

Reducing and managing rheumatic fever in New Zealand – the Ministry of Health perspective

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Preventing Rheumatic Fever

Rheumatic fever is an example of a condition where there a huge inequities



A complex condition = a complex approach



don't put all your eggs in one basket!

Reduce household crowding and therefore reduce household transmission of strep throat bacteria within households

Improve access to timely and effective treatment for strep throat infections in priority communities

Increase awareness of rheumatic fever, what causes it and how to prevent it

**Reduced
structural and
functional
household
crowding**



Antibiotic adherence
projects

Primary care tools

School based clinics

Raising awareness and harnessing community and organisational capacity

Communications campaigns including youth campaign
Community Funds
Online learning

Pacific engagement services

Cross government action plan

Social housing fast track scheme

Healthy homes initiatives in high risk areas

**DHB
RF
Prevention
Plans**

Antibiotic adherence

School-based clinics

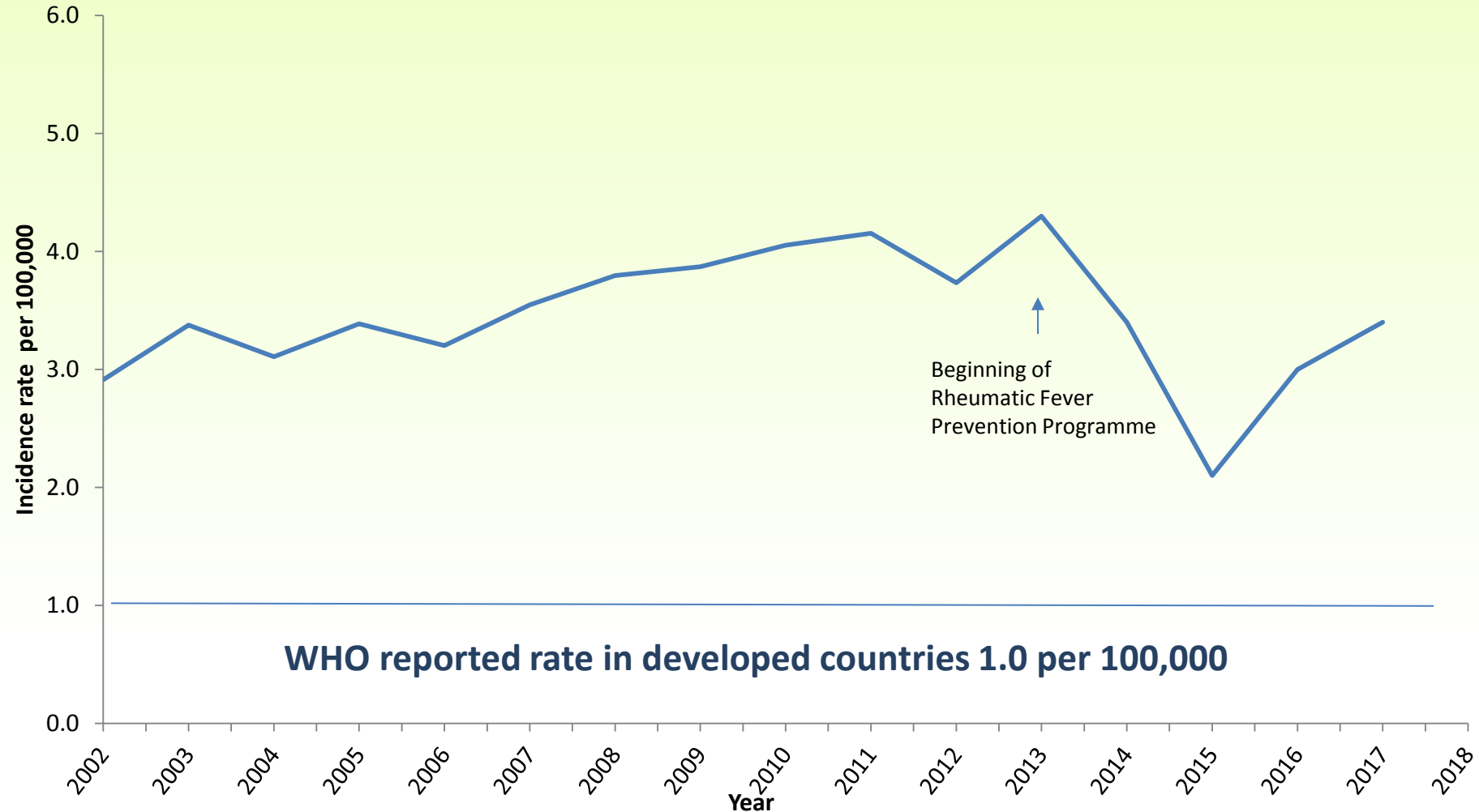
Primary care tools

Rapid response clinics in high risk DHBs

Free, rapid effective sore throat management

Reduced structural and functional household crowding

New Zealand has high rates of rheumatic fever compared to other developed countries



Rheumatic fever prevention programme officially ended on 30 June 2017

- Funding allocated to the 11 DHBs with a high incidence of rheumatic fever until 2022
- Timely to reflect on:
 - What else we can do in the prevention of rheumatic fever
 - How we can improve the management and experiences of those diagnosed with rheumatic fever and rheumatic heart disease
- Two workshops held – identified key themes and areas to focus on

Summary of research presented from 10 May 2018 workshop – prevention of rheumatic fever

- 50 percent of rheumatic fever cases had a sore throat
- A family history of rheumatic fever was the single largest risk factor in the study
- Association between skin infections and scabies with rheumatic fever
- People with rheumatic fever were more likely to experience barriers to primary care and also living in sub-standard housing

Summary of research presented from 12 June 2018 workshop – improving the management of rheumatic fever

- Health services did not meet patient or whanau needs with long waiting times, fragmented services, poor communication and a poor transition from paediatric to adult medical services.
- Delays in the delivery of prophylaxis were frequent (as well as loss to follow-up) and the experience of the patients (as well as the nurses) could be improved.
- 1 in 200 Pacific women and 1 in 500 Maori have significant RHD in pregnancy - 11 percent diagnosed with rheumatic heart disease during pregnancy.

Overarching themes from both workshops

- Poverty and housing need to be addressed
- Systems change is needed
- Partnerships and a collaborative approach are important
- Māori, Tongan, and Samoan are different and need different plans
- Initiatives and solutions need to be community-led and whanau-driven

Preventing rheumatic fever – key themes

A key theme that was identified in relation to preventing rheumatic fever was the continued focus on sore throat management

Family history is a strong risk factor for developing rheumatic fever – this is potentially a group that could be specifically targeted in initiatives

Managing rheumatic fever and rheumatic heart disease – key themes

- Acknowledging and managing rheumatic fever and rheumatic heart disease as a chronic condition
- A national rheumatic fever patient management system / register is needed
- Improving the management and experience of delivering and receiving intramuscular benzathine penicillin to those people diagnosed with rheumatic fever and rheumatic heart disease.
- Reduce inequities for pregnant Māori and Pacific women with rheumatic heart disease

Next steps – what the Ministry will be doing

- Identify what can be done within current resources and what we can do if additional resources are made available
- Continue to work with and support the 11 DHBs with a high incidence of rheumatic fever
- Prioritise Auckland region, and Samoan- and Tongan-specific initiatives
- Continue to use and work with those providers who have already been successful in engaging with communities



Rheumatic Heart Disease resolution endorsed by the 71st World Health Assembly on 25 May 2018 – what does this mean for us?

- Can use content of the resolution and activities that arise to inform our efforts in New Zealand
- Can build on support that will be provided to the wider Pacific

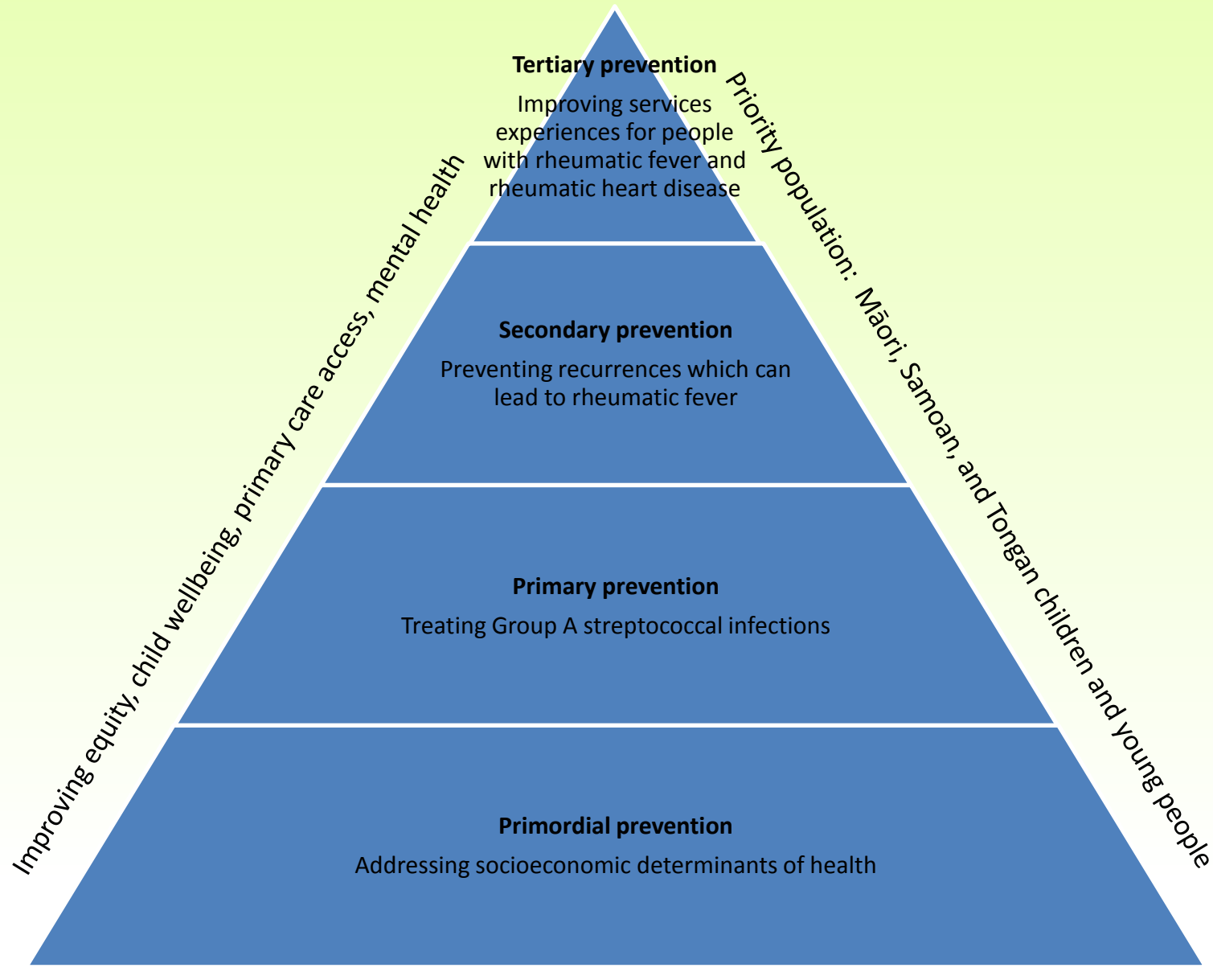
Next steps

WHO will:

Look at work that is already underway to determine current resourcing, identify needs and the most effective coordination mechanism

Coordinate a meeting of experts and regional/country representatives to plan the work programme

Work closely with countries and 'non-state actors' (academia, NGOs, civil society, private sector) to plan and deliver on the resolution



Primary care access

Achieving equity

Child wellbeing

Maternity care and midwifery

Monitoring, surveillance and evaluation