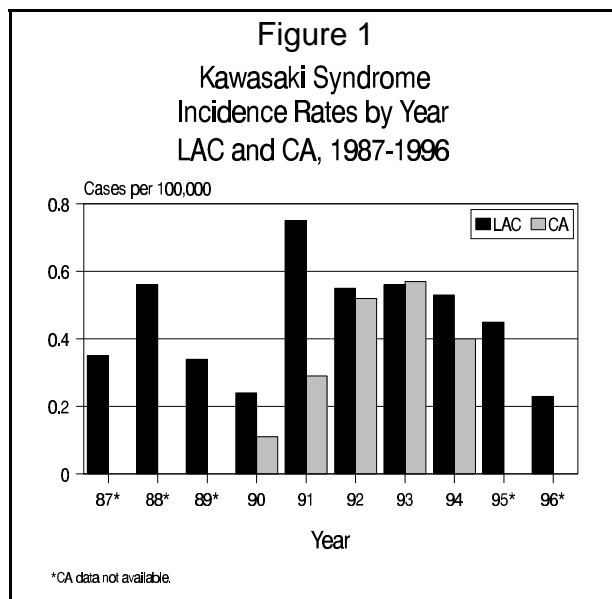




KAWASAKI SYNDROME

CRUDE DATA	
Number of Cases	20
Annual Incidence ^a	
LA County	0.23
California	N/A
United States	N/A
Age at Onset	
Mean	2.9
Median	2
Range	< 1-7 yrs
Case Fatality	
LA County	5.0%
United States	N/A

^a Cases per 100,000 population.

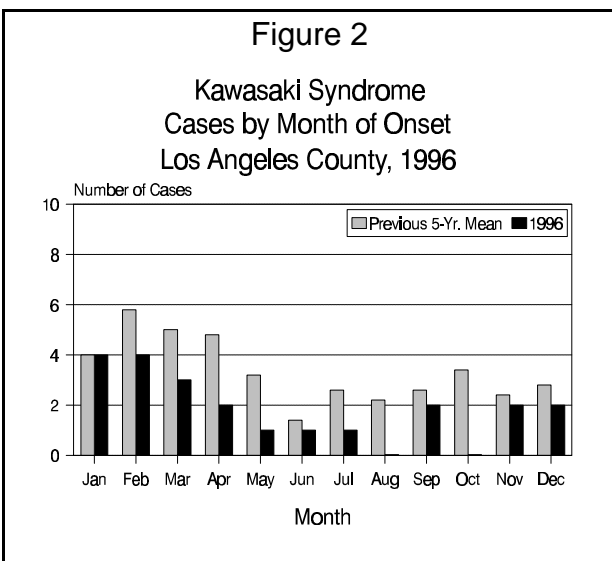


ETIOLOGY

The etiology of Kawasaki syndrome is unknown, but epidemiologic evidence suggests an infectious agent.

DISEASE ABSTRACT

Kawasaki syndrome cases reported in 1996 were half that reported in 1995. The disease occurred predominantly in children less than five years of age. Higher rates occurred in male than in female children. While the disease occurs in all races, children of Asian descent historically have had a higher incidence of Kawasaki syndrome than other groups, as has been the case in Los Angeles County.





STRATIFIED DATA

Trends: The 1996 incidence of 0.23 per 100,000 population was the lowest in the past six years, a 49% decrease from the 1995 crude rate. Reported cases of Kawasaki syndrome followed a common pattern of peaks and troughs every few years seen in LAC and nationwide (Figure 1).

Seasonality: The winter-spring peak is typical of Kawasaki syndrome. In 1996, there was the same seasonality, but a 49% decrease in number of cases (Figure 2).

Age: The oldest reported case for 1996 was seven years old. The majority of cases in LAC occurred in children less than five years old (80%), similar to the past five years, with an overall incidence in the under-five age group of 1.81 per 100,000 population, half that of the 1995 rate (Figure 3).

Sex: The 1996 male-to-female rate ratio was 1.25:1, similar to 1995. Descriptive studies show the disease has been more common in male children, with rates approximately 1.5 times higher than in female children.

Race/Ethnicity: The incidence for Asians (1.2 per 100,000 population) was higher than for other racial/ethnic groups, as it has been for the past five years. However, the rates in 1996 for Blacks were slightly increased (0.3 per 100,000) while Hispanics and Whites were slightly lower (0.1 and 0.03 per 100,000, respectively) (Figure 4).

Location: The highest rates were found in the West Valley, East Los Angeles and Pomona Health Districts. The incidence rates were 0.54, 0.44 and 0.38 cases per 100,000 population, respectively.

Figure 3

Kawasaki Syndrome
Incidence Rates by Age Group and Sex
Los Angeles County, 1996

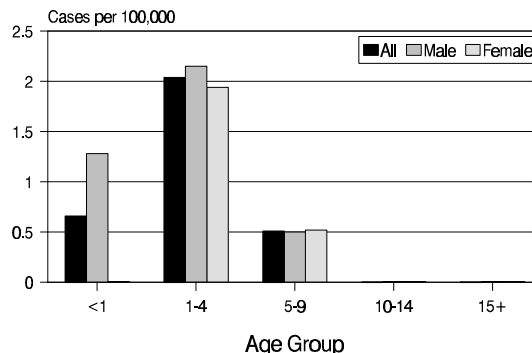
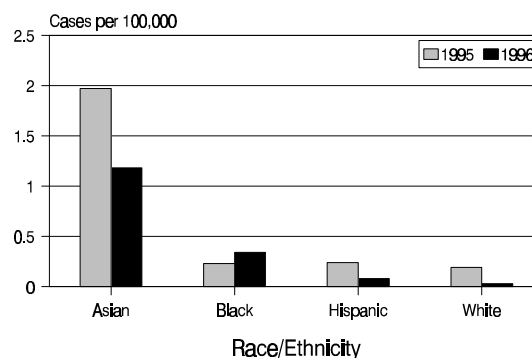


Figure 4

Kawasaki Syndrome
Incidence Rates by Race/Ethnicity
Los Angeles County, 1995-96





Diagnosis: Kawasaki syndrome is diagnosed by a set of clinical criteria. Because there is no confirmatory diagnostic test, and the clinical findings may be caused by other disease processes, it is a diagnosis of exclusion. Recent studies have shown that Kawasaki syndrome has an atypical form, especially in children less than one year of age, in which all the clinical criteria are not met, but cases have cardiac complications typical of the disease.

PREVENTION

There is no known method of prevention for Kawasaki syndrome. However, treatment with aspirin and intravenous gamma globulin has been found to decrease the incidence of sequelae, the most serious of which is coronary artery aneurysm. This is significant because Kawasaki syndrome is the leading cause of acquired heart disease in the pediatric age group.

COMMENTS

Because of the small numbers of cases, apparent fluctuations in rates may be due to random occurrence of a few cases. A summary of Kawasaki syndrome over several years may be more accurate in demonstrating trends.

Recurrences happen in approximately one percent of cases. While deaths are rare since therapy with high-dose immune globulin and aspirin was introduced, occasionally therapy may be instituted too late to prevent damage to the coronary arteries.

Epidemiologic case history forms were completed on 25 suspected cases of Kawasaki syndrome. Of these, 20 met the Centers for Disease Control and Prevention surveillance case definition. Two cases met the surveillance definition for atypical Kawasaki syndrome; one case was recurrent Kawasaki syndrome. Two were not cases.