

Appendix 4: Public Health Unit checklist

(details will vary significantly according to jurisdiction). **Ensure all criteria are marked**

Contact the patient's doctor to:

Patient ID number:

Yes	No	Not done	Commenced ARF Case notification form and an Enhanced Surveillance form (Appendix 1 & 2)
Yes	No	Not done	Commenced jurisdictional notification form
Yes	No	Not done	Obtained necessary history from notes or interview of patient or clinician
Yes	No	Not done	Confirmed results of relevant pathology tests or recommend that the tests be done
Yes	No	Not done	Ensure the patient diagnostic workup is completed including ECG, CRP or ESR, serology and/or culture. * Follow-up serology may be required if negative or potentially mistimed
Yes	No	Not done	Recommended follow-up echocardiograms, specialist and dental reviews, in accordance with established care plans based on priority status
Yes	No	Not done	Commenced secondary prevention with regular benzathine penicillin G after ARF diagnosis
Yes	No	Not done	Ensured treating team is aware of local resources for patient and family education (including information on primordial and primary prevention strategies as well as the details of secondary prophylaxis provision locally)
Yes	No	Not done	Ensured the diagnosis is recorded clearly in the patients file
Yes	No	Not done	Provided feedback to clinicians if prior missed episodes or inadequate workup is identified

Contact the patient (or caregiver) to:

Yes	No	Not done	Confirmed onset date and symptoms of the illness
Yes	No	Not done	Ensured patient is consented for inclusion on the jurisdictional register according to local eligibility criteria
Yes	No	Not done	Provided education for case and household/family about primordial and primary preventive strategies to reduce future GAS infections and the subsequent impacts
Yes	No	Not done	Ensured the patient is referred to the best available RHD Control program or service for continuity of education, appropriate pain relief and ability to recall for follow up

Contact laboratory to:

Yes	No	Not done	Obtain any outstanding results for supporting evidence of preceding Group A streptococcal infection as per Table 5 <ul style="list-style-type: none"> ○ antistreptolysin-O or anti-DNase B or other streptococcal antibody OR ○ Positive group A streptococcal (GAS) throat culture OR ○ Positive rapid antigen test for group A streptococci.
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Other issues:

Yes	No	Not done	Used the RHD Australia Diagnosis Calculator App to assist early detection and diagnosis of ARF
Yes	No	Not done	Assessed information against case definition to confirm case
Yes	No	Not done	Entered case data onto notifiable diseases database (process varies in each jurisdiction)
Yes	No	Not done	Consider referral for a housing assessment according to local protocol
Yes	No	Not done	Maintained awareness of the possibility of ARF clusters/outbreaks and have a protocol in place to investigate and respond
Yes	No	Not done	Consider alerting local RHD program if there are more cases than usual
Yes	No	Not done	Consider active case finding where appropriate (refer Section 12)