

- Kawasaki Syndrome (KS) was identified in 1961 by a Japanese pediatrician, Dr. Tomisaku Kawasaki. Since 1967 Kawasaki Syndrome has claimed more than 120,000 children in Japan and has spread to more than 40 countries. **The Japanese use very little carpet in homes, schools, and businesses. Japan has experienced nationwide epidemics in 1979, 1982, 1985, and 1986.** Cases have also been reported in Africa, Asia, Australia, Europe, and South America.
- Outbreaks in the United States include: Colorado - April - May 1982 - 23 cases, Colorado - late 1984 and early 1985 - 62 cases
- Kawasaki Syndrome symptoms include: fever, skin rash, and inflammation. Most KS cases are not fatal. KS primarily affects children under five years of age.
- No evidence exists that KS can be transmitted. It rarely occurs in two children of the same family, or in classmates, playmates, or day care center contacts. There is no explanation at this time for regional outbreaks. The Centers for Disease Control and Prevention (CDC) estimates that 5 in 100,000 children contract Kawasaki Syndrome. Fewer than 1 in 200 cases are fatal.
- During the Denver outbreak of 1982 (23 cases), surveys of the affected children indicated 11 of 23 children had been exposed to carpet cleaning within 30 days of the outbreak. Twelve of 23 children had no contact with carpet cleaning. No causal link to carpet cleaning could be established. The media accentuated the carpet cleaning relationship, creating panic among parents. A series of news accounts were released nationwide for maximum shock value. Articles continue to be reprinted today with no valid scientific evidence to prove this theory.
- A later outbreak in Colorado revealed a correlation between KS and living near small bodies of water (Service business, Summer 1985, Mark Brown - Associate Editor).
- Four subsequent surveys performed by CDC of other outbreaks, one detailed investigation by Maryland state health officials and other studies by investigators in eastern Ontario and western Quebec, revealed no relationship to carpet cleaning. Since most cases of KS have no relationship to carpet cleaning, carpet cleaning is not a factor for Kawasaki Syndrome.
- There appears to be a higher percentage of occurrence among children of Oriental ancestry.

- There are a number of other unscientific hypothesis that do not have appeal or profile for the media as carpet cleaning. These include: genetic causes, lack of specific antibodies in a small number of children living near small bodies of water, failure to regularly clean bed linens, floor coverings, and upholstered furniture.
- While some early studies indicated an association between KS and carpet cleaning, more recent studies do not indicate a correlation. The earlier associations may be a statistical aberration. KS is relatively rare while carpet cleaning is quite common.
- Recent evidence as reported in "The Lancet" (12/4/93) suggests that Kawasaki Syndrome may be a type of toxic shock syndrome that primarily affect children. Researchers believe KS to be caused by the body's hypersensitivity to toxins from newly discovered strains of "staph" or "strep". These bacterial strains stimulate production of super antigens that generate increased activity by the child's immune system. The result is a toxic shock syndrome that weakens a child's immune system affecting the mucous membranes and often causing permanent heart damage. A child's lack of sufficient antibody levels to bacterial toxins increases susceptibility to KS. At this point no known source has been identified for these new strains of bacteria.