



## **VICTORIA NEEDS PATIENT REGISTER FOR ACUTE RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE**

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VICTORIA should establish a patient register and control program for people with rheumatic heart disease (RHD) and acute rheumatic fever (ARF) to help reduce the “considerable” morbidity and mortality caused by the conditions, according to the authors of research published today by the *Medical Journal of Australia*.

“In Australia, ARF and RHD are notifiable except in the Australian Capital Territory, Tasmania, and Victoria, and their epidemiology is relatively unexplored in these jurisdictions,” wrote the authors, led by Dr Jane Oliver, a Research Fellow at The Peter Doherty Institute for Infection and Immunity, and the Murdoch Children’s Research Institute.

Oliver and colleagues analysed routinely collected hospital admissions data for Victorian residents for whom ARF/RHD was the principal diagnosis (1 July 2006 – 30 June 2018) in the Victorian Admitted Episode Dataset, and death data for Victorian residents for whom ARF/RHD was the primary cause of death (1 July 2006 – 31 December 2017).

“During 2006–18, 107 people under 40 years of age were admitted to Victorian hospitals with ARF, and 5079 people with RHD; 1043 people died of RHD during 2006–17,” they reported.

“The annual rate of admissions with ARF was 0.4 per 100 000 population under 40 years of age; that of admissions with RHD was 1.0 per 100 000 population under 40 years and 9.9 per 100 000 over the whole Victorian population. The ARF admissions rate was highest for children aged 10–14 years (1.2 per 100 000 population per year). Most admissions with RHD (5183, 77%) and most deaths attributed to RHD (961, 92%) were of people aged 60 years or more.

“Among people under 40 years of age, the annual rate of admissions with ARF was higher for Indigenous (1.8 per 100 000 population) than for non-Indigenous people (0.4 per 100 000), as was that of admissions with RHD (4.1 v 1.1 per 100 000 population).”

Oliver and colleagues wrote that the “considerable morbidity and mortality caused by ARF and RHD could be reduced by regular treatment and monitoring”.



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The Medical Journal of Australia

Media Release

"A patient register and control program for Victorians under 40 years of age would help achieve this aim, similar to New South Wales, where ARF and RHD are notifiable conditions and the burden is similar to that in Victoria.

"A register would improve patient management, better define disease epidemiology, and assist the evaluation of interventions. The differences in hospitalisation rates we found for younger people at risk of poor outcomes lends weight to considering a Victorian registry."

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