

Supplemental Table S1: International Kawasaki Disease Registry MIS-C Management Survey

Which specialties are involved with inpatient management of MIS-C patients at your institution?

(can include more than one)

- Cardiology
- Rheumatology
- Infectious disease
- Immunology
- General pediatrics
- Hematology
- Thrombosis team
- Other (please specify)

Which specialties are involved with outpatient management of MIS-C patients at your institution

after the patient has been discharged? (can include more than one)

- Cardiology
- Rheumatology
- Infectious disease
- Immunology
- General pediatrics
- Hematology
- Other (please specify)

Do all inpatient MIS-C patients receive immunomodulatory treatment at your institution (ex: IVIG, steroids, etc.), regardless of presentation and severity?

- Yes
- No

Which MIS-C patients receive IVIG at your institution? (can include more than one)

- All patients
- Patients with myocardial involvement
- Patients with Kawasaki disease features
- Patients with coronary artery ectasia or aneurysms
- Patients with severe clinical presentations
(ex: ICU admissions, presentation with shock, etc.)
- None
- Other (please specify)

When applicable, what dose of IVIG is used?

- 1 g/kg
- 2 g/kg
- N/A - IVIG is not used.
- Other (please specify)

Which MIS-C patients receive steroids at your institution? (can include more than one)

- All patients
- Patients with myocardial involvement
- Patients with Kawasaki disease features
- Patients with severe clinical presentations
(ex: ICU admissions, presentation with shock, etc.)
- Patients who do not respond to IVIG (as a second-line agent)
- None
- Other (please specify)

Which of the following immunomodulatory medications are used at your institution in the treatment of MIS-C patients, particularly in severe or refractory cases for intensification (adjunct) therapy? (can include more than one):

- Infliximab
- Anakinra
- Tocilizumab
- None of the above
- Other (please specify)

Which MIS-C patients receive moderate or high dose aspirin/ASA (anti-inflammatory) at your institution? (can include more than one)

- All patients
- Patients with Kawasaki disease features
- Patients with coronary artery ectasia or aneurysms
- Patients with ventricular dysfunction
- Patients with severe clinical presentations
(ex: ICU admissions, presentation with shock, etc.)
- None
- Other (please specify)

What anti-inflammatory dose of aspirin/ASA is used at your institution for MIS-C?

- Moderate dose (30-50 mg/kg/day)
- High dose (80-100 mg/kg/day)
- N/A - Anti-inflammatory dosing is not used.
- Other (please specify)

Which MIS-C patients receive low dose aspirin/ASA (anti-platelet) at your institution? (can include more than one)

- All patients
- Patients with Kawasaki disease features
- Patients with coronary artery ectasia or aneurysms
- Patients with ventricular dysfunction
- Patients with thrombocytosis
- None
- Other (please specify)

Which MIS-C patients receive therapeutic anticoagulation (ex: enoxaparin with therapeutic anti-Xa levels) at your institution? (can include more than one)

- All patients
- Patients with severe clinical presentations
(ex: ICU admission, presentation with shock, etc.)
- Patients with elevated D-dimers
- Patients with any ventricular dysfunction
- Patients with at least moderate ventricular dysfunction
- Patients with coronary artery ectasia or non-large/giant aneurysms
- Patients with large/giant coronary aneurysms
- Patients with positive SARS-CoV-2 PCR
- None
- Other (please specify)

Which MIS-C patients receive prophylactic anticoagulation (ex: lower enoxaparin dosing with lower anti-Xa levels) at your institution? (can include more than one)

- All patients
- Patients at higher baseline risk for venous thromboembolism
(ex: altered mobility, obesity, etc.)
- Patients with severe clinical presentations
(ex: ICU admission, presentation with shock, etc.)
- Patients with elevated D-dimers
- Patients with any ventricular dysfunction
- Patients with at least moderate ventricular dysfunction
- Patients with coronary artery ectasia or non-large/giant aneurysms
- Patients with large/giant coronary aneurysms
- Patients with positive SARS-CoV-2 PCR
- None
- Other (please specify)

Supplemental Figure S1: Specialties Involved in MIS-C Across IKDR Survey

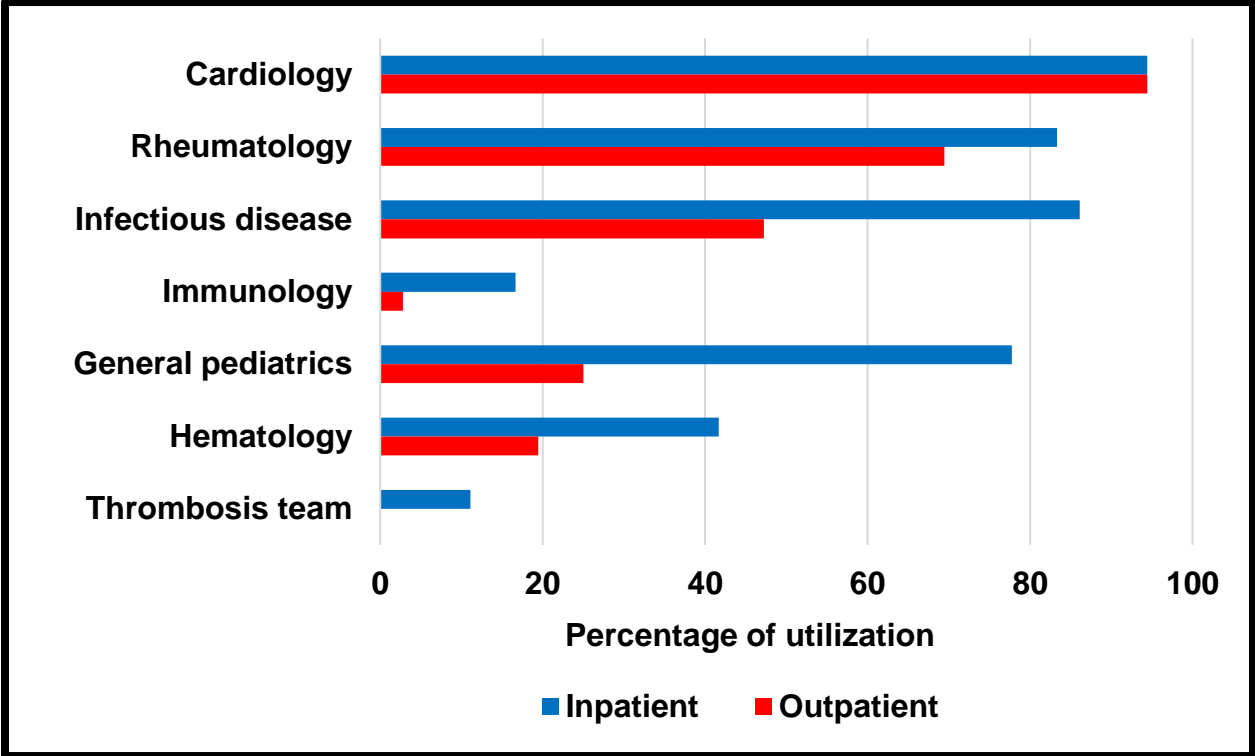


Figure S1: Specialties Involved in MIS-C Across IKDR Survey

Legend: Answer to IKDR survey question regarding which specialties are involved in MIS-C patients both inpatient and outpatient, based on percentage of responses. Note that survey asked about “thrombosis team” only for inpatient care. IKDR, International Kawasaki Disease Registry; MIS-C, multisystem inflammatory syndrome in children.