

## Rheumatic Heart Disease (RHD) Notification form for clinicians

**RHD 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](mailto: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** .....

### Hospital/Clinic

UR No .....

**Notification Date** .....

### Notifying Clinician

Name ..... Telephone .....

Practice / Department .....

### Diagnosing Cardiologist

Name ..... Telephone .....

Practice / Department .....

### General Practitioner/Usual Healthcare Provider

Practice name .....

Telephone .....

**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

**History of ARF** ☐ Yes Year ..... ☐ No ☐ Unknown

**Echocardiogram** Diagnosed with RHD based on the case definitions outlined in the Australian ARF/RHD Guideline

Echocardiogram date ..... Echocardiogram service provider .....

RHD diagnosis<sup>1</sup> is ☐ New ☐ Existing

Earliest **date** of RHD diagnosis: ..... Location at time of initial RHD diagnosis: suburb/town .....

☐ **Severe RHD:** Severe regurgitation OR severe stenosis of any valve  
OR  
Combined moderate regurgitation and/or moderate stenosis of one or more valves  
OR  
Past or impending valve repair or prosthetic valve replacement

☐ **Moderate RHD:** Moderate regurgitation or moderate stenosis of a single valve,  
OR  
Combined mild regurgitation and/or mild stenosis of one or more valves

☐ **Mild RHD:** Mild regurgitation or mild stenosis of a single valve,  
OR  
Atrioventricular conduction abnormality on ECG<sup>2</sup> during ARF episode

☐ **Borderline RHD (only for ≤20 years):**  
At least two morphological features<sup>3</sup> of RHD of the MV without pathological MR or MS,  
OR  
Pathological MR,  
OR  
Pathological AR

**Attach latest echocardiogram and specialist reports and submit with this form**

## **<sup>1</sup> IS IT RHD?**

### **Aged ≤20 years**

Pathological MR and at least two morphological features<sup>3</sup> of RHD of the MV,

OR

MS mean gradient  $\geq 4$  mmHg (note: congenital mitral valve anomalies must be excluded)

OR

Pathological AR and at least two morphological features<sup>3</sup> of RHD of the AV

OR

Borderline disease of both the AV and MV

### **Aged >20 years**

Pathological MR and at least two morphological features<sup>3</sup> of RHD of the MV

OR

MS mean gradient  $\geq 4$  mmHg

OR

Pathological AR and at least two morphological features<sup>3</sup> of RHD of the AV, only in individuals aged <35 years

OR

Pathological AR and at least two morphological features<sup>3</sup> of RHD of the MV

## **<sup>2</sup> Normal ECG**

Normal ECG means no atrioventricular (AV) conduction abnormality during the ARF episode including first -, second -, third degree (complete) heart block and accelerated junctional rhythm

## **<sup>3</sup> Morphological features of RHD to differentiate normal from rheumatic (table 8.4 of guideline)**

VALVE	MORPHOLOGICAL FEATURES
Mitral valve	<ul style="list-style-type: none"><li>• AMVL thickening measured during diastole at full excursion, at the thickest portion, <math>\geq 3</math> mm for <math>\leq 20</math> years; <math>\geq 4</math> mm for 21–40 years; <math>\geq 5</math> mm for &gt;40 years of age</li><li>• Chordal thickening</li><li>• Restricted leaflet motion of anterior or posterior leaflet is usually the result of chordal shortening or fusion, commissural fusion or leaflet thickening</li><li>• Excessive leaflet tip motion during systole the result of elongation of the primary chords; defined as displacement of a leaflet's tip or edge towards the left atrium resulting in abnormal coaptation and regurgitation; does not need to meet the standard echocardiographic definition of prolapse as that refers to a different disease process; applies only to &lt;35 years of age. In the presence of a flail mitral valve leaflet in &lt;20 years of age, this feature is sufficient to meet the criteria for RHD (i.e. where the criteria state '<i>at least two morphological features of RHD of the mitral valve</i>', a flail leaflet in &lt;20 years of age is sufficient)</li></ul>
Aortic valve	<ul style="list-style-type: none"><li>• Irregular or focal thickening In the parasternal short axis view, the right and non-coronary aortic cusp closure line often appears thickened in healthy individuals, this should be considered as normal</li><li>• Coaptation defect</li><li>• Restricted leaflet motion</li><li>• Leaflet prolapse</li></ul>

### **Acronyms used in this document**

AMVL – anterior mitral valve leaflet

AV – aortic valve

AR – aortic regurgitation

AS – aortic stenosis

MV – mitral valve

MR – mitral regurgitation

MS – mitral stenosis

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

**Reference:** RHD Australia (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](#))