

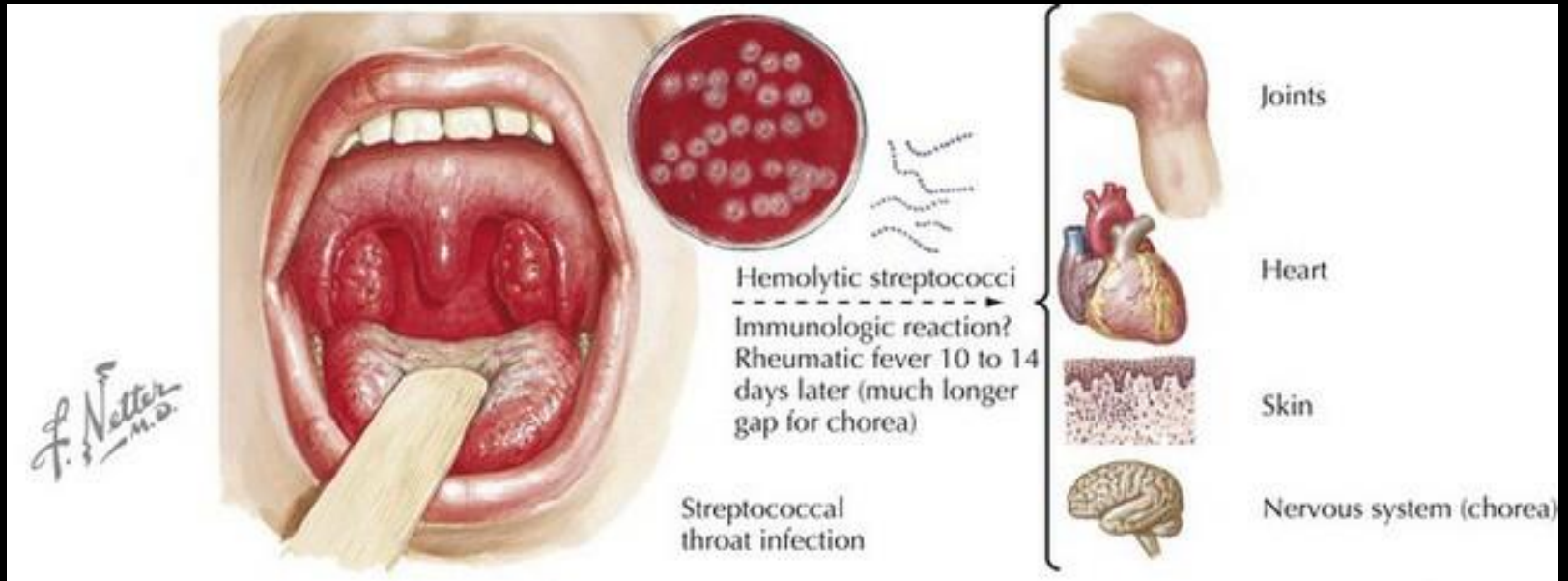
The role of skin infections and scabies in the aetiology of acute rheumatic fever

Dr Simon Thornley, University of Auckland



Overview

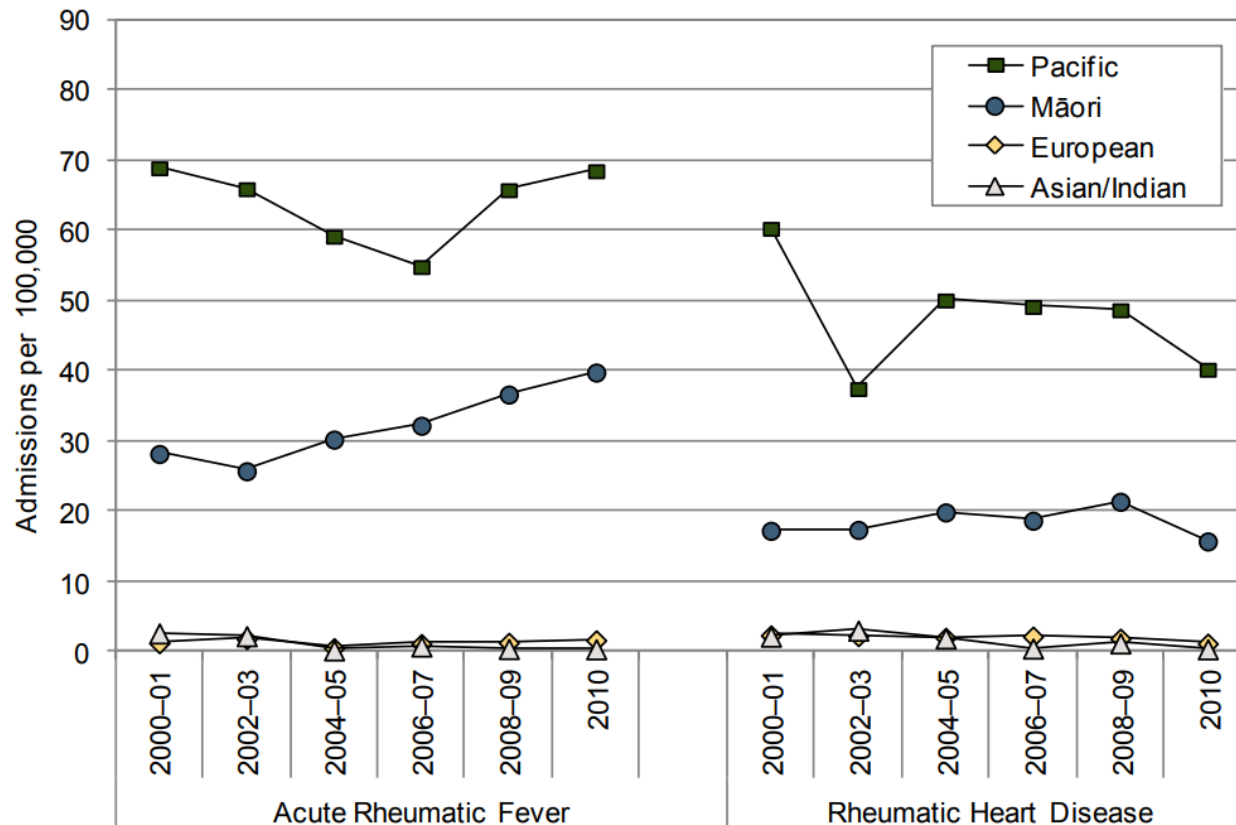
- Brief overview of ARF epidemiology
- Observations overseas to suggest scabies may be important
- Cohort study
- Conclusions



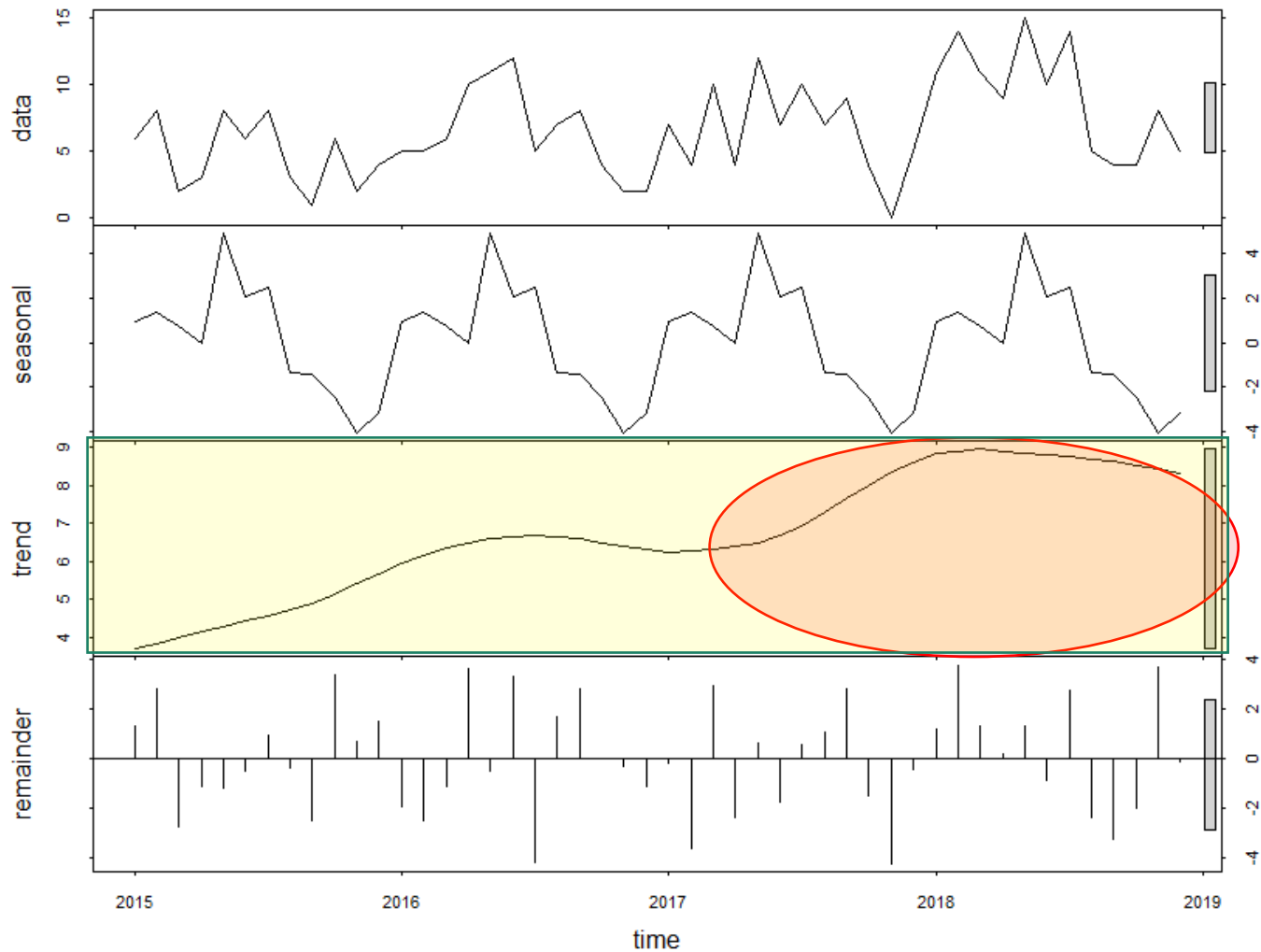
Acute Rheumatic Fever

ARF in hospital, by ethnicity

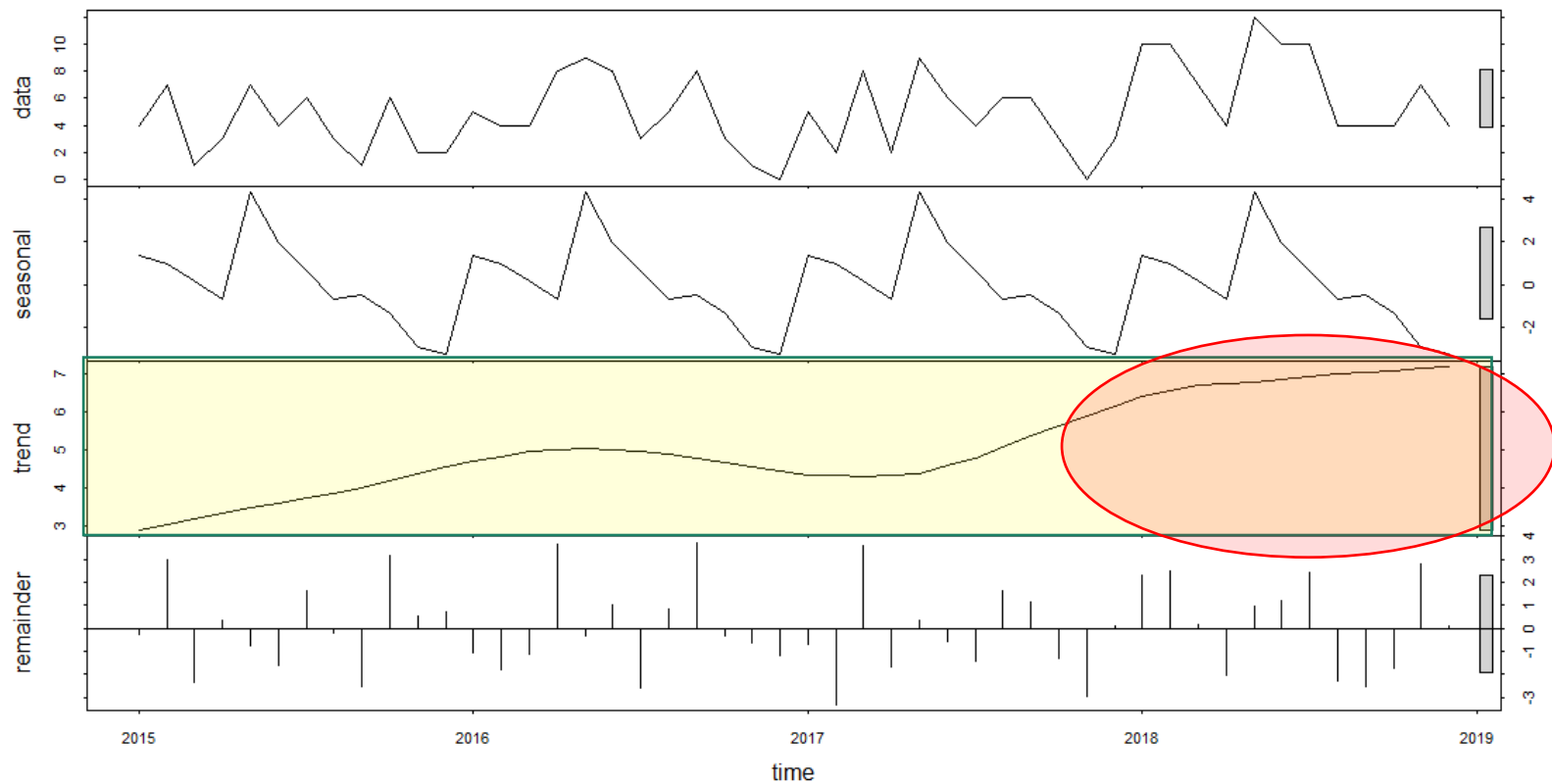
Figure 90. Acute and Semi-Acute Hospital Admissions for Acute Rheumatic Fever and Rheumatic Heart Disease in Children and Young People Aged 0–24 Years by Ethnicity, New Zealand 2000–2010



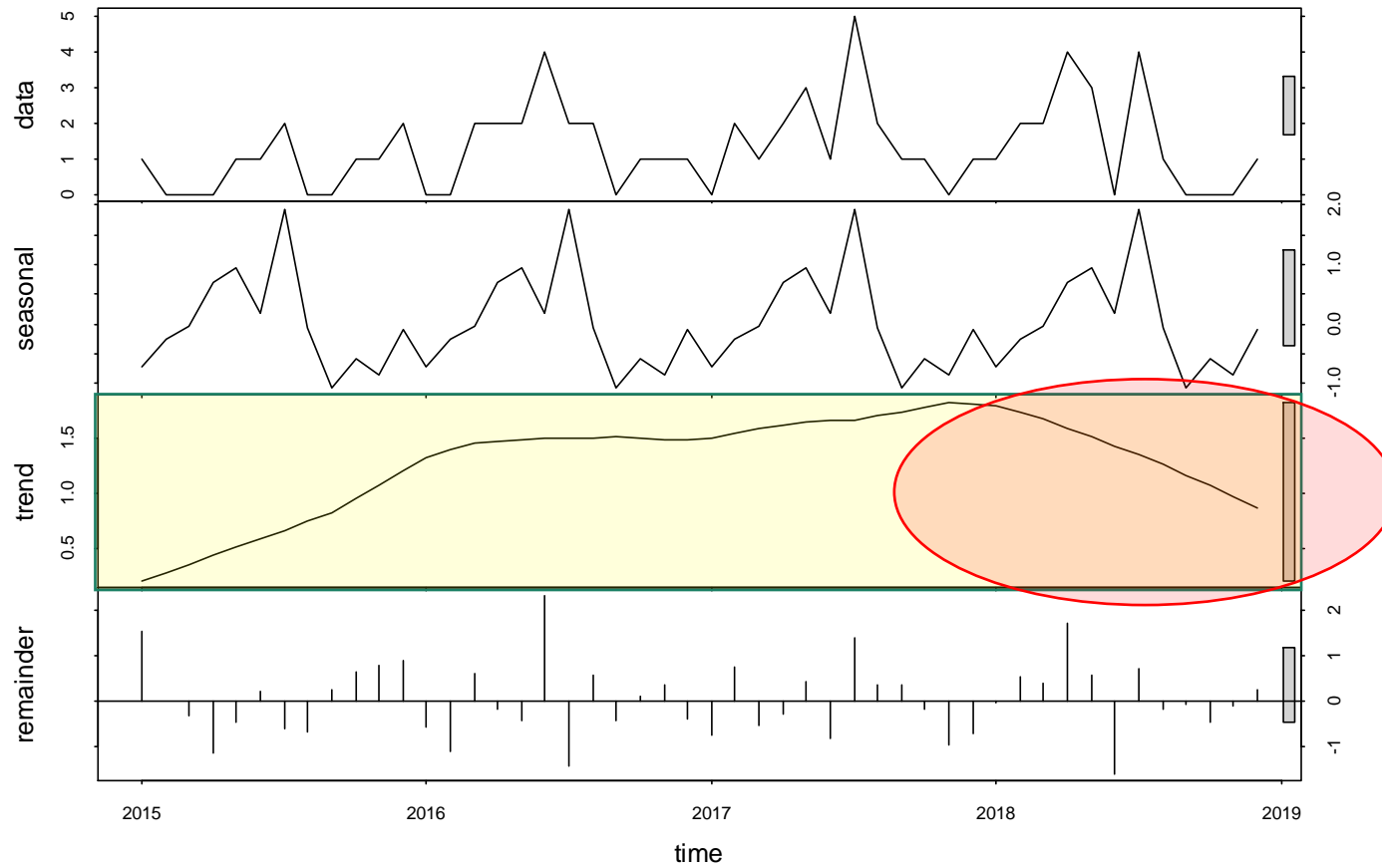
ARF cases in Auckland...



Trends... Pacific



Trends... Māori



From Australia...

- *“In this setting, skin breaks due to scabies, insect bites, and minor trauma in children are almost universal”*

McDonald, M., Currie, B. J., & Carapetis, J. R. (2004). Acute rheumatic fever: A chink in the chain that links the heart to the throat? *Lancet Inf Dis*, 4(4), 240-5.

Scabies



Scabies → ARF



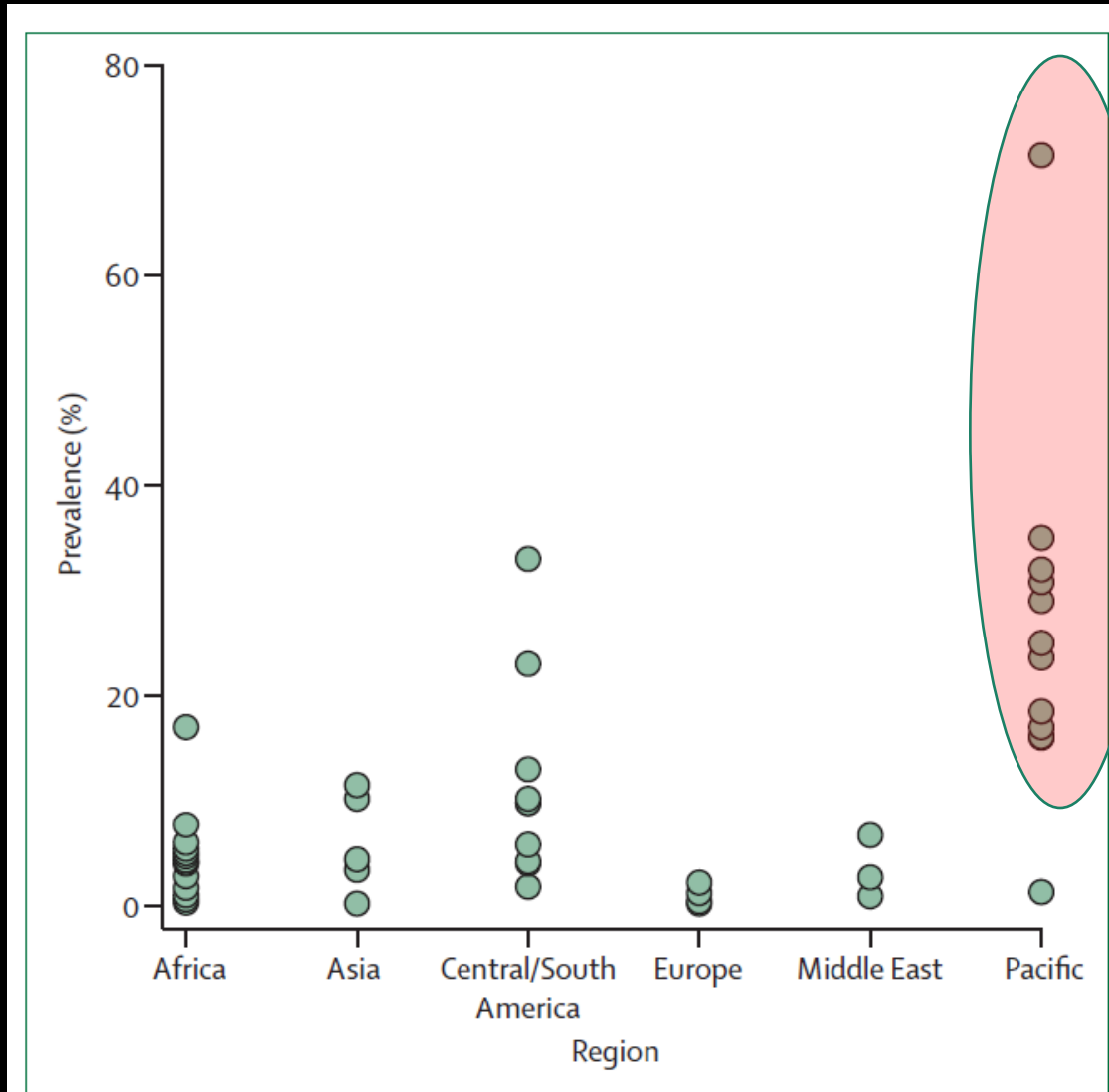
- Trinidad
 - 1970s, “outbreak of ARF followed scabies outbreak”
- Ethiopia & East Timor
 - echo findings of CRHD associated with scabies

Korte, Laura M., et al. "Scabies and impetigo in Timor-Leste: A school screening study in two districts." *PLoS neglected tropical diseases* 12.5 (2018): e0006400.

Gemechu, Tadesse, et al. "Community-based prevalence study of rheumatic heart disease in rural Ethiopia." *European journal of preventive cardiology* 24.7 (2017): 717-723.

Potter, E. V., et al. (1978). "Tropical acute rheumatic fever and associated streptococcal infections compared with concurrent acute glomerulonephritis." *J Pediatr* **92**(2): 325-333.

Scabies: Global prevalence



Romani et al. *Lancet Infect Dis* 2015;
15: 960–67

Scabies: *an itch worth scratching*

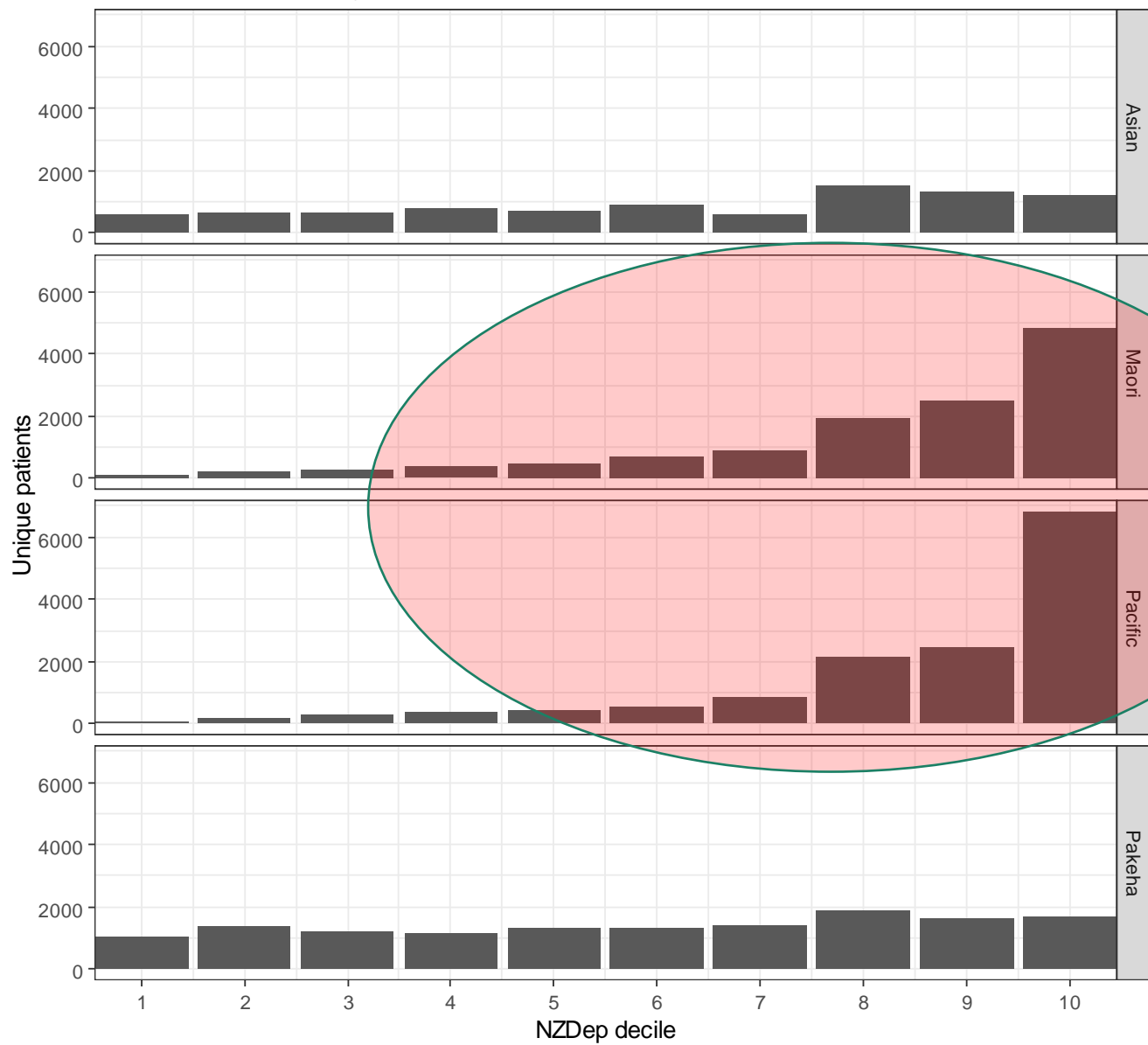
- Solomon Islands
 - Ivermectin program halved skin infection & haematuria
- High prevalence of scabies in Pacific and Indigenous Australians
 - Skin infection
 - PSGN
 - Rheumatic fever

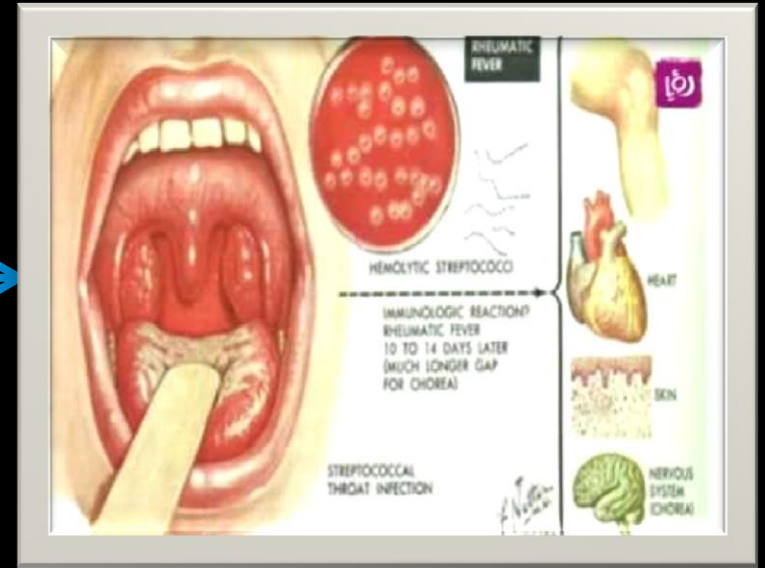
Lawrence G, Leafasia J, Sheridan J, et al. Control of scabies, skin sores and haematuria in children in the Solomon Islands: another role for ivermectin. *Bull. World Health Organ.* 2005;**83**(1): 34-42

Currie BJ, Carapetis JR. Skin infections and infestations in Aboriginal communities in northern Australia. *Australas. J. Dermatol.* 2000;**41**(3): 139-43.

Permethrin dispensed Dec 2015 to Jun 2018

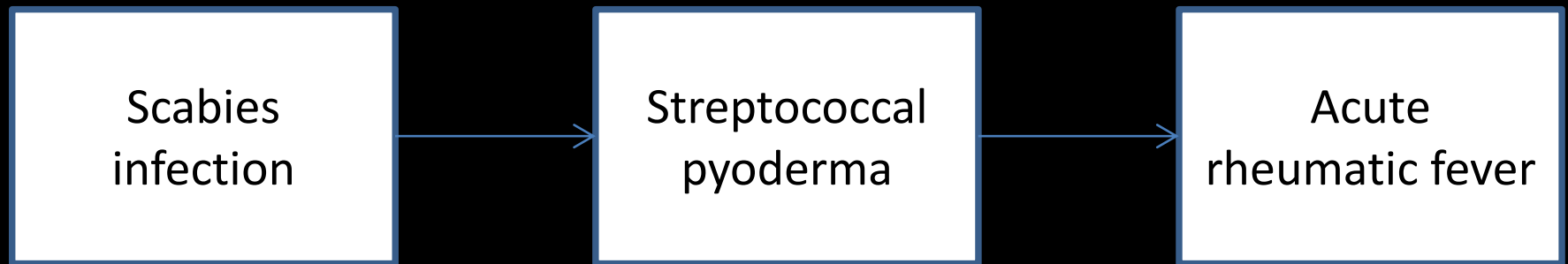
by total response ethnic groups



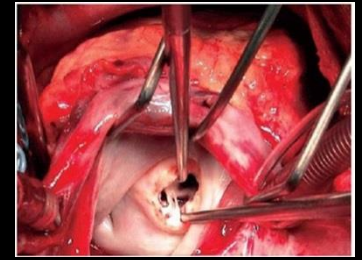


Scabies and rheumatic fever

Hypothesis



Cohort study



3 to 12 years;
 $n = 213,957$

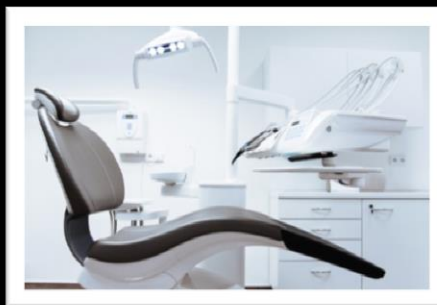
Mean 5.1 years follow-up

Rheumatic
fever in
hospital; $n =$
440

Scabies in
hospital

First dental exam

Scabies in
hospital



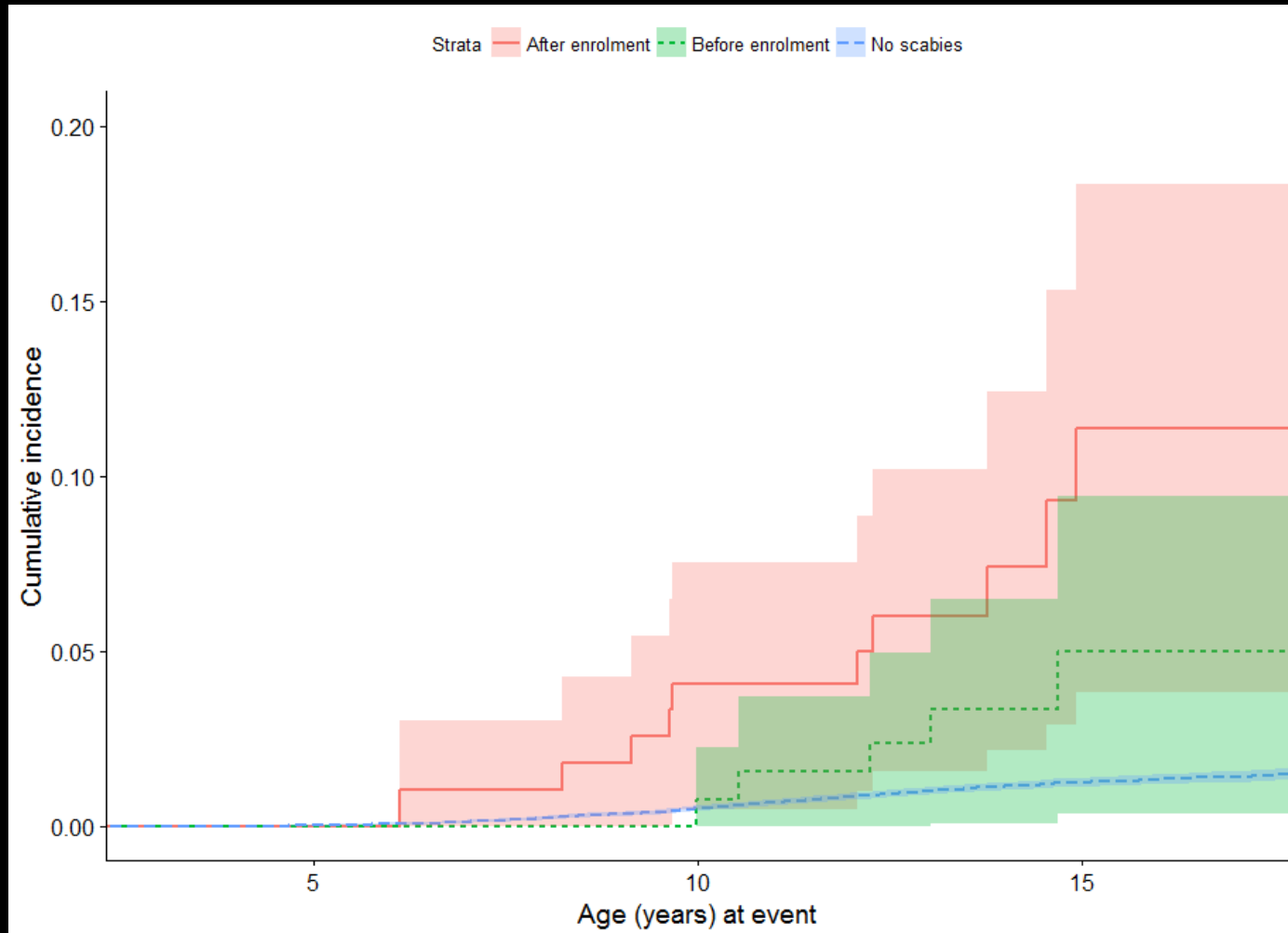
$n = 624$

Confounders

Age, gender, ethnicity,
SES, rotten teeth

$n = 214$

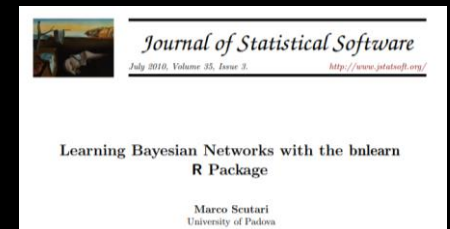
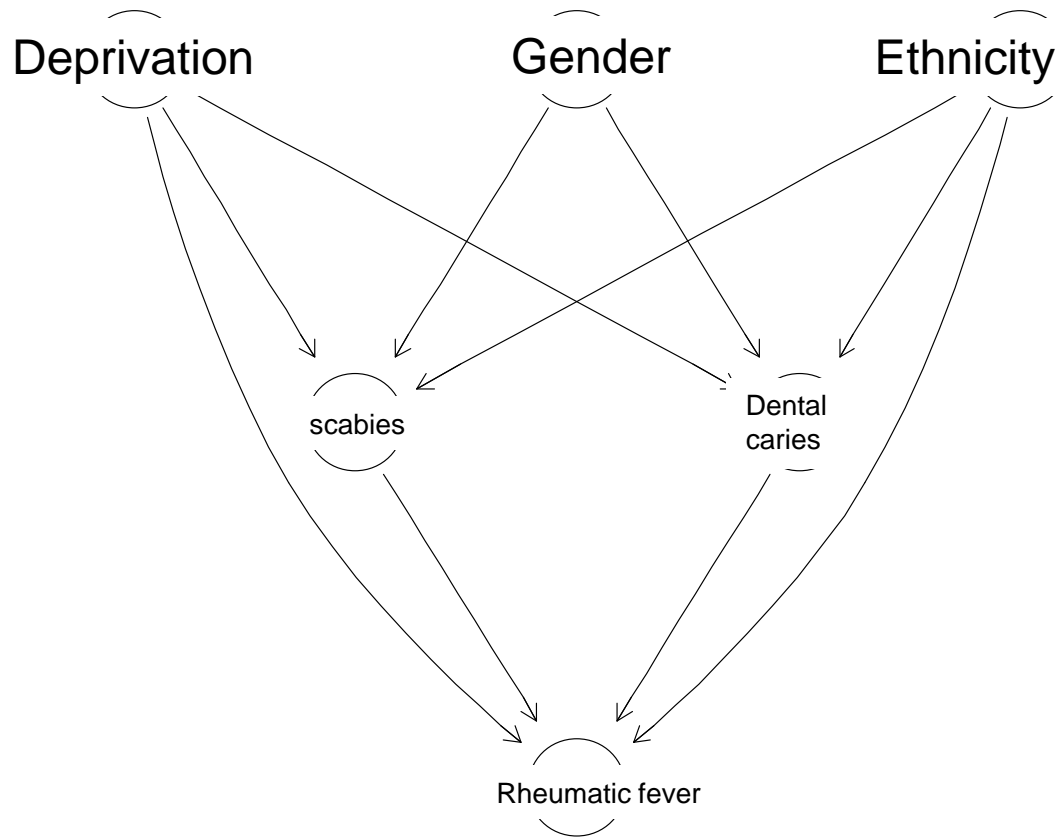
Kaplan-Meier plot

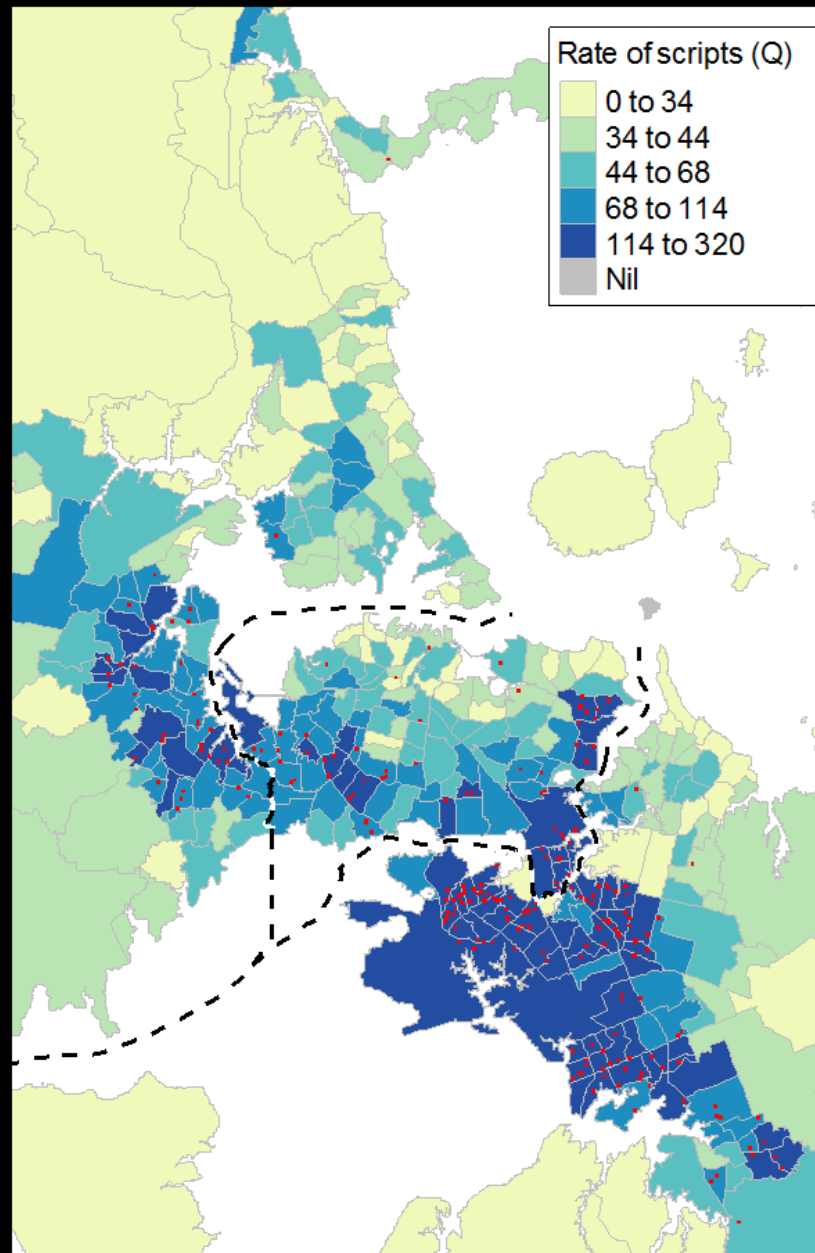


Cox model

Risk factors	Crude HR (95% CI)	Adjusted [†] HR (95% CI)
Gender (female vs. male)	0.76 (0.63 to 0.92)	1.03 (0.57 to 1.87)
Ethnicity (ref: NZ European & Other)		
Pacific	34.9 (23.3 to 52.2)	20.0 (13.1 to 30.6)
Māori	21.1 (13.9 to 32.1)	14.4 (9.35 to 22.1)
Deprived (deciles 9 and 10 vs. other)	7.08 (5.77 to 8.69)	2.23 (1.80 to 2.77)
Scabies (ref: No scabies diagnosis)		
Diagnosis before enrolment only	11.3 (6.33 to 20.2)	1.64 (0.68 to 3.97)
Diagnosis after enrolment	26.0 (14.2 to 47.4)	8.98 (4.79 to 16.8)
Total caries (per 4 affected teeth) [‡]	1.76 (1.59 to 1.94)	1.26 (1.12 to 1.42)

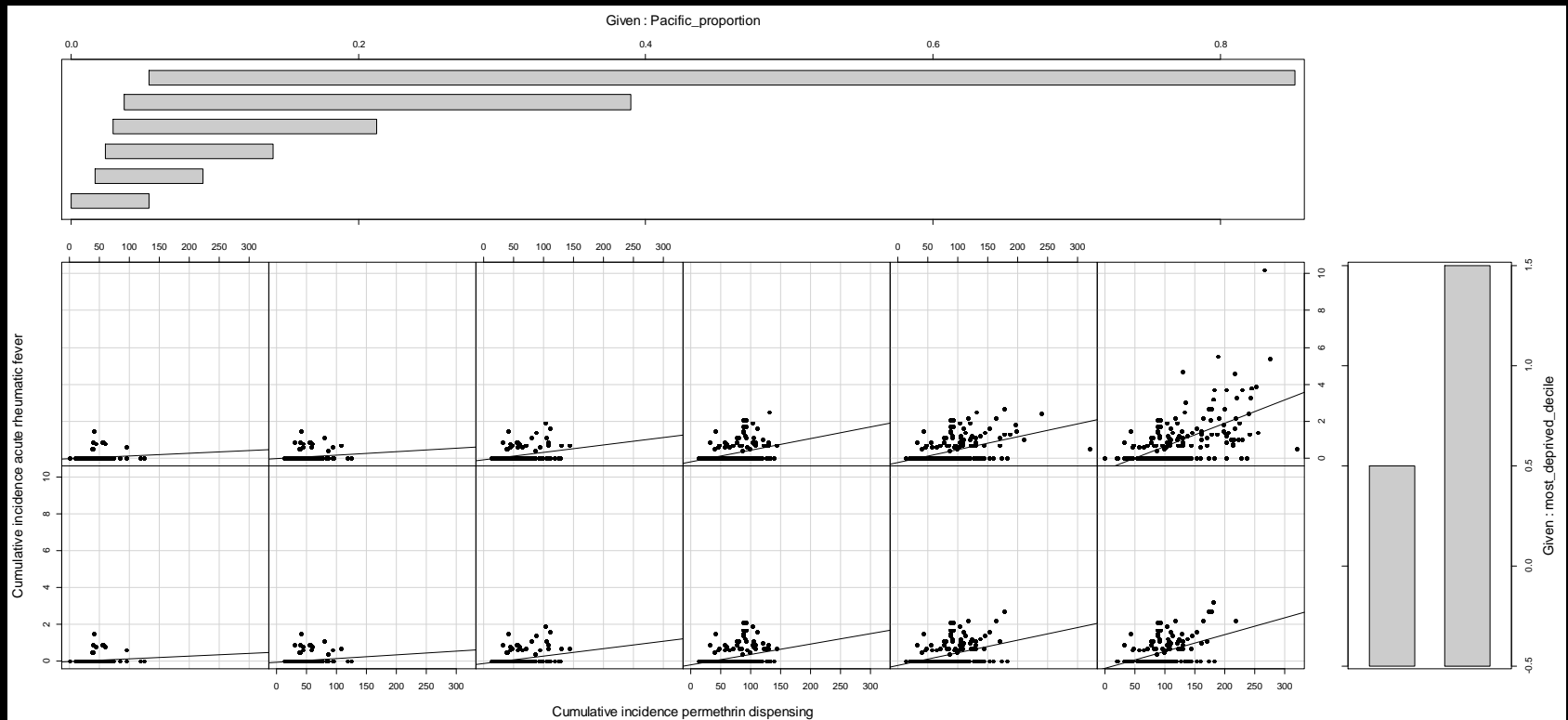
Use learning Bayesian networks





Thanks to Ron
King, ARPHS

ARF \sim Permethrin | Pacific & dep.

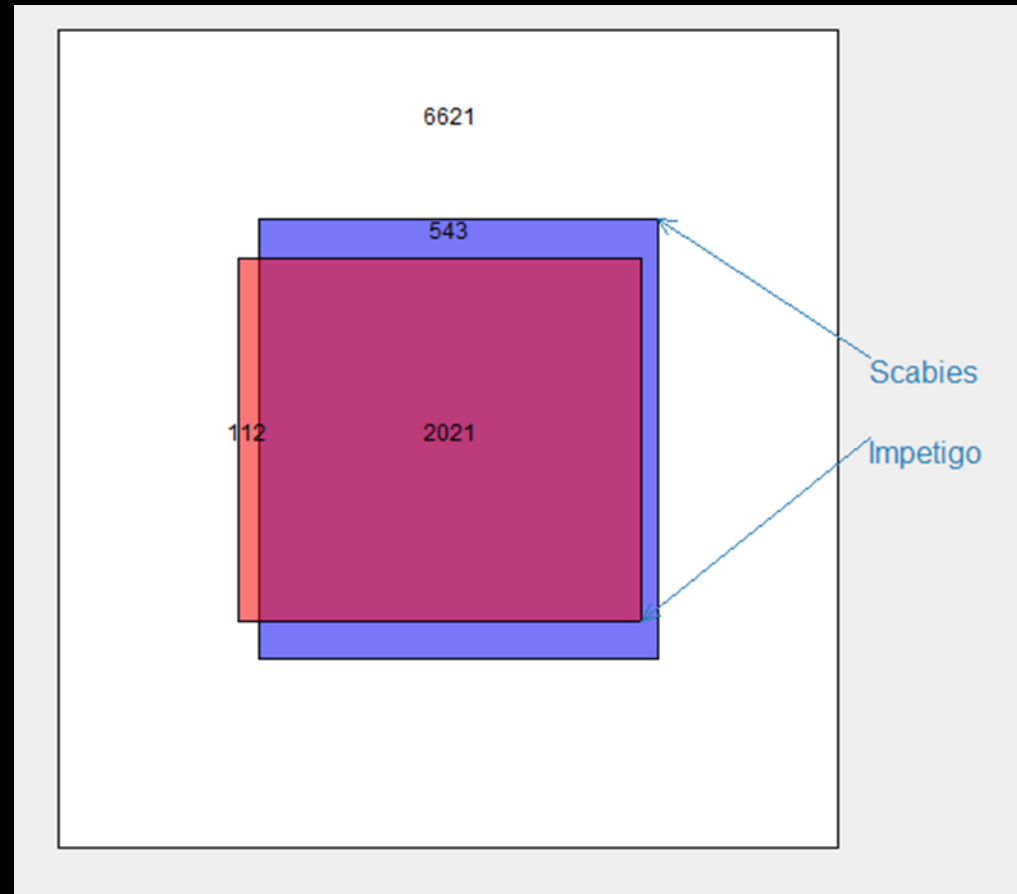


Scabies & Impetigo

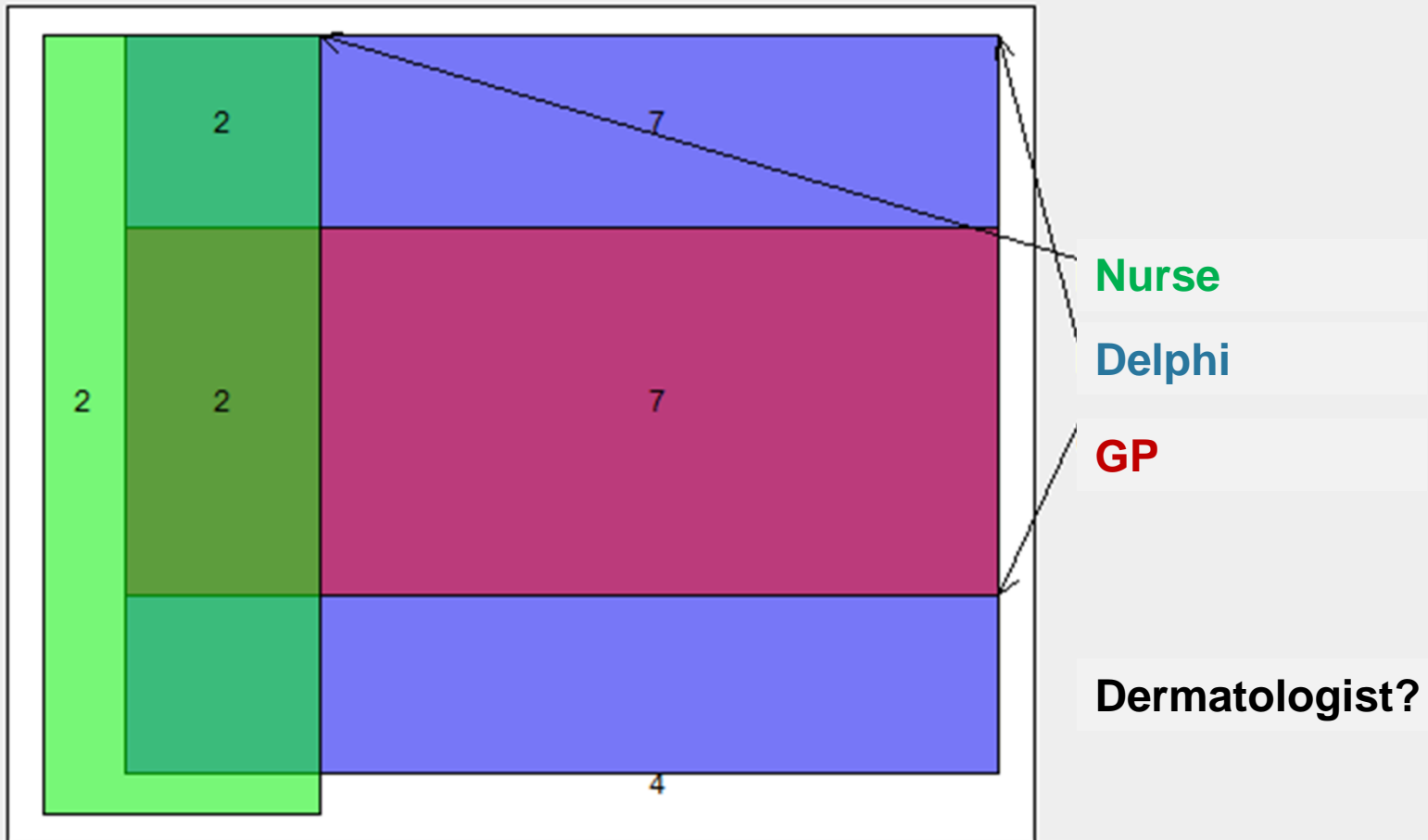


- Accepted treatment these days... topical and systemic antibiotics
- What about scabies?

Romani L, Koroivueta J, Steer AC, et al.
Scabies and impetigo prevalence and risk
factors in Fiji: a national survey.
PLoS Negl Trop Dis. 2015; 9:e0003452



Scabies diagnosis agreement study



Is there a causal relationship?

- **Bradford-Hill criteria**

- Strong association (X – strongest association I've seen)
- Dose-response (X – after, vs. before)
- Biological plausibility (X – path to Group A strep, complement)
- Coherence (X – Pacific has high prev. scabies)
- Consistency (X – West Indies, Ethiopia, East Timor)
- Temporality (X – cohort study)
- Analogy (X – post-streptococcal GN linked to scabies)
- Experiment (Missing)

Conclusion

- I believe scabies is very likely to be a cause of acute rheumatic fever
- Scabies explains:
 - link between skin infection & ARF;
 - high prevalence among Pacific people;
 - risks associated with overcrowding & poverty.
- I believe scabies should be treated like other communicable diseases with emphasis on:
 - improved diagnosis;
 - public health support for treatment;
 - follow-up.

Collaborators:

Ron King, Bryn Thompson, Roger Marshall, Gerhard Sundborn, Matire Harwood, Paul Jarrett, Amanda Oakley, Edwin Reynolds, John Kennelly, Kim Dirks, Alistair Woodward, Grant Schofield, Mark Arbuckle, Sandar Tin Tin.

Thank you

sithor@gmail.com

Thornley S, Marshall R, Jarrett P, et al. Scabies is strongly associated with acute rheumatic fever in a cohort study of Auckland children. *J Paediatr Child Health* 2018

Thornley S, Sundborn G, Arbuckle M, et al. Is impetigo a missed opportunity for scabies treatment? *The New Zealand Medical Journal* 2018;131(1481):78-81.