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).