**Category 1: Immediate reporting telephonically followed by written or electronic notification within 24hrs of diagnosing a case**

**ACUTE RHEUMATIC FEVER**

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| **Why is surveillance necessary?** | **Who must notify and when?** | **Suspected case definition** | **Probable case definition** | **Confirmed case definition** |
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| Acute rheumatic fever (ARF) is an important cause of heart valve damage, and leads to morbidity and mortality due to heart failure and other complications, especially among economically disadvantaged populations all over the world.  The exact burden of ARF in South Africa is unknown. Monitoring of the disease burden is essential to plan prevention and care services. | The diagnosis of ARF is usually made by paediatricians or cardiologists following clinical examination and investigations including echocardiography, ECG, and blood tests including anti-streptococcal antibody tests, C-reactive protein and erythrocyte sedimentation rate.  There are no laboratory tests to confirm the diagnosis.  A case of ARF should be notified as soon as the clinician is satisfied that the case meets the case definition. | Refer to probable case definition | Any person in whom a clinician suspects acute rheumatic fever. | A primary episode of acute rheumatic fever is made with evidence of **two major, or 1 major+2 minor** manifestations **plus** evidence of a preceding group A streptococcal infection.  Major manifestations:  Carditis (clinical or subclinical), arthritis (monoarthritis or polyarthritis), polyarthralgia, chorea, erythema marginatum, subcutaneous nodules.  Minor manifestations:  Clinical signs (fever[ ≥38°C], monoarthralgia), laboratory signs (ESR ≥30 mm/h [peak values] and/or CRP ≥3.0 mg/dL [> upper limit of normal for laboratory]), prolonged PR interval (after accounting for age variability and unless carditis is a major criterion).  Supporting evidence of streptococcal infection  A positive throat culture, a rapid antigen test for group A strep, recent scarlet fever, an elevated or rising antistreptolysin-O or other antistreptococcal antibody or prolonged PP-R interval on ECG. |
| **Additional notes** | | | | |
| **Additional resources**  A case investigation form is available at : <http://www.nicd.ac.za/diseases-a-z-index/acute-rheumatic-fever/> | | | | |