

Kawasaki Disease



What Is It?

Kawasaki disease is an acute childhood illness. It was first described in Japan in 1967. It is now the leading cause of heart disease in children in the United States, and occurs most frequently in children under five years of age. The cause of Kawasaki disease is unknown, and does not appear to be hereditary. Scientists who have studied the disease think it is caused by an infectious agent such as a virus.

What Are the Symptoms?

A fever that lasts five days or more, redness of the eye, redness of the mouth, lips, tongue and throat, swollen glands in the neck, and extreme irritability are the classic signs of Kawasaki disease.

In as many as 20 percent of the children with Kawasaki disease, the heart is affected. The coronary arteries or the heart muscle itself can be damaged.

Who Gets It and How?

The cause is unknown. Peak age of occurrence in the United States is between 18 and 24 months. Fifty percent of patients are younger than 2 years of age, and 80 percent are younger than 5 years of age; children older than 8 years of age rarely develop the disease. Epidemics generally occur during the winter and spring at 2- to 3-year intervals.

When Should People with this Illness Be Excluded?

A child in the acute stage of Kawasaki disease will feel too ill to attend child care. When a child with this illness recovers and feels well enough to attend, there is no need to exclude from child care.

How Can I Limit the Spread of Kawasaki Disease?

Universal precautions are recommended.

Where Should I Report It?

- Licensing requires that child care providers report to their local health department and to Licensing if there are two or more known or suspected cases of Kawasaki disease in a child care program. However, the American Academy of Pediatrics strongly recommends that child care providers report even if there is only a single case, to ensure that the local Public Health Department is aware that this serious illness is present in a child care setting.
- Notify parents/guardians and program staff if there is even one case. Although the risk of transmission among children is very small, parents should monitor their children for symptoms. Keep the identity of the affected child confidential.