I. IDENTIFICATION
A. CLINICAL DESCRIPTION: An acute febrile syndrome of early childhood, presumably of infectious or toxin origin, clinically characterized by a high spiking fever unresponsive to antibiotics with pronounced irritability and mood change.

B. REPORTING CRITERIA: Clinical diagnosis.

C. LABORATORY CRITERIA FOR DIAGNOSIS: None

D. WISCONSIN CASE DEFINITION: A febrile illness of 5 days duration with at least four of the five following physical problems and no other more reasonable explanation for the observed clinical findings.
   - Bilateral conjunctival injection
   - Oral changes (erythema of lips, oropharynx, strawberry tongue or fissuring of the lips)
   - Peripheral extremity change (edema, erythema, generalized or periungual desquamation)
   - Rash
   - Cervical lymphadenopathy (at least one lymph node 1.5 cm in diameter)

   NOTE: If fever disappears after intravenous gamma globulin is started, fever may be of < 5 days duration, and the clinical case definition may still be met.

II. ACTIONS REQUIRED / PREVENTION MEASURES
A. WISCONSIN DISEASE SURVEILLANCE CATEGORY II:
B. Report to the Local Health Department electronically, through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report (F44151), or by other means within 72 hours upon recognition of a case.

B. EPIDEMIOLOGY REPORTS REQUESTED:
   - Electronically Report through WEDSS
   - Or
   - Paper Copy- Acute and Communicable Diseases Case Report (F44151), and CDC Kawasaki Syndrome Case Report Form (CDC 55.54)

III. CONTACTS FOR CONSULTATION
A. LOCAL HEALTH DEPARTMENTS – REGIONAL OFFICES – TRIBAL AGENCIES:

B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003

IV. RELATED REFERENCES
Wisconsin Division of Public Health Communicable Disease Surveillance Guideline