

# BPSU Surveillance of Acute Rheumatic Fever in Childhood ≤16 years of age in the UK and ROI Commences in May 2015

(Short Study Name: SCARF: Surveillance of Childhood Acute Rheumatic Fever)

Acute rheumatic fever (ARF) is a well recognised disease entity with clear diagnostic criteria which are highlighted below. It occurs as a result of the body's reaction to group A Streptococcal infection. It is important to recognise as repeated infections are thought to impact on the development of chronic cardiac complications. Over the last 50 years its incidence in developed countries has decreased but it remains an important source of morbidity and mortality in the developing world. There is a lack of data from developed countries but some evidence suggests that it may be increasing in incidence again. The aim of this study is to look at how ARF affects children and young people ≤16 years of age in the UK and ROI. The study team hope to examine the pattern of illness ARF produces and to see if it differs from the pattern of illness seen in developing countries or in the UK and ROI previously.

**Duration:** BPSU surveillance will be undertaken for 13 months, commencing in May 2015.

**Case definition:** Please report any cases of children or young people ≤16 years of age with EITHER a confirmed OR suspected new diagnosis of acute rheumatic fever seen in the past month who meets the following case definition in the UK or the ROI.

## A new diagnosis of Acute Rheumatic Fever:

A confirmed Acute rheumatic fever diagnosis requires:

1. Evidence of recent group A streptococcal infection **AND**
2. 2 major OR 1 major and 2 minor manifestations

### Major Manifestations

- Carditis: (echocardiographic or clinically detected)
- Polyarthrititis (Inflammation of 2 or more joints)
- Chorea
- Erythema marginatum
- Subcutaneous nodules

### Minor Manifestations

- Clinical finding of arthralgia
- Clinical finding of fever ( $\geq 38^{\circ}\text{C}$ )
- Lab finding of increased CRP ( $>20\text{mg/L}$ )
- Lab finding of increased ESR ( $>20\text{mm/hr}$ )
- Prolonged PR interval

**OR Chorea:** this may present late and without lab / other clinical features of ARF and is enough alone to diagnose ARF if no other cause is found.

**Website:** [www.rcpch.ac.uk/bpsu/SCARF](http://www.rcpch.ac.uk/bpsu/SCARF)

**Funding:** This study is being funded by the BPSU through the [Sir Peter Tizard Bursary](#).

**Ethical approval:** This study has been approved by NRES Committee – West Midlands - Solihull (REC reference: 12/WM/0412; IRAS project ID: 128479) and has been granted Section 251 HRA-CAG permission (CAG Reference: 13/WM/0412).

**Further information:** If you would like any advice regarding the eligibility of a particular case for inclusion in the study please contact:

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