DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control
and Prevention (CDC)
Atlanta, Georgia 30333

## Kawasaki Syndrome Case Report

Form Approved

CDC CASE#	(1-4	) 110				he answer for eac	-	<u>!!</u>			ОМВ	0920-0	0009
Patient's Initials: (First, Middle, Last)	Residence: City:		– PA	TIENT INFO	DRMATIO	N/DEMOGRAPHI	cs –	Age at			of Birth: (mm/dd/yyy	ry)	
	County:				State:		11-12)	(13-14	4) (15-16)		(17-24)		_
1. Ethnicity: (25)		2. Race: (26	5)	(8-10)		(	11-12)	(13-12	+) (15-16)	3. Sex			
0 Not Hispanic/Latino	9 Unk	1 White		Asian	4 Nat	ive Hawaiian or Ot	ner Pacific	Islander	6 Other		Male	9 L	Jnk
1 Hispanic/Latino		2 Black	or Afric	an American	5 Am	erican Indian/Alasl	an Native		9 Unk	2	Female		
				– CLII	NICAL OU	TCOMES -							
4. Date of Onset of Symptoms:	(28-35)	(mm/dd/y	ууу)	5. Was the p hospitaliz	patient zed?(36) 0	NO 1 YES	9 Un		6. If YES, nun days hospi			(37-3	8)
<b>7. Outcome:</b> (39)						8. DOES THE PATIE			r if yes,	list onset d	ate of pric	or	
1 Alive, no known seque	<b>elae</b> 9	Unk				KAWASAKI SYNI	PROME?	(40)	Kawas	aki Syndron	ne episoa	e:	
2 Dead з Alive with	h sequelae (spe	ecify):				0 NO 1	YES 9	Unk		<u>(41-48)</u>	(m	ım/dd/yy	yy)
		-	- SIGNS	, SYMPTON	MS, AND I	DIAGNOSTIC CR	ITERIA –						
9. The criteria for a case				bilateral conjun	ctival injection	on, <b>5)</b> and cervica	l lymphaden	opathy (at	least one lymp	h node ≥1.5	cm in dia	meter).	
Fever ≥5 days unrespons of the five following phys reasonable explanation for	ical findings wit	h no other more	<b>3</b> )	oral changes, peripheral extre rash,	emity change	;S.			enous gamma ç s duration fulfill				
			No	Yes Unknow	wn					No	Yes	Unknov	wn
Fever		0				)ral mucosal change	s (erythema	of lips or	oropharynx,	0	1	9	(62)
Date of fever onset :		(mm/dd/	уууу)			strawberry tongue, o Peripheral extremity		•	. ,	0	1	9	(63)
Number of days febrile:	(58-59)					or generalized or per	• .		•	•		Ü	(00)
Fever ≥5 days		0	1	9	(60) <b>4.</b> F	Rash				0	1	9	(64)
1. Bilateral conjunctival inj	ection	0	1	9	(61) 5. 0	Cervical lymphadeno	pathy ≥1.5	cm diame	ter	0	1	9	(65)
				– C <i>P</i>	ARDIAC S	TUDIES –							
10. Check the results for eac type (A-C), and list the nu weeks after illness exect	ımber of		Not done	– CA Normal <u>Results</u>	Coronary Artery Aneurysn	y Coronary Artery	Other normalities	Unknowr Results	# Wks aft illness <u>onset</u>	show	ate of first ing corona irysm or di (mm/dd/yy	ry arter latation	
Check the results for eac	imber of that the	A. EKG	Not done	Normal <u>Results</u>	Coronary Artery <u>Aneurysn</u>	y Coronary Artery			illness onset	show	ing corona <u>Irysm or di</u> (mm/dd/yy	ry arter latation	
Check the results for eac type (A-C), and list the nu weeks after illness onset study was done. If multip were done, report the res	imber of that the ple studies fulls that			Normal Results	Coronary Artery Aneurysn	y Coronary Artery ns <u>Dilatation Ab</u>	normalities	Results	illness onset  (72-73)	show	ing corona irysm or di (mm/dd/yy) — (74-81)	ry arter latation	
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Check the results for eac type (A-C), and list the nu weeks after illness onset study was done. If multip were done, report the res showed coronary artery a or dilatation for the first t	umber of that the ble studies sults that aneurysm ime.	A. EKG 3. ECHO C. ANGIOGRAM	0 (66 0 (82 0 (98	Normal Results  1 (67) 1 (83) 1 (99)  ated with this	Coronary Artery Aneurysn  2 (  2 (  2 (  1) 2 (  illness.	y Coronary Artery Dilatation Ab  68) 3 (69)  84) 3 (85)  1100) 3 (101)	4 (70) 4 (86)	9 (7 9 (8	1) illness onset (72-73) (88-89)	show aneu	ing corona irysm or di (mm/dd/yy) (74-81) - (90-97) - (106-113)	ry arter latation yy) — — —	- - -
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Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0009).