



Communicable Disease Case Reporting and Investigation Protocol **KAWASAKI SYNDROME**

I. IDENTIFICATION AND DEFINITION OF CASES

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. **Laboratory Criteria:** None

C. **Wisconsin Surveillance Case Definition:**

A febrile illness of five 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 infection
- 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. REPORTING

A. **Wisconsin Disease Surveillance Category II – Methods for Reporting:** This disease shall be reported to the patient's local health officer or to the local health officer's designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § [DHS 145.04 \(3\) \(b\)](#). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Acute and Communicable Disease Case Report ([F-44151](#)) to the address on the form.

B. **Responsibility for Reporting:** According to Wis. Admin. Code § [DHS 145.04\(1\)](#), persons licensed under Wis. Stat. ch. [441](#) or [448](#), laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in [Appendix A](#).

C. **Clinical Criteria for Reporting:** Clinically compatible illness.

D. **Laboratory Criteria for Reporting:** None

III. CASE INVESTIGATION

A. **Responsibility for case investigation:** It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

B. **Required Documentation:**

1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs.
2. Upon completion of investigation, set WEDSS disease incident process status to "Sent to State."

C. **Additional Investigation Responsibilities:** None

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

- A. In accordance with Wis. Admin. Code § [DHS 145.05](#), local public health agencies should follow the methods of control recommended in the current editions of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics' *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.

V. CONTACTS FOR CONSULTATION

- A. Local health departments and tribal health agencies:
<https://www.dhs.wisconsin.gov/lh-depts/index.htm>
- B. Bureau of Communicable Diseases, Communicable Diseases Epidemiology Section: 608-267-9003

VI. RELATED REFERENCES

- A. Heymann DL, ed. Kawasaki Syndrome. In: *Control of Communicable Diseases Manual*. 20th ed. Washington, DC: American Public Health Association, 2015: 326-328.
- B. Pickering LK, ed. Kawasaki Disease. In: *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015: 494-500.
- C. Centers for Disease Control and Prevention website: <https://www.cdc.gov/kawasaki/>