**Recommendations for Vaccination of Patients with a History of Multisystem Inflammatory Syndrome Associated with COVID-19 (MIS-C)**

**A. DISCUSSION ABOUT VACCINATION**

1. Initiate conversations with patients and parents/guardians during routine follow-up visits
   1. This could occur during MIS-C clinic or upon request by the family
   2. Initial conversations will likely involve cardiology and rheumatology; the infectious diseases team will provide formal consultation for those proceeding with vaccination and for those with additional questions or concerns.
2. Do not vaccinate if the patient is:
   1. Within 90 days of IVIg administration
   2. Receiving immunosuppressive medications related to MIS-C (e.g., IL-1R antagonists (anakinra), corticosteroids)
   3. Has ongoing medical issues that would increase concern over vaccine administration
   4. Abnormal and clinically significant cardiac imaging
3. Shared decision making between parents and provider

**B. WHEN READY TO VACCINATE**

1. Once the decision is made to vaccinate, we currently recommend **a single dose of vaccine**.
   1. As more data become available, additional doses may be recommended.
2. Patients who proceed with vaccination will be encouraged to participate in a research study that will evaluate immune responses and side effect/safety profiles.

**C. INFECTIOUS DISEASES CONSULTATION FOR VACCINATION**

* Infectious diseases should be consulted prior to vaccination.
  + This can be completed as a telemedicine visit or as part of routine MIS-C clinic visits (typically at 3 and 6 months post-MIS-C diagnosis).
* The ID visit will document the following items (included as a smart phrase for ease):
  + <*smart phrase>* We discussed the following at this visit:
    1. There are no clear guidelines from the CDC regarding vaccination for this specific population.
    2. Side effects/adverse events of the COVID-19 vaccine can be seen in this specific population. The risk of side effects/adverse events (particularly myocarditis) in this population is not known, and we do not yet know if it is the same or higher than the general population.
    3. Among those with a history of COVID-19, one dose of mRNA vaccine generates an immune response that is comparable to those who are SARS-CoV-2 naïve and have received two doses of mRNA vaccine.
    4. We discussed that there is an option to enroll in a research study <OR> The patient is currently enrolled in the COPE Study <THEN> and will have a research blood sample obtained prior to vaccination.
    5. We recommended that all family members 12 years of age and older receive SARS-CoV-2 vaccine.
    6. We recommended that if the patient develops any concerning symptoms, including fever, chest pain, shortness of breath, or dyspnea, they will contact their primary healthcare provider. We also provided our contact information for the infectious diseases clinic.
       - 1. Some patients will require urgent evaluation. If needed, we will recommend evaluation with cardiology, infectious diseases, and rheumatology, as appropriate.