Queensland Government

Acute Rheumatic Fever (ARF) Notification form for clinicians

ARF is a **notifiable** condition. Report all **confirmed** and **suspected** cases by submitting this form to the **RHD Register and Control Program** via **fax 1300 429 536** or **email ArfRhdRegister@health.qld.gov.au**

Patient

Family name .....
Given name .....
Also known as .....
Address .....
Suburb/Town ..... Postcode .....
Telephone .....
Date of birth .....
Sex ☐ Male ☐ Female ☐ Unknown
☐ Other–specify .....

Name of parent/carer .....

General Practitioner/Usual Healthcare Provider

Practice name .....
Telephone .....

Hospital/Clinic

UR No .....

Notification Date .....

Notifying Clinician

Name ..... Telephone .....
Practice / Department .....

Diagnosing Clinician

Name ..... Telephone .....
Practice / Department .....

Admission Date ..... at

Hospital Name .....

Bicillin Date Given .....

Indigenous Status – Australian ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐ South Sea Islander ☐ Unknown

Country of birth ☐ Australia ☐ Other .....

Other Ethnicity ☐ Maori ☐ Pacific Islander-Other ☐ Other ..... ☐ Not stated/inadequately described

Earliest date patient exhibited symptoms (onset) .....

ARF status
☐ Suspected OR ☐ Confirmed

ARF episode
☐ Initial OR ☐ Recurrent[1] OR ☐ Unknown

	☐ HIGH-RISK GROUP [2]	☐ LOW RISK GROUP
Major manifestations	☐ Carditis ☐ Subclinical carditis ☐ Polyarthritis[3] ☐ Aseptic monoarthritis[7] ☐ Polyarthralgia ☐ Sydenham chorea[4] ☐ Erythema marginatum[5] ☐ Subcutaneous nodules	☐ Carditis ☐ Subclinical carditis ☐ Polyarthritis[3] ☐ Sydenham chorea[4] ☐ Erythema marginatum[5] ☐ Subcutaneous nodules
Minor manifestations	☐ Fever[6] ≥38°C ☐ Monoarthralgia[7] ☐ ESR .... (≥30 mm/h) ☐ CRP .... (≥30 mg/L) ☐ Prolonged P-R interval on ECG[8] ..... sec, OR ☐ Other AV rhythm abnormalities on ECG[9]	☐ Fever ≥38.5°C ☐ Polyarthralgia ☐ Aseptic monoarthritis[7] ☐ ESR .... (≥60 mm/h) ☐ CRP .... (≥30 mg/L) ☐ Prolonged P-R interval on ECG[8] ..... sec, OR ☐ Other AV rhythm abnormalities on ECG[9]

Evidence of preceding Strep A infection	Elevated or rising[10]	**First specimen** Date	Result	**Subsequent specimen** (7-10 days post) Date	Result
	☐ ASO titre	.....	..... IU/ml	.....	..... IU/ml
	☐ Anti-DNase B titre	.....	..... IU/ml	.....	..... IU/ml
	☐ History of strep throat/URTI/skin sores ☐ Positive throat swab ☐ Positive skin swab				
RHD Status	☐ RHD absent ☐ RHD present Date RHD identified ..... ☐ Echo not performed				

Go to www.RHDaustralia.org.au for the **Diagnosis Calculator App** (link) and the **2020 ARF/RHD Guideline** (link)

[1] **Recurrent ARF**: Recurrent definite and probable or possible ARF requires a time period of more than 90 days after the onset of symptoms from the previous episode.

[2] **Definition of High Risk** (Table 5.1 of 2020 Guideline): 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 <40 years.

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).

[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] **Chorea** does not require other manifestations or evidence of preceding Strep A infection, provided other causes of chorea are excluded.

[5] **Erythema marginatum**: Care should be taken not to label other rashes, particularly non-specific viral exanthems, as erythema marginatum.

[6] **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.

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

[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:

AGE GROUP (YEARS)	SECONDS
3 - 11	0.16
12 - 16	0.18
17+	0.20

[9] **AV rhythm abnormalities***: Normal ECG means no atrioventricular (AV) conduction abnormality during the ARF episode, including first, second and third degree (complete) heart blocks and accelerated junctional rhythm.

[8 & 9] ***Attach latest ECG to this form**

[10] **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

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Reference: RHDAustralia (ARF/RHD writing group). *The 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (3rd edition)*; 2020. (link).