**Question or request:** What should the parents of kids who have had COVID watch for related to new multi-system inflammatory disorder? Seeking a description that could be sent to families and posted to the web.

**Recommendation/s in bullet form:**

At this time, there is limited scientific research information about the new multi-system inflammatory disorder that has been observed among some pediatric patients with COVID-19. However, reports of a systemic inflammatory syndrome among children with COVID-19 have emerged from France, Italy, the United Kingdom, New York, Cincinnati and other areas.

The MAT Clinical Workgroup recommends the following recommendation could be sent to families and posted to the web:

**COVID-19 cases among children have increased in the State of New Mexico.** Most children have no symptoms or have mild symptoms from COVID-19 infection. However, in the last two months a small number of children and teenagers have been identified in other states and countries who develop signs of inflammation in their body, such as high fevers and some of the findings below.\(^1\)\(^2\)\(^3\) This is called “pediatric multi-system inflammatory disease.” Affected children may require pediatric intensive care. While this condition is very rare, please seek care immediately if your child or adolescent presents with the following symptoms during or after a COVID-19 infection:

**Predominant Symptoms:**
- Prolonged fever (more than five days)
- Severe abdominal pain, diarrhea or vomiting
- Bloodshot eyes
- Skin rash

**Other Symptoms:**
- Change in skin color - becoming pale, patchy and/or blue
- Difficulty feeding (infants) or is too sick to drink fluids
- Trouble breathing or is breathing very quickly
- Racing heart or chest pain
- Is excessively sleepy and/or hard to wake up
- Is irritable, very upset or confused\(^2\)

*Early recognition by pediatricians and specialist referral, including to critical care, is essential.*\(^2\) Although prolonged fever is one of the main signs, please seek care with fever of less than 5 days associated with the symptoms above.

**CDC recommended schedules for infant and child vaccinations in 2020**

Finally, amid a significant reduction in pediatric vaccine administration due to COVID-19, a parent-friendly schedule of vaccinations for children 0 to 18 years old is provided in a printable format. A description of the diseases the vaccines prevent is also included.

Finally, the CDC recommends wearing of masks for children over children 2. However, in NM public health officials recommended masks for children ages 3 and older. The modification in the CDC guidelines stems from the possible risks in trying to get a very young child to wear a mask, primarily suffocation. Specifically, two-year olds often do not have the reasoning skills of a 3 or 4-year-old; and, as a result may have trouble understanding and following the directive to keep on a mask. This may result in them touching the mask (and by extension, their face) frequently, which would be worse because then they would be touching their face all the time which can spread the virus. Three
and up they are more able to understand and cooperate with wearing a mask. Masks should not be worn when eating, drinking or sleeping at any age.

**Assessment:**
The number of pediatric cases of COVID-19 is increasing in New Mexico, and New Mexico currently has the second largest number of pediatric COVID-19 cases in the United States. While most children are asymptomatic or exhibit mild symptoms from COVID-19 infection, in the last two months a small number of children have been identified who develop a significant systemic inflammatory response.\(^1,^2,^3\) The U.S. Centers for Disease Control issued an official health advisory regarding Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19), which was shared through the New Mexico Department of Health Action Network and is recommended for distribution to all pediatricians throughout the State. The brief public statement above is based on the CDC official health advisory and information from other reputable sources.

**Red flags and concerns:** The available literature and recommendations continue to evolve rapidly. This recommendation should be re-reviewed at regular intervals for changes in CDC or Medical Society guidance and any new and emerging guidelines based on emerging scientific studies.

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Resources/Reference:


1.) **NM is seeing a much greater percentage of positive cases under 20 than other states and countries.** We are ranked second in the nation – only WY has a higher percentage of child cases. Two weeks ago, COVID-19 cases under 20 years old totaled 7%. As Figure 1 illustrates, as of 5/13/20, almost 13% of COVID-19 positive cases are among individuals under 20 years of age. The national average is 3.2% and other countries are reporting 2-3%. This does not necessarily mean New Mexico’s children are sicker than children in other areas. New Mexico, compared to other states, is more inclusive in its testing criteria (for example, many other states are primarily focused on testing elders). As a result, New Mexico’s testing approach is more “upstream,” detecting COVID-19 cases among children and isolating them before they infect others.

Hospitalizations remain low for children in NM (below) and there have been no COVID-19 related deaths reported in children in NM. There have been a handful of pediatric deaths in other states, including one with encephalitis.

![Figure 1, COVID-19 Hospitalization by Age, NM](image1)

2.) **Children with GI symptoms and fever or a history of exposure to COVID should be suspected of having COVID even if they have no respiratory symptoms.** New articles in the past couple of days report that children with comorbidities (obesity, diabetes, technology-dependent etc.) are more at risk, and that GI symptoms are not only associated with COVID but can be the first sign of COVID in children.

3.) **There have been over 200 reports of a new, rare inflammatory syndrome that is felt to be linked to COVID.** In April approximately 100 cases of this Pediatrics Inflammatory Multisystem Syndrome (PIMS) were reported from Europe and now there have been at least 60 cases reported in the U.S., mostly from NY. Case reporting is expected to increase as people become more aware of the syndrome. Clinical signs overlap with Kawasaki disease in some children, but another feature is prominent gastrointestinal manifestations including abdominal pain. In some cases, the presentation is closer to toxic shock syndrome or isolated
myocarditis. Persistent fever seems to be a constant symptom and labs are consistent with inflammation (elevated CRP, ferritin and D-Dimers).

Management is described as supportive and children seem to improve rapidly but can require cardiac or respiratory support. No cases in NM yet that we know of. CDC is issuing a HAN in the next day or two so that providers will be aware and know to report cases to their health department.

4.) **NM and nationwide we are seeing a decrease in immunization rates due to families not bringing young children to the office due to COVID.** It remains safe and necessary for infants and toddlers to receive immunizations from their pediatrician or family physician. Vaccine info was gathered from 1000 independent pediatricians nationwide. Using the week of Feb. 16 as a pre-COVID baseline they found that during the week of April 5 the administration of MMR shots dropped by 50%; diphtheria and pertussis by 42%; and HPV vaccine by 73%.

**FIGURE.** Weekly changes in Vaccines for Children Program (VFC) provider orders* and Vaccine Safety Datalink (VSD) doses administered† for routine pediatric vaccines — United States, January 6–April 19, 2020

Source: https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm

NM data was pulled from the NM Immunization Information System (NMSIIS) comparing April rates for the past four years. NMSIIS data is typically reported in real-time, and the table below reflects information from March. The State will continue to monitor this.

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