



Kawasaki Syndrome Case Report



CDC CASE# [] [] [] [] (1-4)

Please fill in the blank or check the answer for each question

- PATIENT INFORMATION/DEMOGRAPHICS -

Patient's Initials: (First, Middle, Last)
Residence: City:
County: State:
Age at Onset: (Yrs) (Mo.)
Date of Birth: (mm/dd/yyyy)
1. Ethnicity: (25)
2. Race: (26)
3. Sex: (27)

- CLINICAL OUTCOMES -

4. Date of Onset of Symptoms: (mm/dd/yyyy)
5. Was the patient hospitalized? (36)
6. If YES, number of days hospitalized: (37-38)
7. Outcome: (39)
8. DOES THE PATIENT HAVE RECURRENT KAWASAKI SYNDROME? (40)

- SIGNS, SYMPTOMS, AND DIAGNOSTIC CRITERIA -

9. The criteria for a case are:
Fever ≥5 days unresponsive to antibiotics, and at least four of the five following physical findings with no other more reasonable explanation for the observed clinical findings:
1) bilateral conjunctival injection,
2) oral changes,
3) peripheral extremity changes,
4) rash,
5) and cervical lymphadenopathy (at least one lymph node ≥1.5 cm in diameter).

- CARDIAC STUDIES -

10. Check the results for each study type (A-C), and list the number of weeks after illness onset that the study was done. If multiple studies were done, report the results that showed coronary artery aneurysm or dilatation for the first time.

COMPLICATIONS Check or list whether complications were associated with this illness.

11. CARDIAC
Coronary artery aneurysms
Other aneurysms (specify):
Coronary artery dilatation
Aortic regurgitation
Arrhythmias
Congestive heart failure
Mitral regurgitation
Myocardial infarction
Myocardial ischemia
Myocarditis
Pericarditis or pericardial effusion
12. NONCARDIAC
Arthralgia
Arthritis
Aseptic meningitis
Gall bladder hydrops
Hearing loss
Hepatitis or hepatomegaly
Iritis or uveitis
Meatitis or sterile pyuria
Myalgia or myositis
Other (specify):

TREATMENT:

REPORTED BY:

PLEASE MAIL COMPLETED FORM TO:

13. WAS INTRAVENOUS GAMMA GLOBULIN (IVGG) GIVEN?
Name:
Address:
Phone No. ()
Date:
Kawasaki Syndrome Surveillance
Division of Viral and Rickettsial Diseases
Mailstop A-39
Centers for Disease Control and Prevention
Atlanta, GA 30333

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0009).