CASE REPORT FORM

Rheumatic Fever

Rheumatic Fever EpiSurv No. EpiSurvNumber

Disease Name

Rheumatic fever - initial attack DiseaseName Rheumatic fever - recurrent attack

Reporting Authority

Name of Public Health Officer responsible for case OfficerName

Notifier Identification

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

Name of reporting source ReportName **Organisation** ReportOrganisation

Date reported* ReportDate **Contact phone** ReportPhone

Usual GP UsualGP **Practice** GPPracticeName **GP phone** GPPhone

GP/Practice address GPAddress
Number Street Suburb
Town/City Post Code GeoCode

Case Identification

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

NHI number* NHINumber **Email** Email

Current address* CaseAddress
Number Street Suburb
Town/City Post Code GeoCode

Phone (home) PhoneHome **Phone (work)** PhoneWork **Phone (other)** PhoneOther

Case Demography

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

Date of birth* DateOfBirth **OR** **Age** Age Days Months Years AgeUnits

Sex* Sex Male Female Indeterminate Unknown

Occupation* Occupation

Occupation location PlaceOfWork1Type Place of Work School Pre-school

Name PlaceOfWork1

Address PlaceOfWork1Address
Number Street Suburb
Town/City Post Code GeoCode

Alternative location PlaceOfWork2Type Place of Work School Pre-school

Name

Address PlaceOfWork2Address
Number Street Suburb
Town/City Post Code GeoCode

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

NZ European EthNZEuropean Maori EthMaori Samoan EthSamoan Cook Island Maori EthCookIslandMaori
Niuean EthNiuean Chinese EthChinese Indian EthIndian Tongan EthTongan
Other (such as Dutch, Japanese) EthOther *(specify) EthSpecify1 EthSpecify2

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Basis of Diagnosis

JONES CRITERIA

MAJOR MANIFESTATIONS

Carditis* Carditis ○ Yes ○ No ○ Unknown

Polyarthritis* Polyarth ○ Yes ○ No ○ Unknown

Subcutaneous nodules* Subcutan ○ Yes ○ No ○ Unknown

Aseptic monoarthritis* Monoarth ○ Yes ○ No ○ Unknown

Erythema marginatum* Erythema ○ Yes ○ No ○ Unknown

Chorea* Chorea ○ Yes ○ No ○ Unknown

MINOR MANIFESTATIONS

Polyarthralgia* Arthralgia ○ Yes ○ No ○ Unknown

Fever* Fever ○ Yes ○ No ○ Unknown

Elevated ESR* ElevESR ○ Yes ○ No ○ Unknown

Raised CRP* RaisedCRP ○ Yes ○ No ○ Unknown

Prolonged PR interval* ProlongPR ○ Yes ○ No ○ Unknown

SUPPORTING LABORATORY CRITERIA FOR STREPTOCOCCAL INFECTION

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

If yes, specify*

Elevated or rising streptococcal antibody titre ElevTitre ○ Yes ○ No ○ Not Done ○ Unknown

Positive throat culture for group A streptococcus PosCulture ○ Yes ○ No ○ Not Done ○ Unknown

Positive rapid streptococcal antigen test PosRapid ○ 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)	ASO1	ASO2
Anti-DNase B	DNaseB1	DNaseB2

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

PREVIOUS HISTORY OF RHEUMATIC FEVER (for recurrences only)

Number of previous attacks* PrevAttacks

First attack - date* FirstDate ☐ Date Unknown FirstDateUnknown

Hospital where diagnosed* FirstHospital

Most recent previous attack - date* LastDate ☐ Date Unknown LastDateUnknown

Hospital where diagnosed* LastHospital

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

Clinical Course and Outcome

Date of onset* OnsetDt ☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown

Hospitalised* Hosp ○ Yes ○ No ○ Unknown

Date hospitalised* HospDt ☐ Unknown HospDtUnknown

Hospital* HospName

Died* Died ○ Yes ○ No ○ Unknown

Date died* DiedDt ☐ Unknown DiedDtUnknown

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

If no, specify the primary cause of death* DiedOther

Outbreak Details

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

☐ Yes Outbrk

If yes, specify outbreak No.* OutbrkNo

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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?* SoreThroat ○ Yes ○ No ○ Unknown

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

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

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

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

☐ Got better by itself ReasBetter ☐ Cost ReasCost ☐ No transport ReasTransport

☐ Didn't think it needed to be seen ReasNotNeed ☐ Other (specify) ReasOther ReasOthSpec

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

If yes, throat swab results:*

	Date taken	Positive for group A streptococcus		
swab 1 SwabDate1		GASPos1 ○ Yes	○ No	○ Unknown
swab 2 SwabDate2		GASPos2 ○ Yes	○ No	○ Unknown
swab 3 SwabDate3		GASPos3 ○ 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?* AbxPrior ○ Yes ○ No ○ Unknown

If yes, specify antibiotic(s):*

	Name	Dose	Frequency	Duration	Was the full course taken?	
antibiotic 1	AbxName1	AbxDose1	AbxFrequency1	AbxDuration1	AbxFullCourse1	○ Yes ○ No ○ Unknown
antibiotic 2	AbxName2	AbxDose2	AbxFrequency2	AbxDuration2	AbxFullCourse2	○ Yes ○ No ○ Unknown
antibiotic 3	AbxName3	AbxDose3	AbxFrequency3	AbxDuration3	AbxFullCourse3	○ 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?* SeenDoc ○ Yes ○ No ○ Unknown

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

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

If yes, throat swab results:*

	Date taken	Positive for group A streptococcus			If yes, Emm type
swab 1 HospSwabDate1		HospGASPos1 ○ Yes	○ No	○ Unknown	HospEmmType1
swab 2 HospSwabDate2		HospGASPos2 ○ Yes	○ No	○ Unknown	HospEmmType2
swab 3 HospSwabDate3		HospGASPos3 ○ Yes	○ No	○ Unknown	HospEmmType3

FAMILY HISTORY OF RHEUMATIC FEVER (initial attack only)

Family history of rheumatic fever FamilyHistory ○ Yes ○ No ○ Unknown

If yes, specify relationship(s) to case FamilyHistSpec

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

If yes, specify which service HousingServcSpec

Date first referred HousingServcDate

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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)** PacificWorker ○ Yes ○ No ○ Unknown

If yes, date of first contact PacificWorkerDate

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

Protective Factors - Recurrences only

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

If yes, name of rheumatic fever register or PMS RFRegName

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

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

Regularity of prophylaxis PrphxTake ○ Regularly as prescribed ○ Irregularly ○ Uncertain

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

○ Other antibiotic (specify) PrphxSpecify

Date of last dose PrphxDate1 Date of 2nd to last dose PrphxDate2

Management

CASE MANAGEMENT

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

If no, give reason why not* NotPMSSpec

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

Length of planned prophylaxis PrphxLength

Name of person administering prophylaxis Administer

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

Case under specialist care Specialist ○ Yes ○ No ○ Unknown

Name of specialist SpecltName Specialty Specialty

Name of specialist SpecltName2 Specialty Specialty2

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

Name of dentist DentistName

CONTACT MANAGEMENT

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

Number swabbed ContSwabNo Number positive for group A streptococcus ContGASPosNo

Emm type for positive group A streptococcus results:*

contact 1	ContEmm1	contact 2	ContEmm2
contact 3	ContEmm3	contact 4	ContEmm4
contact 5	ContEmm5	contact 6	ContEmm6
contact 7	ContEmm7	contact 8	ContEmm8

Comments*

Comments