



NOTIFICATION OF ACUTE RHEUMATIC FEVER

ALL EPISODES MUST BE NOTIFIED

20

WANIDD ID

NOTIFY TO:

Kimberley Public Health Unit on behalf of CDCD
PO Box 525, Broome Western Australia 6725
PHONE 08 9192 5261 or
FAX 08 9194 1631

NOTIFYING DOCTOR DETAILS

Name.....
Hospital/Clinic.....
Address.....
Suburb/Town Postcode
Telephone.....
Signature..... Date ____/____/____
dd / mm / yyyy

PATIENT DETAILS

Family name
Given name.....
Address
Suburb/town..... Postcode
Telephone (home).....
Mobile.....
Date of birth ____/____/____
Sex Male Female
Is the patient Aboriginal or Torres Strait Islander?
 No Yes, Aboriginal Yes, Torres Strait Islander
*For persons of both Aboriginal and Torres Strait Islander origin,
tick both "Yes" boxes*

Country of birth.....
Language mostly spoken at home.....
 English Other (specify).....
*If the patient is under 16 years of age, please provide the name of a
parent or guardian*

BASIS OF DIAGNOSIS (tick one)

Applying the JONES CRITERIA for Acute Rheumatic Fever (ARF)

Initial episode of ARF = 2 Major manifestations OR 1 Major and 2 Minor manifestations plus evidence of a preceding GAS infection

Recurrent episode of ARF = 2 Major manifestations OR 1 Major and 2 Minor manifestations OR 3 Minor Manifestations plus evidence of a preceding GAS infection

Suspected ARF = patients who do not meet JONES CRITERIA but presents with: isolated chorea; OR larger joint arthritis with effusion and no clear diagnosis if age <30 years; OR arthritis in <30 year olds with a personal, family, or household history of ARF or rheumatic heart disease.

MAJOR MANIFESTATIONS (tick one or more)

- Carditis, including:
Sinus tachycardia OR S3 Gallop OR
Murmur or mitral valve regurgitation OR
Pericardial friction rub OR cardiomegaly OR
Echo showing evidence of valve damage in high risk populations*
 - Migratory polyarthritis Erythema marginatum
 - Subcutaneous nodules Sydenham's chorea
 - Mono-arthritis in high risk populations*
 - Polyarthralgia in high risk populations*
- *High risk populations are Aboriginal and Torres Strait Islander people living in rural and remote parts of Australia*

MINOR MANIFESTATIONS (tick one or more)

- Fever
- Prolonged P-R interval on ECG
- Elevated erythrocyte sedimentation rate (ESR) >30 mm/hr
Highest ESRmm/hr
- Positive C-reaction protein (CRP) >30 mg/L
Highest CRP.....mg/L

SUPPORTING LABORATORY EVIDENCE

Was there evidence of recent Group A Streptococcal (GAS) infection?
 Yes No Unknown
If "Yes", please provide the following details:

Was the GAS cultured?
 Yes No Unknown
If "Yes", identify the site of infection:.....

ASO titre result:.....IU/ml Date ____/____/____
Anti-DNase titre:.....IU/ml Date ____/____/____

CURRENT EPISODE AND MANAGEMENT

Date of clinical onset of the current ARF episode: ____/____/____

Was the patient hospitalized due to the current episode of ARF?
 Yes No Unknown
If "Yes", what was the date of hospitalisation? ____/____/____

Did the patient die?
 Yes No Unknown
If "Yes", what was the date of death? ____/____/____

The management guidelines are based on the National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand (2006) Diagnosis and Management of ARF and RHD in Australia.

MANAGEMENT	GUIDELINE	DATE COMPLETED
Benzathine penicillin G	At diagnosis	
Benzathine penicillin G	4-weekly (28 days)	
Specialist review	Yearly	
Echocardiogram	At diagnosis	
Medical Officer review	Yearly	
Influenza vaccination	As per schedule	
Pneumococcal vaccination	As per schedule	