

The Vaccinator

A Newsletter of the Communicable Disease Reporting System (CDRS)

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Kawasaki Disease or Kawasaki Syndrome or Mucocutaneous Lymph Node Syndrome

What is Kawasaki Disease

Kawasaki Disease is an acute febrile illness of unknown etiology, primarily affecting young children. About 75 percent of patients are under five years old, but it can affect older children, babies and teenagers, as well. Kawasaki disease is more common in boys than girls, and the majority of cases are diagnosed in winter and early spring. It is not contagious.

In the United States, Kawasaki disease affects people in all racial and ethnic groups, although it is more prevalent among Americans of Asian and Pacific Island descent.

Case Definition

A case of Kawasaki disease is defined as illness in a patient with fever of 5 or more days duration (or fever until the date of administration of intravenous immunoglobulin if it is given before the fifth day of fever), and the presence of at least 4 of the following 5 clinical signs:

- Rash on the trunk or genital area
- Cervical lymphadenopathy (at least 1.5 cm in diameter)
- Bilateral conjunctival injection without exudates
- Oral mucosal changes (red, dry, cracked lips and an extremely red, swollen "raspberry" tongue)
- Peripheral extremity changes (Swollen, red skin on the palms of the hands and the soles of the feet)



Patients whose illness does not meet the above Kawasaki disease case definition but who have fever and coronary artery abnormalities are classified as having atypical or incomplete Kawasaki disease.

Symptoms of Kawasaki Disease

The symptoms of Kawasaki Disease typically appear in phases.

The first phase, which can last for up to 2 weeks, usually involves a persistent fever that is higher than 104 degrees Fahrenheit (39 degrees Celsius), and lasts for at least 5 days.

The other symptoms that typically develop include:

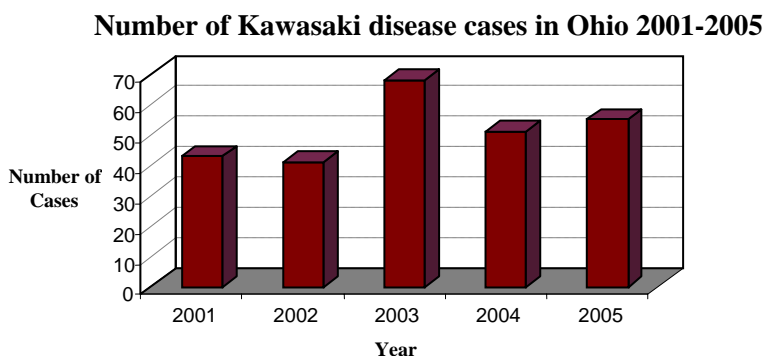
- Severe redness in the eyes
- A rash on the child's stomach, chest, and genitals
- Red, dry, cracked lips
- Swollen tongue with a white coating and big red bumps
- Sore, irritated throat



- Swollen palms of the hands and soles of the feet with a purple-red color
- Swollen lymph nodes in the neck

During the second phase of the illness, which usually begins within two weeks of when the fever first begins, the skin on the child's hands and feet especially the tips of the finger and toes may begin to peel in large pieces. The child may also experience joint pain, diarrhea, vomiting, or abdominal pain.

Annually, an estimated 4,200 children are diagnosed with Kawasaki disease in the U.S



Reference: 2005 Columbus Children's Hospital

Treatment

- Should begin within 10 days when fever first began in order to prevent cardiac complications.
- **Intravenous Immunoglobulin is the recommended treatment.**
- Aspirin to reduce fever, rash, joint inflammation and pain and to prevent cardiac complications
- Evaluate cardiac status with an EKG or an Echocardiogram

Role of the Health Care Providers

Often physicians rely on laboratories to report a case to Local Health Department, however there is no specific laboratory test to diagnose Kawasaki disease. Therefore it is the responsibility of the physicians to report Kawasaki Disease cases to Local Health Department. To date no case of Kawasaki Disease has been reported in Franklin County; however Children Hospital reports 106 cases of Kawasaki disease in Central Ohio.

HEALTH CARE PROVIDERS REPORT THE CASES TO THEIR LOCAL HEALTH DEPARTMENT (CDRS IN FRANKLIN COUNTY).

Websites

For fact sheet about reportable diseases please check the following websites:

- Columbus Health Department: www.publichealth.columbus.gov
- Columbus and Franklin County Communicable Disease Reporting System or CDRS: www.cdrsinfo.com

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