

# Kawasaki Syndrome Case Report

Form Approved  
OMB 0920-0009

CDC CASE#     (1-4)

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

**- PATIENT INFORMATION/DEMOGRAPHICS -**

<b>Patient's Initials:</b> (First, Middle, Last)  _____ (5-7)	<b>Residence:</b> <b>City:</b> _____  <b>County:</b> _____ <b>State:</b> _____ (8-10) (11-12)	<b>Age at Onset:</b> (Yrs) (Mo.) ____ (13-14) ____ (15-16)	<b>Date of Birth:</b> (mm/dd/yyyy) ____ (17-24) ____
<b>1. Ethnicity:</b> (25) 0 Not Hispanic/Latino 9 Unk 1 Hispanic/Latino	<b>2. Race:</b> (26) 1 White 3 Asian 4 Native Hawaiian or Other Pacific Islander 6 Other 2 Black or African American 5 American Indian/Alaska Native 9 Unk	<b>3. Sex:</b> (27) 1 Male 9 Unk 2 Female	

**- CLINICAL OUTCOMES -**

<b>4. Date of Onset of Symptoms:</b> _____ (mm/dd/yyyy) (28-35)	<b>5. Was the patient hospitalized?</b> (36) 0 NO 1 YES 9 Unk	<b>6. If YES, number of days hospitalized:</b> _____ (37-38)
<b>7. Outcome:</b> (39) 1 Alive, no known sequelae 9 Unk 2 Dead 3 Alive with sequelae (specify): _____	<b>8. DOES THE PATIENT HAVE RECURRENT KAWASAKI SYNDROME?</b> (40) 0 NO 1 YES 9 Unk IF YES, list onset date of prior Kawasaki Syndrome episode: _____ (mm/dd/yyyy) (41-48)	

**- 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:

<p>1) bilateral conjunctival injection, 2) oral changes, 3) peripheral extremity changes, 4) rash,</p>	<p>5) and cervical lymphadenopathy (at least one lymph node ≥1.5 cm in diameter). If the fever disappears due to intravenous gamma globulin (IVGG) therapy before the fifth day of illness, a fever of &lt;5 days duration fulfills fever criterion for case definition.</p>
--	--

	No	Yes	Unknown		No	Yes	Unknown
Fever	0	1	9 (49)	2. Oral mucosal changes (erythema of lips or oropharynx, ... strawberry tongue, or drying or fissuring of the lips)	0	1	9 (62)
Date of fever onset: _____ (mm/dd/yyyy) (50-57)				3. Peripheral extremity changes (edema, erythema, ... or generalized or periungual desquamation)	0	1	9 (63)
Number of days febrile: _____ (58-59)				4. Rash	0	1	9 (64)
Fever ≥5 days	0	1	9 (60)	5. Cervical lymphadenopathy ≥1.5 cm diameter	0	1	9 (65)
1. Bilateral conjunctival injection	0	1	9 (61)				

**- CARDIAC STUDIES -**

<p><b>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.</b></p>		Not done	Normal Results	Coronary Artery Aneurysms	Coronary Artery Dilatation	Other Abnormalities	Unknown Results	# Wks after illness onset	Date of first test showing coronary artery aneurysm or dilatation (mm/dd/yyyy)
	A. EKG	0 (66)	1 (67)	2 (68)	3 (69)	4 (70)	9 (71)	____ (72-73)	____ (74-81)
	B. ECHO	0 (82)	1 (83)	2 (84)	3 (85)	4 (86)	9 (87)	____ (88-89)	____ (90-97)
	C. ANGIOGRAM	0 (98)	1 (99)	2 (100)	3 (101)	4 (102)	9 (103)	____ (104-105)	____ (106-113)

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

<b>11. CARDIAC</b>		No	Yes	Unknown	<b>12. NONCARDIAC</b>		No	Yes	Unknown
Coronary artery aneurysms Specify diameter of aneurysm: _____ mm	0	1	9 (114)	Arthralgia	0	1	9 (125)		
Other aneurysms (specify): _____	0	1	9 (115)	Arthritis	0	1	9 (126)		
Coronary artery dilatation	0	1	9 (116)	Aseptic meningitis	0	1	9 (127)		
Aortic regurgitation	0	1	9 (117)	Gall bladder hydrops	0	1	9 (128)		
Arrhythmias	0	1	9 (118)	Hearing loss	0	1	9 (129)		
Congestive heart failure	0	1	9 (119)	Hepatitis or hepatomegaly	0	1	9 (130)		
Mitral regurgitation	0	1	9 (120)	Iritis or uveitis	0	1	9 (131)		
Myocardial infarction	0	1	9 (121)	Meatitis or sterile pyuria	0	1	9 (132)		
Myocardial ischemia	0	1	9 (122)	Myalgia or myositis	0	1	9 (133)		
Myocarditis	0	1	9 (123)	Other (specify): _____	0	1	9 (134)		
Pericarditis or pericardial effusion	0	1	9 (124)						

**TREATMENT:**

**REPORTED BY:**

**PLEASE MAIL COMPLETED FORM TO:**

<p><b>13. WAS INTRAVENOUS GAMMA GLOBULIN (IVGG) GIVEN?</b> 0 NO 1 YES 9 UNK (135)  IF YES, date of first IVGG treatment: _____ (mm/dd/yyyy) (136-143)  IF YES, was IVGG started before the fifth day of illness while the patient was still febrile? 0 NO 1 YES 9 UNK (144)</p>	<p>Name: _____ Address: _____  Phone No. _____ Date: _____ (mm/dd/yyyy)</p>	<p><b>Kawasaki Syndrome Surveillance</b> Division of Viral and Rickettsial Diseases Mailstop A-39 Centers for Disease Control and Prevention Atlanta, GA 30333</p>
---	---	--

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).