

## **Supporting Information**

### **Supplementary tables**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: Ralph A, Noonan S, Wade V, Currie B. The 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease. *Med J Aust* 2020; doi: 10.5694/mja2.50851.

## Supplementary tables

**Table 1: Guideline Contributors**

<b>Role</b>	<b>Contributors</b>
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**Table 2: Organisations endorsing the Guideline**

Australian College of Midwives
Australian College of Rural and Remote Medicine
Australian Indigenous Doctors' Association
Australasian Society for Infectious Diseases
Australasian Society for Ultrasound in Medicine
Australasian Sonographers Association
Australian and New Zealand Society of Cardiac and Thoracic Surgeons
Cardiac Society of Australia and New Zealand
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
Council of Remote Area Nurses
Improving Health Outcomes in the Tropical North (HOT NORTH)
Indigenous Allied Health Australia
Internal Medicine Society of Australia and New Zealand
Marie Bashir Institute
Murdoch Children's Research Institute
National Aboriginal and Torres Strait Islander Health Worker Association
National Aboriginal Community Controlled Health Organisation
One Disease
Public Health Association of Australia
Royal Australasian College of Physicians
Society of Obstetric Medicine of Australia and New Zealand
South Australian Health and Medical Research Institute
Telethon Kids Institute
The Doherty Institute

**Table 3: Priority classification and recommended follow-up**

DIAGNOSIS	RECOMMENDED FOLLOW-UP PLAN †
<b>Priority 1</b> Severe RHD* High risk post-valve surgical patients ‡ ≥ 3 episodes of ARF within the last 5 years Pregnant women with RHD (any severity) may be considered priority 1 for the duration of the pregnancy Children ≤ 5 years of age with ARF or RHD	Specialist review: at least 6 monthly Echocardiogram: at least 6 monthly Medical review: at least 6 monthly Dental review: within 3 months of diagnosis, then 6 monthly
<b>Priority 2</b> Moderate RHD* Moderate risk post-valve surgical patients ‡	Specialist review: yearly Echocardiogram: yearly Medical review: 6 monthly Dental review: within 3 months of diagnosis, then 6 monthly
<b>Priority 3</b> Mild RHD* ARF (probable or definite) without RHD, currently prescribed secondary prophylaxis Borderline RHD currently prescribed secondary prophylaxis Low risk post-surgical patients ‡	Specialist review: 1 – 3 yearly Echocardiogram: children ≤ 21 years: 1-2 yearly, > 21 years: 3 yearly Medical review: yearly Dental review: yearly
<b>Priority 4</b> History of ARF (possible, probable or definite) and completed secondary prophylaxis Borderline RHD not on secondary prophylaxis Resolved RHD and completed secondary prophylaxis	Specialist referral and echocardiogram: 1 year, 3 years and 5 years post cessation of secondary prophylaxis (or following diagnosis in the case of <i>Borderline RHD not on secondary prophylaxis</i> ) Medical review: yearly until discharge from specialist care and then as required Dental review: yearly or as required

ARF = acute rheumatic fever; RHD = rheumatic heart disease

\* For definitions of RHD severity, see table 10.2 of the guideline or Table 4 of this paper

† Frequency should be tailored to the individual following specialist assessment. All patients should be given influenza vaccine annually and have completed pneumococcal vaccinations as per Australian Immunisation Handbook. Intervals for medical and specialist review and echocardiography are a guide and may vary for specific individuals. Medical and dental reviews may be combined with general health check-up. All people with RHD require endocarditis prevention as indicated.

‡ Post-surgical risk varies for individuals due to age, type of surgery, recurrence of ARF, adherence with secondary prophylaxis and other factors. The priority category for post-surgical patients should be determined by specialist cardiologist/paediatrician/physician.