



Acute rheumatic fever (ARF) notification form for clinicians

ARF is a notifiable condition. Report all suspected cases by submitting this form to the Notifiable Conditions System team via email: CDIS-NOCS-Support@health.qld.gov.au or fax: 3328 9434

This is an approved form for the use and purpose of the *Queensland Public Health Act 2005* (Chapter 3 Part 2, Division 2 - Notices about notifiable conditions) and the *Public Health Regulation 2018* (Schedules 1 and 2)

Patient details (Affix patient identification label here)	Notifying clinician
URN: <input type="text"/> Last name: <input type="text"/> First name: <input type="text"/> Address: <input type="text"/> Date of birth: <input type="text"/> Telephone: <input type="text"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other Name of parent/carer <input type="text"/>	Name: <input type="text"/> Telephone: <input type="text"/> Practice/facility: <input type="text"/> Notification date: <input type="text"/>
General practitioner/usual healthcare provider	
Name <input type="text"/> Telephone <input type="text"/> Practice/facility <input type="text"/>	
Case details	
Indigenous status: <input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Not stated/unknown	
Other Ethnicity: <input type="checkbox"/> Māori <input type="checkbox"/> Pacific Islander (specify): <input type="text"/> <input type="checkbox"/> Australian South Sea Islander <input type="checkbox"/> Not stated/unknown <input type="checkbox"/> Other (specify): <input type="text"/>	
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other (specify): <input type="text"/> Date of arrival in Australia: <input type="text"/>	
ARF episode	
<input type="checkbox"/> Initial OR <input type="checkbox"/> Recurrent ¹ OR <input type="checkbox"/> Unknown	
For this episode: Earliest date patient exhibited symptoms (onset) <input type="text"/> Date patient diagnosed with ARF <input type="text"/> Date bicillin given for current episode <input type="text"/>	
Hospital admission	
<input type="checkbox"/> Yes Hospital: <input type="text"/> <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Last name First name DOB

Major manifestations	<input type="checkbox"/> HIGH-RISK GROUPS ²	<input type="checkbox"/> LOW-RISK GROUPS ²
	<div> <input type="checkbox"/> Carditis OR <input type="checkbox"/> Subclinical carditis </div> <div> <input type="checkbox"/> Polyarthriti³ OR <input type="checkbox"/> Aseptic monoarthritis⁷ </div> <div> <input type="checkbox"/> Polyarthralgia OR <input type="checkbox"/> Sydenham chorea⁴ </div> <input type="checkbox"/> Erythema mariginatum ⁵ <input type="checkbox"/> Subcutaneous nodules	<div> <input type="checkbox"/> Carditis OR <input type="checkbox"/> Subclinical carditis </div> <div> <input type="checkbox"/> Polyarthriti³ OR <input type="checkbox"/> Sydenham chorea⁴ </div> <input type="checkbox"/> Erythema mariginatum ⁵ <input type="checkbox"/> Subcutaneous nodules
Minor manifestations	<input type="checkbox"/> Fever ⁶ ≥38°C <input type="checkbox"/> Monoarthralgia ⁷ <input type="checkbox"/> Elevated ESR (≥30 mm/h) <div>Date <input type="text"/> Result <input type="text"/> mm/h</div> OR <input type="checkbox"/> Elevated CRP (≥30 mg/l) <div>Date <input type="text"/> Result <input type="text"/> mg/l</div> <input type="checkbox"/> Prolonged P-R interval or other AV rhythm abnormalities on ECG ⁸	<input type="checkbox"/> Fever ⁶ ≥38.5°C <input type="checkbox"/> Polyarthralgia OR <input type="checkbox"/> Aseptic monoarthritis ⁷ <input type="checkbox"/> Elevated ESR (≥60 mm/h) <div>Date <input type="text"/> Result <input type="text"/> mm/h</div> OR <input type="checkbox"/> Elevated CRP (≥30 mg/l) <div>Date <input type="text"/> Result <input type="text"/> mg/l</div> <input type="checkbox"/> Prolonged P-R interval or other AV rhythm abnormalities on ECG ⁸

Comments: *Please provide relevent additional information including initial presentation, differential diagnoses and level of clinical suspicion of ARF*

Evidence of preceding Strep A infection

☐ History of pharyngitis
 ☐ History of skin sores

☐ Group A Strep positive throat swab - date
☐ Group A Strep positive skin swab - date

Elevated or rising ASO titre⁹

Date
 Result IU/ml

*Date
 Result IU/ml

Elevated or rising Anti-DNase B titre⁹

Date
 Result IU/ml

*Date
 Result IU/ml

* If initial specimen below upper limits of normal, repeat testing 7–10 days later

RHD status

☐ RHD absent
 ☐ RHD present (date RHD identified)
☐ Unknown

☐ Echo not performed
 ☐ Referred for echo/cardiology review

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 or refugee from low-or middle-income country and their children.

Considerations which increase risk: Prior residence in a high risk ARF risk setting; Frequent or recent travel to a high ARF risk setting; Aged 5–20 years (peak years for ARF).

³ **Polyarthriti**s: A definite history of arthritis is sufficient to satisfy this manifestation. Note that if polyarthriti is present as a major manifestation, polyarthralgia or or aseptic monoarthritis cannot be considered an additional minor manifestation in the same person.

⁴ **Chlorea** does not require other manifestations or evidence of preceding Strep A infection, provided other causes of chlorea 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 polyarthriti 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

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.

⁹ Streptococcal antibodies : Upper limits of normal serum for streptococcal antibody titres in children and adults (in u/ml). Anti-Streptolysin 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