CENTERS FOR DISEASE CONTROL
KAWASAKI SYNDROME
Case Reporting

Form Approved
OMB 0920-0009

CDC Case Number _____(1-4)

Please fill in the blank or circle the answer for each question.

PATIENT'S INITIALS_____ _____ _____ RESIDENCE: CITY _____
FIRST MIDDLE LAST STATE _____(5-6)
COUNTY _____(7-9)

AGE AT ONSET _____YRS _____ MOS [_____]
(10-11) (12-13) (14-16) DOB: MM/DD/YY_____/ _____/_____
(17-18)(19-20)(21-22)

RACE/ETHNICITY:(23) 1. White 5. American Indian/Alaska Native
2. Black 6. Other
4. Asian/Pacific Islander 9. Unknown

IS THE PATIENT HISPANIC? (24) 0 No 1 Yes 9 Unknown

SEX (25) 1. Male 2. Female

DATE OF ONSET: _____/_____/_____ HOSPITALIZED: (32) 0 No 1 Yes 9 Unknown
MM DD YY IF YES, number of days hospitalized:____
(26-27)(28-29)(30-31) (33-34)

OUTCOME: (35) 1. Alive, no known sequelae
2. Dead
3. Alive with sequelae (specify)_____
9. Unknown

DOES THE PATIENT HAVE RECURRENT KAWASAKI SYNDROME? (36) 0 NO 1 YES 9 UNKNOWN
IF YES, list onset date of prior Kawasaki Syndrome episode: ____/____/____
MM DD YY

DIAGNOSTIC CRITERIA. The criteria for a case are: 1) 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: 2) bilateral conjunctival injection, 3) oral changes, 4) peripheral extremity changes, 5) rash, 6) 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 <5 days duration fulfills fever criterion for case definition.

		No	Yes	Unknown
1. Fever ≥ 5 days NUMBER OF DAYS FEBRILE _____ (38-39)	(37)	0	1	9
2. Bilateral conjunctival injection	(40)	0	1	9
3. Oral mucosal changes (erythema of lips or oropharynx, strawberry tongue, or drying or fissuring of the lips)	(41)	0	1	9
4. Peripheral extremity changes (edema, erythema, or generalized or periungual desquamation)	(42)	0	1	9
5. Rash	(43)	0	1	9
6. Cervical lymphadenopathy ≥ 1.5 cm diameter	(44)	0	1	9

CARDIAC STUDIES AND RESULTS. Circle 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 of the most abnormal.

	Not done	Normal Results	Aneurysms	Other abnormalities	Unknown Results	# Wks after illness onset
A. EKG (45)	0	1	2	3	9	_____ (46-47)
B. ECHO(48)	0	1	2	3	9	_____ (49-50)
C. ANGIOGRAM(51)	0	1	2	3	9	_____ (52-53)

COMPLICATIONS. Circle or list any complications associated with this illness.

CARDIAC

(54) Aneurysms (coronary artery)
(55) Aneurysms(other)
specify_____

(56) Aortic regurgitation
(57) Arrhythmias
(58) Congestive heart failure

(59) Coronary artery dilatation
(60) Mitral regurgitation
(61) Myocardial infarction

(62) Myocardial ischemia
(63) Myocarditis
(64) Pericarditis or pericardial effusion

NONCARDIAC

(65) Arthralgia
(66) Arthritis
(67) Aseptic meningitis

(68) Gall bladder hydrops
(69) Hearing loss
(70) Hepatitis or hepatomegaly

(71) Iritis or uveitis
(72) Meatitis or sterile pyuria
(73) Myalgia or myositis
(74) Other. Specify. _____
_____

TREATMENT: (75) WAS INTRAVENOUS GAMMA GLOBULIN GIVEN? 0 No 1 Yes 9 Unknown
IF YES, was it started before the fifth day of illness while the patient was still febrile? (76) 0 No 1 Yes 9 Unknown

REPORTED BY: NAME _____
ADDRESS_____
_____
PHONE NUMBER (_____) _____
DATE: ____/____/____

DO YOU NEED MORE KAWASAKI SYNDROME CASE REPORT FORMS? YES_____ NO _____

PLEASE COMPLETE THE FORM AND MAIL IT TO:

Ohio Department of Health
Infectious Disease Control
P.O. Box 118
Columbus, OH 43266-0118

FOR CDC ONLY: CDC Case status? (77) 0 Not KS 1 KS 3 AKS 9 DK/NS

This questionnaire is authorized by law (Public Health Service Act 42 USC §241). Although response to the questions asked is voluntary, cooperation of the patient is necessary for the study and control of the disease. Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA; Hubert H. Humphrey Bg. Rm 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paper Reduction Project (0920-0009), Washington, DC 20503.