

**From the Chief Medical Officer
Dr Michael McBride**



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD) 30/2020

FOR ACTION

Chief Executives, Public Health Agency/Health and Social Care Board/HSC Trusts/ NIAS (for onward circulation to staff caring for children)

GP Medical Advisers, Health and Social Care Board
All General Practitioners and GP Locums (for onward distribution to practice staff)

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PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN TEMPORALLY ASSOCIATED WITH COVID-19

Background

Most children are asymptomatic or exhibit mild symptoms from COVID-19 infection. However, in the last two months a small number of children have been identified who develop a significant systemic inflammatory response. Affected children may require paediatric intensive care and input from paediatric infectious diseases, cardiology, and rheumatology.

This rare syndrome shares common features with other paediatric inflammatory conditions including: Kawasaki disease, staphylococcal and streptococcal toxic shock syndromes, bacterial sepsis and macrophage activation syndromes. It can also present with unusual abdominal symptoms with excessive inflammatory markers.

Guidance on the identification and management of suspected cases has been issued by the Royal College of Paediatrics and Child Health.

<https://www.rcpch.ac.uk/resources/guidance-paediatric-multisystem-inflammatory-syndrome-temporally-associated-covid-19>

Early recognition by paediatricians and specialist referral including to critical care is essential.

Case definition

1. A child presenting with persistent fever, inflammation (neutrophilia, elevated CRP and lymphopaenia) and evidence of single or multi-organ dysfunction (shock, cardiac, respiratory, renal, gastrointestinal or neurological disorder) with additional features (see listed according to highest frequency in Appendix 1 of RCPCH guidance). This may include children fulfilling full or partial criteria for Kawasaki disease.
2. Exclusion of any other microbial cause, including bacterial sepsis, staphylococcal or streptococcal shock syndromes, infections associated with myocarditis such as enterovirus (waiting for results of these investigations should not delay seeking expert advice).
3. SARS-CoV-2 PCR testing may be positive or negative

All stable children should be discussed as soon as possible with specialist services to ensure prompt treatment (paediatric infectious disease/cardiology/rheumatology). There should be a low threshold for referral to Paediatric Intensive Care using normal pathways.

Yours sincerely



DR MICHAEL McBRIDE
Chief Medical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (*for onward distribution to Community Pharmacies*)
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Unions
Michael Donaldson (*for distribution to all General Dental Practitioners*)

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<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>