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Kawasaki Syndrome

What Kawasaki Syndrome?

Kawasaki syndrome (KS) is an acute febrile illness that primarily affects children younger than 5 years of age, and most commonly in children of Japanese or Korean descent

How do you get it?

No one knows what causes Kawasaki Syndrome or how it's spread. It doesn't appear to be hereditary or contagious.

There is no firm evidence for person-to-person spread, although outbreaks of Kawasaki syndrome are consistent with an infectious etiology.

What are the symptoms?

Kawasaki syndrome typically occurs in three phases.

Phase 1: Most patients develop high, spiking fever for about 10 days with four or more of the following symptoms: body rash, conjunctivitis, sore throat, swollen lymph nodes mostly in the neck, reddish discolorations on the palms of the hands and the soles of the feet, and red, dry, cracked lips and extremely red swollen tongue (strawberry tongue).

Phase 2 (subacute phase): As the fever subsides, the tips of the fingers and toes tend to peel often in large sheets. Patients may also develop joint pain, diarrhea, vomiting, and/or abdominal pain. This phase usually lasts about 2 weeks.

Phase 3 (convalescent phase): Clinical symptoms gradually fade. "Although KS is primarily self-limiting, the disease causes significant morbidity in most patients and can result in a range of cardiac and non-cardiac complications. Coronary artery abnormalities (CAA) can occur in more than 20% of untreated KS patients."¹ For a small percentage of children who develop heart problems, KS is fatal even with treatment.

When do the symptoms start?

The time from exposure to development of symptoms is unknown.

What is the treatment for Kawasaki syndrome?

Early diagnosis and treatment decreases the development of complications. The standard treatment is intravenous immunoglobulin and aspirin.

How can you keep from getting it?

There are no known measures that will prevent this illness.

For more information, see the CDC's website at:

<http://www.cdc.gov/kawasaki/>

1. Kawasaki Syndrome and Risk Factors for Coronary Artery Abnormalities - United States, 1994-2003; Ermias D. Belay, MD, Ryan A. Maddox, MPH, Robert C. Holman, MS, Aaron T. Curns, MPH, Konique Ballah, MPH, and Lawrence B. Schonberger, MD; *The Pediatric Infectious Disease Journal* • Volume 25, Number 3, March 2006