Table 2: Different characteristics between Kawasaki disease (KD) and COVID-19

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|  | Kawasaki disease (KD) | COVID-19 |
| Etiology | Unknown  (corona virus may be one of the triggers of KD) | Human corona virus |
| Symptoms | 5 major symptoms  (fissure lips and/or strawberry tongue, bilateral non-purulent conjunctivitis, neck lymphadenopathy, limbs induration and polymorphic skin rash) | Upper respiratory tract symptoms (non-specific or even asymptomatic) |
| Fever (> 38℃) | 100% | 60-70% |
| Treatment | IVIG + aspirin | anti-IL6,  hydroxychloroquine, remdesivir…etc.  (effect not with conclusion yet) |
| Age | 85% < 5 years-old | 2% < 19 years-old |
| Gender | Male > female, 1.5 folds | Male≒Female |
| BCG vaccine | Scar indurations | May have protective role |
| Prevalence | Asia > America > Europe | Europe, America > Asia |

℃: centigrade of body temperature

IVIG: intravenous immunoglobulin

IL6: interleukin 6

BCG: Bacillus Calmette–Guérin

5 major symptoms (1-2-3-4-5) of Kawasaki disease: 1 mouth (fissure lips and/or strawberry tongue), 2 eyes (bilateral non-purulent conjunctivitis), 3 fingers to check neck lymph node enlargement (neck lymphadenopathy), 4 limbs changes (induration or desquamation) and 5 days fever with skin rash (polymorphic skin rash).