Background Kawasaki disease (KD) is now the commonest acquired heart disease in children in the Western world. Recent studies, such as the British Paediatric Surveillance Unit study, have suggested that the incidence in the UK is now around 9.1/100,000 children under 5 years. In May 2016, a national NHS England patient safety alert (PSA) was announced. Patients with coronary artery aneurysms (CAA) due to KD were to be alerted to the PSA, recalled and receive a patient specific protocol. Children in the UK have amongst the poorest outcomes globally with 24% experiencing CAA despite treatment. We wished to determine if admissions with KD increased during the last 10 years.

Methods We undertook a Freedom of Information survey of all NHS Trusts in England (who would have received the PSA), to determine admissions with KD from 2005–2016. We asked whether the PSA had been acted upon and whether patients were recalled with CAA and aware of the PSA and which guidelines were being followed.

Results A poor response was seen to the PSA with only 11 Trusts intending to inform patients of the PSA, at routine clinic visits with no active recall. The PSA was circulated to clinicians through routine channels with few cascades to relevant clinicians. 81 Trusts reported admissions had increased four-fold from 130 per year to 400 per year, 63% being male. A further 10% of Trusts have yet to reply. Of those responding, under 50% were using the published guideline from 2013, most had a local guideline or were using no guideline. Over the same period, presenting age reduced from median 2.8 years to median 1.6 years.

Conclusions There is a marked increase in admissions in the UK coded as KD over the 10 years from 2006–2015. Despite this, few Trusts have responded to the PSA and awareness of the disease and its complication rate amongst the medical community and general public remains low. Significantly increasing incidence and poor levels of awareness have resulted in late diagnosis beyond the recommended 5 days of illness, resulting in increased risks of CAA with expected long term effects.