



County of Santa Cruz

HEALTH SERVICES AGENCY

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COMMUNICABLE DISEASE UNIT

PUBLIC HEALTH ADVISORY

To: Providers who see children in acute care settings

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| <p>Communicable Disease: Kawasaki Syndrome Principle Investigator: Poki Stewart Namkung, MD, MPH., Health Officer 831-454-4114 Date: January 4, 2011</p> |
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INCIDENT

The CDPH Division of Communicable Disease Control (DCDC) was recently notified by a local health department that a pediatric cardiology group had recently consulted on seven children with Kawasaki Syndrome (AKA Kawasaki Disease) in the San Francisco Bay Area. DCDC is working with several Bay Area counties to determine whether there are increases in KS cases in these counties. The County of Santa Cruz public health department would like you to be aware that cases of Kawasaki Syndrome have been noted in the Bay Area. Cases may also be occurring in surrounding communities.

INFORMATION

- Kawasaki Syndrome is a reportable disease under Title 17. Cases of physician-diagnosed Kawasaki Syndrome, including incomplete or atypical cases should be reported to the local health department using the Confidential Morbidity Report form
<http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/pm110.pdf>
- Kawasaki Syndrome is an acute vasculitis of childhood of unknown etiology. Clinical and epidemiologic features support an infectious case, and the epidemiology indicates a likely genetic susceptibility.
- The diagnosis of Kawasaki Syndrome is based on clinical criteria: Fever persisting for at least 5 days* and having at least four of the following five criteria:
 - bilateral conjunctival injection (non-exudative)
 - erythema of the oropharynx with fissuring of the lips, “strawberry tongue”
 - erythema and swelling of the hands and feet, with subsequent periungual desquamation
 - erythematous rash
 - cervical lymph node enlargement >1.5 cm diameter

*An experienced physician may make the diagnosis before the 5th day of fever. Other diseases with similar clinical findings include viral infections and group A streptococcal infection. Note that a positive Group A Strep test may be misleading, as asymptomatic colonization with Group A Streptococcus may occur.

- Additionally, cases of incomplete or atypical KS, defined as having some but not fulfilling the criteria above, have been recognized.

RECOMMENDATIONS

- Prompt recognition and treatment is important. Untreated, 15% to 25% may develop coronary artery abnormalities, including aneurysm. Treatment with intravenous immunoglobulin and aspirin before the 10th day of illness decreases the risk of this complication significantly.
- The American Heart Association Scientific Statement on Kawasaki Disease provides a comprehensive summary of the epidemiology and guidelines for diagnosis, and treatment of Kawasaki Disease. The statement also includes an algorithm on an approach for children with prolonged fever and several principal clinical features of Kawasaki Disease.
<http://circ.ahajournals.org/cgi/content/full/110/17/2747>

ADDITIONAL RESOURCES

- Centers for Disease Control and Prevention: <http://www.cdc.gov/kawasaki/>
- Physicians who have clinical questions about Kawasaki Syndrome should seek consultation with a pediatric infectious disease physician.
- Questions on reporting Kawasaki Syndrome can be directed to the **Santa Cruz County Public Health Department at (831) 454-4114.**



Public Health
Prevent. Promote. Protect.

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.