CASE REPORT FORM

Rheumatic Fever

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Disease N	amo								EpiSurv No.∟	
Disease Name										
	natic fever		episode			○ R	heumatic fever - r	ecurrent ep	isode	
Reportin	g Auth	ority								
Name of Public Health Officer responsible for case OfficerName										
Notifier :	Identif	icatio	n							<u>(i)</u>
Reporting source* General Pra				ractition	ctitioner O Hospital-based Practition			oner O Laboratory		
		\circ	Self-notific	cation		Outbr	eak Investigation		Other	
Name of re	porting	source	ReportN	lame			Organisation	ReportOr	ganisation	
Date repor	ted* Re	portDat	e	Labo	ratory san	nple date	SampleDate	Cont	act phone	ReportPhone
	JsualGP				Practice (6PPracticeN	ame		GP phone	GPPhone
GP/Practic	e _{Nu}	ımber	housenum	nber	Street street	name		Suburb	suburb	
address			towncity						postcode	T T
		wn/City	towncity					Post Code	postcode	GeoCode
Case Ide		tion								<u>(1)</u>
Name of ca			Surname				Given Name(s) Giv	enName		
NHI numbe	er* NHI	Number	Eı	mail E	mail					
Current ad	dress*	Number	housenun	nber	Street stree	tname		Suburb	suburb	
		Town/Cit	towncity					Post Code	postcode	GeoCode
	- N DI		_					n		OIL
Phone (hor	ne) Pho	neHome	е	Ph	one (work	Phone V	Vork	Phone (d	other) Pho	neOther
Case Der			е	Ph	one (work	PhoneV	Vork	Phone (d	other) Pho	neOther
Case Der	nograp		e	Ph	one (work	PhoneV	DHB* DH		Photo	neOther
Case Der	<mark>nograp</mark> TA* T	hy		Ph	one (work	Age	DHB* DH			
Case Der	nograp TA* T	o hy A	th	Ph	OR		DHB* DH	B Units O D		
Case Der Location Date of bir	nograp TA* T th* D	o hy A ateOfBii	th		OR	Age	DHB* DH	B Units O D		
Case Der Location Date of bir Sex* Sex	mograp TA* T th* D	A ateOfBir Male	th () Fema	OR ale	Age	DHB* DH	B Units O D		onths 🔘 Years
Case Der Location Date of bird Sex* Sex Occupation	mograp TA* T th* D	A ateOfBin Male pation Occup	th (pation_place) Fema	OR ale	Age) Unknow	DHB* DHI Age Agel	B Units O D	Days O Mo	onths 🔘 Years
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Rheumatic Fever	EpiSurv No. EpiSurvNumber										
Basis of Diagnosis											
JONES CRITERIA	<u>(j)</u>										
MAJOR MANIFESTATIONS											
Carditis* Carditis	Polyarthritis*Polyarth ○ Yes ○ No ○ Unknown										
Subcutaneous nodules* O Yes O No O Unknown Subcutan	Aseptic monoarthritis*										
Erythema marginatum* O Yes O No O Unknown Erythema	Chorea* Chorea										
MINOR MANIFESTATIONS											
Polyarthralgia* Arthralgia 🔘 Yes 🔘 No 🔘 Unknown	Fever* Fever										
Raised ESR≥50mm/hr*	Raised CRP ≥30mg/L*										
Prolonged PR interval* ○ Yes ○ No ○ Unknown ProlongPR											
SUPPORTING LABORATORY CRITERIA FOR STREPTOCOCCAL INFECTION (1)											
Evidence of preceding group A streptococcal infection* Ev	idence Yes No Unknown										
If yes, specify method(s):*											
Elevated or rising streptococcal antibody titre	ElevTitre										
Positive throat culture for group A streptococcus	PosCulture Yes No Not Done Unknown										
Positive GAS rapid molecular test (PCR) on a thro											
swab Specify antibody titre results (IU/mL) if done, regardless	PosPCR of level										
	2nd test										
ASO (Antistreptolysin O) ASO 1	Date of 1st test (if applicable) Date of 2nd test ASO1Dt ASO2 ASO2Dt										
Anti-DNase B DNaseB1	DNaseB1Dt DNaseB2 DNaseB2Dt										
Diazos.	DNASCDIDE DNASCDZ DNASCDZDE										
CLASSIFICATION* Status Under investigation Suspect Probable Confirmed Not a case i											
PREVIOUS HISTORY OF RHEUMATIC FEVER (for recurrent	episodes only)										
Number of previous episodes* PrevAttacks											
First episode date* FirstDate											
Most recent previous LastDate Date Unkn episode date* LastDateUnknow	and the state of t										
Evidence of previous rheumatic heart disease PrevRHD O Yes O No O Unknown											
Clinical Course and Outcome											
Date of onset* OnsetDt	OnsetDateApprox OnsetDtUnknown Unknown OnsetDtUnknown Unknown										
Hospitalised* Hosp O Yes	○ No O Unknown										
Date hospitalised* HospDt	HospDtUnknown Unknown										
Hospital* HospName											
Died* Died () Yes	○ No O Unknown										
Date died* DiedDt	DiedDtUnknown										
Unknown Was this disease the primary cause of death? * DiedPrimary											
If no, specify the primary cause of death*											
DiedOther											

Rheumatic Fever			EpiSurv	No. EpiSurvNumber				
Outbreak Details								
Is this case part of an outbreak (i.e.	known to be	e linked to one or more cases of	f the same di	sease)?*				
Outbrk	Yes 1	If yes, specify Outbreak No.*	OutbrkNo					
Risk Factors								
RECENT SORE THROAT								
History of sore throat in the 4 weeks	s before hos	pital admission or clinic visit? SoreThroat	O Yes	○ No ○ Unknown				
If yes, did the case see a GP / family o	doctor / nurse		O Yes (○ No ○ Unknown				
Was sore throat treated with an	ntibiotics?*	AbxPrior	O Yes (○ No ○ Unknown				
If yes, specify antibiotic(s):*	antibiotic 1	AbxName1						
	antibiotic 2	AbxName2						
	antibiotic 3	AbxName3						
FAMILY HISTORY OF RHEUMATIC FI	EVER							
Family history of rheumatic fever		FamilyHistory	○ Yes	○ No ○ Unknown				
If yes, specify relationship(s) to case	FamilyHistS							
Management								
CASE MANAGEMENT								
Initial episode only:								
Has the case been placed on a rheumatic fever register or secondary prevention O Yes O No O Unknown care coordination system?* PatMgmtSystem								
Recurrent episode only:								
Was the case already on a rheumati system?*	ic fever regis	ster or patient management RFRegister	O Yes	O No O Unknown				
If yes, name of rheumatic fever registe	er or PMS	RFRegName						
Comments*								
Comments								