



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

Polyarthrits

**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**