

	MIS-C_	Sa TSS	GAS TSS	KD	RMSF ehrlichiosis	Measles	Drug reaction	HLH
Typical Age (yrs)	5-15	Child and teen	Infant and child	2-5	5-15	1-12	5-10	Infant and child
Fever ≥38.9°C	most/all	100%	100%	100% >4 days with other features	100%	100% Escalating pattern 3-4 days ahead of rash	5-50%	100%
Mucous membrane	+/-	+	+	Lips red, cracked, strawberry tongue	±	Koplik spots	Yes-SJS/TEN	No
Single large lymph node	±	No	No	50%	Uncommon	No; lymph node swelling is bilateral, small and postauricular	Generalized	Generalized
Rash	Most	100%	70% sunburn	MP, no petechiae or vesicles	90% MP, petechial wrists and ankles, 2-3 days into fever course	100% morbilliform-starts head to toe; late desquamation	Most	50%
Extremities	Maybe similar to KD	Late desquamation	Necrotizing fasciitis; late desquamation	Red palms soles; swelling	Uncommon	No	No	No
Conjunctivae	±	±	±	Limbic sparing	±	50% bilateral, nonpurulent	Bilateral	No
Cough, coryza	±	No	Not unless pneumonia focus	Uncommon	±	+++	Uncommon	25%
Shock	Most	100%	100%	5%	Rare	Rare	No	30%
Anemia	+/-			+	30%		0-25%	+
WBC	↑ ANC ↓ ALC	↑	↑↑; bandemia	↑	↓		↓; eosino-philia	↓
Platelets	↓	50K	100K	Normal acutely; ↑↑after 2 weeks	Up to 50%		30%	↓↓
C-reactive protein, ESR and or ferritin	↑↑	↑↑	↑↑	↑; ↑↑ in KD shock	↑	↑ if complicated	↑	↑↑
Transaminitis	+	+	+	+	++	++	30%	++
Hyponatremia	+/-	+	+	Uncommon	Up to 50%	Uncommon	Uncommon	+
Hypoalbuminemia	+	+	+	+		Uncommon	+	+
Renal dysfunction	+	++	++	Uncommon	10%	Uncommon	±	No
GI symptoms (e.g., abdominal pain, vomiting/diarrhea)	+	++	+	+	++	+	+	+ ↑bilirubin ↑spleen
Myocardial dysfunction	+/-	+	+	Uncommon unless KD with shock	Rare	Rare	No	No
Pulmonary	+/-	ARDS common	ARDS	Usually normal	Infiltrates	Infiltrates	Rare	Rare
CNS dysfunction	+/-HA, stiff neck	Confusion	Confusion, headache	Irritability	Headache; late cerebritis	Rare seizures, encephalitis SSPE after 5 yrs	Rare aseptic meningitis	±
Infectious source; other clues	+ SARS CoV-2 PCR, antigen, OR Ab	Bacteremia <5%; vaginal source in teen girls; skin/soft tissue 20%; empyema uncommon	Bacteremia ~50%; empyema ½; skin/soft tissue/joint 20%	Coronary aneurysms after 10-14 days IVIg Infliximab	Tick bite or exposure to tick; confirmatory antibody not until week 2-4; Prompt doxycycline	Unimmunized Koplik spots; Measles IgM and PCR urine, NP	Discontinue any suspect drugs, e.g., beta-lactam, sulfa drugs	↑tryglycerides ↓fibrinogen