ACUTE RHEUMATIC FEVER and RHEUMATIC HEART DISEASE NOTIFICATION

DEFINITE and PROBABLE ARF (including recurrences) and RHD ARE NOTIFIABLE CONDITIONS IN THE NT
(Use this form also to notify possible ARF and borderline RHD cases)

RHD AND NTNDS - OFFICIAL USE ONLY:	
Notification date - date notified by Clinician:	Bed-list flag (DNSOT) and CWS alert (OTHAL) required: Yes ☐ No ☐ DSNOT required for: RDH ☐ PRH ☐ GDH ☐ KH ☐ TCH ☐ ASH ☐
Notification received date - date received by NTNDS:	DSNOT and OTHAL flags added to CARESYS: Yes ☐ No ☐ DSNOT completed for: RDH ☐ PRH ☐ GDH ☐ KH ☐ TCH ☐ ASH ☐

Notification Type
Notification Type: ARF only ☐ RHD only ☐ ARF and RHD ☐

Biographical Information			
HRN:	First Name:	Surname:	
Consent Obtained: Yes ☐ No ☐	Date of birth:	Gender: Female ☐ Male ☐ Not Stated ☐	
Ethnicity: Aboriginal only ☐ Torres Strait Islander only ☐ Aboriginal and TSI ☐ Non Aboriginal or TSI (other) ☐ Unknown ☐			
Address:		Primary Clinic:	
Primary clinic notified: ☐	Date:	Secondary clinic:	

Diagnosis Information	
DATE DIAGNOSED (ARF): **DATE DIAGNOSED (RHD):**	**DIAGNOSIS:** Definite ARF (meets criteria) ☐ Probable ARF ☐ Possible ARF ☐ RHD ☐ Borderline RHD (≤ 20 years of age) ☐ Resolved RHD ☐
ARF STATUS (ARF only)**:** First known episode ☐ Recurrence ☐ Unknown ☐	**LIKELY ONSET DATE:** (ARF only)
Clinic at onset (ARF):	
Clinic at presentation (onset) RHD (if different):	
Presentation: Clinical presentation – opportunistic ☐ Clinical presentation – symptomatic ☐ Screening ☐ Other _____	
Hospital Admission: ☐	Echo performed: Yes ☐ No ☐ Echo date:
Echo Location:	
Valve Severity at diagnosis: ARF only/no RHD ☐ Borderline RHD ☐ Mild ☐ Moderate ☐ Severe ☐	
Echo report consistent with rheumatic heart disease as defined in the World Heart Federation case definition – RHD only (see page 5 for criteria) ☐	
Risk Status: High Risk ☐ Low Risk ☐	Priority for recall: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Priority Indication: (if different from valve severity)	
Deceased*: Yes ☐ No ☐	Date of death:

*If patient is deceased, please also complete "Deceased Notification Form"

Notification Information	
Clinician/s who notified the ARF:	
Clinician/s who notified the RHD (if different):	
This form completed by:	Date:

NORTHERN TERRITORY GOVERNMENT

ARF CRITERIA (The 2020 Australian Guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease – 3rd edition) – use the ARF diagnosis calculator at: https://www.rhdaustralia.org.au/apps

EVIDENCE OF GROUP A STREP (GAS) INFECTION			Meets criteria
Skin swab culture:	Date:	Result:	
Throat swab culture:	Date:	Result:	☐
ASOT:	Date:	Result:	☐
Anti-DNase B:	Date:	Result:	☐

Diagnosis is determined by the number of major and minor criteria and counting rules, however all clinical values available must be recorded on this form

ARF Criteria		Comments:	Meets criteria
Major Manifestation	Aseptic mono-arthritis (high risk) Poly-arthralgia (high risk) Polyarthritis		☐ ☐ ☐
	Carditis (includes subclinical evidence of rheumatic valvulitis on echo)		☐
	Chorea (**can meet ARF criteria on its own**)		☐
	Subcutaneous nodules		☐
	Erythema marginatum		☐
Minor manifestation	Mono-arthralgia (high risk) Aseptic mono-arthritis (low risk) Poly-arthralgia (low risk)		☐ ☐ ☐
	ESR ≥ 30mm/hr (high risk) ESR ≥ 60mm/hr (low risk) Or CRP ≥ 30mg/L		☐ ☐ ☐
	Fever ≥ 38^{0}C (high risk) Fever ≥ 38.5^{0}C (low risk) Where documented or reported recent history		☐ ☐
	Normal P-R interval on ECG ☐ Prolonged P-R interval on ECG (age specific) ☐ 2nd degree heart block ☐ Complete heart block (3rd degree) ☐ A/V conduction node abnormality ☐ No ECG ☐		 ☐ ☐ ☐ ☐
Evidence of GAS infection?: Yes ☐ No ☐	# Major Manifestations:	# Minor Manifestations:	

Prophylaxis Information	
Prophylaxis type: BPG 3w ☐ BPG 4w ☐ None ☐ Oral (Erythromycin) ☐ Oral (Penicillin) ☐ Other ☐ _____ Unknown ☐	
Start prophylaxis:	Proposed Ceased date:
Date BPG given:	Location BPG given:

Cessation comments: (Please tick either one of the following boxes or write the appropriate comments regarding cease date – as per Cessation comments document)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐

Education Information	
Education Date:	Education Type: Family ☐ Initial ☐ Ongoing ☐ Surgical ☐
Education Clinic:	Education Comments:

Recall Details (Only tick the required reviews, add approximate date review required and any specific comments)		
Review by:	Review due:	Review comments:
Cardiologist ☐ Echocardiogram ☐ Paediatrician ☐ Paediatric cardiologist ☐ Physician ☐	Date: Date: Date: Date: Date:	Comment: Comment: Comment: Comment: Comment:
RHD team internal use for data entry only:		
Discharge summary to be entered: Yes ☐ Date:		

General Comments:

Please send form to the NT RHD Control Program: RHDDarwin.THS@nt.gov.au or RHDAliceSprings.THS@nt.gov.au

Testing considerations in suspected ARF (Decision Support tool) (The 2020 Australian Guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease – 3rd edition, p 111 – Table 7.3)		
Test	**Complete**	**Comments**
ECG (if prolonged P-R interval or other rhythm abnormality, repeat in 2 weeks and again at 2 months, if still abnormal)	☐	
Echocardiogram (consider repeating after 1 month, if normal) All cases of suspected or confirmed ARF should undergo early echocardiography to confirm or refute the presence of rheumatic carditis or valvulitis	☐	
FBE ☐ ESR ☐ CRP ☐ ASOT ☐ Anti-DNase B ☐	☐	
In relevant situations:		
Throat swab ☐ Skin sore swab ☐	☐	
Blood cultures, if febrile (plus repeated blood cultures, if possible endocarditis)	☐	
Synovial Fluid aspirate – ensure sample does not clot by using correct tubes, which have been well mixed and transporting them promptly to the laboratory. Include request for cell count, microscopy, culture and gonococcal polymerase chain reaction (PCR)	☐	
Pregnancy test	☐	
Creatinine test (UEC [urea, electrolytes, creatinine]) since NSAIDS can affect renal function	☐	
Differential diagnosis:		
Joint aspirate (microscopy and culture) for possible septic arthritis Copper, ceruloplasmin, antinuclear antibody, drug screen for choreiform movements Serology and autoimmune markers for autoimmune or reactive arthritis	☐ ☐ ☐	
Autoantibodies ☐ Double-stranded DNA ☐ Anti-cyclic citrullinated peptide (anti-CCP) antibodies ☐	☐	
Urine for Neisseria gonorrhoea molecular test Urine for Chlamydia trachomatis molecular test	☐ ☐	
Serological or other testing for: Viral hepatitis ☐ Yersinia spp ☐ Cytomegalovirus (CMV) ☐ Parvovirus B19 ☐ Respiratory viruses ☐ Ross River virus ☐ Barmah Forest virus ☐	☐	

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World Heart Federation criteria for echocardiographic diagnosis of RHD (2012)

(The 2020 Australian Guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease – 3rd edition, p 135 – Table 8.5)

Echocardiographic criteria for individuals aged ≤ 20 years

Definite RHD (either A, B, C or D):
A) Pathological MR and at least two morphological features of RHD of the MV
B) MS mean gradient ≥ 4mmHg (note: congenital mitral valve anomalies must be excluded)
C) Pathological AR and at least two morphological features of RHD of the AV
D) Borderline disease of both the AV and the MV†

Borderline RHD (either A, B, or C):
A) At least two morphological features of RHD of the MV without pathological MR or MS
B) Pathological MR
C) Pathological AR

Normal echocardiographic findings (all of A, B C, and D):
A) MR that does not meet all four Doppler echocardiographic criteria (physiological MR)
B) AR that does not meet all four Doppler echocardiographic criteria (physiological AR)
C) An isolated morphological feature of RHD of the MV (for example, valvular thickening) without any associated pathological stenosis or regurgitation
D) Morphological feature of RHD of the AV (for example, valvular thickening) without any associated pathological stenosis or regurgitation

Echocardiographic criteria for individuals aged >20 years

Definite RHD (either A, B, C or D):
A) Pathological MR and at least two morphological features of RHD of the MV
B) MS mean gradient, ≥ 4mmHg
C) Pathological AR and at least two morphological features of RHD of the AV, only in individuals aged < 35 years
D) Pathological AR and at least two morphological features of RHD of the MV

† Combined AR and MR in high-prevalence regions and in the absence of congenital heart disease is regarded as rheumatic.
AR, Aortic regurgitation; MR, Mitral regurgitation; MS, mitral stenosis.

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