



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.

• HEALTHCARE PROVIDER COLLECTING CASE INFORMATION

Hospital/clinic name: _____

Physician Name: _____ Phone Number: () - ext.

Last First

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: _____ Phone Number: () - ext.

Last First

Email: _____ Fax Number: () - ext.

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

A) CASE PERSONAL INFORMATION

Name: _____
Last First Middle

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

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 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

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 <i>Last, First</i>	PHN	First Contact Date or Sustained Contact YYYY / MM / DD	Last Contact Date YYYY / MM / DD	Contact Setting (e.g., household)
		<input type="checkbox"/> Sustained contact		
		<input type="checkbox"/> Sustained contact		
		<input type="checkbox"/> Sustained contact		



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F) SIGNS AND SYMPTOMS				
Onset of earliest symptom: _____ / _____ / _____ <div style="text-align: center; font-size: small;"> YYYY MM DD </div>				
Clinical picture	Yes	No	Unknown	Not Assessed
Fever If yes, total duration of fever: _____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Features of hypotension or shock				
Shock (hypotension, tachycardia, prolonged capillary refill time, pale/mottled skin, cold extremities, or urinary output <2 mL/kg/hr)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutaneous and mucocutaneous				
Skin rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conjunctivitis (bilateral, non-purulent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral mucosal inflammation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral signs of inflammation (e.g. erythema and edema or peeling of hands and/or feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal				
Acute abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
<i>specify1:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>specify2:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>specify3:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>specify4:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) LABORATORY TESTS				
Abnormal test result	Yes	No	Unknown	Not Assessed
Elevated ESR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated C-reactive protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated procalcitonin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated PT/PTT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated D-dimers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated troponin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated BNP or NT-proBNP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated Ferritin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify 3: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify 4: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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H) CARDIAC IMAGING				
Abnormal echocardiogram finding	Yes	No	Unknown	Not Assessed
Features of myocardial dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Features of pericarditis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Features of valvulitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Confirmed

L) NOTES



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M) DEFINITIONS	
COVID-19 Confirmed – lab case	A person with laboratory confirmation of infection with the virus that causes COVID-19 performed at a community, hospital, or reference laboratory (NML or a provincial public health laboratory) running a validated assay. This consists of detection of at least one specific gene target by a NAAT assay (e.g., real-time PCR or nucleic acid sequencing).
COVID-19 Probable – lab case	A person (who has had a laboratory test) with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough AND who meets the COVID-19 exposure criteria and in whom a laboratory diagnosis of COVID-19 is inconclusive. Visit http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-(novel-coronavirus) for COVID-19 exposure criteria.
COVID-19 Probable – epi-linked case	A person (who has not had a laboratory test) with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough AND either close contact with a confirmed case of COVID-19 or lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care facility, prison).
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 (from any cause) occurring in any person with no period of complete recovery between illness and death.
MIS-C person under investigation	Children and adolescents 0-19 years of age requiring hospitalization with fever ≥ 3 days AND two of the following: a) Acute gastrointestinal symptoms (abdominal pain, vomiting, diarrhoea) 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/BNP/NT-proBNP) e) Evidence of coagulopathy (abnormal PT, PTT, elevated d-dimer) AND Elevated markers of inflammation such as ESR, C-reactive protein, or procalcitonin AND No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes, or no alternative plausible obvious diagnosis.
MIS-C confirmed case	MIS-C person under investigation AND evidence of SARS-CoV-2 infection (positive PCR test or serology), or close contact with a confirmed or probable (lab-probable or epi-link probable) COVID-19 case.