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 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. 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

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


C. Centers for Disease Control and Prevention website: https://www.cdc.gov/kawasaki/