

OBJECTIVES:

To determine the incidence of Kawasaki Disease in Australia and examine the epidemiology, management, and short and long-term morbidity and mortality.

INVESTIGATORS: Dr David Isaacs * (Chief)
Dr T Nolan
Dr S Hall
Dr R Allen

CONTACT ADDRESS: Dr David Isaacs
Department of Infectious Disease
Royal Alexandra Hospital for Children
Camperdown NSW 2050
Phone: 02 692 6450
Fax: 02 519 3662

SUMMARY PROTOCOL:

Kawasaki Disease is an important childhood disease with a reported mortality rate as high as 2-3%. The aetiology of the disease is unknown. It has a high incidence in Japanese and some Asian children. In Japan, Kawasaki Disease is endemic but there are epidemics every 3 years.

Without treatment about 20-30% of children with Kawasaki Disease will develop coronary artery aneurysms. It has been shown that intravenous immunoglobulin given early in the course of Kawasaki Disease can significantly reduce the incidence of cardiac complications.

CASE DEFINITION:

Any child or adolescent up to 16 years of age with fever for five or more days and any four of the following, U any of the following **plus coronary artery aneurysm**:

- bilateral conjunctival injection
- oral mucosal changes, such as injected pharynx, dry cracked lips, strawberry tongue
- changes of the peripheries, such as hand or foot oedema or erythema or desquamation (which may be in the napkin area and occur some time after presentation)
- rash
- cervical lymphadenopathy >1.5cm in diameter

Note: Measles and streptococcal infection should have been excluded.

REPORTING INSTRUCTIONS:

Please report any new patients with Kawasaki Disease seen in the last month.

FOLLOW-UP OF POSITIVE RETURNS

A questionnaire requesting further details will be forwarded to practitioners who report a case. A follow up questionnaire will be forwarded 12 months later.