



## COMMONWEALTH of VIRGINIA

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### COVID-19 Update for Virginia

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Dear Colleague:

COVID-19 continues to evolve. Please visit the [Virginia Department of Health \(VDH\) website](#) for clinical guidance and epidemiologic data. I want to highlight the following updates:

#### **Multisystem Inflammatory Syndrome in Children Associated with COVID-19**

On May 14, the Centers for Disease Control and Prevention (CDC) released a [Health Alert Network \(HAN\) Advisory](#) about multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19. The first reports of this syndrome came from the United Kingdom in late April. U. S. cases were first reported in New York City in early May. Prominent clinical features include persistent fever and a variety of symptoms, including hypotension, multiorgan (e.g., cardiac, gastrointestinal, renal, hematologic, dermatologic and neurologic) involvement and elevated markers of inflammation. Respiratory symptoms were not present in all patients. Some patients had clinical features consistent with Kawasaki disease. In New York, many of these patients have tested positive for SARS-CoV-2 by RT-PCR or serology. It is unknown whether this syndrome is limited to children.

To investigate this syndrome, public health officials developed a standardized case definition for suspected cases (below). VDH urges all healthcare providers in Virginia to **immediately report** any patient who meets these criteria to the [local health department](#) by the most rapid means.

#### Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C)

- An individual aged <21 years presenting with fever<sup>i</sup>, laboratory evidence of inflammation<sup>ii</sup>, and evidence of clinically severe illness requiring hospitalization, with multisystem (>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurologic); AND
- No alternative plausible diagnoses; AND
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms

<sup>i</sup>Fever >38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours

<sup>ii</sup>Including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin

## COVID-19 Testing

Testing continues to increase in the Commonwealth; and as providers, you play an important role. VDH has created [videos](#) showing how to obtain a healthcare worker-observed nasal swab test for COVID-19 testing wearing appropriate PPE. Amazon provides a [portal for healthcare professionals](#) to purchase PPE in varied amounts and types at reasonable prices. We have added a portal on the VDH website so that the public can identify [COVID-19 testing sites by zip code](#).

## Childhood Vaccinations for Vaccine-Preventable Diseases

Vaccination provider site closures, cancellations of well-child visits, and decreases in vaccine orders in the Vaccines for Children (VFC) program indicate that children may be falling behind on vaccinations, thereby increasing susceptibility to vaccine-preventable disease. VDH is tracking the volume of vaccines sent to the Virginia Immunization Information System (VIIS). Since March 15, vaccines reported to VIIS have decreased 45.7% since the same time last year (March 15 - April 23). Providers are encouraged to incorporate the option of patient recall strategies to get their patients back on track and to incorporate the [ACIP Recommended Catch-Up Immunization Schedule for Children and Adolescents](#). During the COVID-19 pandemic, healthcare providers across the state are working to ensure that children still can receive the well visits and vaccinations they need. Some ways they are doing this include:

- Scheduling well visits in the morning and sick visits in the afternoon.
- Separating patients spatially, such as placing patients with sick visits in different areas of the clinic or another location from patients with well visits.
- Collaborating with providers in the community to identify separate locations for holding well visits for children.

I cannot thank you enough for all that you are doing every day to protect Virginians. Please consider joining or promoting the Virginia Medical Reserve Corps: [www.vamrc.org/vvhs](http://www.vamrc.org/vvhs) or [vamrc@vdh.virginia.gov](mailto:vamrc@vdh.virginia.gov). For all other questions, contact your [local health department](#).

Sincerely,

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State Health Commissioner