

The Medical Journal of Australia • MJA

MEDIA RELEASE

ELIMINATING RHEUMATIC HEART DISEASE BY 2031

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UPDATED and culturally appropriate guidelines for the prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease have been published, along with a 31-page supplement from Telethon Kids, by the *Medical Journal of Australia*.

Acute rheumatic fever (ARF) is an autoimmune disease triggered in some children and young adults by infection with group A streptococci. Repeated or severe ARF leads to rheumatic heart disease (RHD), with high morbidity and mortality. Group A streptococcus infection risk is associated with socio-economic factors such as household crowding.

High rates occur in Australian Aboriginal and Torres Strait Islander populations, especially in rural or remote settings. Prevalence estimates for definite RHD in Australian children range from < 1 per 1000 population in low risk children, to 333 to 504 per 1000 people in high risk populations. High rates of disease also occur among Māori and Pacific Islander populations.

The supplement -- *Ending rheumatic heart disease in Australia: the evidence for a new approach* – highlights the RHD Endgame Strategy, launched in September 2020, which aims to eliminate RHD in Australia by 2031. The supplement includes chapters on:

- introduction to RHD, the END RHD Centre of Research Excellence and a national commitment to end RHD by 2031;
- overview of the epidemiology of Strep A infections, ARF and RHD in Australia: a contemporary snapshot from the ERASE project;
- the lived experience of RHD: why Aboriginal and Torres Strait Islander knowledges, perspectives and experiences underpin RHD elimination;
- critical elements of a comprehensive approach to end RHD;
- health and economic impacts of particular RHD prevention strategies; and,
- getting it done: a new approach will end RHD.

The authors of the supplement, led by Dr Rosemary Wyber, Senior Adjunct Research Fellow at Telethon Kids Institute, wrote that cultural appropriateness and lived experience were crucial to eliminating RHD from Australia by 2031.

“All future strategies to address ARF and RHD must prioritise Aboriginal and Torres Strait Islander people’s knowledge, perspectives and experiences and develop co-designed approaches to RHD elimination,” they wrote.

“The environmental, economic, social and political context of RHD in Australia is inexorably linked to ending the disease.”

RHD Australia (<https://www.rhdaustralia.org.au/>) has produced a fully updated clinical guideline in response to new knowledge gained since the 2012 edition. The guideline aligns with major international ARF and RHD practice guidelines.

Authors led by Professor Anna Ralph, Clinical Research Fellow at the Menzies School of Health Research at Charles Darwin University wrote in the *MJA* that the guideline “details best practice care for people with or at risk of ARF and RHD”.

“It provides up-to-date guidance on primordial, primary and secondary prevention, diagnosis and management, preconception and perinatal management of women with RHD, culturally safe practice, provision of a trained and supported Aboriginal and Torres Strait Islander workforce, disease burden, RHD screening, control programs and new technologies,” Ralph and colleagues wrote.

Changes in management as a result of the new guideline include:

- updating of ARF and RHD diagnostic criteria;
- change in secondary prophylaxis duration;
- improved pain management for intramuscular injections;
- changes to antibiotic regimens for primary prevention;
- emphasis on provision of culturally appropriate care;
- updated burden of disease data using linked register and hospitalisations data;
- primordial prevention strategies to reduce streptococcal infection addressing household overcrowding and personal hygiene;
- recommendations for population-based echocardiographic screening for RHD in select populations;
- expanded management guidance for women with RHD or ARF to cover contraception, antenatal, delivery and postnatal care, and to stratify pregnancy risks according to RHD severity; and,
- a priority classification system for presence and severity of RHD to align with appropriate timing of follow-up.

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