



Acute Rheumatic Fever and Rheumatic Heart Disease

NOTIFICATION FORM

ARF and RHD are notifiable conditions and it is mandatory to report all confirmed and suspected cases. Please submit this form to the WA RHD Register and Control Program via fax 6553 0899, email RHD.Register@health.wa.gov.au or call 1300 622 745 if you have any questions.

1. BACKGROUND

PATIENT DETAILS

Family name

Given name/s

Address

Suburb/Town/Community

Postcode

State

Contact Number

Email address

Unique medical record number

Also known as

Date of Birth

Sex

Pregnant

if yes estimated due date

Male

Female

Other

Name and contact number of usual health service or site attended

Ethnicity

Aboriginal

Torres Strait Islander

Maori

Pacific Islander

Middle Eastern

African

Asian

Other

Unkown

PARENT/GUARDIAN/CARER DETAILS

Name

Address

Suburb/Town/Community

Postcode

State

Contact number

Email address

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2. DIAGNOSTIC TESTS

Elevated or rising ¹	Date	Result (highest if more than one)	Pending
Wound culture			
Throat culture			
ASO Titre (U/ml):			
Anti DNase B (U/ml):			

If patient is from a high risk² population

Major Manifestations	Minor Manifestations
Clinical carditis	Fever ⁴ \geq 38C
Subclinical carditis (lesions on echo)	Monoarthralgia ⁵
Polyarthriti ³	ESR \geq 30mm/hr Date: _____ Highest result: OR
Polyarthralgia	
Aseptic monoarthritis	CRP \geq 30mg/L Date: _____ Highest result:
Erythema Marginatum	Prolonged PR interval: ⁸ _____ msec
Subcutaneous nodules	
Sydenham chorea	

If patient is not from a high risk population

Major Manifestations	Minor Manifestations
Clinical carditis	Fever ⁴ \geq 38.5C
Subclinical carditis (lesions on echo)	Polyarthralgia
Polyarthriti ³	ESR \geq 60mm/hr Date: _____ Highest result: OR
Erythema Marginatum ⁶	
Subcutaneous nodules	CRP \geq 30mg/L Date: _____ Highest result:
Sydenham chorea ⁷	Prolonged PR interval: ⁸ _____ msec

If ARF diagnosis is difficult to confirm, investigate differential diagnoses

STI Screen
Joint aspirate (microscopy and culture) for possible septic arthritis
Copper, ceruloplasmin, antinuclear antibody, drug screen for choreiform movements
Serology and autoimmune markers for arboviral, autoimmune or reactive arthritis

Echocardiogram performed If yes, date If no, reason Referral completed

3. DIAGNOSIS

Please use the [Diagnosis Calculator App](#) for further help

\$5) ', \$*126,6

2020 Criteria for ARF Diagnosis	
'H ₂ QLWH LQLWLD episode of ARF	O PDMRU PDQLIHVWDWLRQV HYLGHQFH RI SUHFHGLQJ 6WUHS \$ PDMRU PLQRU PDQLIHVWDWLRQV HYLGHQFH RI SUHFHGLQJ
'H ₂ QLWH UHFSLWURHGHM RI \$5) LQ D SDWLHQJ PDNRWK D GRFXPHQWHG KRVWRU\ RI ARF or RHD	O PDMRU PDQLIHVWDWLRQV HYLGHQFH RI SUHFHGLQJ 6WUHS \$ PLQRU PDQLIHVWDWLRQV HYLGHQFH RI SUHFHGLQJ 6WUHS PLQRU PDQLIHVWDWLRQV HYLGHQFH RI D SUHFHGLQJ 6WUHS
3UREDEOH RU SRVVLEOH \$5) UHFXU\UHQFH	DO SUHVHQWDWLRQ LQ ZKLFK \$5) LV FRQVLGHUHG D O\ WKRUW LQ PHHWLQJ WKH FULWHULD E\ HLWKHU ‡ RQH PDMRU RU RQH PLQRU PDQLIHVWDWLRQ RU ‡ QR HYLGHQFH RI SUHFHGLQJ 6WUHS \$ LQHFWRQ VWUHSWR GRUPDO OLPLW RU WLWUHV QRW PHDVXUH 6XFK FDUHV VKRXOG EH IXWKHU FDWHJULVHG DFFRUGLQJ WR ZLWK ZKLFK WKH GLDJQRVLY LV PDGH ‡ 3UREDEOH \$5) SUHYLRXVO\ WHUPHG μSUREDEOH KLJKO\ VX ‡ 3RVVLEOH \$5) SUHYLRXVO\ WHUPHG μSUREDEOH XQFHUWDL

* (OHYDWHG RU ULVLQJ DQWLWUHSWRO\ RLD D SRVVLEOH WKH W\WRUW FRQVXVLOH DQWUHSWRO\ RU QXFOHLF DFLG WHVW † 5HFXXUHQW GH₂QLWH SUREDEOH RU SRVVLEOH \$5) UHTXLUHV D WLP SHULRG RI PRUH WKDQ GD\ DIWHU WKH RQVHW

Clinic of initial presentation

Likely date of onset of symptoms

Date of diagnosis

Type of episode

Diagnosis of ARF Episode

+RVSLWDOLVHG IRU WKLM\HSLVRGH RI KRVSLWDO DQG DGPLVLRQ

5+' ', \$*126,6

'H ₂ QLWLRQV RI 5+' 6WDWXV DQG 6HY	
Borderline	%RUGHUOLQH 5+' RQ HFKRFDUGLRJUDP ZLWK RYXO\ DIB BFXDWLQJ \HDUV RI DJH
Mild	(FKRFDUGLRJUDP VKRZLQJ 0LOG UHJXUJLWDWLRQV ULRPHQW ULVF FRQGXFWRQ DEQRUPDOLW\ \$5) HSLVRGH
Moderate	(FKRFDUGLRJUDP VKRZLQJ 0RGHUDWH UHJXUJLWDWLRQ RU PRG &RPELQHG PLOG UHJXUJLWDWLRQ DQG RU PLOG VWHQRVLY RI R UHJXUJLWDWLRQ DQG PLOG PLWUDO VWHQRVLY 0LOG PLWUDO
Severe	(FKRFDUGLRJUDP VKRZLQJ 6HYHUH UHJXUJLWDWLRQ RU VHYHU PRGHUDWH UHJXUJLWDWLRQ DQG RU PRGHUDWH VWHQRVLY RI R PLWUDO UHJXUJLWDWLRQ DQG PRGHUDWH PLWUDO VWHQRVLY UHJXUJLWDWLRQ 25 3DVW RU LPSHQGLQJ YDOYH UHSDLU RU SU

* 1RUPDO (& PHDQV QR DWULRYHQWULFXODU \$9 FRQGXFWRQ DEQRUPDOLW\ GXULQJ WKH \$5) HSLVRGH LQFOXGLQJ UH V DFFHOHUDWHG MXQFWLRQDO UKIWKP

Status

Severity

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4. SUPPORTING INFORMATION

SECONDARY PROPHYLAXIS

Benzathine Benzylpenicillin G **If yes date commenced** **If no, reason**

Other antibiotic regime

ENVIRONMENTAL HEALTH REFERRAL

Referral made **Please ensure you have informed the patient and they agree to the referral before it is made**

SUPPORTING DOCUMENTATION ATTACHED

Pathology/serology results **Echocardiogram report** **ECG (if prolonged PR interval)**

Clinical documentation

It is mandatory to forward supporting documentation. If not attached, required to forward within 14 working days for ARF and 30 days for RHD as per the [Health \(Rheumatic Heart Disease Register\) Regulations 2015](#).

NOTIFYING CLINICIAN DETAILS

Name

Hospital/health service

**He number
(if applicable)**

Notification date

OTHER COMMENTS

¹ **Streptococcal antibodies:** Upper limits of normal for serum streptococcal antibody titres in children and adults (in u/mL). AntiStreptolysin O (ASO) and Anti-DeoxyriboNuclease B (Anti-DNase B):

AGE GROUP (YEARS)	ASO titre	Anti-DNase B titre
1-4	170	366
5-14	276	499
15-24	238	473
25-34	177	390
>35	127	265

² **High Risk:** Living in an ARF-endemic setting; Aboriginal and/or Torres Strait Islander peoples living in rural or remote settings; Aboriginal and/or Torres Strait Islander peoples, and Maori and/or Pacific Islander peoples living in metropolitan households affected by crowding and/or lower socioeconomic status; Personal history of ARF/RHD and aged. May be at high risk: Family or household recent history of ARF/RHD; Household overcrowding (≥ 2 people per bedroom) or low socioeconomic status; Migrant of refugee from low- or middle-income country and their children. Considerations which increase risk: Prior residence in a high ARF risk setting; Frequent or recent travel to a high ARF risk setting; Aged 5-20 years (peak years for ARF). (Table 5.1 of 2020 Guideline)

³ **Polyarthritis:** A definite history of arthritis is sufficient to satisfy this manifestation. Note that if polyarthritis is present as a major manifestation, polyarthralgia or aseptic monoarthritis cannot be considered an additional minor manifestation in the same person.

⁴ **Fever:** In high-risk groups, fever can be considered a minor manifestation based on a reliable history (in the absence of documented temperature) if anti-inflammatory medication has already been administered.

⁵ **Arthralgia/Monoarthritis:** If polyarthritis is present as a major criterion, monoarthritis or arthralgia cannot be considered an additional minor manifestation.

⁶ **Erythema marginatum:** Care should be taken not to label other rashes, particularly non-specific viral exantheams, as erythema marginatum.

⁷ **Chorea** does not require other manifestations or evidence of preceding Strep A infection, provided other causes of chorea are excluded. Can meet ARF criteria on its own.

⁸ **Prolonged P-R interval:** If carditis is present as a major manifestation, a prolonged P-R interval cannot be considered an additional minor manifestation. Upper limits of normal for P-R interval: 3-11 years (0.16seconds); 12-16 years (0.18 seconds) and 17+ years (0.20 seconds)

Go to www.RHDAustralia.org.au for the [Diagnosis Calculator App](#) and the [2020 ARF/RHD Guideline](#)