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Kawasaki Disease

Version of 2016

3. EVERYDAY LIFE

3.1 How might the disease affect the child and the family's daily life?

If the disease does not involve the heart, the child and family usually lead a normal life. Although most children with Kawasaki disease recover completely, it may be a little while before your child stops feeling tired and irritable.

3.2 What about school?

Once the disease is well-controlled, as is generally the case using the currently available medications, and the acute phase is over, the child should have no problem participating in all the same activities as their healthy peers. School for children is what work is for adults: a place where they learn how to become independent and productive individuals. Parents and teachers should do whatever they can to allow the child to participate in school activities in a normal way, in order not only for the child to be successful academically but also to be accepted and appreciated by both peers and adults.

3.3 What about sports?

Playing sports is an essential aspect of the everyday life of any child. One of the aims of therapy is to allow children to conduct a normal life as much as possible and to consider themselves not different from their peers. Therefore, children who did not develop heart involvement will not have any restriction in sports or any other daily life activity.

However, children with coronary aneurysms should consult a paediatric cardiologist regarding participation in competitive activities, especially during adolescence.

3.4 What about diet?

There is no evidence that diet can influence the disease. In general, the child should observe a balanced, normal diet for his/her age. A healthy, well-balanced diet with sufficient proteins, calcium and vitamins is recommended for a growing child. Overeating should be avoided in patients taking corticosteroids because these drugs may increase appetite.

3.5 Can the child be vaccinated?

Following IVIG therapy, live attenuated vaccinations should be postponed.

The physician should decide which vaccines the child can receive on a case by case basis. Overall, vaccinations do not seem to increase the disease activity and do not cause severe adverse events in KD patients. Non-live composite vaccines appear to be safe in KD patients, even those on immunosuppressive drugs, although most studies are unable to fully assess rare vaccination-induced harm.

Patients on high dose immunosuppressive drugs should be advised by their physician to measure pathogen-specific antibody concentrations after vaccination.