

Timestamp	The preferred name for this syndrome should be
2021/05/20 2:43:48 pm GMT	Adult onset PIMS-TS
2021/05/20 4:18:09 pm GMT	Adult onset PIMS-TS
2021/05/20 8:42:53 pm GMT	MIS-A / AIMS
2021/06/01 5:41:58 pm GMT	MIS-A / AIMS
2021/06/15 9:46:26 am GMT	Adult onset PIMS-TS
2021/06/15 12:00:48 pm GMT	MIS-A / AIMS-TS
2021/06/24 3:11:44 pm GMT	MIS-A / AIMS
2021/06/25 1:35:19 pm GMT	Adult onset PIMS-TS
2021/06/25 1:59:16 pm GMT	Covid-associated Hyperinflammation
2021/06/25 5:25:03 pm GMT	Adult onset PIMS-TS
2021/07/09 9:45:02 am GMT	MIS-A / AIMS-TS
2021/08/06 2:41:35 pm GMT	MIS-A / AIMS

The lower age limit for diagnosis of MIS-A should be

Per local agreed pathway

16

18

Really needs to recognise this as an continuum with the paediatric condition

18

16

Per local agreed pathway

16

18

Per local agreed pathway

16

16

The diagnosis of MIS-A requires [severe dysfunction of one or more extrapulmonary organ systems (e.g., hypotension, hypothermia, coagulopathy, etc.)]

Non-essential (minor criteria)

Essential (major criteria)

Non-essential (minor criteria)

Essential (major criteria)

Essential (major criteria)

Non-essential (minor criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

The diagnosis of MIS-A requires [Acute abdominal pain, including gastroenteritis]

Non-essential (minor criteria)

Non-essential (minor criteria)

Essential (major criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Not required

Non-essential (minor criteria)

Essential (major criteria)

The diagnosis of MIS-A requires [Rash]

Non-essential (minor criteria)

Essential (major criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Essential (major criteria)

The diagnosis of MIS-A requires [Bilateral non purulent conjunctivitis, uveitis or muco-cutaneous inflammati

Non-essential (minor criteria)

Essential (major criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Essential (major criteria);Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Essential (major criteria)

The diagnosis of MIS-A requires [evidence of severe inflammation (e.g. elevated CRP, ferritin, D-dimer, or inte

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Non-essential (minor criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

The diagnosis of MIS-A requires [No obvious microbial cause of illness]

Essential (major criteria)

Essential (major criteria)

Non-essential (minor criteria)

Essential (major criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Essential (major criteria)

Non-essential (minor criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

The diagnosis of MIS-A requires [Evidence of COVID-19 (RT-PCR, antigen test or serology positive), or likely co

Non-essential (minor criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Non-essential (minor criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

The diagnosis of MIS-A requires [Absence of severe respiratory illness]

Essential (major criteria)

Essential (major criteria)

Non-essential (minor criteria)

Not required

Not required

Not required

Non-essential (minor criteria)

Non-essential (minor criteria)

Not required

Non-essential (minor criteria)

Essential (major criteria)

Non-essential (minor criteria)

The diagnosis of MIS-A requires [Fever]

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Non-essential (minor criteria)

Essential (major criteria)

Essential (major criteria)

Essential (major criteria)

Non-essential (minor criteria)

The diagnosis of MIS-A requires [A combination of 3 of the symptoms above]

Non-essential (minor criteria)

Non-essential (minor criteria)

Essential (major criteria)

Essential (major criteria)

Non-essential (minor criteria)

Essential (major criteria)

Non-essential (minor criteria)

Not required

Essential (major criteria)

Essential (major criteria)

Not required

Non-essential (minor criteria)

The diagnosis of MIS-A requires [A combination of 4 of the symptoms above]

Non-essential (minor criteria)

Essential (major criteria)

Non-essential (minor criteria)

Essential (major criteria)

Non-essential (minor criteria)

Non-essential (minor criteria)

Essential (major criteria)

Non-essential (minor criteria)

Not required

Not required

Essential (major criteria)

Essential (major criteria)

The following investigations are required for adults with suspected MIS-A/AIMS [SARS-CoV-2 status checked b

Strongly agree

Strongly agree

Strongly agree

Agree

Strongly disagree;Agree;Strongly agree

Agree

Agree

Strongly agree

Strongly agree

Strongly agree

Strongly agree

Strongly agree

The following investigations are required for adults with suspected MIS-A/AIMS [Blood cultures, urine cultures:

Strongly agree

Strongly agree

Strongly agree

Strongly agree

Strongly agree

Agree

Strongly agree

Strongly agree

Strongly agree

Strongly agree

Strongly agree

Strongly agree

The following investigations are required for adults with suspected MIS-A/AIMS [12 lead ECG]

Strongly agree

Strongly agree

Strongly agree

Strongly agree

Agree

Agree

Agree

Agree

Disagree

Strongly agree

Strongly agree

Strongly agree

The following investigations are required for adults with suspected MIS-A/AIMS [Chest x-ray]

Strongly agree

Strongly agree

Strongly agree

Strongly agree

Agree

Agree

Agree

Strongly agree

Agree

Strongly agree

Strongly agree

Strongly agree

The following investigations are required for adults with suspected MIS-A/AIMS [Echocardiogram with views c

Agree

Strongly agree

Strongly agree

Disagree

Agree;Strongly agree

Agree

Undecided

Agree

Agree

Agree

Strongly agree

Strongly agree

The following investigations are required for adults with suspected MIS-A/AIMS [In adults presenting with abd

Undecided

Strongly agree

Undecided

Disagree

Agree

Agree

Undecided

Agree

Disagree

Agree

Disagree

Disagree

The following investigations are required for adults with suspected MIS-A/AIMS [Adults with persistent severe

Undecided

Strongly agree

Strongly agree

Undecided

Agree

Agree

Agree

Undecided

Strongly agree

Agree

Strongly agree

Agree

The following investigations are required for adults with suspected MIS-A/AIMS [Adults presenting with neuro

Agree

Strongly agree

Strongly agree

Agree

Strongly agree

Agree

Strongly agree

Undecided;Agree

Strongly agree

Strongly agree

Strongly agree

Agree

Are there any other investigations which you would undertake for the investigation of MIS-A
Blood tests as per PIMs

investigations for non-resp viruses EBV/CMV/HIV, urinalysis, vasculitis screen
Troponin and BNP if suspected cardiac involvement . Lower threshold for CT abdomen (US often not available

No

no

Procalcitonin - to exclude infection

No - CRP and cytokines are in the criteria, but if not a mandated investigation perhaps should be (both)
Cardiovascular Magnetic Resonance if/when the patient is well enough (including coronary MRA); serum Igs+I

Features which may indicate MIS-A requiring treatment should include: [A decreased white cell count]

Agree

Agree

Undecided

Undecided

Undecided

Agree

Undecided

Undecided

Agree

Undecided

Agree

Agree

Features which may indicate MIS-A requiring treatment should include: [High or low fibrinogen]

Agree

Undecided

Undecided

Undecided

Agree

Agree

Agree

Undecided

Strongly Disagree

Undecided

Agree

Features which may indicate MIS-A requiring treatment should include: [Elevated triglycerides]

Agree

Undecided

Undecided

Undecided

Agree

Agree

Undecided

Undecided

Agree

Undecided

Undecided

Features which may indicate MIS-A requiring treatment should include: [Features of severe disease include lef

Strongly agree

Strongly agree

Agree

Strongly agree

Agree

Agree

Strongly agree

Agree

Agree

Strongly agree

Agree

Strongly agree

Features which may indicate MIS-A requiring treatment should include: [Elevated or rising troponin]

Agree

Strongly agree

Strongly agree

Agree

Agree

Agree

Agree

Agree

Agree

Strongly agree

Strongly agree

Agree

Features which may indicate MIS-A requiring treatment should include: [A raised white cell count]

Undecided

Agree

Undecided

Undecided

Agree

Undecided

Agree

Agree

Agree

Undecided

Agree

Undecided

Features which may indicate MIS-A requiring treatment should include: [Elevated creatinine]

Undecided

Undecided

Undecided

Strongly agree

Agree

Agree

Agree

Agree

Disagree

Agree

Agree

Agree

Features which may indicate MIS-A requiring treatment should include: [Cardiac features of severe disease inc

Agree

Agree

Strongly agree

Agree

Agree

Agree

Agree

Undecided

Disagree

Strongly agree

Agree

Strongly agree

Features which may indicate MIS-A requiring treatment should include: [Cardiac features of severe disease inc

Strongly agree

Strongly agree

Strongly agree

Strongly agree

Strongly agree

Agree

Strongly agree

Agree

Undecided

Strongly agree

Agree

Strongly agree

Features which may indicate MIS-A requiring treatment should include: [Elevated or rising LDH]

Agree

Undecided

Agree

Undecided

Agree

Agree

Agree

Undecided

Agree

Undecided

Undecided

Agree

Features which may indicate MIS-A requiring treatment should include: [A raised CRP]

Agree

Agree

Undecided

Undecided

Agree

Agree

Agree

Agree

Agree

Undecided

Disagree

Undecided

Features which may indicate MIS-A requiring treatment should include: [Significantly elevated or rising D-dime

Agree

Undecided

Undecided

Undecided

Agree

Agree

Agree

Agree

Disagree

Undecided

Agree

Agree

Features which may indicate MIS-A requiring treatment should include: [Significantly elevated or rising ferritin

Agree

Strongly agree

Agree

Agree

Strongly agree

Agree

Undecided

Agree

Strongly agree

Agree

Agree

Strongly agree

Features which may indicate MIS-A requiring treatment should include: [Elevated BNP]

Agree

Strongly agree

Agree

Undecided

Agree

Agree

Agree

Agree

Agree

Agree

Strongly agree

Disagree

Features which may indicate MIS-A requiring treatment should include: [Elevated urea]

Undecided

Undecided

Undecided

Agree

Agree

Agree

Agree

Undecided

Disagree

Undecided

Disagree

Undecided

Features which may indicate MIS-A requiring treatment should include: [Elevated CK]

Undecided

Undecided

Undecided

Undecided

Agree

Undecided

Agree

Undecided

Undecided

Undecided

Undecided

Undecided

Features which may indicate MIS-A requiring treatment should include: [Elevated or rising lactate]

Agree

Agree

Agree

Strongly agree

Agree

Agree

Agree

Undecided

Disagree

Agree

Agree

Agree

Are there other abnormalities which you consider a marker for requiring treatment?

Hypotension, falling platelets/ MAS type blood picture

cardiac aneurysm, cardiac dysrhythmia

Shock, persistent fever, colitis, any end organ dysfunction

No

None come to mind

Ferritin

No

IL-6 (although may be redundant)

What do you consider an elevated CRP in the context of MIS-A?
Quite variable in PIMS.... usually>100. Sometimes much higher
>100

sensitive but non-specific

40

100

more than 40

120

100

75

100

What do you consider a raised white cell count in the context of MIS-A?
This can be very high but I feel is less useful as a discriminatory factor.
>15

neither sensitive nor specific

11

18

over 12

14

15

Neuts >7

15

What do you consider a low white cell count in the context of MIS-A?

Falling WCC , particularly in context of rising ferritin and pdh and falling platelets could indicate secondary HLH
<3

neither sensitive nor specific

3

less than 4

3

2.5

WBC <4 or Lymphs <1

1

<4

[Adults with MIS-A should be discussed with a MDT to aid risk stratification and decision making]

Strongly agree

Agree

Agree

Agree

Strongly agree

Strongly agree

Agree

Agree

Strongly agree

Disagree;Undecided

Strongly agree

Agree

[Discussion with a MDT should occur within 24 hours for a patient who is clinically stable]

Agree

Agree

Agree

Disagree

Agree

Undecided

Agree

Disagree

Strongly agree

Undecided

Agree

Agree

[Escalation to level 3 care should be considered for adults with single or multiple organ dysfunction who mee

Agree

Strongly agree

Agree

Agree

Strongly agree

Strongly agree

Agree

Undecided

Strongly agree

Agree

Strongly agree

Strongly agree

[adults with evidence of cardiac involvement (elevated Troponin OR elevated BNP OR abnormal ECG OR abno

Agree

Strongly agree

Agree

Agree

Strongly agree

Strongly agree

Agree

Undecided

Agree

Agree;Strongly agree

Strongly agree

Strongly agree

[adults with evidence of cardiac involvement (elevated Troponin OR elevated BNP OR abnormal ECG OR abno

Disagree

Agree

Undecided

Disagree

Agree

Strongly agree

Undecided

Undecided

Disagree

Disagree

Agree

Agree

[adults with presumed MIS-A and evidence of shock on presentation should be managed in a Level 2/3 unit w

Undecided

Agree

Undecided

Disagree

Agree

Undecided

Undecided

Agree

Disagree

Disagree

Strongly agree

Strongly agree

[Adults with MIS-A should be discussed by a multi-disciplinary team (MDT) within 24 hours of admission OR ic

Strongly agree

Strongly agree

Agree

Undecided

Strongly agree

Strongly agree

Agree

Undecided

Strongly agree

Undecided

Strongly agree

Agree

Comments on this question

Needs to be pragmatic about availability of MDT across the country/ internationally. Progression to ECMO is p

The practicality of delivering a 7 day working week MDT may be difficult across all acute sites. Role for a region

Discussion with speciality [Consultation with speciality teams can aid the management of patients with MIS-A]

Strongly agree

Strongly agree

Agree

Agree

Strongly agree

Strongly agree

Agree

Agree

Strongly agree

Agree

Strongly agree

Strongly agree

Discussion with speciality [Speciality team should include infectious diseases or immunology or rheumatology]

Disagree;Agree

Strongly agree

Agree

Agree

Strongly agree

Strongly agree

Agree

Agree

Strongly agree

Undecided

Strongly agree

Strongly agree

Discussion with speciality [Cardiology]	Discussion with speciality [Intensivists]
Agree	Agree
Agree	Strongly agree
Agree	Agree
Undecided	Undecided
Strongly agree	Agree
Strongly agree	Strongly agree
Agree	Agree
Undecided	Undecided
Strongly agree	Strongly agree
Agree	Agree
Strongly agree	Strongly agree
Strongly agree	Strongly agree

Discussion with speciality [Haematology (for adults with haemoglobinopathies, clotting disorders, coagulopath

Agree

Strongly agree

Agree

Agree

Strongly agree

Agree

Agree

Agree

Strongly agree

Undecided

Strongly agree

Strongly agree

Discussion with speciality [Surgeons - for adults with significant abdominal pain, GI symptoms or previous abd
Agree
Undecided
Agree
Undecided
Strongly agree
Agree
Agree
Undecided
Agree
Undecided
Agree
Agree

Discussion with speciality [Respiratory - for adults with respiratory co-morbidity or significant respiratory sym]

Undecided

Agree

Agree

Agree

Agree

Agree

Agree

Undecided

Agree

Undecided

Strongly agree

Strongly agree

Discussion with speciality [Neurologists - for adults with significant or new neurological symptoms]

Agree

Agree

Agree

Agree

Strongly agree

Strongly agree

Agree

Agree

Agree

Agree

Strongly agree

Agree

Discussion with speciality [Pharmacist - for adults on pre-existing medication or for whom biological therapy is

Undecided

Strongly agree

Agree

Undecided

Strongly agree

Agree

Agree

Agree

Agree

Disagree

Strongly agree

Agree

Discussion with speciality [Essential members of the MDT include Infectious Diseases OR Immunologists AND I

Strongly agree

Strongly agree

Agree

Undecided

Strongly agree

Agree

Agree

Agree

Strongly agree

Agree

Strongly agree

Agree

Other comments or feedback on this question

Rheumatology teams are more familiar with immunosuppression of multisystem inflammatory processes

ID and immunology is not available in all site.

Intensivists and Cardiology should probably also be on list of core members of any MDT

All of the statements below refer to adults with shock (prolonged capillary refill time, multiple fluid boluses, re

Undecided

Strongly Agree

Agree

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Strongly Agree

Strongly Agree

All of the statements below refer to adults with shock (prolonged capillary refill time, multiple fluid boluses, re

Agree

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All of the statements below refer to adults with shock (prolonged capillary refill time, multiple fluid boluses, re

Strongly Agree

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All of the statements below refer to adults with shock (prolonged capillary refill time, multiple fluid boluses, re

Disagree

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All of the statements below refer to adults with shock (prolonged capillary refill time, multiple fluid boluses, re

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All of the statements below refer to adults with shock (prolonged capillary refill time, multiple fluid boluses, re

Agree

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Strongly Agree

Agree

All of the statements below refer to adults with shock (prolonged capillary refill time, multiple fluid boluses, re

Disagree

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All of the statements below refer to adults with shock (prolonged capillary refill time, multiple fluid boluses, re

Disagree

Strongly Agree

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All of the statements below refer to adults with shock (prolonged capillary refill time, multiple fluid boluses, re

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Strongly Agree

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All of the statements below refer to adults with shock (prolonged capillary refill time, multiple fluid boluses, re

Disagree

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Disagree

All of the statements below refer to adults with shock (prolonged capillary refill time, multiple fluid boluses, re

Disagree

Strongly Disagree

Undecided

Disagree

Disagree

Undecided

Undecided

Undecided

Strongly Disagree

Strongly Disagree

Undecided

Strongly Disagree

If you would prefer to use another biological agent than those specified in the previous question please specify
I think the choice of biologic depends on the clinical picture. In the absence of further strong evidence I would
n/a

NA

N/A

N/A

N/A

N/A

nil

None

NA

Most PIMS-TS have been treated with Anakinra or Tocilizumab. If the IL-6 is clearly elevated then either is acceptable
Canakinumab might be a legitimate alternative to anakinra; ditto rilonacept on theoretical grounds

The following question relates to second line therapies in severe disease. All of the statements below refer to

Agree

Undecided

Agree

Disagree

Disagree

Agree

Undecided

Agree

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Undecided

Disagree

Undecided

The following question relates to second line therapies in severe disease. All of the statements below refer to

Strongly Agree

Disagree

Agree

Strongly Agree

Agree

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Undecided

Undecided

Strongly Agree

Agree

Agree

Agree

The following question relates to second line therapies in severe disease. All of the statements below refer to

Disagree

Strongly Agree

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Strongly Agree

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Disagree

Disagree

The following question relates to second line therapies in severe disease. All of the statements below refer to

Strongly Agree

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Strongly Agree

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Strongly Agree

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Strongly Agree

Agree

The following question relates to second line therapies in severe disease. All of the statements below refer to

Agree

Strongly Agree

Strongly Agree

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Strongly Agree

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Strongly Agree

Disagree

Strongly Agree

Strongly Agree

The following question relates to second line therapies in severe disease. All of the statements below refer to

Strongly Disagree

Disagree

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Disagree

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Agree

Strongly Agree

Agree

Strongly Agree

Undecided

Strongly Agree

Disagree

The following question relates to second line therapies in severe disease. All of the statements below refer to

Strongly Disagree

Strongly Agree

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Strongly Agree

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The following question relates to second line therapies in severe disease. All of the statements below refer to

Strongly Disagree

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Strongly Agree

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Agree

The following question relates to second line therapies in severe disease. All of the statements below refer to

Strongly Disagree

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Strongly Disagree

Strongly Disagree

Undecided

Disagree

The following question relates to second line therapies in severe disease. All of the statements below refer to

Undecided

Strongly Disagree

Undecided

Disagree

Disagree

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Undecided

Undecided

Strongly Disagree

Strongly Disagree

Undecided

Disagree

If you would prefer to use another biological agent than those specified in the previous question please specify
I think the choice of biologic depends on the clinical picture. In the absence of further strong evidence I would
none

HA

N/A

N/A

N/A

N/A

nil

none

NA

I think the rationale for 2g/Kg over 1g/Kg of IVIG is unclear. I would opt for 1g/Kg and retreat with a further 1g/Kg
As above. All these agents should really be used in context of a clinical trial if feasible.

All of the statements below refer to adults who meet the case definition for MIS-A but do not have shock. The

Strongly Disagree

Strongly Agree

Undecided

Disagree

Strongly Agree

Undecided

Undecided

Agree

Strongly Agree

Undecided

Disagree

Agree

All of the statements below refer to adults who meet the case definition for MIS-A but do not have shock. The

Agree

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All of the statements below refer to adults who meet the case definition for MIS-A but do not have shock. The

Agree

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Agree

All of the statements below refer to adults who meet the case definition for MIS-A but do not have shock. The

Agree

Strongly Agree

Agree

Strongly Agree

Agree

Agree

Undecided

Agree

Agree

Agree

Strongly Agree

Agree

All of the statements below refer to adults who meet the case definition for MIS-A but do not have shock. The

Agree

Agree

Agree

Undecided

Agree

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Agree

All of the statements below refer to adults who meet the case definition for MIS-A but do not have shock. The

Disagree

Undecided

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Agree

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Undecided

Undecided

All of the statements below refer to adults who meet the case definition for MIS-A but do not have shock. The

Agree

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Are there any other indications for treatment with IV steroids which have not been mentioned in the previous Suspected secondary hlh

N/A

N/A

nil

No

All of the statements below refer to adults who meet the case definition for MIS-A but do not have shock. [Th

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Use of echocardiogram in patients meeting the diagnostic criteria of MIS-A [Adults should have a daily echocardiogram]

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Use of echocardiogram in patients meeting the diagnostic criteria of MIS-A [The echocardiogram must review

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All of the statements below refer to the anti-platelet and anti-coagulation approach to adults with MIS. Low d

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The following statements refer to follow-up and other considerations for adults presenting with MIS-A/AIMS.

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Strongly agree

What is your speciality?

Paed rheum

Rheumatology

Infectious Diseases

Acute medicine and rheumatology

Infectious Diseases

Intensive Care & Respiratory Medicine

Acute Medicine

ICU

haematology

Immunology

Cardiology

How many patients with MIS-A/AIMS have you encountered in your clinical practice?

2

3

50-100

None

<10

2

3

15

2

3

2

How many patients with PIMS-TS have you encountered in your clinical practice?

26

7

5

None

<10

2

2

0

0

At GOSH most of the published series ?50

Not a paediatrician so 0

Do you have any further feedback on this survey?

No

questions a bit leading, many either difficult to agree with or disagree, some things like MDTs or MDT clinics n
It is a bit long and the wordings are not always clear. It is clearly focused for tertiary centre and I fear the outc

NO

very long

No

NO

Very helpful, amongst the GOSH cases are some 16+ young adults, not included in the 3 above. At Royal Lond

Please provide an e-mail address if you would like to receive further updates on the outcome of this survey (or

may be delivered in different ways in different settings
some may not be applicable for DGHs

Benjaminjones@doctors.org.Uk

mbuckland@nsh.net
tevfik.ismail@gstt.nhs.uk

ptional)

Option 1

Option 1