

Suspected Acute Post-Streptococcal Glomerulonephritis (APSGN) notification form for clinicians

APSGN is a notifiable condition. Report all suspected cases by submitting this form to the Notifiable Conditions System team via email: CDIS-NOCS-Support@health.qld.gov.au or 3328 9434

This is an approved form for the use and purpose of the *Queensland Public Health Act 2008* (Chapter 3 Part 2, Division 2 - Notices about notifiable conditions) and the *Public Health Regulation 2018* (Schedules 1 and 2)

Patient details (Affix patient identification label here)		Notifying clinician		
Hospital: <input type="text"/> URN: <input type="text"/>		Name: <input type="text"/>		
Last name: <input type="text"/> First name: <input type="text"/>		Telephone: <input type="text"/>		
Address: <input type="text"/>		Practice/facility: <input type="text"/>		
Date of birth: <input type="text"/> Telephone: <input type="text"/>		Notification date: <input type="text"/>		Consultation date: <input type="text"/>
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other:				
Name of parent/carer: <input type="text"/>				
General practitioner/usual healthcare provider				
Name: <input type="text"/>		Telephone: <input type="text"/>		Practice/facility: <input type="text"/>
Case details				
Indigenous status: <input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Not stated/unknown				
Other Ethnicity: <input type="checkbox"/> Māori <input type="checkbox"/> Pacific Islander (specify): <input type="text"/> <input type="checkbox"/> Australian South Sea Islander <input type="checkbox"/> Not stated/unknown <input type="checkbox"/> Other (specify): <input type="text"/>				
Clinical details				
Symptom onset date: <input type="text"/>				
Facial oedema (provide details)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>		
Peripheral oedema (provide details)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>		
Highest BP measure ¹		<input type="text"/>		
Haematuria (on visual inspection or moderate on urine dipstick (>2+RBC))		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Impetigo/skin lesions (present or within the last 6 weeks)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sore throat (present or within last 6 weeks)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Scabies (present or within last 6 weeks)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Close contact of known APSGN case		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tests performed				
Test	Ordered	Date	Path provider	Result (note if pending)
Anti-streptolysin (ASOT) ²	<input type="checkbox"/> Yes <input type="checkbox"/> No			
anti-DNase B (ADB) ²	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C3 (Complement)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Urine MCS (haematuria)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Renal biopsy suggestive of APSGN	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Skin swab (if indicated) *emm typing if GAS positive	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Throat swab (if indicated) *emm typing if GAS positive	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments: <i>Please provide relevant additional information including initial presentation, differential diagnoses and level of clinical suspicion of APSGN.</i>				
<input type="text"/>				

Best practice principles of hypertension diagnosis:

- 3 different measures averaged
- use of appropriately sized cuffs
- correct patient positioning
- use of auscultation for at least one measure
- determined against tables based on age/weight/height to be above 95th centile.

Refer to American Academy of Pediatrics Clinical Practice Guidelines for Screening and Management of High Blood Pressure in Children (2017):

- Blood pressure levels for males by age and height percentile: [Table 4](#)
- Blood pressure levels for females by age and height percentile: [Table 5](#)

² Upper limit of normal (80th centile) values for serum streptococcal antibody titres by age group in tropical settings where Strep A is endemic

Age Group (years)	Upper limit of normal (international units/mL)	
	ASO titre	Anti-DNase B titre
1–4	170	366
5–14	276	499
15–24	238	473
25–34	177	390
≥35	127	265

Adapted from Steer et al. Normal ranges of streptococcal antibody titers are similar whether streptococci are endemic to the setting or not. Clinical and vaccine immunology, 2009;16(2). doi:10.1128/CVI.00291-08

For further information refer to the [communicable diseases control guidance \(A-Z\) Acute Post-Streptococcal Glomerulonephritis \(APSGN\) Guideline](#).

