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

Kawasaki Syndrome Case Report

CDC CASE# ☐☐☐☐ (1-4)

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

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/Alaska 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, list 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 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).

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
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 oropharynx, 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 aneurysms — Specify diameter of aneurysm: _____mm	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 FORM TO:

Kawasaki Syndrome Surveillance
Division of High-Consequence Pathogens and Pathology
Mailstop A-30
Centers for Disease Control and Prevention
Atlanta, GA 30333