What is MIS-C?
Multisystem Inflammatory Syndrome in Children (MIS-C) is a rare but serious illness in children and teens (under age 21) who had COVID-19 and develop inflammation in their bodies up to 8 weeks later.

MIS-C is thought to be caused by an immune response to COVID-19. All of us fight off infections with an immune response, but children with MIS-C have a very big and often delayed immune response to COVID-19. This immune response can cause inflammation (or irritation) in different areas of the body. These areas can include: the heart, lungs, kidneys, brain, skin, eyes, and/or gastrointestinal (stomach area) organs.

How does a child get MIS-C?
We currently don’t know exactly what causes MIS-C, but we know that MIS-C is associated with COVID-19. Many children with MIS-C get sick a few days to several weeks after having COVID-19. Some children and teens with MIS-C also have COVID-19 at the same time. Sometimes parents have no idea their child has or had COVID-19 as their child may not have had any symptoms and/or never got tested.

What are common symptoms of MIS-C?
Symptoms of MIS-C include ongoing fever PLUS more than one of the following:

- Abdominal (stomach) pain
- Bloodshot eyes
- Diarrhea
- Dizziness or lightheadedness (signs of low blood pressure)
- Skin rash
- Vomiting

Emergency signs of MIS-C that require immediate medical care include:

- Trouble breathing
- Pain or pressure in the chest that does not go away
- New confusion
- Inability to wake up or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds (depending on skin tone)

Not all children and teens will have the same symptoms and sometimes these symptoms overlap with other common illnesses (like Kawasaki Disease, Toxic Shock Syndrome and even appendicitis). It’s important to be aware of the signs of MIS-C so that you can seek medical care for your child even if you don’t know if your child has or had COVID-19.
What should you do if your child has MIS-C?

Call your child's medical provider at the first signs of MIS-C symptoms and for any other symptoms that are severe or concerning. If your child needs emergency care, call 911. If you are going to an emergency room, call ahead to your local emergency facility and notify the operator that you are seeking care for someone who has or may have COVID-19.

How serious is MIS-C?

MIS-C can be serious and even deadly, but most children and teens with MIS-C fully recover with medical care. While overall deaths from MIS-C remain low, most children with MIS-C are hospitalized. About half of children with MIS-C are admitted to the pediatric intensive care unit (PICU). Calling your doctor, nurse, or clinic at the first signs of MIS-C symptoms can help your child get better quicker.

How is MIS-C treated?

Treatments for MIS-C are aimed at supporting children’s symptoms and decreasing inflammation. Some children will be discharged with new medications and will need follow-up care with specialists after going home from the hospital.

What can be done to prevent MIS-C?

Because children and teens get MIS-C during or after having COVID-19, the best way to protect them from MIS-C is to prevent the spread of COVID-19 in your home and community. These practices include:

- Getting vaccinated & boosted.
- Wearing face masks. Read our face coverings Q&A.
- Staying home and getting tested if you’re sick, even if you’re fully vaccinated. Read our testing fact sheet.
- Ventilating indoor spaces and socializing outdoors when possible. Read our ventilation fact sheet.
- Following public health travel guidelines. Read our travel advisory.
- Sign up for CA Notify, California’s COVID-19 smartphone exposure notification system.

Learn more about protecting yourself and your family from COVID-19.

How common is MIS-C?

MIS-C is rare and most children and teens who have COVID-19 do not develop MIS-C. However, this disease, like many others, is under-reported. For information on the number of confirmed MIS-C cases in California, visit CDPH’s MIS-C data webpage at bit.ly/CA_MIS-CData.

When do MIS-C cases typically occur?

MIS-C case numbers tend to rise around three to eight weeks after a surge in COVID-19 cases since MIS-C is a delayed immune response to COVID-19. During a surge, there are more cases of COVID-19 in both children and adults (both asymptomatic and symptomatic). As a result, there are also more cases of MIS-C during and after surges.
Which children get MIS-C?

Most reported MIS-C cases occur in children between ages 1 and 14, with the average age in California being 8 years. About 60% of cases are in males. About half of kids who get MIS-C had no known previous health conditions. The other half of children with MIS-C had a known or reported existing medical condition (called “a comorbidity”), the most common being obesity. About 1 in 6 cases of children with MIS-C had at least 2 underlying medical conditions (i.e., lung disease, diabetes, heart disease, autism, etc.).

Like COVID-19, there is a disproportionate number of cases of MIS-C among Latino and Black children and teens, as well as lower-income communities nationally. In California specifically, Latino children and teens make up the largest proportion of MIS-C cases and are overrepresented compared to the total population of Latino people under age 21 in California. Systemic barriers and social inequities, including unequal access to quality health care, housing, transportation, education, and job opportunities, that have worsened the impacts of COVID-19 are also seen in the communities most impacted by MIS-C.

What are the long-term impacts of MIS-C?

Most children and teens with MIS-C make a full recovery with hospital treatment. Since MIS-C is a new illness, researchers are still learning about how it impacts children and teens long-term. If your child or teen had MIS-C, check for any new symptoms after recovery, and follow up with your child’s doctor to watch for long-term impacts of MIS-C.

Where can I get more information about MIS-C?