Notice of the Provincial Health Officer to Report Issued under Section 9 of the Reporting Information Affecting Public Health Regulation, Public Health Act

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

To: All British Columbia Physicians, including Medical Health Officers

I have received reports of children and adolescents in British Columbia presenting with a clinical syndrome that could have been COVID-19 associated Multi-system Inflammatory Syndrome (MIS-C). While none of the cases have been linked to COVID-19 infection it is important that we track this more closely to inform parents and clinicians about this syndrome in BC.

Therefore, under the authority of Division 2 of the Reporting Information Affecting Public Health Regulation, I am hereby providing notice of a duty to report each suspected incidence of MIS-C and information about each incidence, as described in Appendix 1, to a medical health officer in your regional health authority area.

Furthermore, medical health officers must promptly report all incidence reports they receive and the information about each incidence to the Deputy Provincial Health Officer at the BC Centre for Disease Control.

The duty to report incidences and information about them ends when this notice is rescinded by me; or one year after the date on which this notice is issued.


August 26, 2020

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Dr. Reka Gustafson, Deputy Provincial Health Officer at BC Centre for Disease Control
Dr. Heidi Oetter, Registrar, College of Physicians and Surgeon
Dr. Kathleen Ross, President, Doctors of BC
Appendix 1
Multi-system Inflammatory Syndrome in Children and Adolescents

Incidence Description and Information to be Reported

Incidences of people with Multi-system Inflammatory Syndrome in Children and Adolescents (MIS-C) are to be promptly reported to the medical health officer and include with onset since January 1, 2020.

Patients to be reported are children and adolescents 0-19 years of age with fever ≥ 3 days AND two of the following:

- Acute gastrointestinal symptoms (abdominal pain, vomiting, diarrhoea)
- Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet)
- Hypotension or shock
- Features of myocardial dysfunction, or pericarditis, or valvulitis, or coronary abnormalities (ECHO findings or elevated Troponin/BNP/NT-proBNP)
- 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.

Such people should be tested for evidence of SARS-CoV-2 infection (positive PCR test or serology) for confirmation purposes.

The information to be reported about each incidence includes:

1. First name
2. Last name
3. Personal Health Number
4. Phone number
5. Sex
6. Date of Birth
7. Age (in years)
8. Date of symptoms onset
9. Health care facility contact (i.e. name of hospital or clinic at which patient was assessed/admitted)
10. Name and contact information of reporting health professional