

Supplemental Online Content

Payne AB, Gilani Z, Godfred-Cato S, et al; MIS-C Incidence Authorship Group. Incidence of multisystem inflammatory syndrome in children among US persons infected with SARS-CoV-2. *JAMA Netw Open*. 2021;4(6):e2116420. doi:10.1001/jamanetworkopen.2021.16420

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This supplemental material has been provided by the authors to give readers additional information about their work.

eAppendix 1. CDC's National Surveillance Case Report Form²⁰

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL
AND PREVENTION
ATLANTA, GA 30329

**Multisystem Inflammatory Syndrome Associated
with COVID-19 Case Report Form**



MIS ID (REQUIRED): _____ **Health Department ID:** _____ **NCOV ID (if available):** _____

NNDSS ID (local_record_id/case_id): _____ **Tools for CRF data submission to supplement NNDSS case notification/data:** DCIPHER RedCap

Abstractor name: _____ **Date of abstraction:** ____/____/____

SECTION 1 – INCLUSION CRITERIA

- 1.1 Age <21, AND
- 1.2 Fever >38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours, AND
- 1.3 Laboratory markers of inflammation (including, but not limited to one or more; 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, AND
- 1.4 Evidence of clinically severe illness requiring hospitalization, with multisystem (≥2) organ involvement (*check all applicable below*): AND
 - 1.4.1 Cardiac (e.g. shock, elevated troponin, BNP, abnormal echocardiogram, arrhythmia)
 - 1.4.2 Renal (e.g. acute kidney injury or renal failure)
 - 1.4.3 Respiratory (e.g. pneumonia, ARDS, pulmonary embolism)
 - 1.4.4 Hematologic (e.g. elevated D-dimers, thrombophilia, or thrombocytopenia)
 - 1.4.5 Gastrointestinal (e.g. elevated bilirubin, elevated liver enzymes, or diarrhea)
 - 1.4.6 Dermatologic, (e.g. rash, mucocutaneous lesions)
 - 1.4.7 Neurological, (e.g. CVA, aseptic meningitis, encephalopathy)
- 1.5 No alternative plausible diagnosis; AND
- 1.6 Positive for current or recent SARS-COV-2 infection by (check all applicable below): OR
 - 1.6.1 RT-PCR
 - 1.6.2 Serology
 - 1.6.3 Antigen test
- 1.7 COVID-19 exposure within the 4 weeks prior to the onset of symptoms
 - 1.7.1 If yes, date of first exposure within the 4 weeks prior : (MM/DD/YYYY): ____/____/____ Unknown

SECTION 2 – PATIENT DEMOGRAPHICS

- 2.1 **State of Residence:** _____
 - 2.2 **Patient zip code/postal code (primary residence):** _____
 - 2.3 **Date of birth (MM/DD/YYYY):** ____/____/____
 - 2.4 **Sex:** Male Female
 - 2.5 **Ethnicity:** Hispanic or Latino Not Hispanic or Latino Refused or Unknown
 - 2.6 **Race (mark all that apply, selecting more than one option as necessary):**
 - 2.6.1 White
 - 2.6.2 Black or African American
 - 2.6.3 American Indian
 - 2.6.4 Alaska Native or Aboriginal Canadian
 - 2.6.5 Native Hawaiian
 - 2.6.6 Other Pacific Islander
 - 2.6.7 Asian
 - 2.6.8 Other
 - 2.6.9 Refused or Don't know
 - 2.7 **Height:** _____ inches
 - 2.8 **Weight:** _____ lbs
 - 2.9 **BMI:** _____
- Comorbidities:**
- | | | |
|--|--|---|
| 2.10.1 Immunosuppressive disorder/malignancy | <input type="radio"/> Yes <input type="radio"/> No | 2.11 Hospital admission date |
| 2.10.2 Obesity | <input type="radio"/> Yes <input type="radio"/> No | (MM/DD/YYYY): ____/____/____ |
| 2.10.3 Type 1 diabetes | <input type="radio"/> Yes <input type="radio"/> No | 2.11.1 Number of days in the hospital: _____ |
| 2.10.4 Type 2 diabetes | <input type="radio"/> Yes <input type="radio"/> No | 2.12 If admitted to the ICU, admission date |
| 2.10.5 Seizures | <input type="radio"/> Yes <input type="radio"/> No | (MM/DD/YYYY): ____/____/____ |
| 2.10.6 Congenital heart disease | <input type="radio"/> Yes <input type="radio"/> No | 2.12.1 Number of days in the ICU: _____ |
| 2.10.7 Sickle cell disease | <input type="radio"/> Yes <input type="radio"/> No | 2.13 Patient outcome: <input type="radio"/> Died <input type="radio"/> Discharged <input type="radio"/> Still admitted |
| 2.10.8 Chronic lung disease | <input type="radio"/> Yes <input type="radio"/> No | 2.13.2 Hospital discharge or death date |
| 2.10.9 Other congenital malformations | <input type="radio"/> Yes <input type="radio"/> No | (MM/DD/YYYY): ____/____/____ |
| 2.10.10 Other (specify): _____ | | |

SECTION 3 – CLINICAL SIGNS AND SYMPTOMS			
3.1	Did the patient have preceding COVID-like illness?	<input type="radio"/> Yes	<input type="radio"/> No
3.1.1	Date of symptom onset (MM/DD/YYYY):	___/___/___	
3.2	Date of symptom onset of MIS (MM/DD/YYYY):	___/___/___	
3.3	Fever ≥ 38.0°C:	<input type="radio"/> Yes	<input type="radio"/> No
3.3.1	Date of fever onset (MM/DD/YYYY):	___/___/___	
3.3.2	Highest Temperature:	___ °C	
3.3.3	Number of days febrile:	___	
Signs and symptoms <i>during present illness</i>			
3.4.1	Cardiac		
3.4.1.1	Shock	<input type="radio"/> Yes	<input type="radio"/> No
3.4.1.2	Elevated troponin	<input type="radio"/> Yes	<input type="radio"/> No
3.4.1.3	Elevated BNP or NT-proBNP	<input type="radio"/> Yes	<input type="radio"/> No
3.4.2	Renal		
3.4.2.1	Acute kidney injury	<input type="radio"/> Yes	<input type="radio"/> No
3.4.2.2	Renal failure	<input type="radio"/> Yes	<input type="radio"/> No
3.4.3	Respiratory		
3.4.3.1	Cough	<input type="radio"/> Yes	<input type="radio"/> No
3.4.3.2	Shortness of breath	<input type="radio"/> Yes	<input type="radio"/> No
3.4.3.3	Chest pain/tightness	<input type="radio"/> Yes	<input type="radio"/> No
3.4.3.4	Pneumonia	<input type="radio"/> Yes	<input type="radio"/> No
3.4.3.5	ARDS	<input type="radio"/> Yes	<input type="radio"/> No
3.4.3.6	Pulmonary embolism	<input type="radio"/> Yes	<input type="radio"/> No
3.4.4	Hematologic		
3.4.4.1	Elevated D-dimers	<input type="radio"/> Yes	<input type="radio"/> No
3.4.4.2	Thrombophilia	<input type="radio"/> Yes	<input type="radio"/> No
3.4.4.3	Thrombocytopenia	<input type="radio"/> Yes	<input type="radio"/> No
3.4.5	Gastrointestinal		
3.4.5.1	Abdominal pain	<input type="radio"/> Yes	<input type="radio"/> No
3.4.5.2	Vomiting	<input type="radio"/> Yes	<input type="radio"/> No
3.4.5.3	Diarrhea	<input type="radio"/> Yes	<input type="radio"/> No
3.4.5.4	Elevated bilirubin	<input type="radio"/> Yes	<input type="radio"/> No
3.4.5.5	Elevated liver enzymes	<input type="radio"/> Yes	<input type="radio"/> No
3.4.6	Dermatologic		
3.4.6.1	Rash	<input type="radio"/> Yes	<input type="radio"/> No
3.4.6.2	Mucocutaneous lesions	<input type="radio"/> Yes	<input type="radio"/> No
3.4.7	Neurological		
3.4.7.1	Headache	<input type="radio"/> Yes	<input type="radio"/> No
3.4.7.2	Altered mental state	<input type="radio"/> Yes	<input type="radio"/> No
3.4.7.3	Syncope/near syncope	<input type="radio"/> Yes	<input type="radio"/> No
3.4.7.5	Meningitis	<input type="radio"/> Yes	<input type="radio"/> No
3.4.7.6	Encephalopathy	<input type="radio"/> Yes	<input type="radio"/> No
3.4.8	Other		
3.4.8.1	Neck pain	<input type="radio"/> Yes	<input type="radio"/> No
3.4.8.2	Myalgia	<input type="radio"/> Yes	<input type="radio"/> No
3.4.8.3	Conjunctival injection	<input type="radio"/> Yes	<input type="radio"/> No
3.4.8.4	Periorbital edema	<input type="radio"/> Yes	<input type="radio"/> No
3.4.8.5	Cervical lymphadenopathy >1.5 cm diameter	<input type="radio"/> Yes	<input type="radio"/> No
SECTION 4 – COMPLICATIONS			
4.1	Arrhythmia	<input type="radio"/> Yes	<input type="radio"/> No
	If yes:		
4.1.1	Ventricular arrhythmia:	<input type="radio"/> Yes	<input type="radio"/> No
4.1.2	Supraventricular arrhythmia:	<input type="radio"/> Yes	<input type="radio"/> No
4.1.3	Other arrhythmia (specify):	<input type="radio"/> Yes	<input type="radio"/> No

4.2	Congestive heart failure	<input type="radio"/> Yes	<input type="radio"/> No
4.3	Myocarditis	<input type="radio"/> Yes	<input type="radio"/> No
4.4	Pericarditis	<input type="radio"/> Yes	<input type="radio"/> No
4.5	Liver failure	<input type="radio"/> Yes	<input type="radio"/> No
4.6	Deep vein thrombosis or PE	<input type="radio"/> Yes	<input type="radio"/> No
4.7	ARDS	<input type="radio"/> Yes	<input type="radio"/> No
4.8	Pneumonia	<input type="radio"/> Yes	<input type="radio"/> No
4.9	CVA or stroke	<input type="radio"/> Yes	<input type="radio"/> No
4.10	Encephalitis or aseptic meningitis	<input type="radio"/> Yes	<input type="radio"/> No
4.11	Shock	<input type="radio"/> Yes	<input type="radio"/> No
4.12	Hypotension	<input type="radio"/> Yes	<input type="radio"/> No
SECTION 5 – TREATMENTS			
5.1	Low flow nasal cannula	<input type="radio"/> Yes	<input type="radio"/> No
5.2	High flow nasal cannula	<input type="radio"/> Yes	<input type="radio"/> No
5.3	Non-invasive ventilation	<input type="radio"/> Yes	<input type="radio"/> No
5.4	Intubation	<input type="radio"/> Yes	<input type="radio"/> No
5.5	Mechanical ventilation	<input type="radio"/> Yes	<input type="radio"/> No
5.6	ECMO	<input type="radio"/> Yes	<input type="radio"/> No
5.7	Vasoactive medications (e.g. epinephrine, milrinone, norepinephrine, or vasopressin) (specify):	<input type="radio"/> Yes	<input type="radio"/> No

5.8	Steroids	<input type="radio"/> Yes	<input type="radio"/> No
5.9	Immune modulators (e.g. anakinra, tocilizumab) (specify):	<input type="radio"/> Yes	<input type="radio"/> No

5.10	Antiplatelets (e.g. aspirin, clopidogrel) (specify):	<input type="radio"/> Yes	<input type="radio"/> No

5.11	Anticoagulation (e.g. heparin, enoxaparin, warfarin) (specify):	<input type="radio"/> Yes	<input type="radio"/> No

5.12	Dialysis	<input type="radio"/> Yes	<input type="radio"/> No
5.13	First IVIG	<input type="radio"/> Yes	<input type="radio"/> No
5.14	Second IVIG	<input type="radio"/> Yes	<input type="radio"/> No

SECTION 6 – STUDIES

6.1 Blood Test Results

- 6.1.1 Fibrinogen Highest value: _____ units: _____ Low Normal High
- 6.1.2 CRP Highest value: _____ units: _____ Low Normal High
- 6.1.3 Ferritin Highest value: _____ units: _____ Low Normal High
- 6.1.4 Troponin Highest value: _____ units: _____ Low Normal High
- 6.1.5 BNP Highest value: _____ units: _____ Low Normal High
- 6.1.6 NT-proBNP Highest value: _____ units: _____ Low Normal High
- 6.1.7 D-dimer Highest value: _____ units: _____ Low Normal High
- 6.1.8 IL-6 Highest value: _____ units: _____ Low Normal High
- 6.1.9 Serum White blood count Highest value: _____ Lowest value : _____ units: _____
- 6.1.10 Platelets Highest value : _____ Lowest value : _____ units: _____
- 6.1.11 Neutrophils Highest value: _____ Lowest value : _____ units: _____
- 6.1.12 Lymphocytes Highest value: _____ Lowest value : _____ units: _____
- 6.1.13 Bands Highest value: _____ Lowest value : _____ units: _____

6.2 CSF Studies

- 6.2.1 White blood count Highest value : _____ Lowest value : _____ units: _____
- 6.2.2 Protein Highest value : _____ Lowest value : _____ units: _____
- 6.2.3 Glucose Highest value : _____ Lowest value : _____ units: _____

6.3 Urinalysis

- 6.3.1 Urine White blood count Highest value : _____ Lowest value : _____ units: _____

6.4 Echocardiogram (check if seen on ANY echocardiogram)

- 6.4.1 Not done
- 6.4.2 Normal results
- 6.4.3 Coronary artery aneurysms
 - 6.4.3.1 Max coronary artery Z-score: _____
- 6.4.4 Coronary artery dilatation
- 6.4.5 Cardiac dysfunction (decreased function), specify type:
 - 6.4.5.1 left ventricular dysfunction
 - 6.4.5.2 right ventricular dysfunction
- 6.4.6 Pericardial effusion
- 6.4.7 Pleural effusion
- 6.4.8 Mitral regurgitation, specify type: mild moderate severe
- 6.4.9 Other (specify): _____

6.5 Date of first test showing coronary artery aneurysm or dilatation (MM/DD/YYYY): ___/___/___

6.6 Abdominal imaging Ultrasound CT Not done

- 6.6.1 Normal
- 6.6.2 Mesenteric lymphadenopathy
- 6.6.3 Free fluid
- 6.6.4 Other (specify): _____

6.7 Chest imaging Chest x-ray CT Not done

- 6.7.1 Normal
- 6.7.2 Pneumonia
- 6.7.3 Atelectasis
- 6.7.4 Pleural effusion
- 6.7.5 Other (specify): _____

SARS-COV-2 testing

- 6.8 **RT-PCR:** Positive Negative Not done
 - 6.8.1 If performed, date (MM/DD/YYYY): ___/___/___
- 6.9 **Antigen:** Positive Negative Not done
 - 6.9.1 If performed, date (MM/DD/YYYY): ___/___/___
- 6.10 **IgG:** Positive Negative Not done
 - 6.10.1 If performed, date (MM/DD/YYYY): ___/___/___
- 6.11 **IgM:** Positive Negative Not done
 - 6.11.1 If performed, date (MM/DD/YYYY): ___/___/___
- 6.12 **IgA:** Positive Negative Not done
 - 6.12.1 If performed, date (MM/DD/YYYY): ___/___/___

eAppendix 2. Overcoming COVID-19 Surveillance Registry Case Report Form, Section 1 and 2: Case Definition and Demographic Characteristics

Case Report Form (CRF)

Subject ID COVR - -

SECTION 1 CASE DEFINITION
(for each surveillance time period)

Case Definition Through May 31st, 2020

Inclusion Criteria

- Hospitalization at a participating site in a pediatric unit
- < 25 years old
- Disease is suspected of being related to SARS-CoV-2:
 - SARS-CoV-2 positive PCR AND/OR
 - SARS-CoV-2 positive antibody test AND/OR
 - Meets MIS-C criteria (see below) and hospitalized March 15th - May 31st, 2020

Exclusion Criteria

Not hospitalized OR >25 years old OR no suspected association with SARS-CoV-2

Multisystem Inflammatory Syndrome in Children (MIS-C) Criteria

Inclusion Criteria (must have all 3)

- Fever ≥ 38 °C (100.4 °F) for ≥ 24 hours, or report of subjective fever lasting ≥ 24 hours, **AND**
- Laboratory markers of inflammation (including but not limited to one or more of the following: 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), **AND**
- Clinical evidence of severe hospitalized illness including multi-organ (≥ 2) involvement based on clinical judgement from record review, discharge diagnosis, laboratory or diagnostic tests:
 - Cardiac (e.g. shock, elevated troponin, BNP, abnormal echocardiogram, arrhythmia)
 - Respiratory (e.g. pneumonia, ARDS, pulmonary embolism)
 - Renal (e.g. acute kidney injury or renal failure)
 - Gastrointestinal (e.g. abdominal pain, vomiting, diarrhea, elevated bilirubin, or elevated liver enzymes)
 - Neurologic, (e.g. CVA, aseptic meningitis, encephalopathy)
 - Hematologic (e.g. elevated D-dimers, thrombophilia, or thrombocytopenia)
 - Dermatologic (e.g. rash, erythema, peeling)
 - Fulfill full or partial criteria for complete or incomplete Kawasaki disease
 - Other (specify): _____

Exclusion criteria: Other likely microbial or other cause, including bacterial sepsis, staphylococcal or streptococcal shock syndromes.

Case Definition June 1, 2020 through August 12, 2020

Inclusion Criteria

- Hospitalization at a participating site in a pediatric unit
- ≤ 21 years old
- SARS-CoV-2 positive PCR or SARS-CoV-2 positive antibody test
- Symptoms of COVID-19 or MIS-C that prompted test (not done as a screening test for an elective procedure or visit)

Exclusion Criteria

- Negative (PCR and antibody) or no testing for SARS-CoV-2 (COVID-19)

Case Definition August 13, 2020 forward

Inclusion Criteria

- Hospitalization at a participating site in a pediatric unit
- < 21 years old (exclude if 21 years on admit)
- SARS-CoV-2 PCR, antigen, or antibody positive
- Meets one or more of the following:
 - Admitted to the ICU or stepdown unit for COVID-related complications AND/OR
 - Meets CDC criteria for MIS-C (see above)

Exclusion Criteria

- Negative (PCR, antigen, and antibody) or no testing for SARS-CoV-2 (COVID-19)

SECTION 2 PATIENT DEMOGRAPHICS

2.1 Date of birth (MM/DD/YYYY): ___/___/_____

2.2 Is patient <1 year of age on admission?

 Yes No

2.2.1 If yes, born prematurely? (Born before 37 weeks of gestation)

 No
 Unknown
 Yes:

2.2.1.1 Number of weeks of gestation at birth: _____ weeks

2.2.1.2 Corrected gestational age at time of illness: _____ weeks

2.3 Gender:

 Male
 Female

2.4 Ethnicity:

 Hispanic or Latino
 Not Hispanic or Latino
 Refused or Unknown

2.5 Race (mark all that apply, selecting more than one option as necessary):

2.5.1	White or White-Hispanic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.5.2	Black or African American or Black-Hispanic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.5.3	American Indian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.5.4	Alaska Native or Aboriginal Canadian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.5.5	Native Hawaiian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.5.6	Other Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.5.7	Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.5.8	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2.5.8.1 Please list: _____		
2.5.9	Refused or Don't know	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.6 First 4 digits of patient zip code/postal code (primary residence): ___ ___ ___ ___

2.7 Insurance:

 Private
 Self-pay
 U.S. Government (e.g. Medicaid)
 Unknown

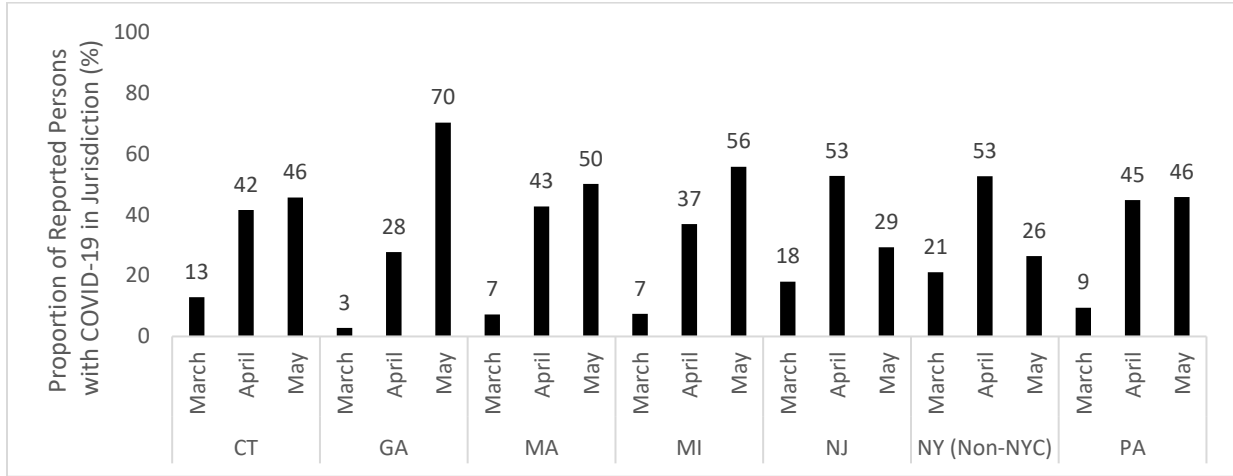
eTable 1. Multipliers Used to Estimate Number of SARS-CoV-2 Infections Based on Reported Persons

With COVID-19

Adapted from Reese et al. 2020⁸

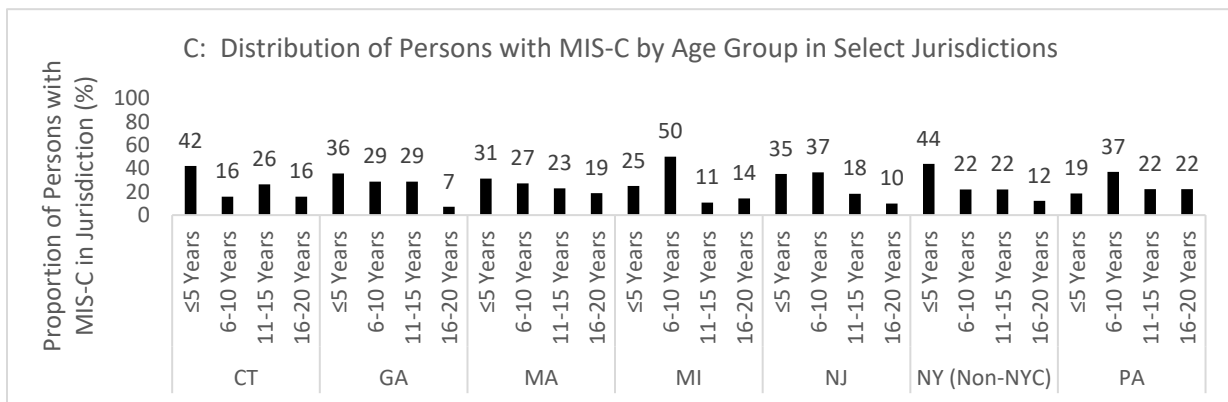
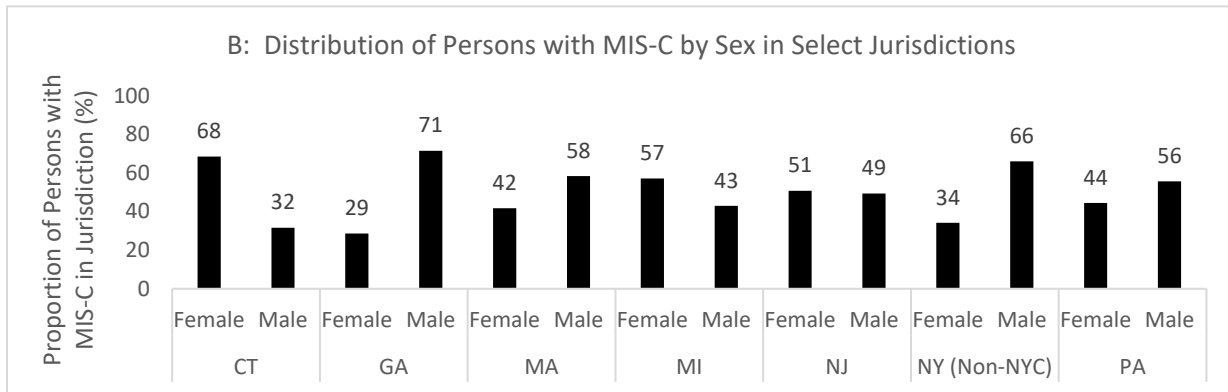
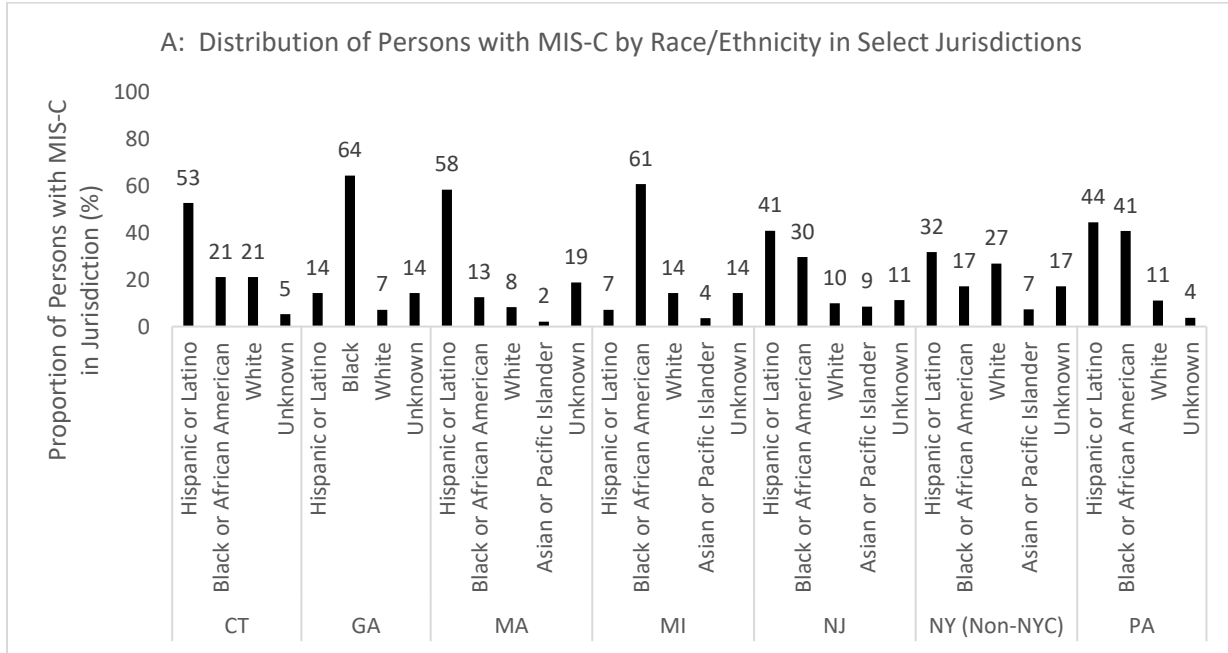
Month	Age Group	Multiplier (95% Confidence Interval)
March	≤5 Years	191.0 (95.2–412.3)
	6–10 Years	222.6 (109.9–484.0)
	11–15 Years	222.6 (109.9–484.0)
	16–20 Years	32.2 (18.1–65.6)
April & May	≤5 Years	15.7 (9.8–26.6)
	6–10 Years	16.4 (10.1–27.9)
	11–15 Years	16.4 (10.1–27.9)
	16–20 Years	7.1 (5.0–10.1)

eFigure 1. Distribution of Reported Persons With COVID-19 in Select Jurisdictions by Month During March to May 2020



Abbreviations: CT, Connecticut; GA, Georgia; MA, Massachusetts; MI, Michigan; NJ, New Jersey; NY (Non-NYC), New York (Non-New York City); PA, Pennsylvania

eFigure 2. Distribution of Reported Persons With MIS-C in Jurisdictions by Select Characteristics During April to June 2020



Abbreviations: CT, Connecticut; GA, Georgia; MA, Massachusetts; MI, Michigan; NJ, New Jersey; NY (Non-NYC), New York (Non-New York City); PA, Pennsylvania

eTable 2. Range of Stratum-Specific Estimates of Incidence of MIS-C Per 1 000 000 SARS-CoV-2 Infections in Select Jurisdictions by Jurisdiction, Race/Ethnicity, Sex, and Age Group During April to June 2020

	Adjusted^A MIS-C Incidence per million persons with reported COVID-19^B (95% CI^C)	Adjusted^A MIS-C Incidence per million SARS-CoV-2^{B,D} Infections (95% CI^BCI^C) (Low^E)	Adjusted^A MIS-C Incidence per million SARS-CoV-2^{B,D} Infections (95% CI^C) (Mid^F)	Adjusted^{A,G,H} MIS-C Incidence per million SARS-CoV-2^{B,D} Infections (95% CI^C) (High^I)
Jurisdiction				
Connecticut	8,807 (5,397–14,371)	191 (117–312)	358 (219–585)	625 (383–1,020)
Georgia	4,014 (2,223–7,246)	142 (78–256)	246 (136–444)	402 (222–727)
Massachusetts	6,812 (4,805–9,658)	194 (137–276)	352 (248–498)	593 (419–840)
Michigan	12,762 (8,319–19,578)	345 (223–534)	627 (405–969)	1,063 (689–1,641)
New Jersey ^J	11,087 (8,342–14,735)	169 (126–226)	331 (248–443)	599 (448–800)
New York (Non-New York City)	5,371 (3,743–7,708)	70 (48–100)	138 (96–198)	252 (175–362)
Pennsylvania	7,661 (5,052–11,616)	193 (127–293)	355 (234–540)	608 (400–923)
Race/Ethnicity^G				
White	2,910 (2,040–4,152)	58 (41–83)	110 (77–156)	192 (135–274)
Black or African American	15,380 (12,093–19,561)	329 (257–422)	616 (481–790)	1,073 (839–1,372)
Hispanic or Latino	9,947 (7,935–12,470)	257 (204–324)	467 (371–588)	794 (631–999)
Asian or Pacific Islander	7,309 (3,982–13,414)	170 (91–319)	315 (169–589)	544 (292–1,012)
Sex^H				
Female	7,252 (5,630–9,342)	167 (129–215)	309 (240–399)	533 (414–688)
Male	7,866 (6,160–10,044)	173 (135–222)	323 (252–413)	559 (437–716)
Age Group				
<6 years	14,292 (10,782–18,944)	229 (172–305)	444 (333–591)	798 (600–1,061)
6–10 Years	19,624 (14,892–25,859)	318 (240–420)	613 (464–811)	1,105 (836–1,460)
11–15 Years	7,293 (5,236–10,159)	116 (83–161)	224 (160–312)	404 (289–563)
16–20 Years	1,591 (1,071–2,363)	99 (67–148)	164 (110–243)	250 (169–372)

^AAdjusted using Poisson regression, with jurisdiction, race/ethnicity, sex, and age group in the model

^BReflects estimate after imputation of race/ethnicity for N=16,129 persons with COVID-19 reported from jurisdictions

^CCI: confidence interval

^DSARS-CoV-2 infections estimated by applying age- and month-specific multipliers⁸ to reported COVID-19 case counts

^E'Low' incidence estimate corresponds to use of upper bound of confidence interval around multiplier estimate

^F'Mid' incidence estimate corresponds to use of point estimate for multiplier

^GN = 32 persons with MIS-C with other/unknown race/ethnicity excluded from analyses involving race/ethnicity, including adjusted estimates

^HN = 188 reported persons with COVID-19 with other/unknown sex excluded from analyses involving sex, including adjusted estimates

^I'High' incidence estimate corresponds to use of lower bound of confidence interval around multiplier estimate

^JNJ suppressed stratum-specific reported COVID-19 case counts of <5; these were assumed to be 1 for analysis

Abbreviations: MIS-C: multisystem Inflammatory Syndrome in Children; SARS-CoV-2: severe acute respiratory syndrome coronavirus 2