Government of Western Australia
WA Country Health Service

RHD
WA Rheumatic Heart Disease Register

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

☐ **Male** ☐ **Female** ☐ **Other**

Pregnant

No

if yes estimated due date

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

Acute Rheumatic Fever and Rheumatic Heart Disease - Notification Form

2. DIAGNOSTIC TESTS

Elevated or rising[1]	Date	Result (highest if more than one)	Pending
Wound culture			No
Throat culture			No
ASO Titre (U/ml):			No
Anti DNase B (U/ml):			No

If patient is from a high risk[2] population

Major Manifestations	Minor Manifestations
☐ Clinical carditis	☐ Fever[4] ≥ 38C
☐ Subclinical carditis (lesions on echo)	☐ Monoarthralgia[5]
☐ Polyarthritis[3]	☐ ESR ≥30mm/hr Date: Highest result:
☐ Polyarthralgia	OR
☐ Aseptic monoarthritis	☐ CRP ≥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] ≥ 38.5C
☐ Subclinical carditis (lesions on echo)	☐ Polyarthralgia
☐ Polyarthritis[3]	☐ ESR ≥60mm/hr Date: Highest result:
☐ Erythema Marginatum[6]	OR
☐ Subcutaneous nodules	☐ CRP ≥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
No			No

3. DIAGNOSIS

Please use the Diagnosis Calculator App for further help

ARF DIAGNOSIS

	2020 Criteria for ARF Diagnosis
Definite initial episode of ARF	2 major manifestations + evidence of preceding Strep A infection, **or** 1 major + 2 minor manifestations + evidence of preceding Strep A infection‡
Definite recurrent§ episode of ARF in a patient with a documented history of ARF or RHD	2 major manifestations + evidence of preceding Strep A infection, or 1 major + 2 minor manifestations + evidence of preceding Strep A infection‡, **or** 3 minor manifestations + evidence of a preceding Strep A infection‡
Probable or possible ARF (first episode or recurrence§)	A clinical presentation in which ARF is considered a likely diagnosis but falls short in meeting the criteria by either: • one major or one minor manifestation, or • no evidence of preceding Strep A infection (streptococcal titres within normal limits or titres not measured) Such cases should be further categorised according to the level of confidence with which the diagnosis is made: • Probable ARF (previously termed 'probable: highly suspected') • Possible ARF (previously termed 'probable: uncertain')

‡ Elevated or rising antistreptolysin O or other streptococcal antibody, or a positive throat culture or rapid antigen or nucleic acid test for Strep A infection.
§ Recurrent definite, probable or possible ARF requires a time period of more than 90 days after the onset of symptoms from the previous episode of definite, probable or possible ARF

Clinic of initial presentation

Likely date of onset of symptoms

Date of diagnosis

Type of episode

Diagnosis of ARF Episode

Hospitalised for this episode

if yes, name of hospital

and admission date

RHD DIAGNOSIS

	2020 Definitions of RHD Status and Severity
Borderline	Borderline RHD on echocardiogram without a documented history of ARF - only for patients < 20 years of age
Mild	Echocardiogram showing: Mild regurgitation or mild stenosis of a single valve OR Atrioventricular conduction abnormality on ECG§ during ARF episode
Moderate	Echocardiogram showing: Moderate regurgitation or moderate stenosis of a single valve OR Combined mild regurgitation and/or mild stenosis of one or more valves Examples: Mild mitral regurgitation and mild mitral stenosis; Mild mitral regurgitation and mild aortic regurgitation
Severe	Echocardiogram showing: Severe regurgitation or severe stenosis of any valve OR Combined moderate regurgitation and/or moderate stenosis of one or more valves Examples: Moderate mitral regurgitation and moderate mitral stenosis; Moderate mitral stenosis and moderate aortic regurgitation OR Past or impending valve repair or prosthetic valve replacement

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

Status

Severity

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 exanthems, 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