

Acute Rheumatic Fever and Rheumatic Heart Disease require written notification to the Department of Health upon initial diagnosis within five days to:

**Department of Health, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651 170.**

Please ensure the case (1) has been informed of their diagnosis, (2) has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*), and (3) has been informed that the department may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions or to provide the information requested on this form.

**Please indicate the condition you are notifying** (refer to *Further Information* on page 3 to assist in classifying disease status and severity)

- Acute Rheumatic Fever (ARF)**  
Complete sections 1, 2, and 4 of this form
  **Rheumatic Heart Disease (RHD)**  
Complete sections 1, 3, and 4 of this form
  **Both ARF and RHD**  
Complete all sections of this form

### 1. Case details—please answer all questions

**Last name**  
\_\_\_\_\_

**First name(s)**  
\_\_\_\_\_

**Date of birth**      **Medicare or other healthcare identifier**  
 \_\_\_\_\_

**Sex**  
 Male  
 Female  
 Other, specify > \_\_\_\_\_

**Identified gender**  
 Male  
 Female  
 Non-binary  
 They use a different term, please specify > \_\_\_\_\_  
 Unknown

**Pregnancy status**  
 Pregnant, estimated due date > \_\_\_\_\_  
 Not pregnant  
 Unknown

**Residential address**  
 \_\_\_\_\_

**City**      **Postcode**  
 \_\_\_\_\_

**Tel home**      **Tel mobile**  
 \_\_\_\_\_

**Parent/guardian/next of kin name and contact number**  
 \_\_\_\_\_

**Alive/deceased**      **...date of death**  
 Alive     Died due to ARF/RHD > \_\_\_\_\_  
                   Died due to other causes > \_\_\_\_\_

**Occupation and/or school and/or child care attended**  
 \_\_\_\_\_

**Is there known or suspected overcrowding at the case's residence (>2 people per bedroom)**  
 Yes  
 No  
 Unknown

**Is the case of Aboriginal or Torres Strait Islander origin**  
 No       Both Aboriginal and Torres Strait Islander  
 Aboriginal       Unknown  
 Torres Strait Islander

**People from certain ethnic groups and cultural backgrounds may have higher risks of ARF and RHD.**  
**What is the case's ethnic and cultural background**  
 Maori  
 Samoan  
 Tongan  
 Fijian  
 Other Pacific Islander, specify > \_\_\_\_\_  
 Other background, specify > \_\_\_\_\_  
 Unknown

**Country of birth ...country**      **...year arrived in Australia**  
 Australia  
 Overseas > \_\_\_\_\_  
 Unknown

**Interpreter required**  
 No  
 Yes, language > \_\_\_\_\_

**Case required hospitalisation for this illness**  
 No  
 Yes, specify hospital > \_\_\_\_\_

Admitted date      Discharged date  
 \_\_\_\_\_

**If you (the notifier) are not the case's GP, please provide their details**  
 Name and Medicare provider no. (if known)  
 \_\_\_\_\_

Address and Clinic name  
 \_\_\_\_\_

[Form continues over page](#)

### Notifying doctor/hospital/laboratory details

<b>Doctor/hospital/laboratory name</b> _____	<b>Medicare provider no.</b> _____	<b>Department use only</b>
<b>Address</b> _____		
<b>City</b> _____	<b>Postcode</b> _____	
<b>Telephone</b> _____	<b>Fax</b> _____	
	<b>Date</b> _____	

Please identify the case on every page

Last name

First name

Date of birth

## 2. Acute Rheumatic Fever (if only notifying RHD, skip to section 3)

Please consult the ARF diagnosis calculator to support diagnosis at <https://www.rhdaustralia.org.au/apps>

Date of onset of illness (for the current episode)

The current episode is

- An initial (first) episode of ARF  
 A recurrent episode of ARF  
 Unknown episode

Did the case have a diagnosis or evidence of RHD prior to this ARF episode

- Yes  
 No  
 Unknown

The diagnosis of ARF is determined by the modified Jones Criteria and the number of major and minor criteria and counting rules; however, all clinical values available must be recorded on this form (refer to table 1 on page 3).

Patient risk group (see *Risk Categorisation Considerations*, below)

- High risk group  
 Not in a high risk group

### Risk Categorisation Considerations

At high risk

- Living in ARF/RHD endemic setting (refers to populations where ARF incidence >30/100,000 per year in 5-14 year olds, or RHD all-age prevalence >2/1,000)
- Aboriginal and/or Torres Strait Islander people living in rural or remote settings
- Aboriginal and/or Torres Strait Islander people, 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 or refugee from low- or middle-income country and their children

Additional 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

Does the case have any of the following major manifestations

- Aseptic monoarthritis (high risk group)  
 Polyarthralgia (high risk group)  
 Polyarthritides  
 Carditis (includes subclinical evidence of rheumatic valvulitis on echo)  
 Subcutaneous nodules  
 Erythema marginatum

Does the case have any of the following minor manifestations

- Monoarthralgia (high risk group)  
 Aseptic monoarthritis (low risk group)  
 Polyarthralgia (low risk group)  
 ESR  $\geq$  30mm/hr (high risk group)  
 ESR  $\geq$  60mm/hr (low risk group) or CRP  $\geq$  30mg/L  
 Fever  $\geq$  38.0 C (high risk group)  
 Fever  $\geq$  38.5 C (low risk group)  
 Prolonged P-R Interval on ECG

Provide any comments about the manifestations indicated above

Number of major manifestations

Number of minor manifestations

Did the case have a sore throat preceding this episode of ARF

- Yes, approximate date of onset >  
 No  
 Unknown

Did the case have evidence of skin sores preceding this episode of ARF

- Yes, approximate date of onset >  
 No  
 Unknown

Was there laboratory evidence of Strep A infection preceding this episode of ARF

- Yes, specify results >  Positive throat culture >  
 No or rapid antigen test  
 Unknown

Test date

- Positive wound culture >  
or rapid antigen test\*

Test date

- Elevated ASOT >

Test date

- Elevated anti-DNaseB >

Test date

\* Positive wound/skin culture or rapid antigen test in isolation (without other evidence of preceding GAS infection) should be referred for expert review to determine whether the case meets the laboratory evidence criteria

ARF diagnosis, select one option only (refer to table 1 on page 3)

- Definite initial ARF  
 Definite recurrent ARF  
 Probable ARF  
 Possible ARF

## 3. Rheumatic Heart Disease (if only notifying ARF, skip to section 4)

Was the case diagnosed with RHD by an echocardiogram (according to the World Heart Federation guidelines)

- Yes, most recent echocardiogram date >  
 No  
 Unknown

Is the case's RHD

- An existing diagnosis, specify >  
 A new diagnosis  
 Unknown diagnosis

Date of initial diagnosis

Status of RHD (refer to page 135, table 8.5 of the ARF and RHD

Guidelines at <https://www.rhdaustralia.org.au/arf-rhd-guideline>)

- Definite  
 Borderline  
 Absent/not RHD

Severity (refer to table 2 on page 3 of this form)

- Mild  
 Moderate  
 Severe  
 Unknown

Has the case been diagnosed with ARF before

- Yes, date of first diagnosis >  
 No  
 Unknown

Has cardiothoracic intervention been undertaken (i.e. repair or replacement of heart valves in treatment of RHD)

- Yes, date of intervention >  
 No  
 Unknown

Has the case been referred to any specialists for ongoing care

- Yes, tick all that apply >  Cardiologist  
 Cardiac surgeon  
 Paediatrician  
 Other medical, dental and/or allied health, specify >

- No, specify reason >  
 Unknown

If you/the treating clinician would like support to identify the most appropriate referral and care pathways in your area, please contact your Local Public Health Unit.

Form continues over page

Please identify the case on every page

Last name

First name

Date of birth

#### 4. Secondary Prophylaxis

Please refer to: RHD Australia ARF/RHD writing group. *The 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease 3.2 edition, March 2022, page 167-168, tables 10.1 and 10.2 (https://www.rhdaustralia.org.au/arf-rhd-guideline)*

**Current status of secondary prophylaxis for this case**

- Currently prescribed, specify > Commencement date \_\_\_\_\_ Proposed cessation date \_\_\_\_\_
- Not yet commenced
- Previously undertaken and now ceased
- Not indicated, specify reason > \_\_\_\_\_

**Prophylaxis type**

- Intramuscular benzathine benzylpenicillin (BPG)
- Oral (erythromycin)
- Oral (penicillin)
- Other, specify > \_\_\_\_\_

**Frequency**

- 3-weekly
- 4-weekly
- Other, specify > \_\_\_\_\_

**By whom is secondary prophylaxis usually prescribed and/or administered**

- Notifying clinician
- Case's regular GP (as recorded on page 1 of this form)
- Other, specify > \_\_\_\_\_

**Was the case provided with educational material**

- Yes, date provided > \_\_\_\_\_
- No
- Not applicable

**Data collection ends here. Thank you.**

**Please also provide any relevant supporting documentation where available (e.g., discharge summaries, echocardiograms).**

#### Further Information

**Table 1: Criteria for ARF Diagnosis**

<b>Definite initial episode of ARF</b>	2 major manifestations + evidence of preceding Strep A infection, <b>OR</b> 1 major + 2 minor manifestations + evidence of preceding Strep A infection, <b>OR</b> Rheumatic Sydenham's Chorea
<b>Definite recurrent episode of ARF in a patient with a documented history of ARF or RHD</b>	2 major manifestations + evidence of preceding Strep A infection, <b>OR</b> 1 major + 2 minor manifestations + evidence of preceding Strep A infection, <b>OR</b> 3 minor manifestations + evidence of preceding Strep A infection
<b>Probable or possible ARF (first episode or recurrence)</b>	A clinical presentation in which ARF is considered a likely diagnosis but falls short in meeting the criteria by either: <ul style="list-style-type: none"> <li>One major or minor manifestation, <b>OR</b></li> <li>No evidence of preceding Strep A infection (streptococcal titres within normal limits or titres not measured)</li> </ul> Such cases should be further categorised according to: <ul style="list-style-type: none"> <li>Probable ARF (previously termed 'probable: highly suspected')</li> <li>Possible ARF (previously term 'probable: uncertain')</li> </ul>

Source: RHD Australia ARF/RHD writing group. *The 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (v3.2, March 2022)*

**Table 2: Definitions of RHD Status and Severity**

Status	Severity	Description
<b>Borderline</b>	<b>Borderline</b>	Borderline RHD on echocardiogram without a documented history of ARF. Only for patients < 20 years of age.
<b>Definite</b>	<b>Mild</b>	Echocardiogram showing: <ul style="list-style-type: none"> <li>Mild regurgitation or mild stenosis of a single valve <b>OR</b></li> <li>Atrioventricular conduction abnormality on ECG during ARF episodes</li> </ul>
	<b>Moderate</b>	Echocardiogram showing: <ul style="list-style-type: none"> <li>Moderate regurgitation or moderate stenosis of any valve <b>OR</b></li> <li>Combined mild regurgitation and/or mild stenosis of one or more valves.</li> </ul> Examples: Mild mitral regurgitation and mild mitral stenosis; Mild mitral regurgitation and mild aortic regurgitation
	<b>Severe</b>	Echocardiogram showing: <ul style="list-style-type: none"> <li>Severe regurgitation or severe stenosis of any valve <b>OR</b></li> <li>Combined moderate regurgitation and/or moderate stenosis of one or more valves.</li> </ul> Examples: Moderate mitral regurgitation and moderate mitral stenosis; Moderate mitral stenosis and moderate aortic regurgitation <b>OR</b> Past or impending valve repair or prosthetic valve replacement