

Acute Rheumatic Fever in Queensland: a lingering shame?

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Background

- Acute rheumatic fever (ARF)
 - Group A *Streptococcus* (skin & throat)
 - Overcrowding
 - Minimum 10 years follow up
 - Painful IM benzathine penicillin, four-weekly
 - Rheumatic heart disease (RHD)

Objective

- *Queensland Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan (Action Plan)*
- Inform the Action Plan
 - Describe the incidence rate of ARF diagnosis
 - Describe the geographical distribution of ARF

Methods

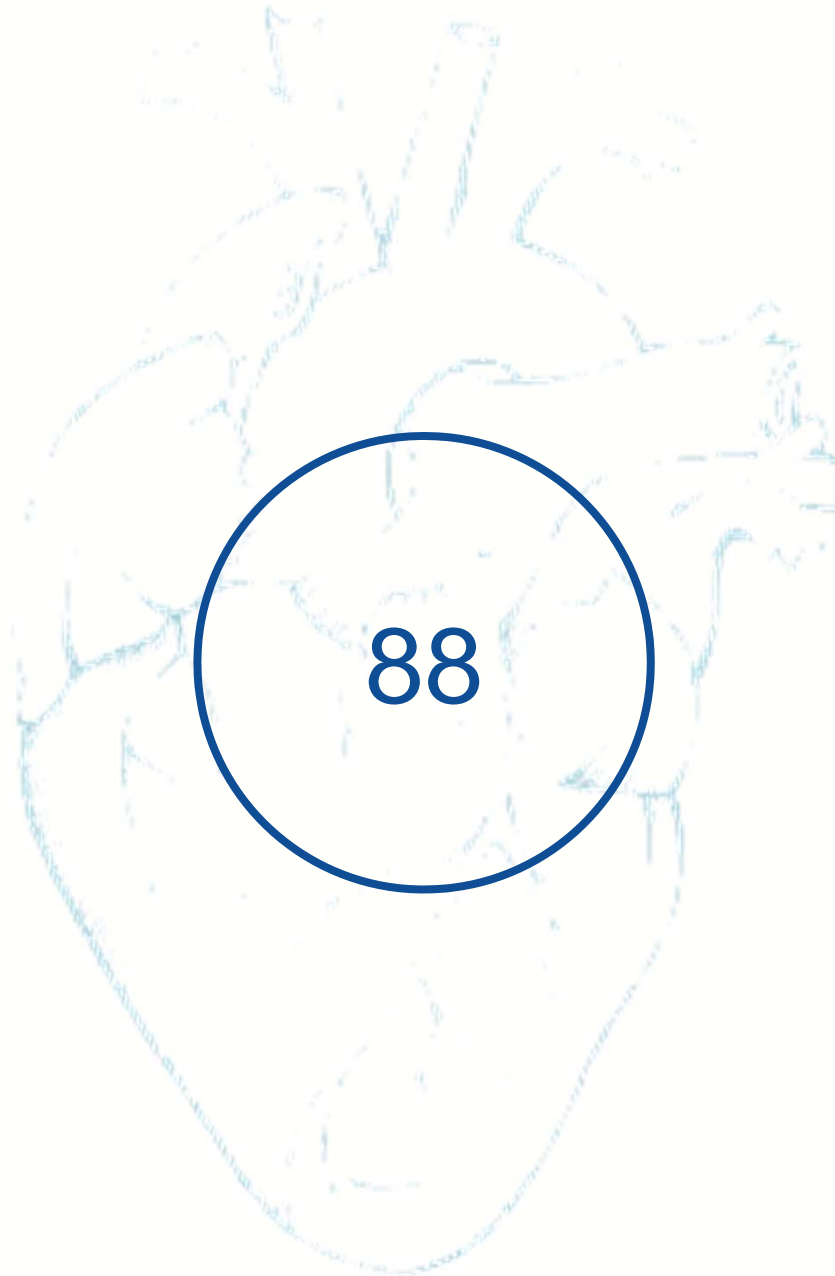
- Queensland RHD Register and Control Program
- Inclusion:
 - Confirmed, highly suspected, uncertain
 - Diagnosis 30 June 1999 – 31 December 2016
- Analysis in Microsoft Excel®

Results

1071

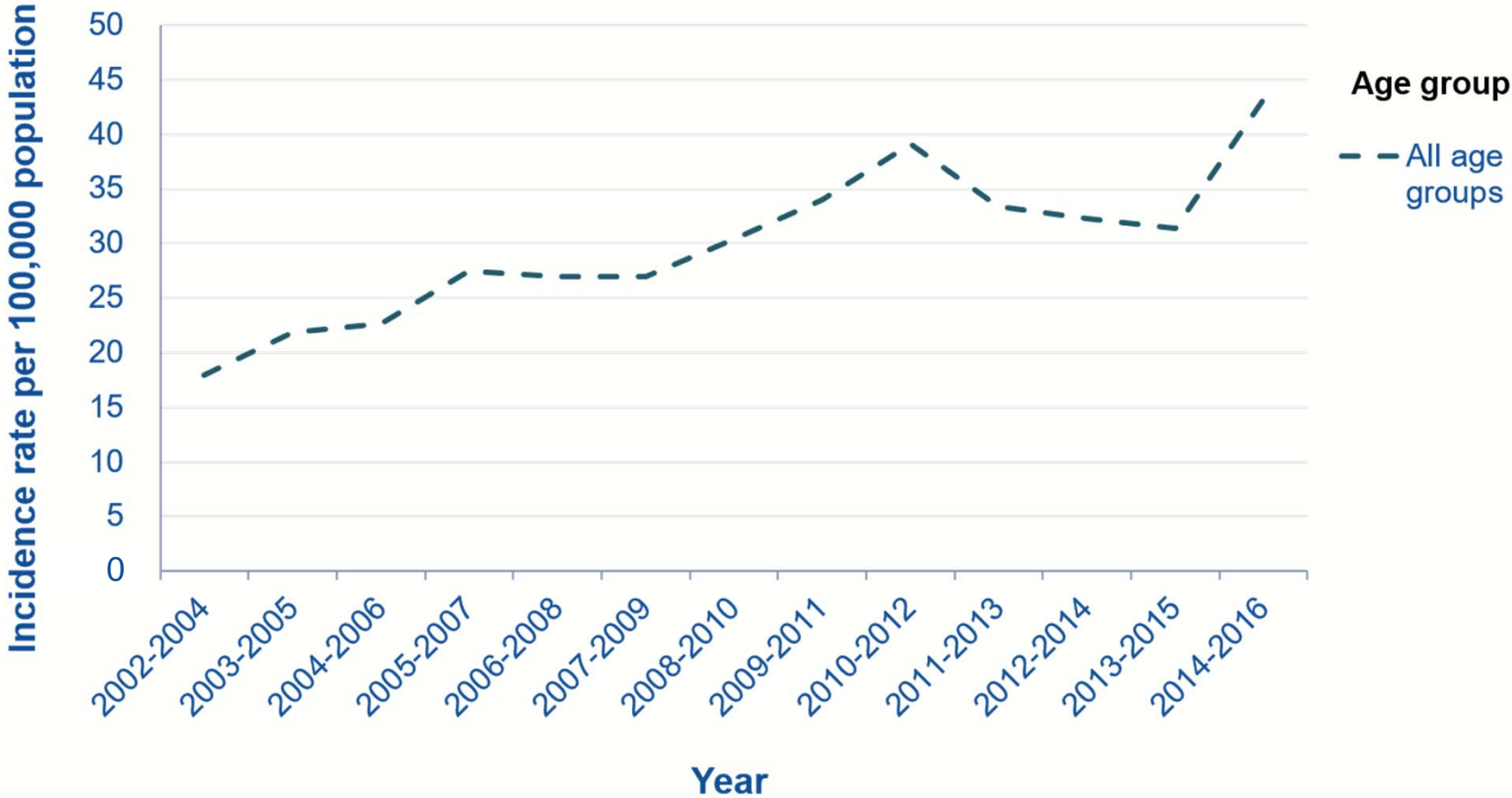
88

12



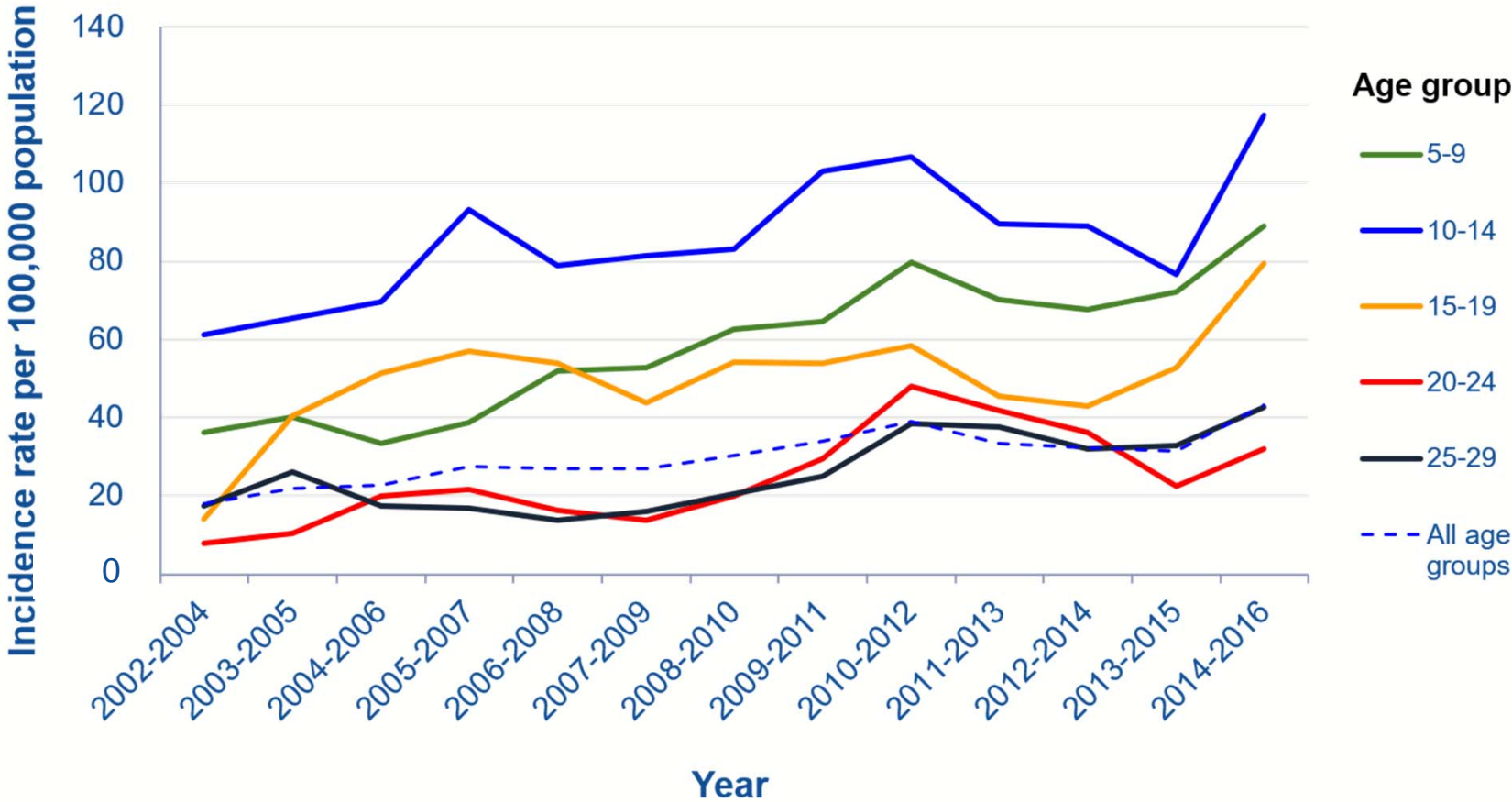
Results

Queensland Aboriginal and Torres Strait Islander ARF incidence rate by age group, 2002-2004 to 2014-2016

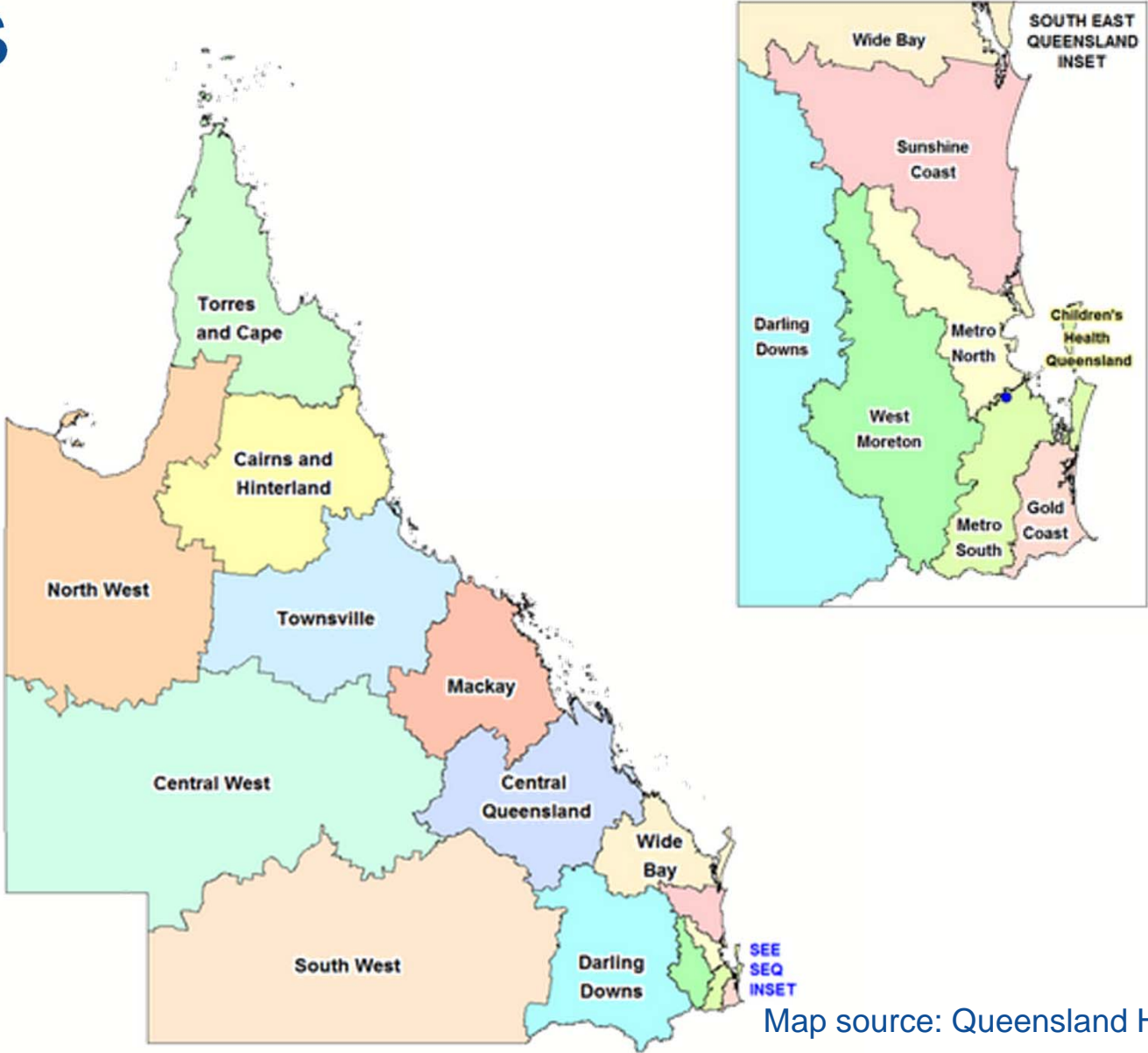


Results

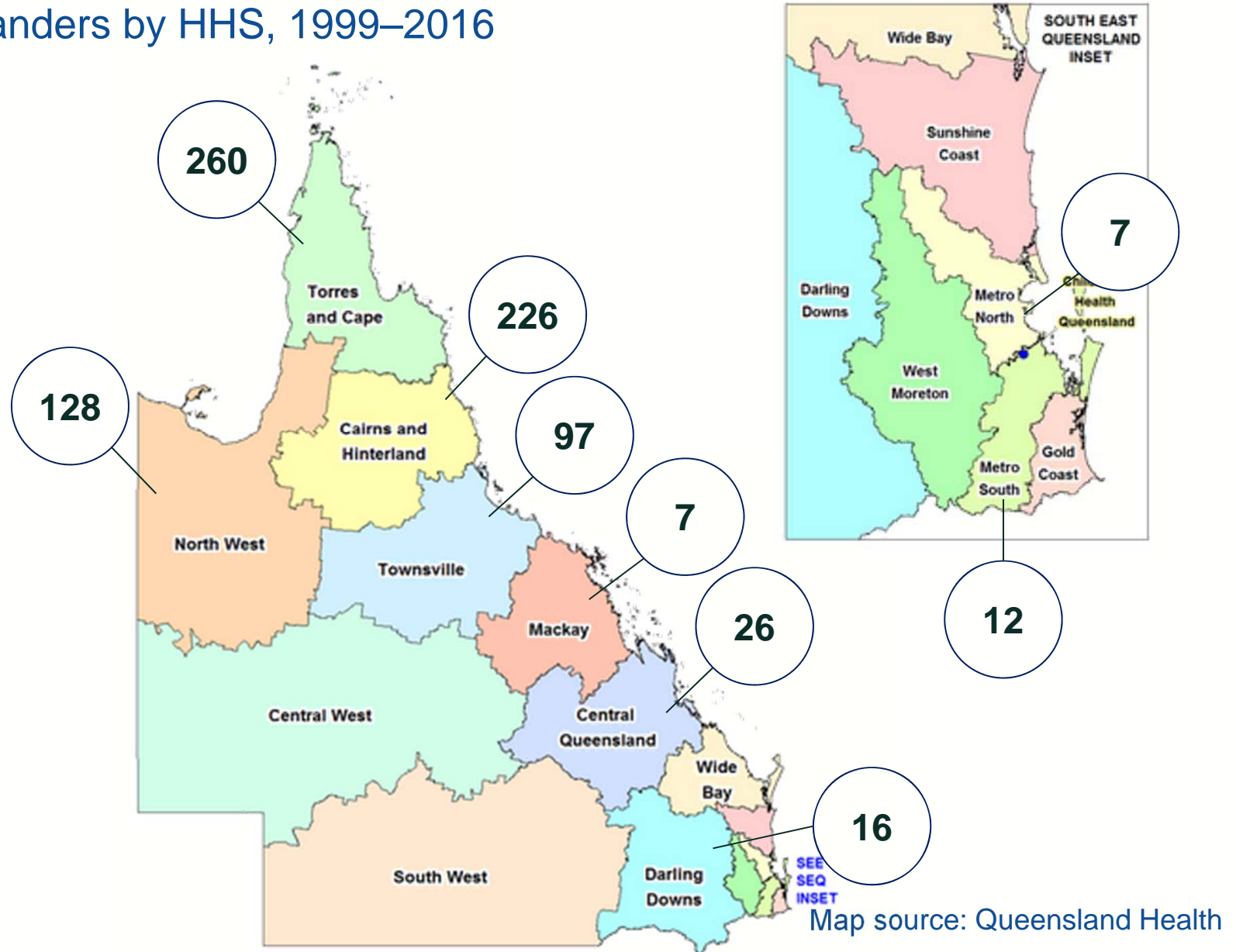
Queensland Aboriginal and Torres Strait Islander ARF incidence rate by age group, 2002-2004 to 2014-2016



Results

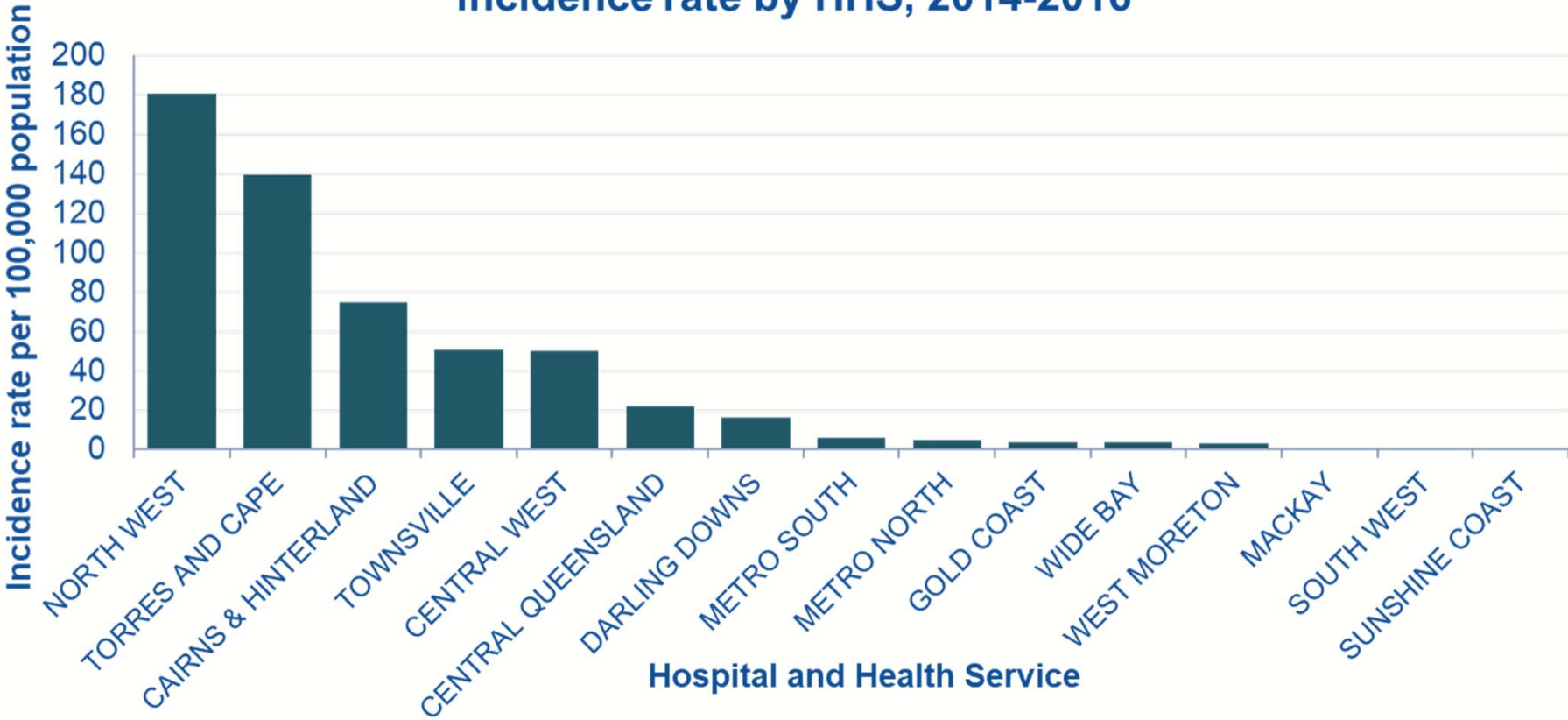


Notifications of ARF in Aboriginal and Torres Strait Islander Queenslanders by HHS, 1999–2016



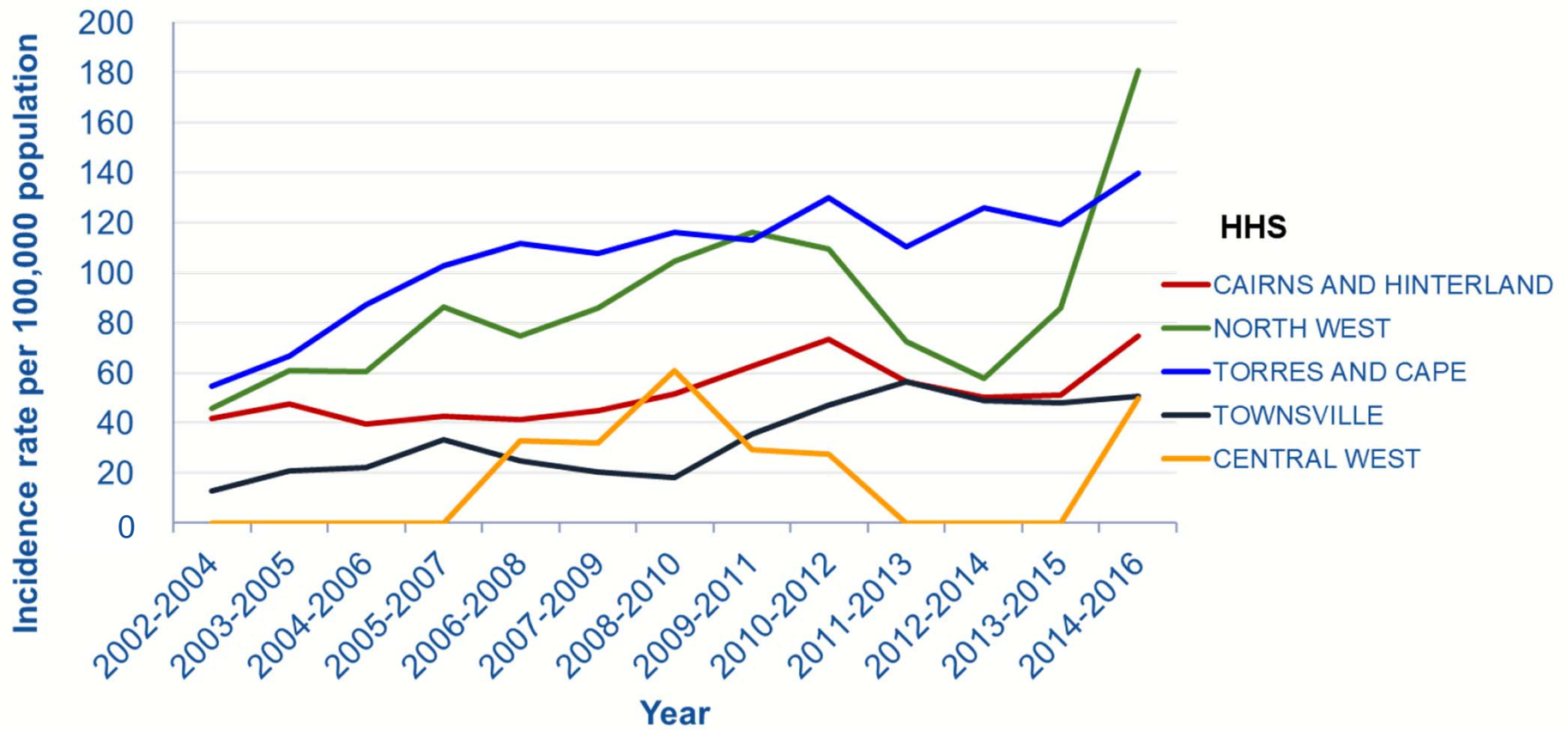
Results

Queensland Aboriginal and Torres Strait Islander ARF incidence rate by HHS, 2014-2016



Results

Queensland Aboriginal and Torres Strait Islander ARF incidence rate by HHS, 2002-2004 to 2014-2016



Discussion & Implications

- Disproportionate representation of Aboriginal and Torres Strait Islander Queenslanders
- Highest incidence
 - 5–19 years of age
 - Northern HHSs
- Guide the development of the Action Plan

Limitations

- Results likely underestimate incidence
 - Cases missed
 - Missed diagnosis
 - Misdiagnosis
 - Failure to notify
- Small number of cases diagnosed annually

Conclusion

- Nothing ground-breaking
- Evidence required for strategy
- Guide development of Action Plan
- Use for strategy evaluation

Acknowledgements

- Daniel Williamson and the team at the Aboriginal and Torres Strait Islander Health Branch
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