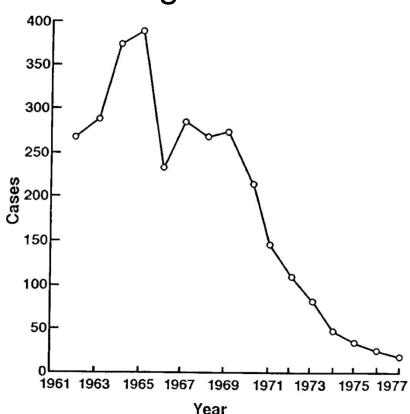
Rheumatic Fever in New Zealand Otago Summer School 2016

Dr Catherine Jackson
Public Health Medicine Specialist
Medical Officer of Health



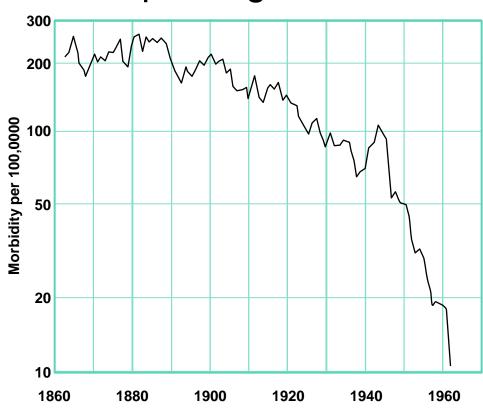
Disappearing Disease?

Chicago 1969-1977



Shulman S T et al. Clin Infect Dis. 2006;42:441-447

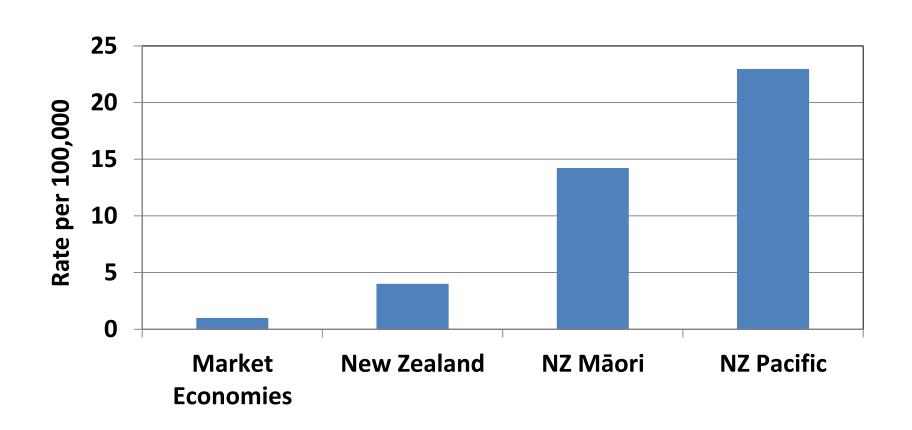
Copenhagen 1862-1962



Denny F. Clin Infect Dis. 1994;19:1110-1122

NZ in a Global Context

2010-2012



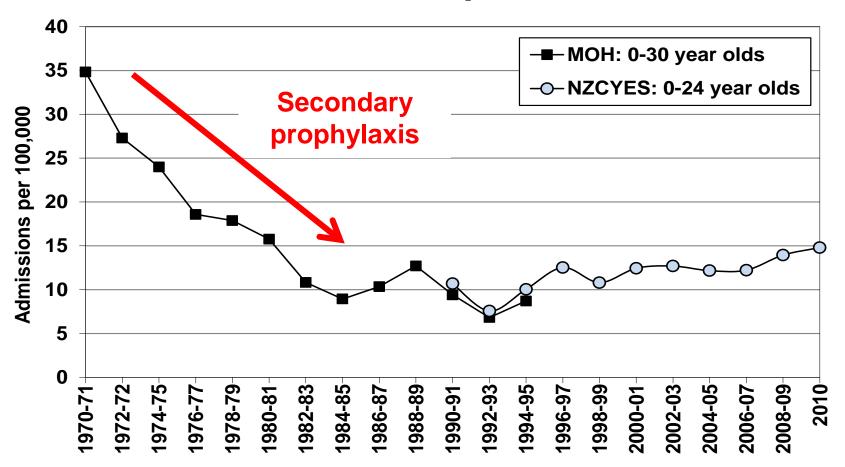
New Zealand Data Sources

Data Source	Strengths	Weaknesses
Hospital Admissions	National data Ministry algorithm	Over-estimates by 20-33%Review clinical notes for accuracy
ESR Surveillance	National data	 Under-estimated by 20-50% before 2013 – DHBs vary Improved since 2013 May be accuracy issues
Rheumatic Fever Registers	Accurate diagnosis	Regional not national

Be aware – numbers and rates vary by data source

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

National Burden 2006-2010

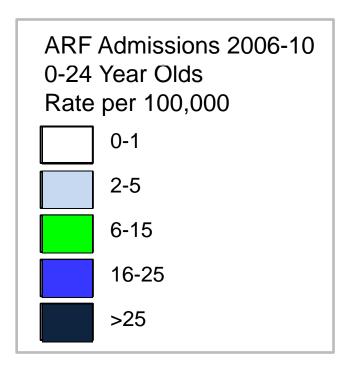
Acute Rheumatic Fever

- first admission rate 4 per 100,000
- ~150 first admissions per year (~180 in 2011-13)
- ~1,500 children and young people on prophylaxis (in Auckland Region ~1,000)

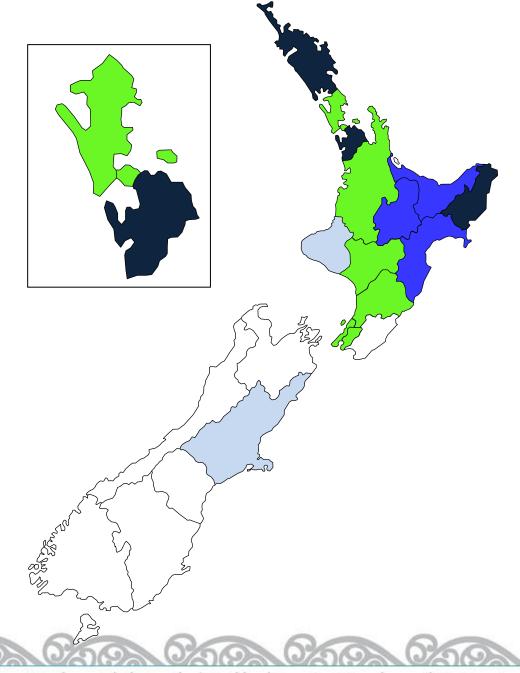
Rheumatic Heart Disease

- ~550 hospital admissions per year
- ~140 deaths Average age 56-58 yrs for Pacific/Māori and 80 yrs for Other

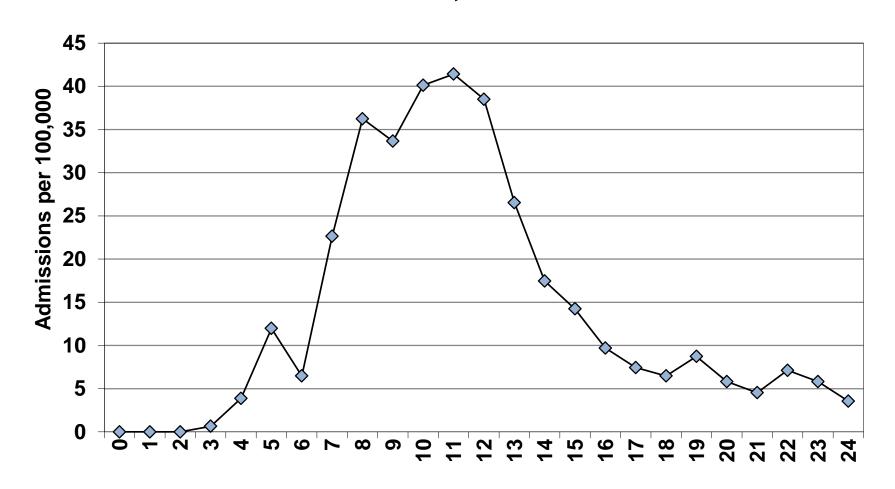
North-South Gradient



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

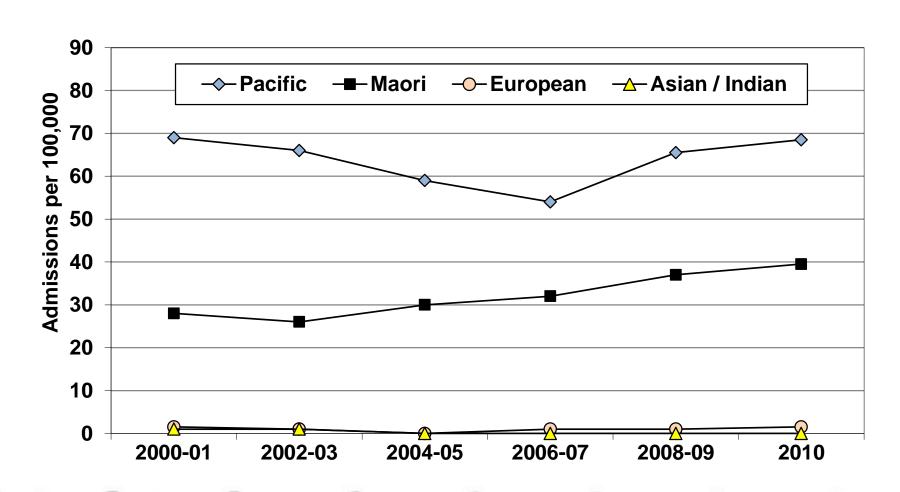


ARF Admissions by Age 0-24 Year Olds, NZ 2006-2010

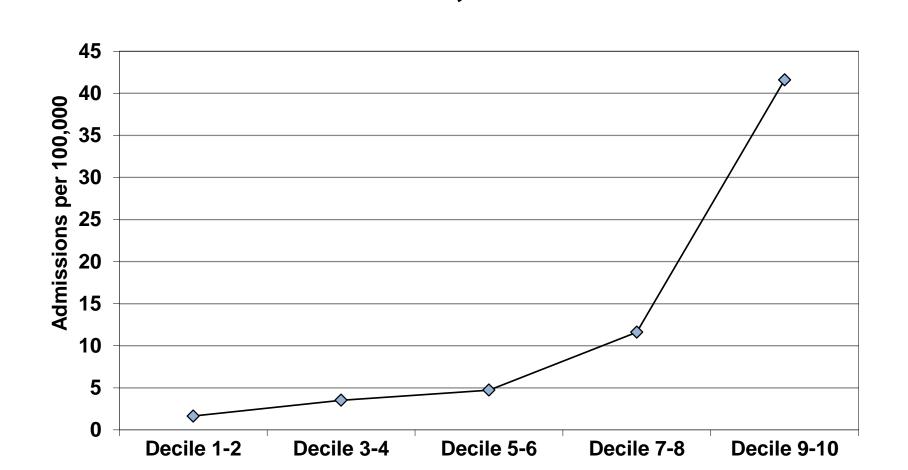


ARF Admissions by Ethnicity

0-24 Year Olds, NZ 2006-2010



ARF Admissions by Deprivation 0-24 Year Olds, NZ 2006-2010



Better Public Services Target

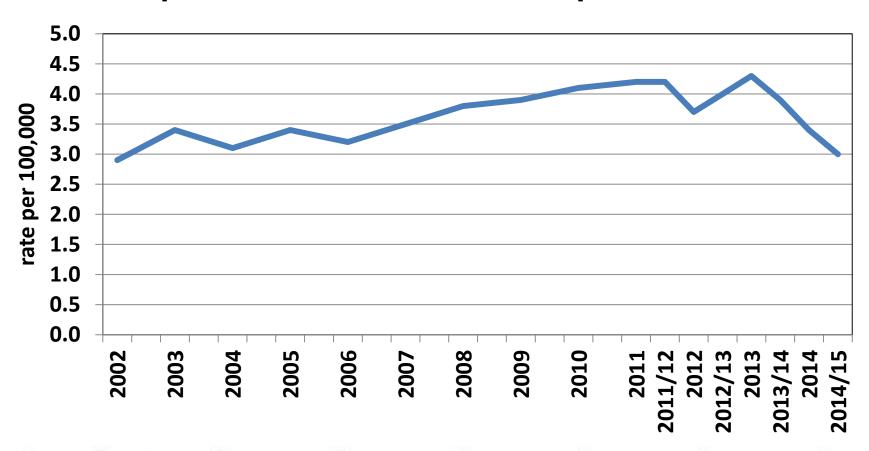
- Reduce the incidence of first episodes of acute rheumatic fever by two thirds
- From 4.2 per 100,000 (2010/11)
 to 1.4 per 100,000 by June 2017

reduction in the <u>total</u> population hospital admission rate

http://www.health.govt.nz/about-ministry/our-priorities/better-public-services

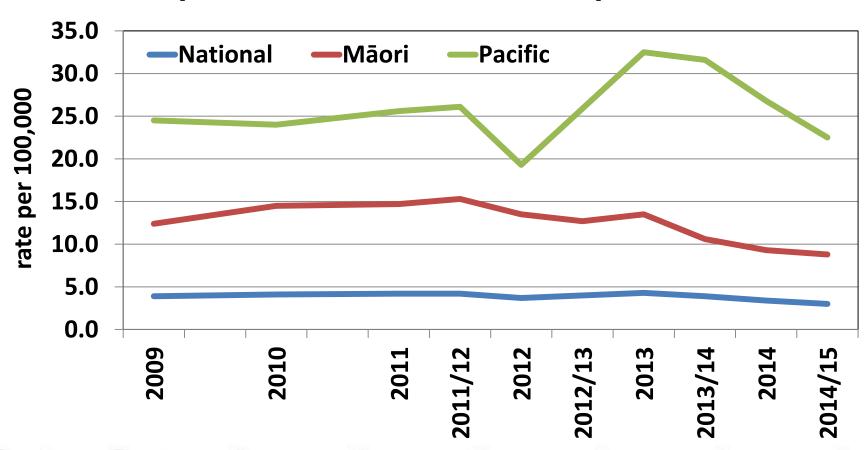
What has happened since?

First episode rheumatic fever hospitalisation rate



Māori and Pacific

First episode rheumatic fever hospitalisation rate

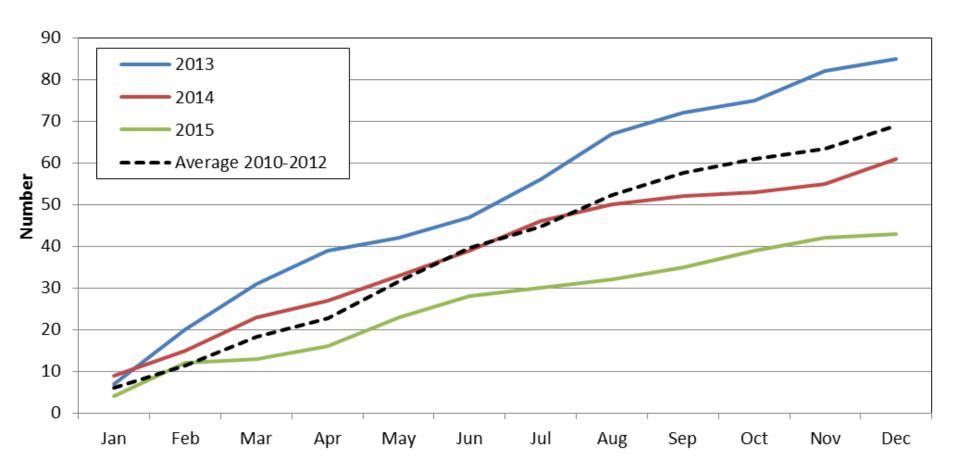


Auckland Region 60% of Cases

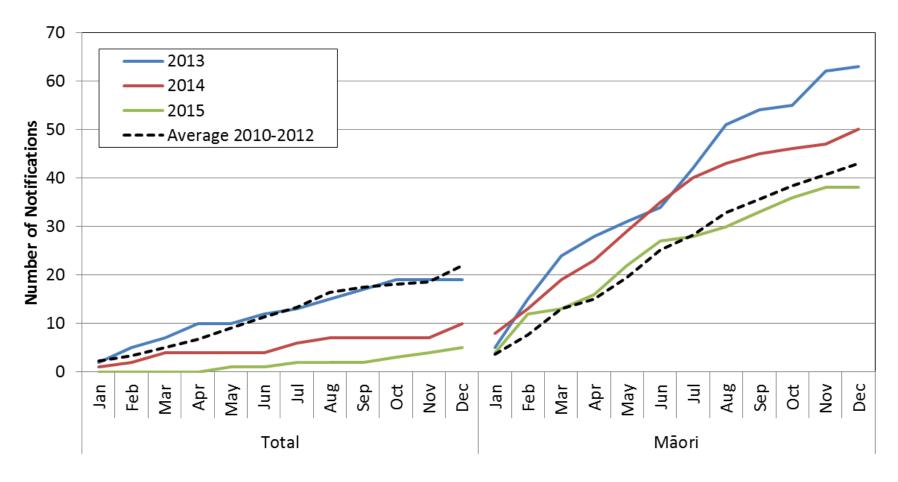
Improving Surveillance Data since 2013

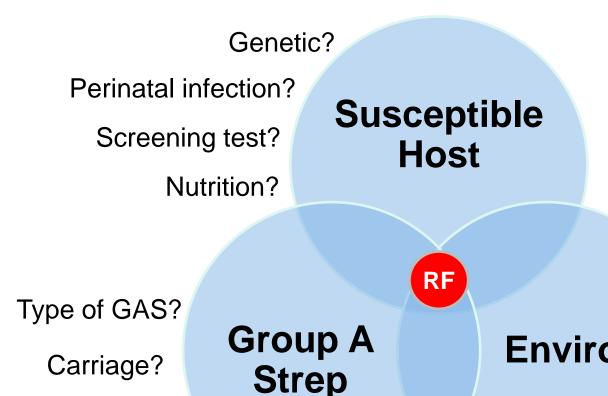
- Quarterly admissions data from DHBs (monthly for CMDHB)
- Quarterly reports back to the DHBs
- Possible cases followed up until definitive diagnosis made
- Ensure all cases referred to Regional RF Register

Auckland Region Notifications 0-19 year olds



Auckland Region NotificationsMāori and Pacific 0-19 year olds





Housing quality?

Household composition?

Environment Income?

Crowding?

Deprivation?

Access to healthcare?

Community load?

Transmission?

Primary Prevention Access Sore Throat Treatment

- Baltimore Study 1960s
 - Improving access to healthcare reduced ARF
 - Gordis L *NEJM* 1973;289(7):331-335

 Rationale behind school programmes, rapid response clinics and free primary care to <13's

NZ Health Survey 2014/15 Children 0-14 years

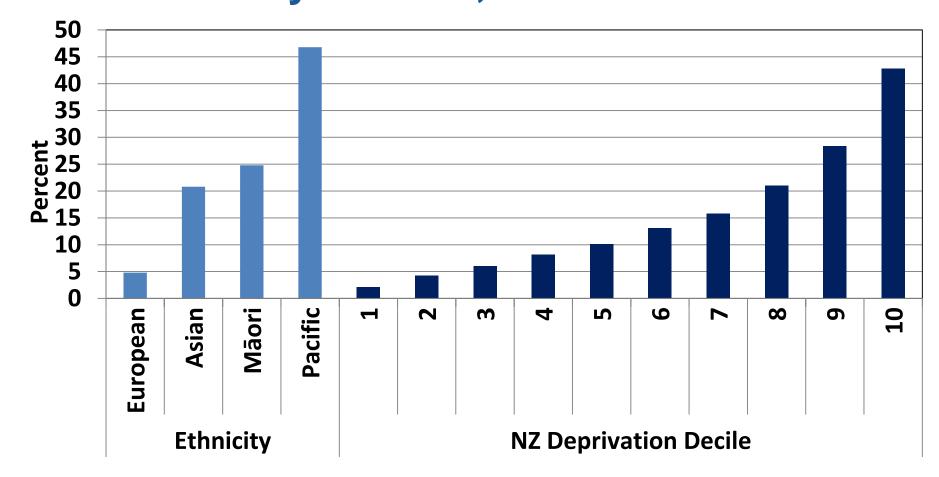
Unmet need for GP care

- 27% Māori, 27% Pacific, 21% European/Other
- No significant change since 2011/12
- Barriers: No appt in 24 hours > cost > transportchildcare

Unfilled Prescription due to cost

- Pacific (14%), Maori (9.2), European (3.5%)
- No significant change since 2011/12

Household Crowding* 0-14 year olds, 2013 Census



No significant change since 2001 Census

^{*}requires 1+ additional bedrooms

Conclusions

- Among world's highest rates of RF in NZ but declining
- Burden is borne by Māori and Pacific
 - Premature death from RHD
 - 1,500 on monthly penicillin injections
 - 550 admissions for rheumatic heart disease
 - 140 deaths annually
- Environmental drivers complicated

ARF Admissions per Month 0-24 Year Olds, NZ 2006-2010

