|  |
| --- |
| **WA RHEUMATIC HEART DISEASE REGISTER AND CONTROL PROGRAM** |
| Acute rheumatic fever (ARF) and rheumatic heart disease (RHD) are notifiable conditions in WA.  Report all **confirmed and suspected** cases by faxing or emailing this form and supporting documentation to:-  WA RHD Register & Control Program  **EMAIL** [RHDRegister@health.wa.gov.au](mailto:RHDRegister@health.wa.gov.au) or **FAX** 08 6553 0899  **PHONE** 1300 622 745 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT DETAILS** | | | | | | | | | | |
| Surname: | | | | |  | | | | |  |
| Given name/s: | | | | |  | | | | |  |
| UMRN: | | | | |  | | | | |  |
| Date of birth: | | | | |  | | | | |  |
| Full address: | | | | | | | | |  | |
| Phone/Mobile: | | | | | | | | |  | |
| Ethnicity:  Aboriginal  Aboriginal & Torres Strait Islander  Torres Strait Islander Other (specify): | | | | | | | | | | |
| Sex:  M  F  Transgender | | | | | | | | | | |
| Is the patient pregnant?:  No  Yes (please refer to RHD guidelines)  EDD: | | | | | | | | | | |
| Is the patient a transfer?  No  Yes  Interstate  International Transferred from: | | | | | | | | | | |
| **If patient is under 18 years of age, please provide parent/guardian details** | | | | | | | | | | |
| Surname: | | | Given Name/s: | | | | | | | |
| Full Address: | | | | | | | | | | |
| Phone/Mobile: | | | Relationship to patient: | | | | | |  | |
|  | | | | | | | | | | |
| **NOTIFIER DETAILS** | | | | | | | Date of Notification: | | | |
| Full Name: | | | | | | | Telephone: | | | |
| Hospital/Clinic Name: | | | | | | | Full Address: | | | |
| **PATIENT’S USUAL HEALTH CARE PROVIDER** | | | | | | | | | | |
| Full Name: | | | | | | | Telephone: | | | |
| Hospital/Clinic Name: | | | | | | | Full Address: | | | |
| Comments: | | | | | | |  | | | |
|  | | | | | | | | | | |
| **MANIFESTATIONS (tick all that are applicable) APPLYING THE AUSTRALIAN MODIFIED JONES CRITERIA** | | | | | | | | | | |
| **HIGH-RISK GROUPS** | | | | | | **LOW-RISK GROUPS** | | | | |
| **MAJOR** | | | | | | **MAJOR** | | | | |
| Clinical carditis | | Subclinical carditis (lesions on echo) | | | | Clinical carditis | | Subclinical carditis (lesions on echo) | | |
| Polyarthritis | Aseptic monoarthritis | | | Polyarthralgia | | Polyarthritis | | | | |
| Sydenham chorea | | | | | | Sydenham chorea | | | | |
| Erythema marginatum | | | | | | Erythema marginatum | | | | |
| Subcutaneous nodules | | | | | | Subcutaneous nodules | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MANIFESTATIONS Cont.** | | | | |
| **HIGH-RISK GROUPS** | | **LOW-RISK GROUPS** | | |
| **MINOR** | | **MINOR** | | |
| Fever ≥38°C |  | Fever ≥38.5°C |  | |
| Monoarthralgia |  | Polyarthralgia | Aseptic monoarthritis | |
| ESR ≥30 mm/hr or CRP ≥30 mg/L |  | ESR ≥60 mm/hr or CRP ≥30 mg/L | | |
| Prolonged P-R interval on ECG |  | Prolonged P-R interval on ECG | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SUPPORTING LABORATORY EVIDENCE** | | | |
| Positive culture (Streptococcus) | Site: | Date: |  |
| Anti-DNase B titre (U/ml) | Result: | Date: |  |
| ASOT (U/ml) | Result: | Date: |  |
| Highest CRP (mg/L) | Result: | Date: |  |
| Highest ESR (mm/hr) | Result: | Date: |  |

|  |
| --- |
| **CURRENT EPISODE DIAGNOSIS (refer to Australian modified Jones criteria for diagnosing ARF)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Definite | Probable | Possible | Recurrence | Unknown |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of onset:**  **Date of diagnosis:** |  | Date of 1st episode: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENT EPISODE MANAGEMENT PROVIDED BY HEALTH CARE PROVIDER (HCP)** | | | | | | | | |
| Benzathine benzylpenicillin G or 10 days of oral prophylaxis given? | | | No | | Yes | |  | |
|  | | | HCP: | | | Date |  | |
| Laboratory bloods done? | | | No | | Yes | |  | |
|  | | | HCP: | | | Date |  | |
| ECHO Performed? | | | No | | Yes | |  | |
|  | | | HCP: | | | Date |  | |
| Was the patient hospitalised due to the current episode of ARF? | | | No | | Yes | |  | |
|  | | | Hospital: | | | Date |  | |
| COMMENTS: | | |  | | | | | |
|  | | | | | | | | |
| **RHEUMATIC HEART DISEASE (RHD)** | | | | | | | | |
| RHD Status | RHD present  Date diagnosed: | RHD absent | | Echo not performed | | | | |
| Severity of RHD (if known) |  |  | |  | | | | |
| Priority 1 (severe) | Priority 2 (moderate) | Priority 3 (mild) | | Priority 4 | | | | |
| COMMENTS: | | | | | | | |  |

|  |  |
| --- | --- |
| **CLINICAL DECLARATION** | |
| Name of person notifying the Register: | Position: |
| Signature: | Date: |

|  |
| --- |
| **LINKS FOR CLINICAL RESOURCES** |
| The Australian RHD Guideline resource book, online education modules promotional resources: [www.rhdaustralia.org.au](http://www.rhdaustralia.org.au)  The statutory notification information and ARF /RHD notification form:  <https://ww2.health.wa.gov.au/Articles/U_Z/WA-rheumatic-heart-disease-register> |

|  |
| --- |
| **PATIENT RESOURCES** |
| Patient education on ARF/RHD:  [www.healthywa.wa.gov.au](http://www.healthywa.wa.gov.au) |

|  |
| --- |
| **AUSTRALIAN MODIFIED JONES CRITERIA FOR DIAGNOSING ARF** |
| **Definite initial episode of ARF** =   * 2 major manifestations plus evidence of preceding Group A Streptococcus **OR** * 1 major and 2 minor manifestations plus evidence of preceding Group A Streptococcus   **Definite recurrent episode of ARF (in a patient with a documented history of ARF or RHD)** =   * 2 major manifestations plus evidence of preceding Group A Streptococcus **OR** * 1 major and 2 minor manifestations plus evidence of preceding Group A Streptococcus **OR** * 3 minor manifestations plus evidence of preceding Group A Streptococcus   **Probable or possible ARF (initial or recurrent)** = 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 Group A Streptococcus (streptococcal titres within normal limits or titres not measured) * **Probable-**  ARF is still considered the most likely diagnosis * **Possible**- ARF is considered uncertain but cannot be ruled out |

|  |
| --- |
| **UPPER LIMITS OF NORMAL FOR P-R INTERVAL ON ECG** |
| |  |  | | --- | --- | | **Age Group (Years)** | **Seconds** | | 3-11 | 0.16 | | 12-16 | 0.18 | | 17+ | 0.20 | |

|  |
| --- |
| **UPPER LIMITS OF NORMAL (ULN) FOR SERUM STREPTOCOCCAL ANTIBODY TITRES IN CHILDREN AND ADULTS** |
| |  |  |  | | --- | --- | --- | | **Age Group** | **ULN (U/mL)** | | | **(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 | |