CASE REPORT FORM

Rheumatic Fever

EpiSurv No.

Disease Name

○ Rheumatic fever - initial episode ○ Rheumatic fever - recurrent episode

Reporting Authority

Name of Public Health Officer responsible for case OfficerName

Notifier Identification

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

Name of reporting source ReportName **Organisation** ReportOrganisation

Date reported* ReportDate **Laboratory sample date** SampleDate **Contact phone** ReportPhone

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

GP/Practice address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode

Case Identification

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

NHI number* NHINumber **Email** Email

Current address* Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode

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

Case Demography

Location TA* TA **DHB*** DHB

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

Sex* Sex ○ Male ○ Female ○ Unknown ○ Other

Occupation* Occupation

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

Name occupation_place_name

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode

Alternative location Occupation_place_type2 ○ Place of Work ○ School ○ Pre-school

Name occupation_place_name2

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ 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

☐ EthOther Other (such as Dutch, Japanese, Tokelauan) *(specify) EthSpecify1 EthSpecify2

Rheumatic Fever EpiSurv No. EpiSurvNumber

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

Raised ESR≥50mm/hr* ElevESR ○ Yes ○ No ○ Unknown

Raised CRP ≥30mg/L* 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 method(s):*

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 GAS rapid molecular test (PCR) on a throat swab PosPCR ○ Yes ○ No ○ Not Done ○ Unknown

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

	1st test	Date of 1st test	2nd test (if applicable)	Date of 2nd test
ASO (Antistreptolysin O)	ASO1	ASO1Dt	ASO2	ASO2Dt
Anti-DNase B	DNaseB1	DNaseB1Dt	DNaseB2	DNaseB2Dt

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

PREVIOUS HISTORY OF RHEUMATIC FEVER (for recurrent episodes only)

Number of previous episodes* PrevAttacks

First episode date* FirstDate ☐ Date Unknown FirstDateUnknown **Hospital where diagnosed*** FirstHospital

Most recent previous episode 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 ☐ OnsetDateApprox Approximate ☐ OnsetDtUnknown Unknown

Hospitalised* Hosp ○ Yes ○ No ○ Unknown

Date hospitalised* HospDt ☐ HospDtUnknown Unknown

Hospital* HospName

Died* Died ○ Yes ○ No ○ Unknown

Date died* DiedDt ☐ DiedDtUnknown Unknown

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

If no, specify the primary cause of death*

DiedOther

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Outbreak Details

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

Outbrk ☐ Yes **If yes, specify Outbreak No.*** OutbrkNo

Risk Factors

RECENT SORE THROAT

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

If yes, did the case see a GP / family doctor / nurse about their sore throat?* SawHealthProf ○ Yes ○ No ○ Unknown

Was sore throat treated with antibiotics?* AbxPrior ○ Yes ○ No ○ Unknown

If yes, specify antibiotic(s):* antibiotic 1 AbxName1

antibiotic 2 AbxName2

antibiotic 3 AbxName3

FAMILY HISTORY OF RHEUMATIC FEVER

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

If yes, specify relationship(s) to case FamilyHistSpec

Management

CASE MANAGEMENT

Initial episode only:

Has the case been placed on a rheumatic fever register or secondary prevention care coordination system?* PatMgmtSystem ○ Yes ○ No ○ Unknown

Recurrent episode only:

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

If yes, name of rheumatic fever register or PMS RFRegName

Comments*

Comments