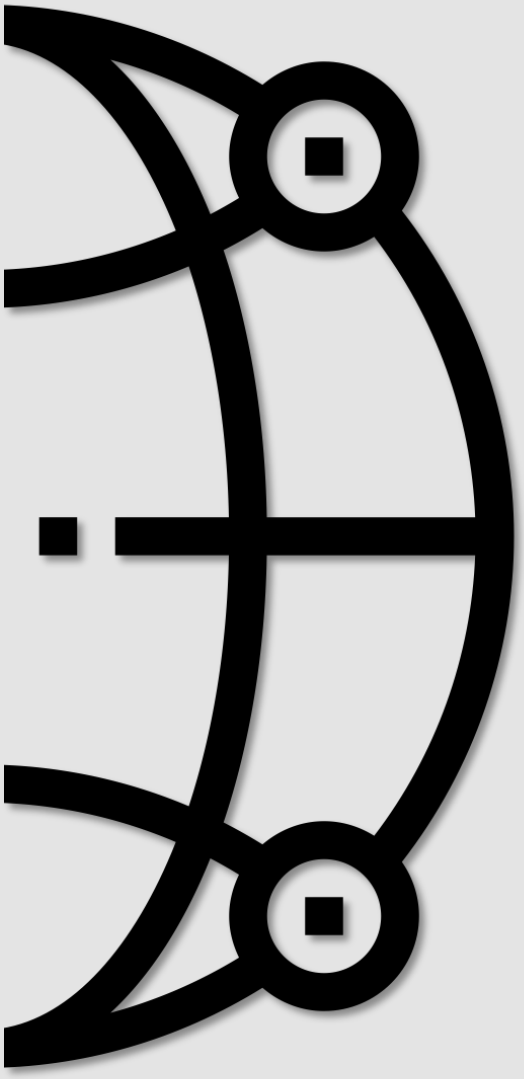
Multisystem Inflammatory Syndrome in Children Associated with COVID-19 in Washington State

January 10, 2025

Washington State Department of HEALTH



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Overview

This report contains information on cases reported through December 31, 2024.

Multisystem inflammatory syndrome in children (MIS-C) is a rare condition that causes severe illness in children who were infected with SARS-CoV-2 (the virus that causes COVID-19). Symptoms of MIS-C typically appear 2-6 weeks following SARS-CoV-2 infection and can occur in children who did not have COVID-19 symptoms during their infection. MIS-C causes inflammation in different body parts, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. Children with MIS-C have ongoing fever and may have symptoms such as stomach pain, vomiting, diarrhea, bloodshot eyes, dizziness or lightheadedness (signs of low blood pressure), or skin rash.

The case definition of MIS-C is:

- Under the age of 21, with a fever, laboratory evidence of inflammation, and severe illness involving at least two organ systems that requires hospitalization; AND
- No other plausible diagnoses; AND
- Positive COVID-19 test (PCR, antigen, or serology) or exposure to a confirmed case within the four weeks prior to the onset of symptoms.

See the US Centers for Disease Control website for national MIS-C case reporting.

Healthcare providers should report patients meeting MIS-C criteria to their local public health agency.

The Washington State Department of Health uses two methods to identify MIS-C cases in Washington. Providers and facilities report cases directly, and possible MIS-C cases are identified in the Rapid Health Information Network (RHINO) database of healthcare visits and investigated further. Currently, only confirmed cases of MIS-C are included in this report.

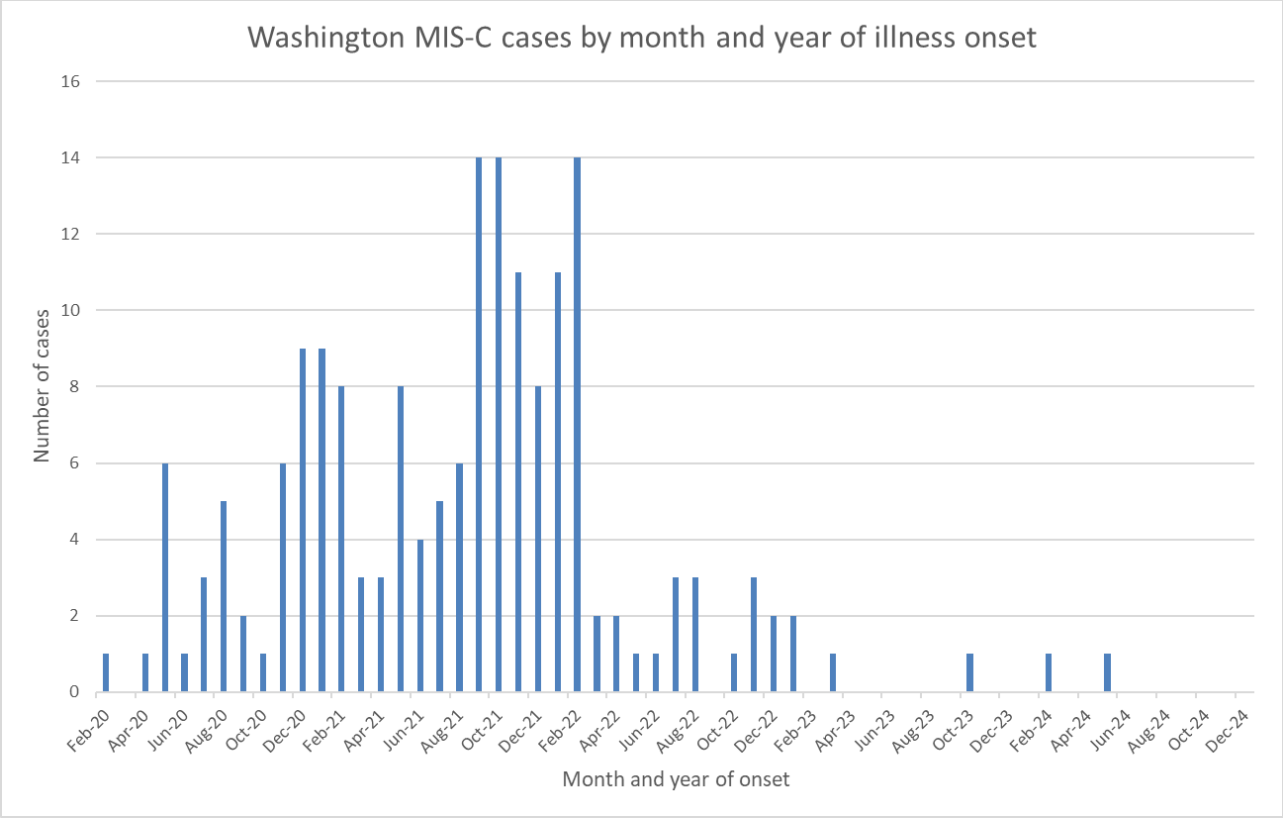
Please note that the data presented in this report may change as we get additional information on cases.

MIS-C cases identified in Washington

A total of 177 confirmed cases of MIS-C have been identified in Washington between February 1, 2020 and December 31, 2024.

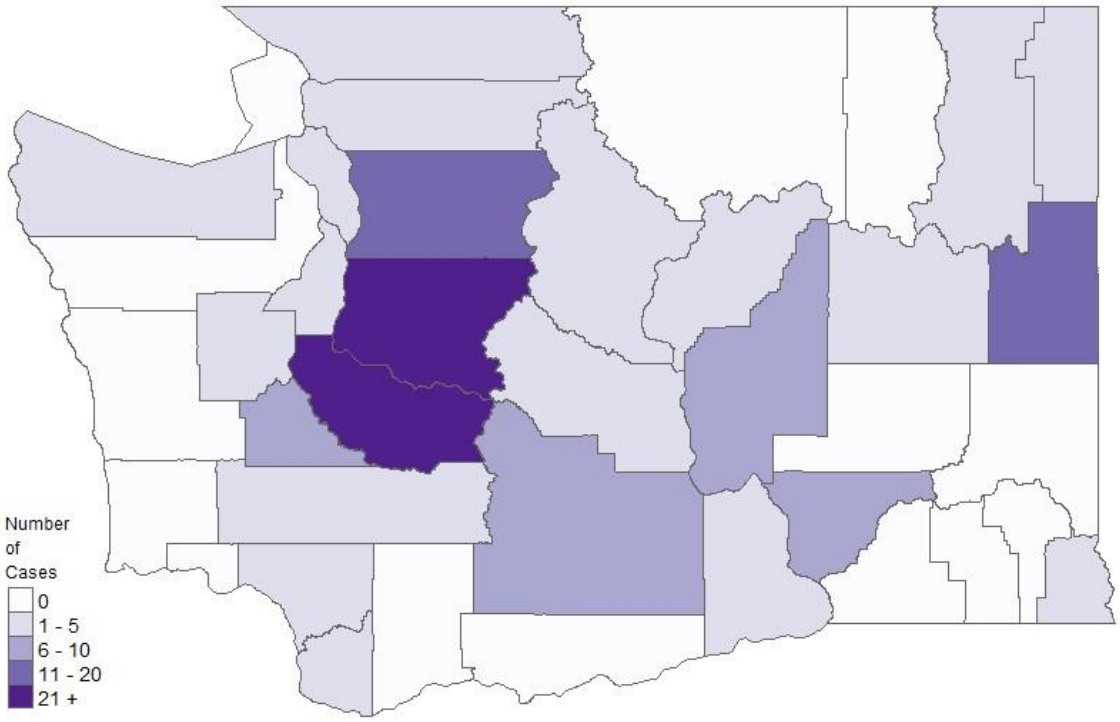
The chart below displays all MIS-C cases identified in Washington by month of illness onset.

Figure 1 MIS-C cases by month and year of illness onset



The map below displays all MIS-C cases in Washington by county of residence.

Figure 2 MIS-C cases in WA by county



Ages of MIS-C cases in Washington range from 0-19 years (median 8 years, mean 8 years).

The table below shows MIS-C cases in Washington and the United States by patient age range.

Table 1 MIS-C cases by age range, WA and United States

Patient age range	Number and Percent of MIS-C Cases in WA	Percent of MIS-C Cases in U.S.
< 1 year	9 (5.1%)	3.4%
1-4 years	31 (17.5%)	22.3%
5-11 years	90 (50.8%)	46.1%
12-15 years	32 (18.1%)	18.7%
16-20 years	15 (8.5%)	9.5%
Total	**177 (100%)**	**100%**

The table below shows MIS-C cases in Washington and the United States by patient sex at birth.

Table 2 MIS-C cases by patient sex at birth, WA and United States

Patient sex at birth	Number and Percent of MIS-C Cases in WA	Percent of MIS-C Cases in U.S.
Female	84 (47.5%)	39.7%
Male	93 (52.5%)	60.3%
Total	**177 (100%)**	**100%**

The table below shows MIS-C cases in Washington by patient race.

Table 3 MIS-C cases in WA by patient race

Patient Race	Percent of MIS-C Cases in WA	Percent of WA Population <20 Years
American Indian or Alaska Native	1.4%	2.4%
Asian	6.4%	8.8%
Black or African American	15.0%	5.1%
Multiple Race	4.3%	10.6%
Native Hawaiian or Other Pacific Islander	2.9%	1.1%
Other Race	12.1%	--
White	57.9%	72.0%
Total	**100%**	**100%**

Race data were not available for 37 of the 177 Washington MIS-C patients.

Race data were not available for U.S. MIS-C patients.

The table below shows MIS-C cases in Washington by patient ethnicity.

Table 3 MIS-C cases in WA by patient ethnicity

Patient Race	Percent of MIS-C Cases in WA	Percent of WA Population <20 Years
Hispanic, Latino/a, Latinx	28.6%	22.3%
Not Hispanic, Latino/a, Latinx	71.4%	77.7%
Total	**100%**	**100%**

Ethnicity data were not available for 16 of the 177 Washington MIS-C patients.

Ethnicity data were not available for U.S. MIS-C patients.

The table below shows MIS-C cases in Washington by vaccination status prior to onset of COVID-related illness.

Table 4 MIS-C cases in WA by vaccination status

Vaccination status	Number and Percent of MIS-C Cases in WA
Unvaccinated	170 (96.0%)
Completed full series	6 (3.4%)
Completed full series with booster dose	1 (0.6%)
Total	**177 (100%)**

These data were not available for all U.S. MIS-C patients.

The table below shows MIS-C cases in Washington by disease severity indicators.

Please note, all MIS-C cases (100%) are hospitalized.

Table 5 MIS-C cases by disease severity indicators, WA and United States

	WA State	United States
Admission to Intensive Care Unit	90 (50.8%)	--
Deaths	0 (0.0%)	80 (0.8%)
Total Cases	**177**	**9,752**

Key Points

- MIS-C is a rare condition that can occur in children less than 21 years of age who have had the virus that causes COVID-19
- Parents can monitor their children for symptoms of MIS-C up to 8 weeks past initial infection. It is common for children with MIS-C to have had no or few COVID-19 symptoms.
- Symptoms of MIS-C include ongoing fever PLUS more than one of the following:
    - Stomach pain, vomiting, or diarrhea
    - Bloodshot eyes
    - Dizziness or lightheadedness (signs of low blood pressure)
    - Skin rash
- The best way to prevent MIS-C is to protect against SARS-CoV-2 infection, including staying up to date with COVID-19 vaccines and other prevention actions.
- Black, Hispanic, and Native Hawaiian or Other Pacific Islander children and teens in Washington are disproportionately impacted by MIS-C.

More Information

CDC Signs and Symptoms of MIS

CDC Handout How to Recognize: English or Español

Washington State Health Disparities Map (compounding factors for disease)

CDC MIS-C National Surveillance

CDC MIS Information for Health Care Providers

Washington State Department of HEALTH