CASE REPORT FORM — Rheumatic Fever

Rheumatic Fever EpiSurv No. _____

Disease Name

- ○ Rheumatic fever - initial attack
- ○ Rheumatic fever - recurrent attack

Reporting Authority

Name of Public Health Officer responsible for case _____

Notifier Identification

Reporting source* ○ General Practitioner ○ Hospital-based Practitioner ○ Laboratory ○ Self-notification ○ Outbreak Investigation ○ Other

Name of reporting source _____ **Organisation** _____

Date reported* _____ **Contact phone** _____

Usual GP _____ **Practice** _____ **GP phone** _____

GP/Practice address Number _____ Street _____ Suburb _____

Town/City _____ Post Code _____ ☐ GeoCode ____

Case Identification

Name of case* Surname _____ Given Name(s) _____

NHI number* _____ **Email** _____

Current address* Number _____ Street _____ Suburb _____

Town/City _____ Post Code _____ ☐ GeoCode ____

Phone (home) _____ **Phone (work)** _____ **Phone (other)** _____

Case Demography

Location **TA*** _____ **DHB*** _____

Date of birth* _____ **OR** **Age** _____ ○ Days ○ Months ○ Years

Sex* ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation* _____

Occupation location ○ Place of Work ○ School ○ Pre-school

Name _____

Address Number _____ Street _____ Suburb _____

Town/City _____ Post Code _____ ☐ GeoCode ____

Alternative location ○ Place of Work ○ School ○ Pre-school

Name _____

Address Number _____ Street _____ Suburb _____

Town/City _____ Post Code _____ ☐ GeoCode ____

Ethnic group case belongs to* (tick all that apply)

- ☐ NZ European
- ☐ Maori
- ☐ Samoan
- ☐ Cook Island Maori
- ☐ Niuean
- ☐ Chinese
- ☐ Indian
- ☐ Tongan
- ☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) _____

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Basis of Diagnosis

JONES CRITERIA

MAJOR MANIFESTATIONS

Carditis*	○ Yes ○ No ○ Unknown		**Polyarthritis***	○ Yes ○ No ○ Unknown	
Subcutaneous nodules*	○ Yes ○ No ○ Unknown		**Aseptic monoarthritis***	○ Yes ○ No ○ Unknown	
Erythema marginatum*	○ Yes ○ No ○ Unknown		**Chorea***	○ Yes ○ No ○ Unknown	

MINOR MANIFESTATIONS

Polyarthralgia*	○ Yes ○ No ○ Unknown		**Fever***	○ Yes ○ No ○ Unknown	
Elevated ESR*	○ Yes ○ No ○ Unknown		**Raised CRP***	○ Yes ○ No ○ Unknown	
Prolonged PR interval*	○ Yes ○ No ○ Unknown				

SUPPORTING LABORATORY CRITERIA FOR STREPTOCOCCAL INFECTION

Evidence of preceding group A streptococcal infection* ○ Yes ○ No ○ Unknown

If yes, specify method(s):*

Elevated or rising streptococcal antibody titre	○ Yes	○ No	○ Not Done	○ Unknown
Positive throat culture for group A streptococcus	○ Yes	○ No	○ Not Done	○ Unknown
Positive rapid streptococcal antigen test	○ Yes	○ No	○ Not Done	○ Unknown

Specify antibody titre results (IU/mL) if done, regardless of level

	1st test	2nd test (if applicable)
ASO (Antistreptolysin O)	_____	_____
Anti-DNase B	_____	_____

CLASSIFICATION* ○ Under investigation ○ Suspect ○ Probable ○ Confirmed ○ Not a case

PREVIOUS HISTORY OF RHEUMATIC FEVER (for recurrences only)

Number of previous attacks* _____

First attack - date* _____ ☐ Date Unknown **Hospital where diagnosed*** _____

Most recent previous attack - date* _____ ☐ Date Unknown **Hospital where diagnosed*** _____

Evidence of previous rheumatic heart disease ○ Yes ○ No ○ Unknown

Clinical Course and Outcome

Date of onset* _____ ☐ Approximate ☐ Unknown

Hospitalised* ○ Yes ○ No ○ Unknown

Date hospitalised* _____ ☐ Unknown

Hospital* _____

Died* ○ Yes ○ No ○ Unknown

Date died* _____ ☐ Unknown

Was this disease the primary cause of death?* ○ Yes ○ No ○ Unknown

If no, specify the primary cause of death*

_____

Outbreak Details

Is this case part of an outbreak (i.e. known to be linked to one or more cases of the same disease)?*

☐ Yes **If yes, specify Outbreak No.*** _____

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Risk Factors

RECENT SORE THROAT (initial attack only)

History of sore throat in the 4 weeks before hospital admission or clinic visit?* Yes No Unknown

Did case see a GP / family doctor / nurse about their sore throat?* Yes No Unknown

If yes, At a school throat swabbing clinic?* Yes No Unknown N/A

At a designated sore throat rapid response clinic?* Yes No Unknown N/A

If no, reason for not seeking attention for sore throat*

☐ Got better by itself ☐ Cost ☐ No transport

☐ Didn't think it needed to be seen ☐ Other (specify) _____

Throat swabs taken in 4 weeks prior to admission?* Yes No Unknown

If yes, throat swab results:*

	Date taken	Positive for group A streptococcus		
swab 1	_____	Yes	No	Unknown
swab 2	_____	Yes	No	Unknown
swab 3	_____	Yes	No	Unknown

Did case receive antibiotics for a sore throat or to treat a GAS positive throat swab in the 4 weeks prior to admission?* Yes No Unknown

If yes, specify antibiotic(s):*

	Name	Dose	Frequency	Duration	Was the full course taken?
antibiotic 1	_____	_____	_____	_____	Yes No Unknown
antibiotic 2	_____	_____	_____	_____	Yes No Unknown
antibiotic 3	_____	_____	_____	_____	Yes No Unknown

CLINICAL DIAGNOSIS OF RHEUMATIC FEVER

Did the case see a doctor for symptoms of acute rheumatic fever in the 3 months prior to hospital admission?* Yes No Unknown

If yes, how many times did they see a doctor?* _____

Were throat swabs taken in the week after admission?* Yes No Unknown

If yes, throat swab results:*

	Date taken	Positive for group A streptococcus			If yes, Emm type
swab 1	_____	Yes	No	Unknown	_____
swab 2	_____	Yes	No	Unknown	_____
swab 3	_____	Yes	No	Unknown	_____

FAMILY HISTORY OF RHEUMATIC FEVER (initial attack only)

Family history of rheumatic fever Yes No Unknown

If yes, specify relationship(s) to case _____

Has the case or their household been referred to a local service to assess overcrowding or housing?* (initial attack only) Yes No Unknown

If yes, specify which service _____

Date first referred _____

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Risk Factors continued

***(Auckland and Wellington only)* Has case's household ever had contact with a Pacific engagement strategy community worker?* (initial attack only)** ○ Yes ○ No ○ Unknown

If yes, date of first contact _____

Does the case attend a throat swabbing school?* (initial attack only) ○ Yes ○ No ○ Unknown ○ Not at school

Protective Factors - Recurrences only

Was case already on rheumatic fever register or patient management system?* ○ Yes ○ No ○ Unknown

If yes, name of rheumatic fever register or PMS _____

Was case receiving antibiotic prophylaxis* ○ Yes ○ No ○ Unknown

If yes, prescribed frequency ○ 21 days ○ 28 days ○ Other (specify) _____

Regularity of prophylaxis ○ Regularly as prescribed ○ Irregularly ○ Uncertain

Specify type of prophylaxis ○ Benzathine penicillin ○ Penicillin V ○ Erythromycin ○ Unknown

○ Other antibiotic (specify) _____

Date of last dose _____ Date of 2nd to last dose _____

Management

CASE MANAGEMENT

Has case been placed on rheumatic fever register or secondary prevention patient management system?* ○ Yes ○ No ○ Unknown

If no, give reason why not* _____

Have arrangements been made for delivery of prophylaxis?* ○ Yes ○ No ○ Unknown

Length of planned prophylaxis _____

Name of person administering prophylaxis _____

Occupation group ○ PHN ○ Hospital based nurse ○ GP ○ Other ○ Unknown

Case under specialist care ○ Yes ○ No ○ Unknown

Name of specialist _____ Specialty _____

Name of specialist _____ Specialty _____

Case's dentist advised of condition ○ Yes ○ No ○ Unknown

Name of dentist _____

CONTACT MANAGEMENT

Were any household contacts throat swabbed?* ○ Yes ○ No ○ Unknown

Number swabbed _____ Number positive for group A streptococcus _____

Emm type for positive group A streptococcus results:*

contact 1 _____ contact 2 _____

contact 3 _____ contact 4 _____

contact 5 _____ contact 6 _____

contact 7 _____ contact 8 _____

Comments*