

RHEUMATIC FEVER

Disease Name					
Disease	Indicate whether this is an initial (i.e., first) attack of rheumatic fever or a recurrent attack.				
Basis of Diagnosis					
Meets Jones criteria	Indicate whether the case meets the Jones criteria for an initial attack of rheumatic fever. This requires evidence of a preceding group A streptococcal infection and the presence of two major manifestations or one major and two minor manifestations.				
	<table border="1"> <thead> <tr> <th>Major manifestations:</th> <th>Minor manifestations:</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • Carditis • Polyarthritis • Erythema marginatum • Subcutaneous nodules </td> <td> <ul style="list-style-type: none"> • Arthralgia • Fever • Elevated acute phase reactants <ul style="list-style-type: none"> • Erythrocyte sedimentation rate • C-reactive protein • Prolonged PR interval </td> </tr> </tbody> </table>	Major manifestations:	Minor manifestations:	<ul style="list-style-type: none"> • Carditis • Polyarthritis • Erythema marginatum • Subcutaneous nodules 	<ul style="list-style-type: none"> • Arthralgia • Fever • Elevated acute phase reactants <ul style="list-style-type: none"> • Erythrocyte sedimentation rate • C-reactive protein • Prolonged PR interval
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MAJOR MANIFESTATIONS					
	Ideally, obtain information on all of the clinical features listed. If the feature was present, record by ticking the "Yes" box. If not, tick the "No" box. If not known or unavailable then tick the "Unknown" box.				
MINOR MANIFESTATIONS					
	Ideally, obtain information on all of the features listed. If the feature was present, record by ticking the "Yes" box. If not, tick the "No" box. If not known or unavailable then tick the "Unknown" box.				

SUPPORTING LABORATORY CRITERIA FOR STREPTOCOCCAL INFECTION	
Evidence of preceding group A streptococcal infection	Indicate whether there is supporting evidence of preceding group A Streptococcal infection. If not known or unavailable then tick the "Unknown" box. If "Yes", specify the laboratory method(s) - tick all that apply.
OTHER CLINICAL MANIFESTATIONS	
	Ideally, obtain information on all of the clinical features listed. If the feature was present, record by ticking the "Yes" box. If not, tick the "No" box. If not known or unavailable then tick the "Unknown" box.
STATUS	<p>Under investigation - A case that has been notified but information is not yet available to classify it as probable or confirmed.</p> <p>Probable - Initial attack Evidence of preceding group A streptococcal infection and a major manifestation, but does not fulfil complete Jones' criteria.</p> <p>Recurrent attack Evidence of preceding group A streptococcal infection and a reliable history of rheumatic fever in a patient with a single major or several minor manifestations.</p> <p>Confirmed - Initial attack Fulfils Jones' criteria with evidence of group A streptococcal infection.</p> <p>Recurrent attack Fulfils Jones' criteria for initial attack.</p> <p>Exceptions The following are exceptions to the Jones' criteria in the absence of evidence of a preceding group A streptococcal infection:</p> <ul style="list-style-type: none"> • chorea may be the only manifestation of rheumatic fever and should be notified. • indolent carditis in patients who present for medical diagnosis months after the onset of rheumatic fever <p>Not a case - A case that has been investigated, and subsequently has been shown not to meet the case definition.</p>

PREVIOUS HISTORY OF RHEUMATIC FEVER (for recurrences only)	
Previous attacks	Indicate the number of previous attacks. Note the dates when the first and most recent previous attack occurred and specify the hospitals where the patient was diagnosed. If either of the dates is unknown, tick the "Date unknown" box.
Protective Factors – Recurrences only	
Case on rheumatic fever register	Indicate whether the case is on a rheumatic fever register. If "Yes", state the name of the register (i.e. what district or region and organisation).
Case receiving antibiotic prophylaxis	Indicate whether the case is receiving antibiotic prophylaxis.
Management	
CASE MANAGEMENT	
Case on rheumatic fever register	If not on rheumatic fever register, indicate whether the case was placed on register. If "Yes", state the name of the register. If not known or unavailable then tick the "Unknown" box.
Case receiving antibiotic prophylaxis	If the case was receiving antibiotic prophylaxis indicate the regularity with which they were taking the prophylaxis and select the type of prophylaxis
Case not on antibiotic prophylaxis	If not receiving antibiotic prophylaxis, indicate whether arrangement has been made for delivery of prophylaxis. If not known or unavailable then tick the "Unknown" box.
Person administering prophylaxis	Record the name and occupational group of the person responsible for administering prophylaxis.
Case under specialist care	Indicate whether the case is under specialist care. If "Yes", give the name of the specialist. If not known or unavailable then tick the "Unknown" box.
Case's dentist advised	Indicate whether the case's dentist was notified of the condition. If "Yes", give the name of the dentist. If not known or unavailable then tick the "Unknown" box.