Please complete the following sections for the case identified above.
Strict confidentiality of information will be assured.

CASE DEFINITION FOR KAWASAKI DISEASE
Report any new patient presenting before the age of 18 years with a definite or presumed diagnosis of KD:
1) **Complete Kawasaki disease (KD)**, defined as fever persisting for five* days or more AND presence of at least four of the following clinical criteria:
   - Changes in the peripheral extremities
     - erythema of the palms and/or soles; edema of the hands and/or feet; periungual desquamation
   - Polymorphous rash
   - Bilateral bulbar conjunctival injection without exudate
   - Changes in the lips and oral cavity
     - erythema and/or cracking of the lips; strawberry tongue; diffuse erythema of the oropharynx
   - Cervical lymphadenopathy: >1.5 cm diameter, usually unilateral
   * Presumptive diagnosis and initiation of treatment may be made before the fifth day of fever.
2) **Incomplete KD**, defined as fever of five days or more and less than four clinical criteria.
3) **Other KD**, defined as KD not fulfilling criteria for complete or incomplete KD but presumed because of a feature on echocardiogram or follow-up (i.e., periungual desquamation) that has led the treating physician to recommend treatment and/or cardiac follow-up.

SECTION 1 – DEMOGRAPHIC INFORMATION
1.1 Date of birth: ____ /____ /_______
1.2 Sex: Male___ Female___
1.3 City / Province or territory of residence:________________________ /_____________________
1.4 Postal code – First three digits only: _____ _____ _____
1.5 Ethnicity (check all that apply):  First Nations___ Innu___ Inuit___ Métis ___ Black___
   Caucasian___ Latin American___ Middle Eastern___ Asian (Oriental)___ South Asian____
   Other, specify: ______________________________

SECTION 2 – CLINICAL PRESENTATION
2.1 Date of admission: ____ /____ /_______ OR Patient was not admitted____
2.2 Date of diagnosis: ____ /____ /_______
2.3 Duration of fever
   2.3.1 Number of days of fever at diagnosis:_____
   2.3.2 Total number of days of fever (start of fever until complete resolution):_______ Unknown___
2.4 Is this a KD recurrence? Yes___ No___ Unknown___ If yes, how long ago? _____ months _____ years
2.5 Diagnostic features
   2.5.1 Changes in the peripheral extremities?___ ___ ___
   2.5.2 Polymorphous rash?___ ___ ___
   2.5.3 Bilateral bulbar conjunctival injection without exudate?___ ___ ___
   2.5.4 Changes in the lips and oral cavity?___ ___ ___
   2.5.5 Cervical lymphadenopathy >1.5 cm diameter? ___ ___ ___
2.6 Growth parameters (essential for evaluating echo findings): Height _____ cm Weight _____ kg
SECTION 2 – CLINICAL PRESENTATION (cont’d)

2.7 Documentation of an infection
   2.7.1 Positive microbiological studies?
       Yes __ No __ Unknown __
       If yes, specify: site ____________ organism / other test ____________
   2.7.2 Positive viral studies?
       Yes __ No __ Unknown __
       If yes, specify: ______________
   2.7.3 Did the patient receive antibiotics at any point in the illness?
       Yes __ No __ Unknown __
   2.7.4 Has the patient received a vaccine in the 42 days prior to the onset of KD?
       Yes __ No __ Unknown __
       If yes, specify which vaccine: ______________

SECTION 3 – TREATMENT

3.1 Was the patient treated with aspirin (ASA)?
   3.1.1 If yes, dosage used at onset:
       ≥ 80 mg/kg/d ___ 20-80 mg/kg/d ___ 10-20 mg/kg/d ___ 3-10 mg/kg/d ___
       Other, specify: ________________________________
   3.1.2 Time when switched to an anti-platelet dose (3-10 mg/kg/d):
       Once afebrile ___ 48 hrs after afebrile ___ 2 weeks later ___ Unknown ___
       Other, specify: ________________________________

3.2 Was the patient treated with intravenous immunoglobulin (IVIG)?
   3.2.1 If yes, date of first infusion: _____ / _____ / _______

3.3 Were there any side effects attributed to the IVIG treatment?
   If no, proceed to question 3.4.
   If yes, specify: allergic reaction ___ mild-moderate headache ___
   suspected aseptic meningitis ___ renal impairment ___ thrombosis ___
   hemolysis ___ Other, specify: ________________________________

   If hemolysis was identified, specify:
   3.3.1 Hemoglobin (Hgb) before first IVIG: _____ g/L
       lowest Hgb after last IVIG: _____ g/L lowest Hgb after discharge: _____ g/L
   3.3.2 Within 2 weeks of the last IVIG, was there any drop in Hgb of >20 g/l?
   3.3.3 Other investigations (check all that apply and, if done, specify results)
       ● Peripheral blood smear ___
       ● Reticulocyte count ___ _______ (10^7 /L)
       ● LDH ___ _______ (U/L)
       ● Indirect bilirubin ___ _______ (μmol/L)
       ● Haptoglobin ___ _______ (g/L)
       ● Direct Coombs ___ If positive, anti-IgG: complement ___ anti-complement ___ unknown ___
       ● Eluate ___ If positive, specify antibody specificity: ________________________________
       ● Other (including specific antibodies), specify: ________________________________

3.4 Were any treatments required for the anemia? Yes ___ No ___ Unknown ___
   If yes, specify: ________________________________

3.5 Patient’s blood group: A ___ B ___ AB ___ O ___ Unknown ___
   RhD + ___ RhD – ___ Unknown ___
SECTION 3 – TREATMENT (cont’d)

3.4 Was the patient given any other treatments?

3.4.1 Corticosteroids – oral ___ intravenous ___ both ___

3.4.2 Corticosteroids – after discharge

3.4.3 Infliximab

3.4.4 Anti-platelet agents or systemic anti-coagulants
   If yes, specify: Clopidogrel___ Dipyrimidole___ Warfarin___
   LMW Heparin___ Abciximab___ Other___________________

3.4.5 Others (inotropes, diuretics, etc.) specify: _______________________________

SECTION 4 – ECHOCARDIOGRAM (ECHO) FINDINGS

4.1 Was an ECHO done?

If no or unknown, proceed to Section 5. If yes, complete:

<table>
<thead>
<tr>
<th></th>
<th>First ECHO</th>
<th>Worst ECHO (within 3 months)</th>
<th>Last ECHO (if same date as first, or worst echo, complete the date only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DD MM YYYY</td>
<td>DD MM YYYY</td>
<td>DD MM YYYY</td>
</tr>
<tr>
<td>Presence of coronary aneurysm? If yes, size of largest aneurysm?</td>
<td>Y___ N___ U*</td>
<td>Y___ N___ U___</td>
<td>Y___ N___ U___</td>
</tr>
<tr>
<td></td>
<td>mm</td>
<td>mm</td>
<td>mm</td>
</tr>
<tr>
<td>Presence of coronary ectasia or dilatation? If yes, size of largest dilatation?</td>
<td>Y___ N___ U___</td>
<td>Y___ N___ U___</td>
<td>Y___ N___ U___</td>
</tr>
<tr>
<td>Specify maximum diameter of:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left main coronary artery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left anterior descending</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circumflex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right coronary artery</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Y = yes; N = no; U = unknown

4.2 Other cardiac findings: myocarditis___ pericardial effusion___ valvular insufficiency___
   Other, specify: ____________________________________________________________

SECTION 5 – OUTCOME

5.1 Specify which definition applies to your patient:
   Complete KD___ Complete KD, diagnosis made before the 5th day of fever___ Incomplete KD___ Other KD___

5.2 Date of discharge: ____ /____ /_______

At the time of the patient’s last assessment, was the patient:
- fully recovered___ or unknown___
- recovered with cardiac sequelae___ specify: ________________________________________________
- recovered with other sequelae___ specify: ________________________________________________
- deceased___ specify cause of death: ________________________ age at time of death: ____years ____ months

5.3 Provide any additional information that you think may be important:
   __________________________________________________________________________
   __________________________________________________________________________

___ I agree to be contacted by the CPSP for further information.
___ I do not wish to be contacted by the CPSP for further information.

SECTION 6 – REPORTING PHYSICIAN

First name_________________________ Surname_________________________
Address______________________________
City_________________________ Province_________________________ Postal code_________________________
Telephone number_________________________ Fax number_________________________
E-mail_________________________ Date completed_________________________

Thank you for completing this form.