

KAWASAKI (Mucocutaneous lymph node syndrome)

1. **Agent:** Unknown. Epidemiology suggests an infectious agent.

2. **Identification:**

a. **Symptoms:** Occurs primarily in children under 5 years of age. Characterized by fever, conjunctivitis, cracked lips, "strawberry" tongue, reddening and swelling of the hands and feet, rash, and cervical lymphadenopathy (see Diagnosis, below). Acute phase lasts about 2 weeks. Cardiac complications develop in about 20% of untreated cases. The case fatality rate is 0.5-1.0% and results from coronary artery thrombosis.

b. **Differential Diagnosis:** Systemic staphylococcal and streptococcal infections such as scarlet fever, childhood viral exanthems (differential diagnosis of exanthems in Appendix A), Rocky Mountain spotted fever, leptospirosis, meningococcemia, and drug reactions.

c. **Diagnosis:** Diagnostic criteria are exclusively clinical and include a fever lasting 5 or more days, and at least 4 of the following 5 criteria:

- bilateral conjunctival injection
- at least one of the following: injected or fissured lips, injected pharynx, or "strawberry tongue"
- at least one of the following changes in the extremities: erythema of palms or soles; edema of the hands or feet; generalized or periungual desquamation.
- rash
- cervical lymphadenopathy

3. **Incubation:** Unknown.

4. **Reservoir:** Unknown.

5. **Source:** Unknown.

6. **Transmission:** Unknown.

7. **Communicability:** No evidence for transmission from person to person.

8. **Specific Treatment:** Aspirin and intravenous immune globulin (IVIG).

9. **Immunity:** Recurrences are rare.

REPORTING PROCEDURES

1. Reportable. (Title Section 2500, *California Code of Regulations*). Copy of CMR should be

forwarded to ACDC, who will then contact physician or infection control nurse to request completion of CDC report form.

2. **Report Form: KAWASAKI SYNDROME CASE REPORTING (DHS 8468, 1/99 fillable).** Completed forms should be sent to ACDC.

3. **Epidemiologic Data:** Per CDC form.

CONTROL OF CASE, CONTACTS & CARRIERS

CASE: No restrictions.

ISOLATION: None.

CONTACTS: No restrictions.

CARRIERS: Not applicable.

PREVENTION-EDUCATION

Not applicable.

DIAGNOSTIC PROCEDURES

Diagnosis is exclusively by clinical criteria. Other causes, especially streptococcal infections, must be ruled out (negative throat culture).