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Send or Fax to:
ADHS Infectious Disease Epidemiology
150 North 18th Ave, Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3199 Fax

Outbreak Name: _____

Part of National Outbreak? ☐Yes

Epi-linked to confirmed case? ☐ Yes MEDSISID_____

KAWASAKI SYNDROME

PATIENT INFORMATION

MEDSIS Case No: _____

County: _____

☐ Confirmed ☐ Probable
☐ Ruled Out ☐ Lost to follow up

Name (last, first) _____

Street address _____

City _____ State _____ Zip _____

Mailing address _____

Phone _____ Alt. Phone _____

Occupation/school grade:_____

Place of Birth:

State _____ County _____
Country _____

Birthdate ____ / ____ / ____ or age _____ Sex: ☐ Male ☐ Female ☐ Unknown/Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown
Race: ☐ White ☐ African American ☐ Native Hawaiian/Pac Islander
☐ Asian ☐ Amer Indian / AK Native ☐ Other _____

REPORT SOURCE

Initial report date: _____

Reporter: _____

Reporter org.: _____

Reporter phone: _____

Provider name _____

Provider org.: _____

Provider phone: _____

CLINICAL INFORMATION

Date of Onset of symptoms : ___ / ___ / ____ ☐ Unknown

Diagnosis date: ___ / ___ / ____

Signs & Symptoms

Y	N	UK	
☐	☐	☐	Fever Date of fever onset: ___ / ___ / ____ Number of days febrile: _____
☐	☐	☐	Fever ≥ 5 days
☐	☐	☐	Bilateral conjunctival injection
☐	☐	☐	Oral mucosal changes (erythema of lips or oropharynx, strawberry tongue, or drying or fissuring of the lips)
☐	☐	☐	Peripheral extremity changes (edema, erythema, or generalized or periungal desquamation)
☐	☐	☐	Rash
☐	☐	☐	Cervical lymphadenopathy ≥ 1.5 cm diameter
☐	☐	☐	Vomiting
☐	☐	☐	Diarrhea
☐	☐	☐	Abdominal pain

Outcome of illness

☐ Alive, no known sequelae

☐ Alive, with sequelae _____

☐ Died Date of death: _____

☐ Unknown

Outcome of illness (contd.)

Y	N	UK	
☐	☐	☐	Does the patient have recurrent Kawasaki Syndrome

If yes, list onset date of prior Kawasaki Syndrome episode:
___ / ___ / ____

Hospitalization

Y N UK NA

Hospitalized ED only

Hospital: _____
Attending physican _____
Medical records number _____
Admit date ___ / ___ / ____ Discharge date___ / ___ / ____

Died from illness

Family History

Y N UK

Any relative with history of Kawasaki?

If yes, list relative's name?_____
And when they had the episode: _____

Possible Environmental exposure

Date of last carpet cleaning in residence
before onset, if known ___ / ___ / ____

Y=Yes N=No/Negative UK=Unknown NA=Not Applicable

KAWASAKI SYNDROME Name (Last, First) _____

CARDIAC STUDIES AND RESULTS

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 were most abnormal

1. EKG:	1. ECHO:	1. ANGIOGRAM:
Not Done	Not Done	Not Done
Normal results	Normal results	Normal results
Aneurysms	Aneurysms	Aneurysms
Other abnormalities: _____	Other abnormalities: _____	Other abnormalities: _____
Unknown results	Unknown results	Unknown results
☐ Number of weeks after illness onset:_____	☐ Number of weeks after illness onset:_____	☐ Number of weeks after illness onset:_____

COMPLICATIONS

Check or list any complications associated with this illness

CARDIAC:

- ☐ Aneurysms (coronary artery)
- ☐ Aneurysms (other), specify:_____
- ☐ Aortic regurgitation
- ☐ Arrhythmias
- ☐ Congestive heart failure
- ☐ Coronary artery dilatation
- ☐ Mitral regurgitation
- ☐ Myocardial infarction
- ☐ Myocardial ischemia
- ☐ Myocarditis
- ☐ Pericarditis or pericardial effusion

NON-CARDIAC:

- ☐ Arthralgia
- ☐ Arthritis
- ☐ Aseptic meningitis
- ☐ Gall bladder hydrops
- ☐ Hearing loss
- ☐ Hepatitis or hepatomegaly
- ☐ Iritis or uveitis
- ☐ Meatitis or sterile pyuria
- ☐ Myalgia or myositis
- ☐ Other, specify: _____

TREATMENT

Was INTRAVENOUS GAMMA GLOBULIN given? ☐ Yes ☐ No ☐ Unknown

If yes, was it started before the fifth day of illness, while the patient was still febrile? ☐ Yes ☐ No ☐ Unknown

FOR PUBLIC HEALTH DEPRTMENT USE ONLY

DIAGNOSTIC CRITERIA

The criteria for a case are:

- Fever ≥ 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; and
5. Cervical lymphadenopathy (at least one lymph node ≥ 1.5 cm in diameter)

Note: 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

ACTIONS TAKEN

- ☐ No risk factors/exposures could be identified
- ☐ Patient could not be interviewed/LTF
- ☐ Case is part of known outbreak
  Outbreak Name: _____
- ☐ Epi-linked to confirmed case?
  MEDISIS ID of confirmed case: _____
- ☐ Education provided to case/contacts/facilities (Medication)
- ☐ Follow-up to ensure compliance with treatments
- ☐ Follow-up on contacts who may have been exposed
- ☐ Other: _____

ADDITIONAL NOTES and INFORMATION

INVESTIGATOR(S): _____ **DATE:** ___/___/___ **DATE CLOSED:** ___/___/___

Y=Yes **N=No/Negative** **UK=Unknown** **NA=Not Applicable**