNP); e) Evidence of coagulopathy: Abnormal prothrombin time/ partial thromboplastin time (PT/PTT), elevated d-dimer; And Elevated markers of inflammation such as erythrocyte sedimentation rate, C-reactive protein, or procalcitonin; And No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes, and no alternative plausible obvious diagnosis; And Evidence of SARS-CoV-2 infection (positive NAAT test, antigen test and/or serology) or close contact with a confirmed or probable (lab-probable or epi-link probable) COVID-19 case