

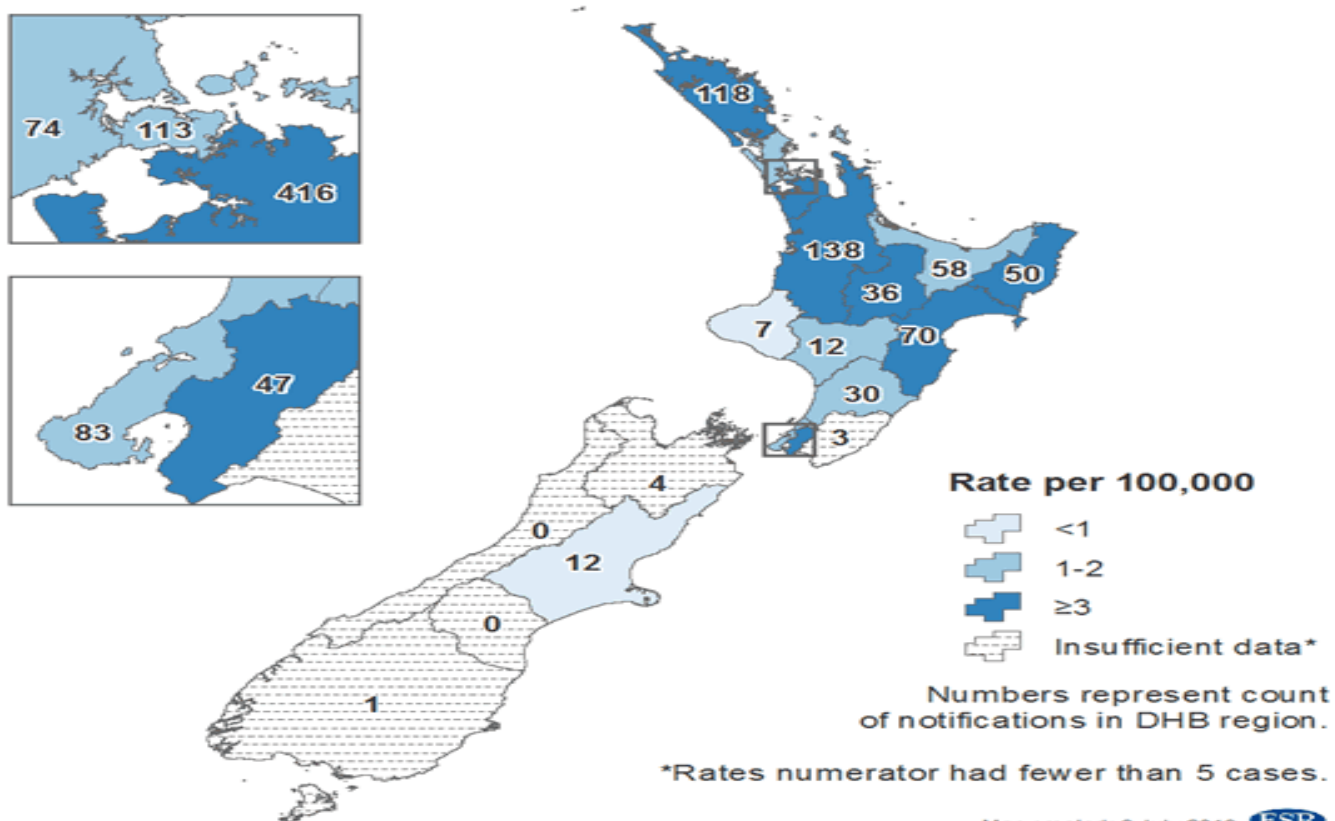
Primary Prevention of Rheumatic Fever ...and More



Liz Pillay
Nurse Educator

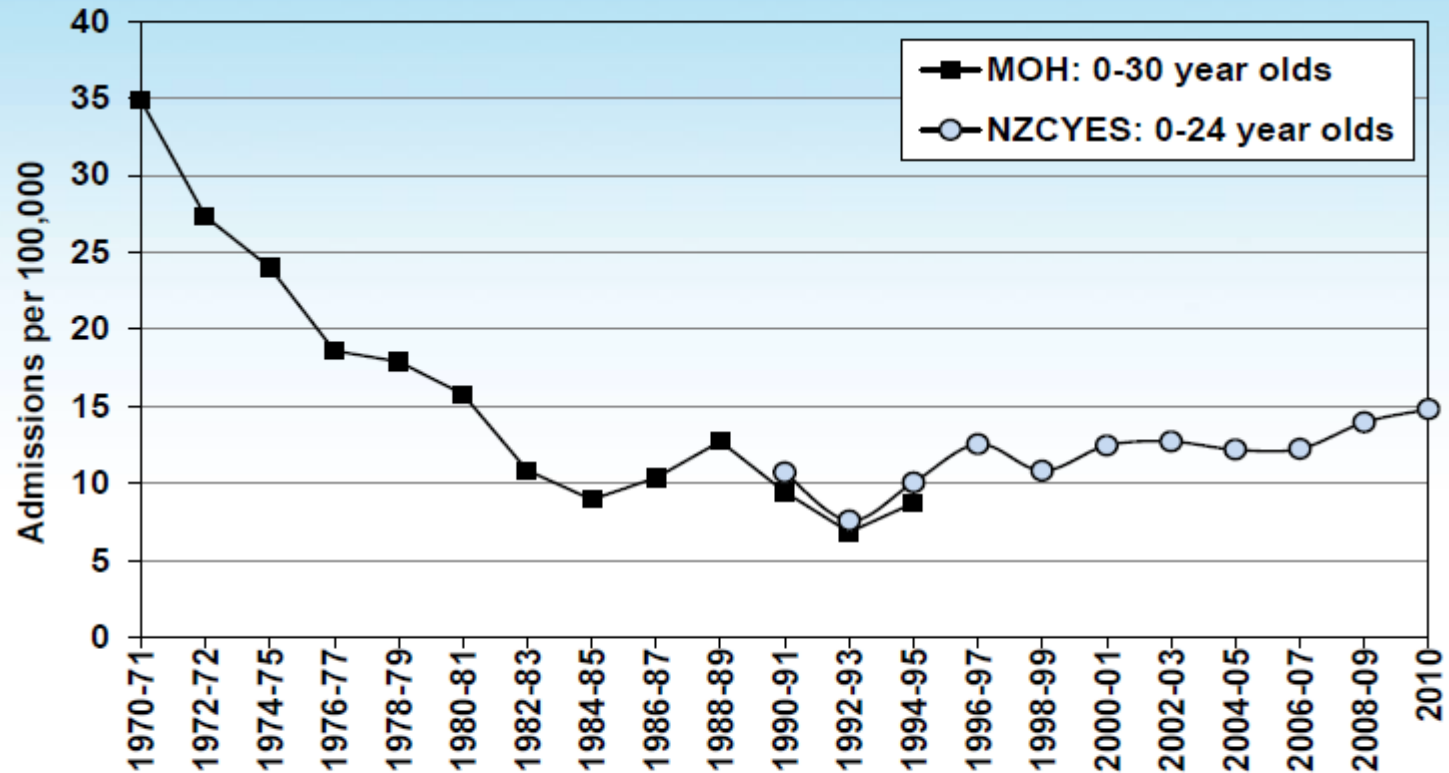


RF Rates Across NZ



New Zealand Trends

Acute Rheumatic Fever Hospitalisations 1970-2010



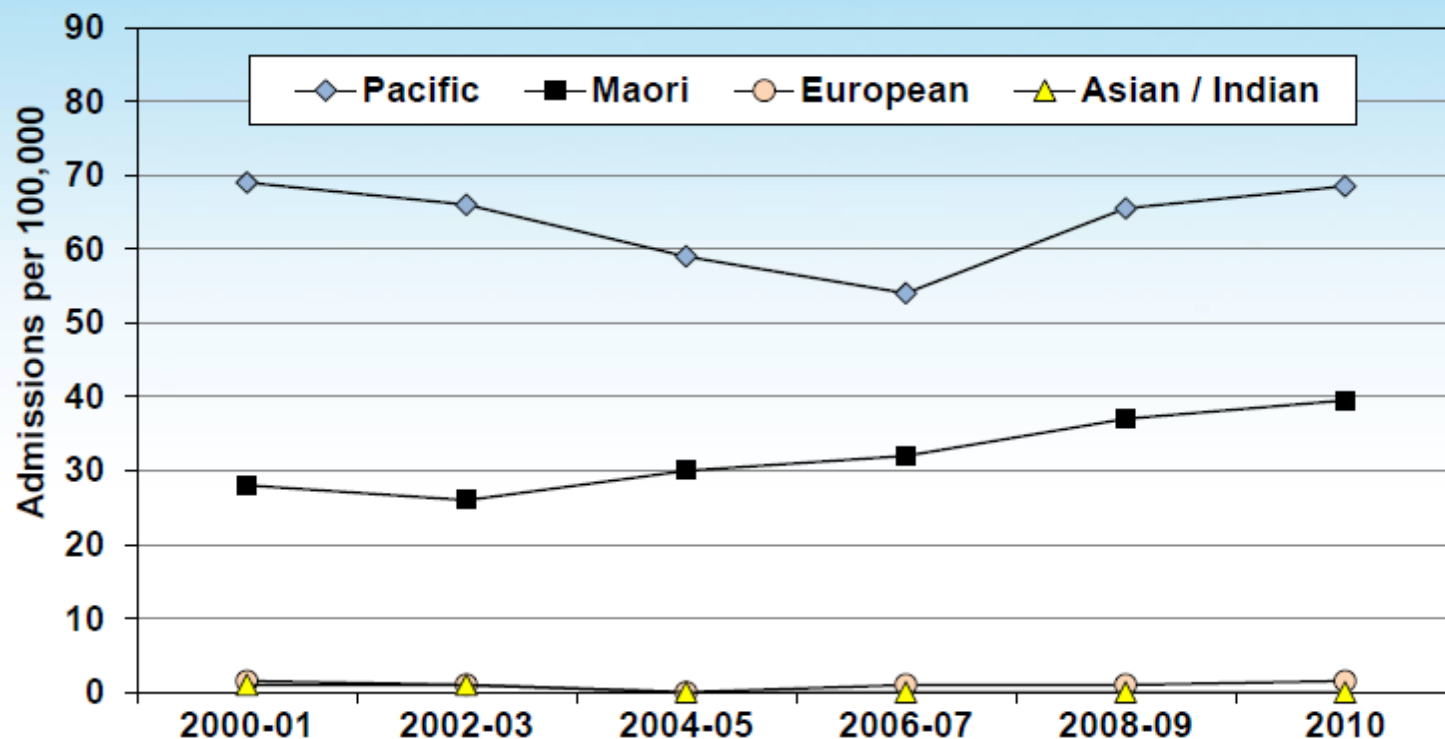
Ministry of Health. Progress on Health Outcome Targets 1999. Wellington: Ministry of Health; 1999.

New Zealand Child and Youth Epidemiology Service www.otago.ac.nz/nzcyes



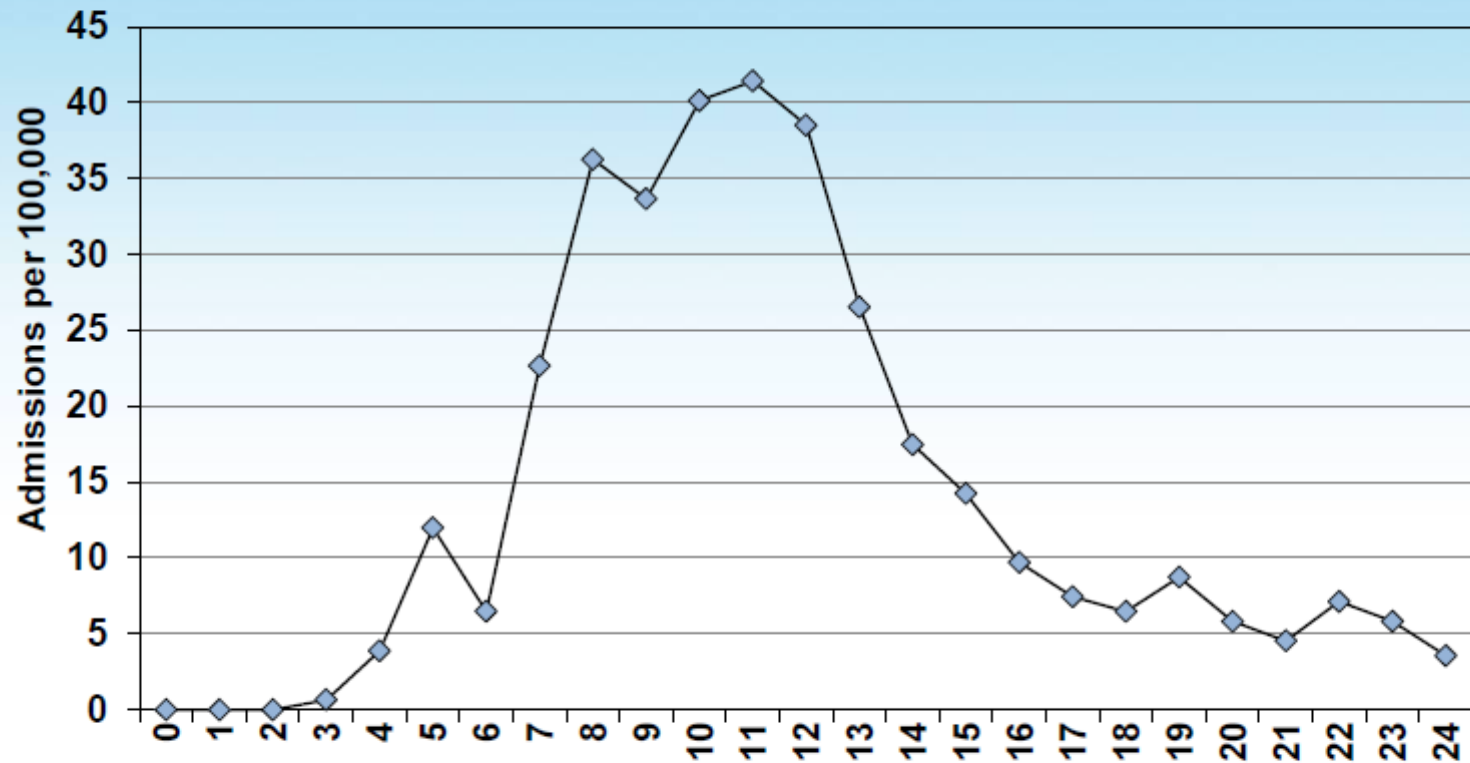
ARF Admissions by Ethnicity

0-24 Year Olds, NZ 2006-2010



ARF Admissions by Age

0-24 Year Olds, NZ 2006-2010



Government response



- Rheumatic fever target as part of the Better Public Services initiative
- More than 65million over 6 years
- **Stop it:** Prevent transmission of Strep A sore throats
- **Treat it:** Treat Strep A throats quickly and effectively



Goals of national RFPP



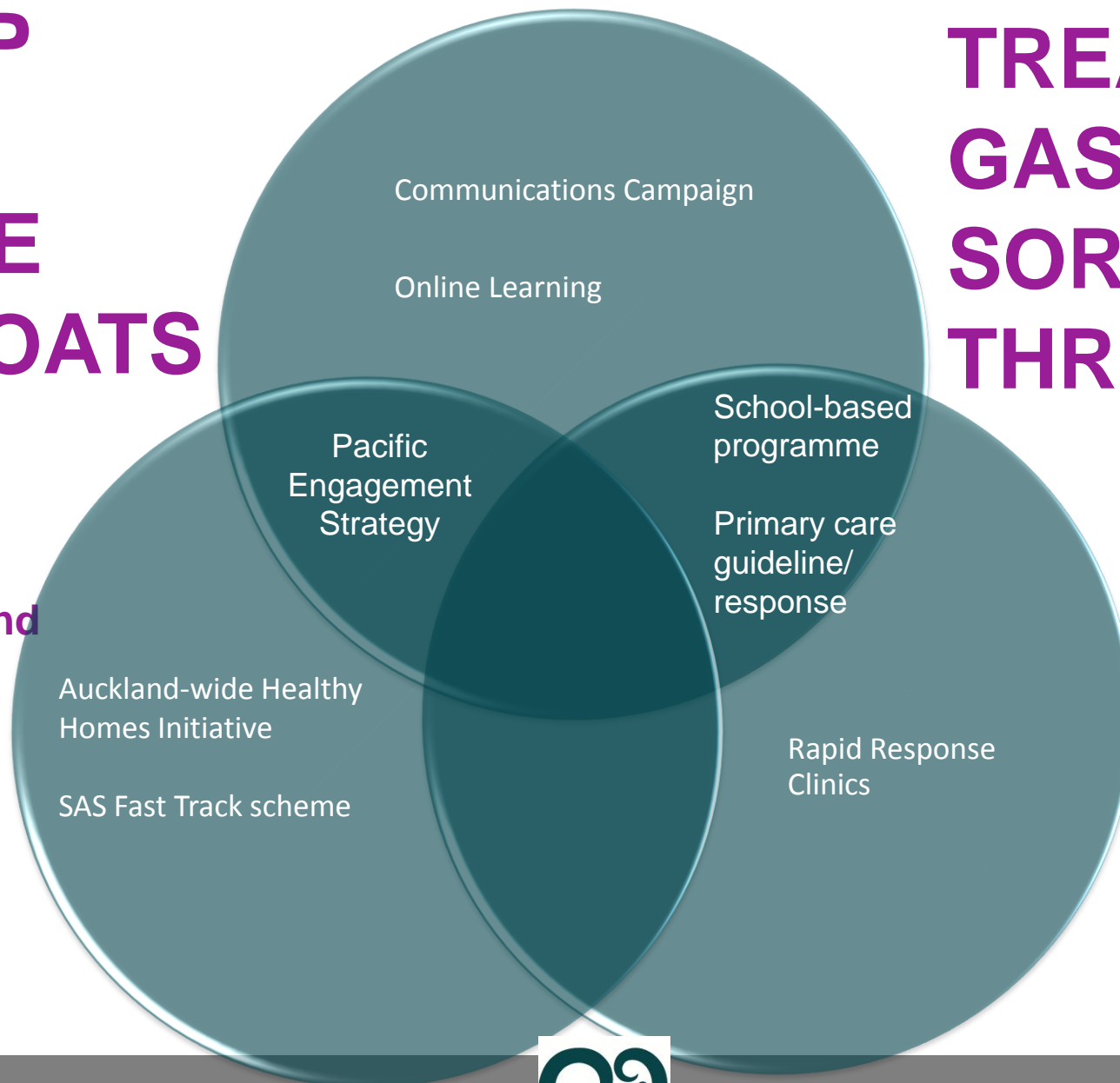
1. To achieve equity of incidence and outcomes of rheumatic fever between Maori and Pacific children, and other NZ children
2. *“By 2017, to reduce new episodes of rheumatic fever by two thirds to 1.4 cases per 100,000 population per year”*



**STOP
GAS
SORE
THROATS**

Raising awareness

**TREAT
GAS
SORE
THROATS**



**Reduced
structural and
functional
household
crowding**

Auckland-wide Healthy
Homes Initiative

SAS Fast Track scheme

Pacific
Engagement
Strategy

School-based
programme

Primary care
guideline/
response

Rapid Response
Clinics

**Free, rapid
effective
sore throat
management**





ManaKidz



ProCARE

Union Health
Otara

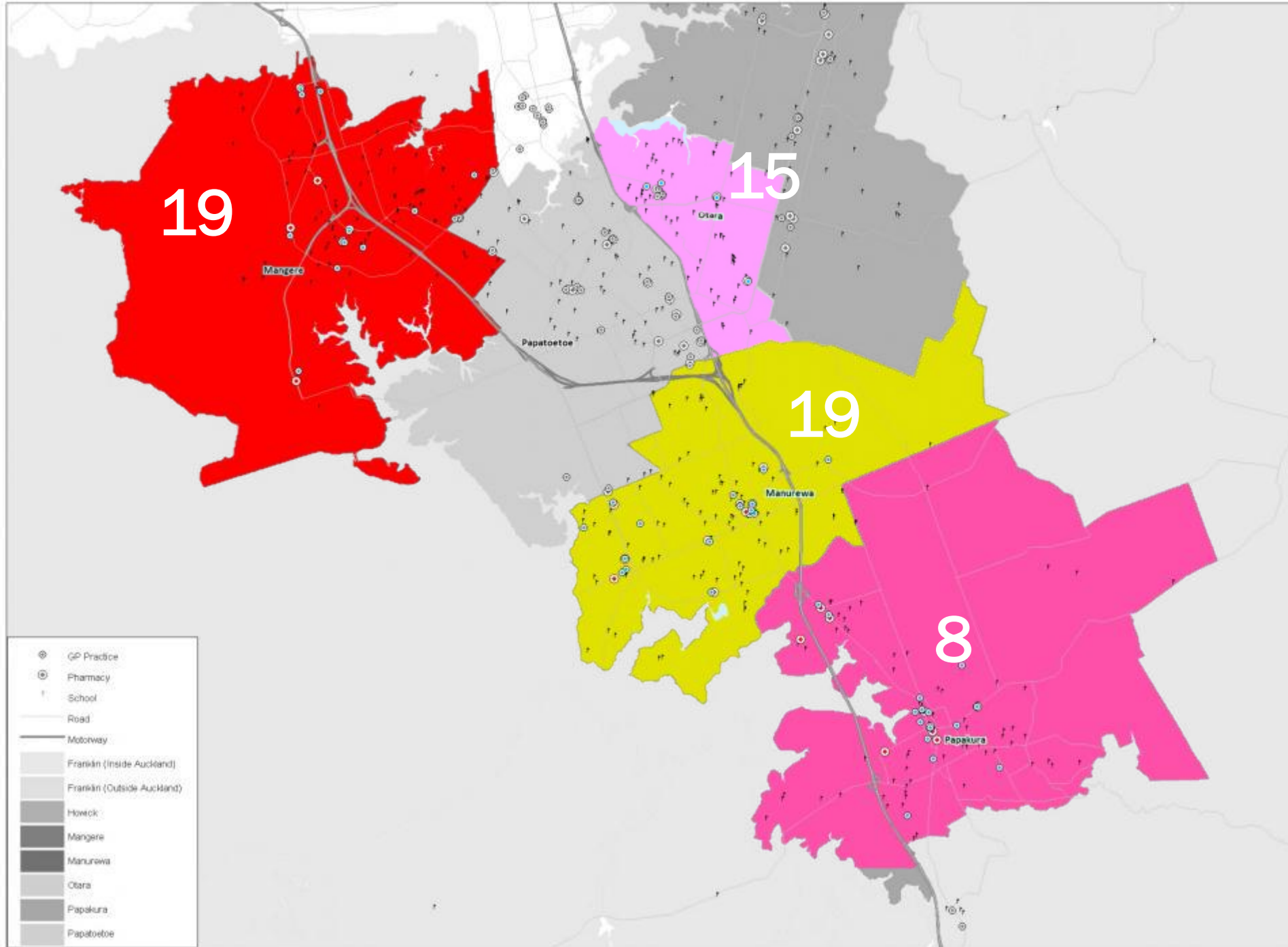


"Promoting Pacific People's Health"

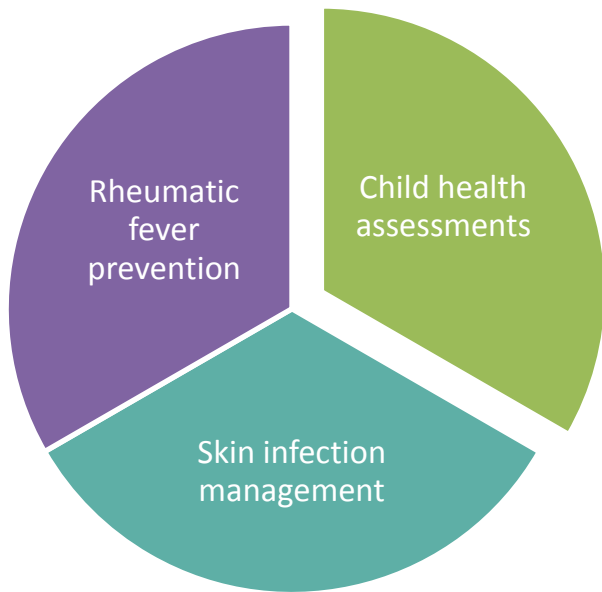


National
Hauora Coalition





Mana Kidz



- 61 decile 1-3 schools; >22k children
- Comprehensive school-based service
- Health teams (WSW, RN) at school 5 days a week
- Assessment and treatment – Standing Orders
- Child health assessments include hearing and vision, child protection, housing/health referrals, health education and promotion

Throat Swabbing



Most sore throats are caused by viruses

Only a throat swab can tell if the group A streptococcal bacteria is present

If a Maori or Pacific child or young person complains of a sore throat make sure they have a throat swab taken



Sore throat

Assess risk factors for group A streptococcus (GAS) pharyngitis and/or rheumatic fever

- Maori or Pacific peoples
- 3-45 years old
- Lives in lower socioeconomic areas of North Island
- Past history of acute rheumatic fever

2-3 risk factors

0-1 risk factors

ANY Maori or Pacific child/young person in South Auckland is at high risk and needs a throat swab, with antibiotics asap.

High

Risk for GAS and rheumatic fever

- Throat swab
- Start empiric antibiotics

Medium

Risk for GAS and rheumatic fever

- Throat swab
- Antibiotics only if GAS positive

High

- Throat swab
- Start empiric antibiotics

Medium

- Throat swab
- Antibiotics only if GAS positive

Low

Risk for GAS

- No throat swab
- No antibiotics
- Symptomatic treatment only

Choose appropriate antibiotics (from tables 1 and 2)*

Assess household (see algorithm on back page)

- * If patient is on benzathine penicillin IM prophylaxis for acute rheumatic fever, and is GAS positive on throat swab, treat in the following way:
- If GAS positive in the first two weeks after IM penicillin injection has been given, treat with a ten day course of erythromycin (see table 1 and guideline)
- If GAS positive in the third and fourth weeks after IM penicillin injection, treat with a ten day course of oral penicillin (see table 1 and guideline).

Treatment

Medication Adherence is the significant challenge in the community...

- Penicillin V
- Amoxycillin
- Erythromycin Ethyl Succinate (EES)

Single dose

- Benzathine Penicillin G (BPG) –



**10 days of
antibiotics**

Success Story

- Primary school with school roll of 500 students
- A year ago: GAS+ rates – around 30%
- March: 8.5%
- Significant reduction in skin infections
- Overall health of students have improved

