



Working with the people of Auckland, Waitemata and Counties Manukau

Acute Rheumatic Fever Public Health Notification Form

- This form is for notification of confirmed or suspected cases of Acute Rheumatic Fever (ARF).
- Chronic Rheumatic Heart Disease in the absence of acute features of ARF is not notifiable.
- NOTE: Notification does not facilitate referral to the Rheumatic Fever Register and delivery of IM penicillin.

Notification type (tick one only)

Initial attack

Recurrent attack No. previous attacks _____

Case status (as per NHF Guidelines case definitions)

Definite Possible

Probable Suspected*

*ARF suspected but investigations not complete

Results / information pending

Date due: ____/____/____

Hospital, ward, and estimated discharge date

Referrals made

AWHI _____ yes / no / not eligible

If yes Date: _____

Case control Study _____ yes / no / not eligible

Comments (continue on further sheet if necessary)

Attach patient's sticky label here

Notifier Details
(name, designation, cellphone)

Onset ARF symptoms ____ / ____ / ____

Evidence of preceding GAS infection
(leave blank if not present/not done)

Elevated or rising antibody titre

Positive throat culture for GAS

Positive rapid strep antigen test

Major manifestations (leave blank if not present)

Carditis

Polyarthritits

Aseptic Monoarthritis

Chorea

Subcutaneous nodules

Erythema marginatum

Minor manifestations (leave blank if not present)

Arthralgia

Fever

Elevated ESR

Positive CRP

Prolonged PR interval

School or Daycare attended by case

Responsible Clinicians(s)

Physician / Paediatrician / ID Consultant

Cardiologist

Fax to 630 7431 and phone 623 4600 to confirm receipt