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

Notifier Identification

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

Name of reporting source **Organisation**

Date reported* dd/mm/yyyy **Laboratory sample date** dd/mm/yyyy **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* dd/mm/yyyy **OR** **Age** ○ Days ○ Months ○ Years

Sex* ○ Male ○ Female ○ Unknown ○ Other

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)

EpiSurv No.

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
Raised ESR≥50mm/hr*	○ Yes	○ No	○ Unknown	**Raised CRP ≥30mg/L***	○ 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 GAS rapid molecular test (PCR) on a throat swab	○ 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)		dd/mm/yyyy		dd/mm/yyyy
Anti-DNase B		dd/mm/yyyy		dd/mm/yyyy

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

PREVIOUS HISTORY OF RHEUMATIC FEVER (for recurrent episodes only)

Number of previous episodes*

First episode date* dd/mm/yyyy ☐ Date Unknown **Hospital where diagnosed***

Most recent previous episode date* dd/mm/yyyy ☐ Date Unknown **Hospital where diagnosed***

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

Clinical Course and Outcome

Date of onset* dd/mm/yyyy ☐ Approximate ☐ Unknown

Hospitalised* ○ Yes ○ No ○ Unknown

Date hospitalised* dd/mm/yyyy ☐ Unknown

Hospital*

Died* ○ Yes ○ No ○ Unknown

Date died* dd/mm/yyyy ☐ Unknown

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

If no, specify the primary cause of death*

EpiSurv No.

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.***

Risk Factors

RECENT SORE THROAT

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

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

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

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

antibiotic 2

antibiotic 3

FAMILY HISTORY OF RHEUMATIC FEVER

Family history of rheumatic fever ○ Yes ○ No ○ Unknown

If yes, specify relationship(s) to case

Management

CASE MANAGEMENT

Initial episode only:

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

Recurrent episode only:

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

If yes, name of rheumatic fever register or PMS

Comments*