Demographic and Clinical Factors Associated With Death Among Persons <21 Years Old With Multisystem Inflammatory Syndrome in Children—United States, February 2020–March 2021

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Multisystem inflammatory syndrome in children (MIS-C) occurs among persons aged <21 years following severe acute respiratory syndrome coronavirus 2 infection. Among 2818 MIS-C cases, 35 (1.2%) deaths were reported, primarily affecting racial/ethnic minority persons. Being 16–20 years old or having comorbidities was associated with death. Targeting coronavirus disease 2019 prevention among these groups and their caregivers might prevent MIS-C-related deaths.

Keywords. COVID-19; child; death; epidemiology; multisystem inflammatory syndrome in children.

Multisystem inflammatory syndrome in children (MIS-C) is a severe hyperinflammatory syndrome occurring among persons <21 years old typically 2–6 weeks after infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (COVID-19). In previous analyses of MIS-C in the United States, minority racial/ethnic groups have been over-represented among cases, more than half of patients received intensive hospital care, and 2% of patients died [1, 2]. To inform clinical and public health decision-making, we aimed to describe demographic and clinical features among MIS-C decedents and factors associated with death.

METHODS

Since May 14, 2020, health departments have reported suspected MIS-C cases using the Centers for Disease Control and Prevention’s (CDC’s) standardized case report form with information abstracted from medical records. All cases reported by March 31, 2021, with known outcome (death or hospital discharge) and meeting the MIS-C case definition were included in the analysis. The MIS-C case definition included patients aged <21 years with fever, laboratory evidence of inflammation, and evidence of clinically severe illness requiring hospitalization, with multisystem organ involvement (cardiovascular, dermatologic, gastrointestinal, hematologic, neurologic, renal, or respiratory) who tested positive for SARS-CoV-2 or had exposure to a suspected or confirmed COVID-19 case within the 4 weeks before symptom onset (https://www.cdc.gov/mis-c/hcp/).

Underlying medical conditions were identified using the 9 conditions listed on the case report form, by categorizing free-text responses, or, for obesity, using anthropometric data [3]. An existing framework defining severe organ system involvement was adapted for the study [4]. To explore trends over time, the number of days between the first and last reported MIS-C onset dates were divided into 3 equal time periods (before June 29, 2020; June 29–November 6, 2020; and November 7, 2020–March 17, 2021), which aligned closely with waves of MIS-C reported in the United States. Demographic characteristics, clinical features, and management among survivors and decedents and factors associated with death are reported. Continuous variables were compared using medians, interquartile ranges (IQRs), and Kruskal-Wallis tests. After assessing for collinearity, categorical variables were compared using unadjusted exact logistic regression or logistic regression adjusted for age, obesity, nonobesity comorbidities, race/ethnicity, or MIS-C onset date, with 95% CIs, where sample size allowed. Data were analyzed using SAS (version 9.4; SAS Institute).

Patient Consent
Factors necessitating patient consent did not apply to this study. This activity was reviewed by CDC and was conducted consistent with applicable federal law and CDC policy [5, 6].

RESULTS

Fifty-one jurisdictions (48 US states, Washington, DC, New York City, and Puerto Rico) reported 3259 confirmed MIS-C cases. After excluding 441 cases with unknown outcomes (missing = 240 [7.4%]; hospitalized at time of reporting = 201 [6.2%]), 2818 MIS-C cases with onset dates during February 19, 2020–March 17, 2021, were analyzed (Table 1). Overall, 1664 (59%) MIS-C patients were male. Race/ethnicity was unknown for 359 (12.7%) persons; among those with available information, 909 (37.0%) were Hispanic/Latino, 709 (28.8%) were non-Hispanic Black, 28 (1.1%) were AI/AN, 29 (1.2%) were NH/PI, and 681 (27.7%) were non-Hispanic White persons. Thirty-five
### Table 1. Characteristics of MIS-C Cases, by Survival Status (n = 2818)—United States, February 2020–March 2021

| Characteristic                             | Overall (n = 2818) | Survivors (n = 2783) | Decedents (n = 35) | Crude \(a\) OR (95% CI) | Adjusted \(b\) OR (95% CI) | \(P\) Value \(c\) |
|--------------------------------------------|-------------------|----------------------|--------------------|--------------------------|-----------------------------|------------------|
| **Sex** (n = 2808)                         |                   |                      |                    |                          |                             |                  |
| Male                                       | 1664 (59.0)       | 1643 (59.0)          | 21 (60.0)          | 1.0 (0.5–2.0)            | 1.0 \(d\) (0.5–1.9) | .89              |
| Female                                     | 1144 (40.6)       | 1130 (40.6)          | 14 (40.0)          | Ref                      | Ref                         | —                |
| **Age** (n = 2811)                         |                   |                      |                    |                          |                             |                  |
| <1 year                                    | 98 (3.5)          | 97 (3.5)             | 1 (2.9)            | 1.6 (0.0–12.9)           | NA                          | .98              |
| 1–5 years (n = 2807)                       | 755 (26.8)        | 749 (26.9)           | 6 (17.1)           | 1.3 (0.4–3.8)            | 1.3 \(e\) (0.4–3.8) | .67              |
| 6–11 years (n = 2804)                      | 1112 (39.5)       | 1105 (39.7)          | 7 (20.0)           | Ref                      | Ref                         | —                |
| 12–15 years (n = 2803)                     | 538 (19.1)        | 532 (19.1)           | 6 (17.1)           | 1.8 (0.6–5.3)            | 1.8 \(e\) (0.6–5.5) | .29              |
| 16–20 years (n = 2803)                     | 308 (10.9)        | 293 (10.5)           | 15 (42.9)          | 8.1 (3.2–20.0)           | 6.8 \(f\) (2.7–17.1) | <.0001           |
| **Race/ethnicity** (n = 2459)              |                   |                      |                    |                          |                             |                  |
| White, single-race; NH                     | 681 (27.7)        | 676 (27.8)           | 5 (16.7)           | Ref                      | Ref                         | —                |
| Black, single-race; NH                     | 709 (28.8)        | 701 (28.9)           | 8 (26.7)           | 1.5 (0.5–4.7)            | 1.2 (0.4–3.9)              | .72              |
| Hispanic/Latino \(g\)                     | 909 (37.0)        | 897 (36.9)           | 12 (40.0)          | 1.8 (0.6–5.2)            | 1.4 (0.5–4.1)              | .54              |
| Asian, single-race; NH                     | 57 (2.3)          | 57 (2.3)             | —                  | Ref                      | Ref                         | —                |
| AI/AN, Hispanic, NH, or unknown ethnicity  | 28 (1.1)          | 26 (1.1)             | 2 (6.7)            | 10.3 (0.9–66.7)          | NA                          | .06              |
| NH/PI, Hispanic, NH, or unknown ethnicity  | 29 (1.2)          | 27 (1.1)             | 2 (6.7)            | 9.9 (0.9–64.1)           | NA                          | .06              |
| Multiple races (Black, White, Asian, “other”); NH | 46 (1.9) | 45 (1.9)             | 1 (3.3)            | 3.0 (0.1–27.6)           | NA                          | .65              |
| **Preexisting medical conditions**         |                   |                      |                    |                          |                             |                  |
| Any underlying medical condition \(h\)    | 1085 (38.5)       | 1061 (38.1)          | 24 (68.6)          | 3.5 (1.7–7.3)            | 2.8 (1.4–5.9)              | <.01             |
| Obesity                                    | 799 (28.4)        | 783 (28.1)           | 16 (45.7)          | 2.2 (1.1–4.2)            | 1.6 (0.8–3.2)              | .17              |
| Chronic lung or airway disease             | 260 (9.2)         | 254 (9.1)            | 6 (17.1)           | 2.1 (0.9–5.0)            | 1.6 (0.6–3.9)              | .35              |
| Congenital heart disease                   | 66 (2.3)          | 63 (2.3)             | 3 (8.6)            | 4.0 (0.8–13.5)           | NA                          | .09              |
| Diabetes mellitus (type 1 or 2)            | 26 (0.9)          | 24 (0.9)             | 2 (5.7)            | 7.0 (0.8–30.0)           | NA                          | .08              |
| Immunosuppression/malignancy/autoimmune disorder | 33 (1.2)     | 30 (1.1)             | 3 (8.6)            | 8.6 (16.2–29.9)          | NA                          | .01              |
| Neurologic disorder                        | 79 (2.8)          | 74 (2.7)             | 5 (14.3)           | 6.1 (2.3–16.2)           | 5.1 (1.9–14.1)             | <.01             |
| Noncardiac congenital abnormality          | 93 (3.3)          | 86 (3.1)             | 7 (20.0)           | 7.8 (3.3–18.5)           | 6.5 (2.6–16.0)             | <.0001           |
| **MIS-C illness**                          |                   |                      |                    |                          |                             |                  |
| Date of onset (n = 2818)                   |                   |                      |                    |                          |                             |                  |
| Before Jun 29, 2020                        | 538 (19.1)        | 525 (18.9)           | 13 (37.1)          | 3.8 (1.7–8.7)            | 4.2 \(h\) (1.8–9.6) | <.001            |
| Jun 29–Nov 6, 2020                        | 744 (26.4)        | 732 (26.3)           | 12 (34.3)          | 2.5 (1.1–5.8)            | 2.5 \(h\) (1.1–5.8) | .04              |
| Nov 7, 2020–Mar 17, 2021                   | 1535 (54.5)       | 1525 (54.8)          | 10 (28.6)          | Ref                      | Ref                         | —                |
| Days between MIS-C onset and hospital admission, median (IQR) | 4 (2–6) | 4 (2–5)             | 3 (0–4)            | Ref                      | Ref                         | —                |
| Length of hospital stay, median (IQR), d   | 6 (4–8)           | 6 (4–8)              | 6 (2–22)           | NA                       | NA                          | .82              |
| Maximum temperature, median (IQR), °C      | 39.7 (39.3–40.2)  | 39.7 (39.3–40.2)     | 39.4 (38.9–40.2)   | NA                       | NA                          | .21              |
| Duration of fever, median (IQR), d         | 5 (4–7)           | 5 (4–7)              | 5 (4–6)            | NA                       | NA                          | .53              |

\(a\) Crude odds ratio.  
\(b\) Adjusted for sex, age, race/ethnicity, and preexisting medical conditions.  
\(c\) Two-sided \(P\) value.  
\(d\) All-female reference category.  
\(e\) All-male reference category.  
\(f\) All-16 to 20 years reference category.  
\(g\) Not Hispanic/Latino.  
\(h\) Includes any underlying medical condition.  
\(i\) Adjusted for sex, age, race/ethnicity, and any underlying medical condition.
Table 1. Continued

| Characteristic | Overall Survivors (n = 2818) | Decedents (n = 35) | Crude Odds Ratio (95% CI) | Adjusted Odds Ratio (95% CI) | P Value |
|----------------|-----------------------------|-------------------|---------------------------|-----------------------------|---------|
| Arrhythmia     | 596 (21.1)                  | 583 (20.9)        | 13 (37.1)                 | 2.2 (1.1–4.5)               | 2.2 (1.1–4.3) | .03     |
| Coronary artery dilation or aneurysm (n = 2666) | 421 (15.8)                  | 420 (15.9)        | 1 (3.3)                   | 0.4 (0.1–1.0)               | NA      | .05     |
| Myocarditis    | 422 (15.0)                  | 413 (14.8)        | 9 (25.7)                  | 2.0 (0.9–4.3)               | 1.5 (0.7–3.3) | .32     |
| Reduced cardiac function | 795 (28.2)                  | 779 (28.0)        | 16 (45.7)                 | 2.2 (1.1–4.2)               | 1.7 (0.9–3.5) | .12     |
| Elevated troponin | 1484 (52.7)                 | 1466 (52.7)       | 18 (51.4)                 | 1.0 (0.5–1.9)               | 0.9 (0.4–7.7) | .66     |
| B-type or NT pro-B-type natriuretic peptide ≥1000 pg/mL | 992 (35.2)                  | 985 (35.4)        | 7 (20.0)                  | 0.5 (0.2–1.1)               | 0.5 (0.2–1.2) | .11     |
| Shock          | 1268 (45.0)                 | 1238 (44.5)       | 35 (100.0)                | 7.5 (2.9–19.4)              | 5.9 (2.3–15.2) | <.001   |
| Respiratory system involvement |                      |                   |                           | NA                          | NA      | <.01    |
| Cough          | 816 (29.0)                  | 796 (28.6)        | 20 (57.1)                 | 3.3 (1.7–6.5)               | 2.2 (1.1–4.6) | .02     |
| Pneumonia      | 747 (26.5)                  | 722 (25.9)        | 25 (71.4)                 | 7.1 (3.4–14.9)              | 4.8 (2.2–10.2) | <.0001  |
| Acute respiratory distress syndrome | 162 (5.7)                  | 146 (5.2)         | 16 (45.7)                 | 15.2 (7.7–30.2)             | 9.5 (4.6–19.5) | <.0001  |
| Severe respiratory involvement | 1289 (45.7)                 | 1255 (45.1)       | 34 (97.1)                 | 41.4 (5.7–302.8)            | 279 (3.8–205.3) | <.01    |
| Mucocutaneous involvement |                      |                   |                           | NA                          | NA      | <.0001  |
| Rash           | 1571 (55.7)                 | 1558 (56.0)       | 13 (37.1)                 | 0.5 (0.2–0.9)               | 0.7 (0.3–1.4) | .30     |
| Mucocutaneous lesions | 646 (22.9)                  | 644 (23.1)        | 2 (5.7)                   | 0.2 (0.0–0.8)               | NA      | .02     |
| Conjunctivitis | 1573 (55.6)                 | 1570 (56.4)       | 3 (8.6)                   | 0.1 (0.0–0.3)               | NA      | <.0001  |
| Any mucocutaneous involvement | 2110 (74.9)                 | 2096 (75.3)       | 15 (42.9)                 | 0.3 (0.1–0.5)               | 0.4 (0.2–0.8) | <.01    |
| Neurologic involvement |                      |                   |                           | NA                          | NA      | <.0001  |
| Encephalopathy | 76 (2.7)                    | 71 (2.6)          | 5 (14.3)                  | 6.4 (2.4–16.9)              | 5.4 (2.0–14.7) | <.01    |
| Meningitis     | 105 (3.7)                   | 100 (3.6)         | 5 (14.3)                  | 4.5 (1.7–11.8)              | 4.7 (1.7–12.8) | <.01    |
| Stroke         | 22 (0.8)                    | 15 (0.5)          | 7 (20.0)                  | 46.1 (17.5–121.9)           | 38.1 (13.0–111.1) | <.0001  |
| Severe neurologic involvement | 179 (6.4)                  | 167 (6.0)         | 12 (34.3)                 | 8.2 (4.0–16.7)              | 7.7 (3.7–16.0) | <.0001  |
| Renal involvement |                      |                   |                           | NA                          | NA      | <.0001  |
| Acute kidney injury | 535 (19.0)                  | 518 (18.6)        | 17 (48.6)                 | 4.1 (2.1–8.1)               | 2.9 (1.4–6.0) | .01     |
| Renal failure  | 82 (2.9)                    | 71 (2.6)          | 11 (31.4)                 | 175 (8.3–371)               | 117 (5.3–26.0) | <.0001  |
| Severe renal involvement | 567 (20.1)                  | 545 (19.6)        | 22 (62.9)                 | 7.0 (3.5–13.9)              | 4.8 (2.4–9.8) | <.0001  |
| Hematologic involvement |                      |                   |                           | NA                          | NA      | <.0001  |
| Lymphopenia (age-based) | 1104 (39.2)                 | 1092 (39.2)       | 12 (34.3)                 | 0.8 (0.4–1.6)               | 0.8 (0.4–1.6) | .46     |
| Platelets <150 000/µL | 1195 (42.4)                 | 1177 (42.3)       | 18 (51.4)                 | 1.4 (0.7–2.8)               | 1.6 (0.8–3.1) | .18     |
| Deep venous thrombosis or pulmonary embolism | 21 (0.7)                    | 19 (0.7)          | 2 (5.7)                   | 8.8 (1.0–39.0)              | NA      | .05     |
| Severe hematologic involvement | 1751 (62.1)                 | 1727 (62.1)       | 24 (68.6)                 | 1.3 (0.7–2.7)               | 1.3 (0.6–2.8) | .44     |
| Gastrointestinal involvement |                      |                   |                           | NA                          | NA      | <.0001  |
| Vomiting or diarrhea | 2245 (79.7)                 | 2222 (79.8)       | 23 (65.7)                 | 0.5 (0.2–1.0)               | 0.5 (0.3–1.1) | .08     |
| Mesenteric adenitis | 330 (11.7)                  | 327 (11.7)        | 3 (8.6)                   | 0.7 (0.1–2.3)               | NA      | .8      |
| Characteristic                                 | No. (%) | Odds Ratio (95% CI) | P Value  |
|-----------------------------------------------|---------|---------------------|----------|
|                                               | Overall | Survivors | Decedents | Crudea | Adjustedb | F Valuec |
| Free fluid in abdomen or pelvis               | 297 (10.5) | 294 (10.6) | 3 (8.6) | 0.8 (0.2–2.6) | NA | .98 |
| Liver failure                                 | 28 (1.0) | 23 (0.8) | 5 (14.3) | 20.0 (7.1–56.1) | 11.2 (3.7–34.1) | <.0001 |
| Severe gastrointestinal involvementf         | 721 (25.6) | 711 (25.5) | 10 (28.6) | 1.2 (0.6–2.4) | 1.1 (0.5–2.4) | .74 |

Abbreviations: AI, American Indian; AN, Alaska Native; ECMO, extracorporeal membrane oxygenation; ICU, intensive care unit; IQR, interquartile range; IVIG, intravenous immune globulin; MIS-C, multisystem inflammatory syndrome in children; NA, not applicable; NH, Non-Hispanic; NH/PI, Native Hawaiian/Pacific Islander.

*If cell size was <5, we calculated unadjusted, exact parameter estimates.

*Adjusted for age (continuous, years), obesity (dichotomous), and MIS-C onset date (continuous, days).

*For categorical variables, we report chi-square or, if cell size <5, exact P-values; for continuous variables we report Kruskal-Wallis P-values.

*Adjusted for race/ethnicity (categorical), age (continuous, years), obesity (dichotomous), and MIS-C onset date (continuous, days).

*Adjusted for race/ethnicity (categorical), obesity (dichotomous), any underlying medical condition other than obesity (dichotomous), and MIS-C onset date (continuous, days).

*Of any race other than AI, AN, NH, PI, or unknown race.

*Underlying medical conditions included obesity, chronic lung or airway disease, congenital heart disease, type 1 or type 2 diabetes mellitus, immunosuppressive or autoimmune disorders, malignancy, neurologic disorders, noncardiac congenital anomalies, or sickle cell disease.

*Adjusted for race/ethnicity (categorical), age (continuous, years), and MIS-C onset date (continuous, days).

*Adjusted for race/ethnicity (categorical), age (continuous, years), any underlying medical condition other than obesity (dichotomous), and MIS-C onset date (continuous, days).

*Adjusted for age (continuous, years) and obesity (dichotomous).

*Adjusted for age (continuous, years), obesity (dichotomous), any underlying medical condition other than obesity (dichotomous), and MIS-C onset date (continuous, days).

*Severe cardiovascular system involvement included at least 1 of the following: arrhythmia, cardiac dysfunction (echocardiographic evidence of left or right ventricle dysfunction), congestive heart failure, coronary artery aneurysm or dilation, support using extracorporeal membrane oxygenation, myocarditis, brain or N-terminal pro-brain natriuretic peptide level ≥1000 pg/mL, pericardial effusion, pleural effusion, elevated troponin (above upper limit of normal for the associated laboratory), receipt of vasopressor medications.

*Severe respiratory system involvement included at least 1 of the following: acute respiratory distress syndrome; pleural effusion; pneumonia; ventilatory support using high-flow nasal cannula, noninvasive ventilation, or intubation and mechanical ventilation.

*Any mucocutaneous involvement included at least 1 of the following: conjunctival injection, mucocutaneous lesions, rash.

*Severe neurologic involvement included at least 1 of the following: encephalopathy, meningitis, stroke.

*Severe renal involvement included at least 1 of the following: acute kidney injury, receipt of dialysis, renal failure.

*Lymphopenia was defined as lymphocyte level <4500 cells/µL if age <8 months or <1500 cells/µL if age ≥8 months.

*Severe hematologic involvement included at least 1 of the following: deep vein thrombosis, pulmonary embolism, lymphopenia (lymphocyte level <4500 cells/µL if age <8 months or <1500 cells/µL if age ≥8 months); neutropenia (absolute neutrophil count <500 cells/µL, thrombocytopenia (platelets <150/µL).

*Severe gastrointestinal involvement included at least 1 of the following: appendicitis, radiographically diagnosed enteitis/ileitis, free fluid in abdomen or pelvis, gallbladder hydrops, hepatomegaly, liver failure, mesenteric adenitis.
patients died. The overall case fatality ratio was 1.2% (95% CI, 0.1%–1.7%) and declined from 2.4% (95% CI, 0.1%–3.7%) to 1.6% (95% CI, 0.1%–2.5%) and 0.7% (95% CI, 0.03%–1.1%) across the 3 time periods (data not presented; $\chi^2 = 0.1\%–1.7\%$) and declined from 2.4% (95% CI, 0.1%–3.7%) to 2.2% (95% CI, 0.1%–3.7%). The overall case fatality ratio was 1.2% (95% CI, 0.1%–3.7%). Severe involvement of the following organ systems was also associated with dying: cardiac (OR, 11.4; 95% CI, 2.5–∞), respiratory (OR, 27.9; 95% CI, 3.8–205.3), neurologic (OR, 7.7; 95% CI, 3.7–16.0), renal (OR, 4.8; 95% CI, 2.4–9.8), whereas mucocutaneous involvement was inversely associated with death (aOR, 0.37; 95% CI, 0.18–0.75). The odds of death among patients who developed stroke, renal failure, or liver failure were 38, 12, and 11 times as high, respectively, as the odds among those without these complications.

**DISCUSSION**

As of March 31, 2021, among 2818 MIS-C cases, 35 (1.2%) MIS-C-related deaths had been reported to the CDC. Although other investigators have reported the highest MIS-C incidence among primary school–aged children [1], we found that the highest number and likelihood of death occurred among persons aged 16–20 years. Previous analyses have found ICU admission to be more likely among MIS-C patients aged 13–20 years and SARS-CoV-2-related death to be more common among persons aged 10–20 years than among younger children [2, 5]. Together, these findings suggest that adolescents and young adults are at highest risk for severe MIS-C outcomes.

These data were limited by sample size and incomplete ascertainment of race/ethnicity, yet they suggest increased MIS-C incidence and mortality among racial/ethnic minority groups. Although Hispanic/Latino, non-Hispanic Black, AI/AN, and NH/PI persons account for approximately one-third of the US population, more than two-thirds of MIS-C cases and 80% of MIS-C deaths occurred among these groups [8]. These findings are consistent with disparities in COVID-19 incidence, mortality, and case fatality rates among Hispanic/Latino, non-Hispanic Black, AI/AN, and NH/PI persons.
non-Hispanic Black, AI/AN, and NH/PI persons reported elsewhere [5, 9–11]. Improving clinical and public health information systems to ascertain race/ethnicity uniformly and completely across jurisdictions would permit more robust analyses and help guide policy-makers, health departments, clinicians, and community partners to address systemic issues that contribute to health disparities.

Previous studies have reported a high prevalence of underlying medical conditions among pediatric COVID-19 decedents [5]. In this report, 69% of MIS-C decedents had 1 or more underlying medical conditions, and preexisting neurologic disease or noncardiac congenital abnormalities were associated with death.

During MIS-C illness, severe involvement of the respiratory, cardiac, neurologic, or renal systems was associated with death. All decedents had severe cardiovascular involvement, with most requiring vasopressor medications for shock and one-third receiving ECMO. Stroke was reported among 20% of decedents and was associated with 38-fold increased odds of death. In a previous report about youths with SARS-CoV-2-related illness, severe neurologic involvement was associated with high mortality rates as well as neurologic sequelae among survivors [12].

During February 2020–March 2021, the likelihood of dying among those with MIS-C decreased while the numbers of MIS-C cases increased. Decreasing mortality might be related to increasing identification and reporting of milder MIS-C cases, improvements in clinical management, changes in the SARS-CoV-2 virus, or some combination of these or other factors. Evidence to guide the clinical management of patients with MIS-C continues to accrue, and recent reports suggest that treating patients with IVIG and glucocorticoid medications may improve outcomes [13–15]. Additional studies would be useful to elucidate the incidence, trends, and optimal clinical management of MIS-C.

Because this was an exploratory analysis with multiple comparisons and small numbers of decedents, the results presented should be interpreted cautiously. This report might be further limited by biases related to variations in diagnosis and reporting across jurisdictions and time. Because the MIS-C case definition is broad and the case report form did not include explicit definitions of underlying medical conditions, signs/symptoms, complications, or timing of the clinical course, misclassification is possible. Finally, information about specific causes of death was not collected.

This report is among the first to examine MIS-C mortality and can inform prevention efforts. At the time of this study, only 60% of decedents met the current age-based eligibility requirements for COVID-19 vaccination. Because large numbers of children and adolescents will remain at risk for SARS-CoV-2 infection until COVID-19 vaccine access expands, clinicians must remain vigilant for MIS-C. Children and their caregivers should be supported to practice nonpharmaceutical methods of preventing SARS-CoV-2 transmission [16]. Vaccinating adults can protect unvaccinated children and should be encouraged [17]. Facilitating vaccination among persons aged 12–20 years, which includes the age group with the largest number of deaths and highest odds of death associated with MIS-C, is currently possible. As vaccine eligibility expands, similar efforts could be undertaken for younger children. Prioritizing COVID-19 prevention efforts, including vaccination, among persons of minority racial/ethnic groups and those with underlying medical conditions would help protect those at highest risk for severe MIS-C-related outcomes [2, 5].

Supplementary Data
Supplementary materials are available at Open Forum Infectious Diseases online. Consisting of data provided by the authors to benefit the reader, the posted materials are not copyedited and are the sole responsibility of the authors, so questions or comments should be addressed to the corresponding author.

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