DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30333

Kawasaki Syndrome Case Report

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

CDC CASE# ☐☐☐☐ (1-4)

Form Approved
OMB 0920-0009

– PATIENT INFORMATION/DEMOGRAPHICS –

Patient's Initials: (First, Middle, Last) ___ ___ ___ (5-7)

Residence:
City: _____
County: _____ (8-10) **State:** _____ (11-12)

Age at Onset: (Yrs) ___ (13-14) (Mo.) ___ (15-16)

Date of Birth: (mm/dd/yyyy) __/__/__ (17-18) (19-20) (21-24)

1. Ethnicity: (25)
0 Not Hispanic/Latino 9 Unk
1 Hispanic/Latino

2. Race: (26)
1 White 3 Asian 4 Native Hawaiian or Other Pacific Islander 6 Other
2 Black or African American 5 American Indian/Alaskan Native 9 Unk

3. Sex: (27)
1 Male 9 Unk
2 Female

– CLINICAL OUTCOMES –

4. Date of Onset of Symptoms: __/__/__ (28-29) (30-31) (32-35) (mm/dd/yyyy)

5. Was the patient hospitalized? (36) 0 NO 1 YES 9 Unk

6. If YES, number of days hospitalized: ___ (37-38)

7. Outcome: (39)
1 Alive, no known sequelae 9 Unk
2 Dead 3 Alive with sequelae (specify): _____

8. DOES THE PATIENT HAVE RECURRENT KAWASAKI SYNDROME? (40) 0 NO 1 YES 9 Unk

IF YES, first onset date of prior Kawasaki Syndrome episode: __/__/__ (41-42) (43-44) (45-48) (mm/dd/yyyy)

– 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 probable reasonable explanation for the observed clinical findings:

1) bilateral conjunctival injection,
2) oral mucosal changes,
3) peripheral extremity changes,
4) rash and
5) 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 Kawasaki Syndrome.

	No	Yes	Unknown	
Fever	0	1	9	(49)
Date of fever onset: __/__/__ (50-51) (52-53) (54-57) (mm/dd/yyyy)				
Number of days febrile: ___ (58-59)				
Fever ≥5 days	0	1	9	(60)
1. Bilateral conjunctival injection	0	1	9	(61)
2. Oral mucosal changes (erythema of lips or oral cavity, strawberry tongue, or drying or fissuring of the lips)	0	1	9	(62)
3. Peripheral extremity changes (edema, erythema, or generalized or periungual desquamation)	0	1	9	(63)
4. Rash	0	1	9	(64)
5. Cervical lymphadenopathy ≥1.5 cm diameter	0	1	9	(65)

– 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.

	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)	__/__/__ (74-75) (76-77) (78-81)
B. ECHO	0 (82)	1 (83)	2 (84)	3 (85)	4 (86)	9 (87)	___ (88-89)	__/__/__ (90-91) (92-93) (94-97)
C. ANGIOGRAM	0 (98)	1 (99)	2 (100)	3 (101)	4 (102)	9 (103)	___ (104-105)	__/__/__ (106-107) (108-109) (110-113)

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

11. CARDIAC	No	Yes	Unknown	
Coronary artery aneurysm: Specify diameter of aneurysm: ___	0	1	9	(114)
Other aneurysms (specify): _____	0	1	9	(115)
Coronary artery dilatation	0	1	9	(116)
Aortic regurgitation	0	1	9	(117)
Arrhythmias	0	1	9	(118)
Congestive heart failure	0	1	9	(119)
Mitral regurgitation	0	1	9	(120)
Myocardial infarction	0	1	9	(121)
Myocardial ischemia	0	1	9	(122)
Myocarditis	0	1	9	(123)
Pericarditis or pericardial effusion	0	1	9	(124)

12. NONCARDIAC	No	Yes	Unknown	
Arthralgia	0	1	9	(125)
Arthritis	0	1	9	(126)
Aseptic meningitis	0	1	9	(127)
Gall bladder hydrops	0	1	9	(128)
Hearing loss	0	1	9	(129)
Hepatitis or hepatomegaly	0	1	9	(130)
Iritis or uveitis	0	1	9	(131)
Meatitis or sterile pyuria	0	1	9	(132)
Myalgia or myositis	0	1	9	(133)
Other (specify): _____	0	1	9	(134)

TREATMENT:

13. WAS INTRAVENOUS GAMMA GLOBULIN (IVGG) GIVEN? 0 NO 1 YES 9 UNK (135)

IF YES, date of first IVGG treatment: __/__/__ (136-137) (138-139) (140-143) (mm/dd/yyyy)

IF YES, was IVGG started before the fifth day of illness while the patient was still febrile? 0 NO 1 YES 9 UNK (144)

REPORTED BY:

Name: _____

Address: _____

_____

Phone No. (___) _____

Date: __/__/__ (mm/dd/yyyy)

PLEASE MAIL COMPLETED

Kawasaki Syndrome Surveillance
Division of Viral and Rickettsial Diseases
Mailstop A-39
Centers for Disease Control and Prevention
Atlanta, GA 30333

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