



PHYSICIANS' BULLETIN

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"Focusing on Families as Our Customers"

No. 417

Kawasaki Disease

Kawasaki Disease is an acute, febrile, systemic vasculitis of early childhood. Epidemiologic evidence suggests an infectious cause, although genetic factors may influence expression of the clinical illness. The disease is over-represented among children of Asian descent but KD has been diagnosed in all ethnic groups. Approximately 45 cases a year are diagnosed in San Diego County, but underreporting due to lack of recognition is likely. In recent weeks a greater number of local cases have been identified.

There is no laboratory test for Kawasaki Disease. Diagnosis is based on the presence of fever lasting more than five days that is unresponsive to antibiotics and at least four of the following:

- bilateral conjunctival injection
- injected or fissured lips or injected pharynx

- polymorphous rash
- erythema or desquamation of the hands and feet
- cervical lymphadenopathy (at least one lymph node greater than 1.5 cm in diameter)

Treatment is high-dose IVIG, given as a single dose within 10 days of onset of fever in conjunction with high dose aspirin. Prompt treatment reduces cardiac complications from approximately 25% in untreated children to less than 3%.

Enhanced scrutiny for Kawasaki Disease cases is currently in place in San Diego. All possible or suspect cases should be reported immediately by phone to the San Diego County Health and Human Services Agency at (619) 515-6620 Monday through Friday between 8am and 5pm. On weekends and holidays please call Station X at 565-5255. Jane Burns,

MD, of UCSD Medical Center is available to discuss clinical aspects of this illness. Dr. Burns may be reached at her office at (619) 543-3526 or by calling the UCSDMC Page Operator at (619) 543-6737, page 3638.

The *Physicians' Bulletin* is published on an as needed basis by the County of San Diego Health and Human Services Agency to provide updated information on health issues of concern to San Diego County's medical community.

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