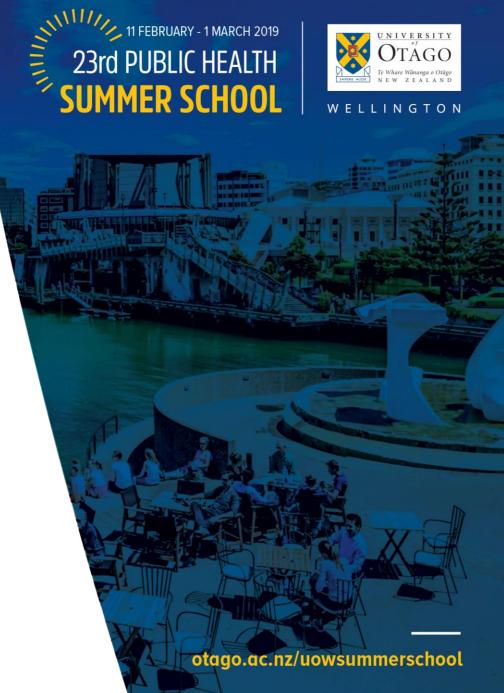
Modifiable risk factors for ARF: results from NZ case-control study

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Tuesday, 12 February 2019





NZ RF Risk Factors Study

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Outline

Note – All results are provisional and will change in final published version

- Goal & aims
- Risk factors under investigation
- Methods
- Proximal risk factors
- Distal risk factors
- Multivariate analysis
- Implications



Goal of research

To identify **modifiable risk factors** for acute rheumatic fever to inform prevention policy & interventions

Distal risks factors / Determinants

Proximal risk factors

ARF/RHD



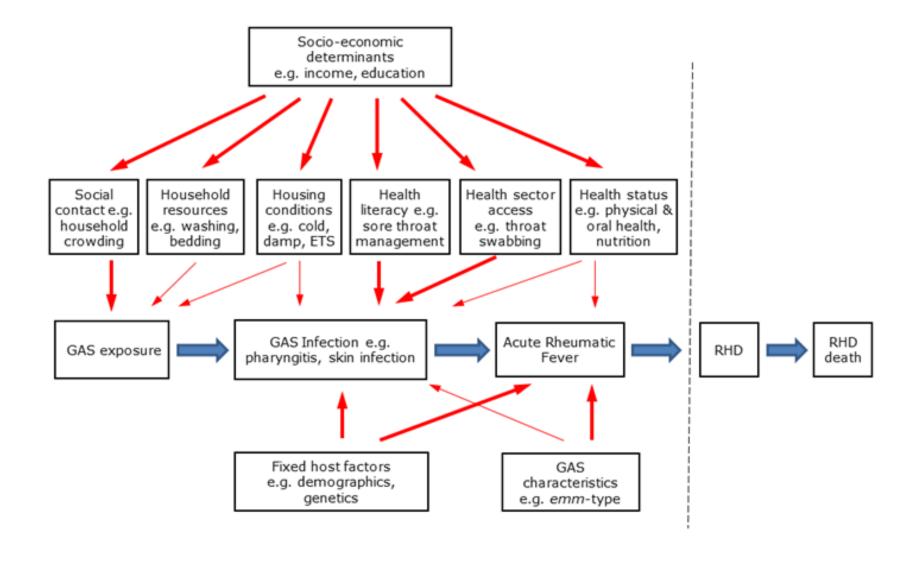








Risk Factors under investigation



Which of following factors are associated with an increased risk of ARF?

Proximal risk factors

- Throat infection
- Skin infection
- Scabies infection

Distal risks factors / Determinants

- Family history of RF
- Household crowding
- Bed sharing
- Poor quality housing eg cold, damp, mould
- Lack of hot water for showering/bathing
- Barriers to primary healthcare
- Poor nutrition (eg high intake sugar sweetened drinks)
- Poor dental health
- Tobacco smoke exposure

Methods

Case-control study

 119 ARF cases (definite & probable) after excluding 19 cases that didn't meet case definition

Compared with:

 357 closely matched controls (time, age, ethnicity, deprivation, DHB, gender) ie 3 per case



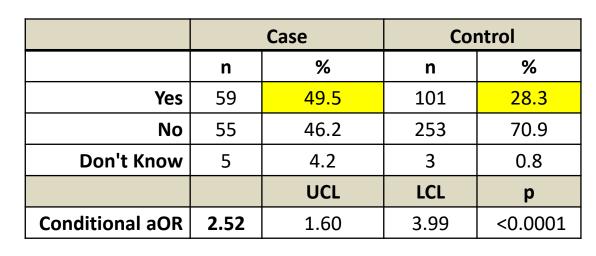
Methods

Data collection

- Questionnaire completed in a face-to-face interview by Māori and Pacific interviewers
- A subset of cases and controls also provided blood for additional testing, including ferritin, vitamin D, immunological markers, genetics; hair nicotine
- Linked data on dental health, previous hospitalisations, housing, schools attended
- Height, weight, BMI from clinical records (cases) or NZHS records (controls)

Results: Proximal exposures

Sore throat in previous 4 weeks





Conditional = analysis of case with 3 matched controls aOR = adjusted Odds Ratio, adjusted for matching variables of age, sex, ethnicity, deprivation, DHB

Results: Proximal exposures

Skin infection in previous 4 weeks





School sore



Skin abscess



School sore





	Case		Control	
	n	%	n	%
Yes	25	21.0	36	10.1
No	93	78.2	321	89.9
Don't Know	1	0.8	0	0.0
		UCL	LCL	р
Conditional aOR	2.30	1.30	4.07	0.004

Skin infection without throat infection		UCL	LCL	р
Conditional aOR	1.25	0.50	3.09	0.631
Skin infection with throat infection		UCL	LCL	р
Conditional aOR	13.13	2.88	59.96	0.009

Results: Proximal exposures

Scabies in previous 4 weeks

Scabies

Burrows (arrows point to mites) Scabies on hand





Scabies between fingers

Scabies on hand



	Case		Control	
	n	%	n	%
Yes	7	5.8	5	1.4
No	112	94.1	349	97.8
Don't Know	0	0	3	0.8
		UCL	LCL	р
Conditional aOR	5.44	1.62	18.24	0.006

Results: Household crowding

Bedroom deficit
of one or more
(Canadian
National
Occupancy
Standard / CNOS)

	Case		Cor	ntrol
	n	%	n	%
0 bedroom deficit	86	72.4	320	89.7
1 Bedroom deficit	22	18.5	22	6.2
2 Bedroom deficit	7	5.9	13	3.6
3 or more Bedroom deficit		3.4	2	0.6
		UCL	LCL	р
Conditional aOR	3.78	2.13	6.72	<0.0001

ARF association with all measures of household crowding:

- Occupancy (people / house)
- Density (people / room)
- Crowding indices (CNOS)
- Self-assessed crowding

Results: Bed sharing

Usually share a bed in the last 4 weeks?

	Case		Control	
	n	%	n	%
Yes	64	53.8	137	38.4
No	55	46.2	218	61.1
Don't Know			2	0.6
		UCL	LCL	р
Conditional aOR	2.31	1.44	3.69	0.001

Does anyone sleep in case/control's bed when they aren't using it ('hot bedding')?

	Case		Control		
	n	%	n	%	
Yes	21	17.6	17	4.8	
No	98	82.4	338	94.7	
Don't Know					
		UCL	LCL	р	
Conditional aOR	4.40	2.15	9.03	<0.0001	

Results: Housing tenure & quality

Housing tenure – proportion living in rental housing

	Case		Control	
	n	%	n	%
Rental	93	78.2	225	63.0
Owned by occupant	16	13.5	100	28
Don't now	10	8.4	32	9
		UCL	LCL	р
Conditional aOR	3.65	1.81	7.02	0.002

Housing quality –

Association with "poor or very poor" vs. average or better based on self-rating on 5-point scale

	Case		Control	
	n	%	n	%
Poor, Very poor	31	26.0	24	6.7
Average or better	88	73.9	332	93
Don't Know			1	0.3
		UCL	LCL	р
Conditional aOR	5.17	2.70	9.90	<0.0001

Results: Household damp & mould

Household damp & mould based on 3 questions:

- Mould on the walls or ceilings in bedrooms or living rooms in the last 12 months
- Damp walls or ceilings in bedrooms or living rooms the last 12 months?
- Damp or musty smell in bedrooms or living rooms over the last 12 months?

	Case		Control	
	n	%	n	%
1 or more indicators	75	63.0	135	37.8
No indicators	44	37.0	221	61.9
Don't Know				
		UCL	LCL	р
Conditional aOR	3.57	2.15	5.93	<0.0001

Results: Household cold

Household cold based on sum of 4 questions:

- In winter, is your home colder than you would like?
- In winter, do you put up with feeling cold inside to save on heating costs?
- Did case/control need to share a sleeping room just to stay warm in the last 4 weeks?
- Has your house been so cold that you shivered in the last 4 weeks?

	Case		Control	
	n	%	n	%
1 or more indicators	90	75.6	221	62.0
No indicators	29	24.4	134	37.5
Don't Know			2	0.6
		UCL	LCL	р
Conditional aOR	2.16	1.3	3.57	0.003

Results: Tobacco smoker exposure

Smokers living in house

	Case		Control	
	n	%	n	%
Yes	71	59.7	173	48.5
No	48	40.3	184	51.5
Don't Know				
		UCL	LCL	р
Conditional aOR	1.79	1.12	2.85	0.014

Hair nicotine levels measured for 94 cases & 109 controls

	Case		Control	
	n	%	n	%
≥0.2ng	36	38.3	24	22.0
<0.2ng	58	61.7	85	78.0
Don't Know				
		UCL	LCL	р
OR	2.20	1.19	4.07	0.012

Results: Household washing resources

Composite measure based on 2 questions:

- Does case/control sometimes have a cold or lukewarm bath/shower because there is not enough hot water? (shown here)
- Does case/control sometimes have to put off having a bath/shower because there is not enough hot water?

	Case		Control	
	n	%	n	%
Yes	30	25.2	40	11.2
No	89	74.8	315	88.2
Don't Know			2	0.6
		UCL	LCL	р
Conditional aOR	2.97	1.58	5.59	<0.0007

Results: Nutrition

Sugar sweetened drinks -How many sugar-sweetened drinks (including fruit juice), but not including diet drinks, does case/control normally drink per day?

	Case		Control	
	n	%	n	%
1 or more	70	58.7	131	36.9
None	49	41.2	220	61.6
Don't Know				
		UCL	LCL	р
Conditional aOR	2.43	1.55	3.81	<0.0001

Results: Nutrition - BMI

BMI – based on measured height and weight

BMI	Case		Control	
	n	%	n	%
<18.5	12	10.1	94	26.3
18.5-24.9	34	28.6	150	42.0
25-29.9	31	26.1	54	15.1
30+	29	24.4	37	10.4
		UCL	LCL	р
aOR of BMI 30+	2.95	1.68	5.19	<0.0002

Results: Health service access

Barriers to primary health care access:

- Unable to be seen within 24 hrs
- Didn't visit because of cost
- Didn't visit because of transport
- Didn't visit because of childcare
- Didn't fill prescription because of cost

	Case		Control	
	n	%	n	%
2-5 barriers	27	22.6	51	14.3
0 or 1 barrier	92	77.3	306	85.8
		UCL	LCL	р
Conditional aOR	1.73	1.00	2.98	0.050

Results: Health service access

Current school has a throat swabbing programme for rheumatic fever (self report)?

	Case		Control	
	n	%	n	%
Yes	59	49.6	138	38.7
No	37	31.1	144	40.3
Don't Know/ missing	23	18.5	75	21
		UCL	LCL	р
Conditional aOR	2.47	1.34	4.53	0.004

Linked records

		UCL	LCL	р
Conditional aOR	2.06	1.12	3.81	0.021

Results: Family History of RF

Relatives ever diagnosed with RF or RHD?

	Case		Control	
	n	%	n	%
1 or more	60	52.2	76	21.7
none	55	47.8	274	78.3
Don't Know	4	3.4	7	2.0
		UCL	LCL	р
Conditional aOR	4.22	2.57	6.94	<0.0001

Māori and Pacific ancestry - Number of grandparents with any NZ Māori or Pacific ethnicity

	Case		Control	
	n	%	n	%
3 or more	114	95.8	278	77.9
2 or fewer	5	4.2	79	22.1
Don't Know	0		0	
		UCL	LCL	р
Conditional aOR	7.22	2.76	18.89	<0.0001

Results: Multivariate

Significant relationship with risk of ARF in multivariate analysis:

- Family History RF
- Household Crowding
- Mould & Damp Score
- Limited hot water
- Sugar Sweetened Beverages

Results: Multivariate

No significant relationship with risk of ARF in multivariate analysis:

- NZiDep
- Contacts outside home
- Functional Crowding
- Bed sharing
- Living with smoker
- Housing tenure
- Feeling Cold
- Oral Health (DMFT/dmft)
- School sore throat management programme
- Barriers to healthcare

Implications for reducing RF

- 1. Revise the population approach to GAS infection management Could include:
- More intensive, targeted approach based on family history of rheumatic fever, ethnicity/ancestry, age
- Treatment of both sore throats and skin infections
- Use of injectable penicillin and potentially prophylactic treatment
- Systematic scabies treatment

Implications for reducing RF

- 2. Sustained improvement in the home environment of children
- Reduced bed sharing by children a 'bed for every child'.
- Reduced household crowding adequate supply of affordable, suitable housing eg construction of social housing and increase security of tenure
- Sustained improvement in housing quality reduce damp and mould, adequate insulation and heating, housing warrant of fitness
- Addressing fuel poverty to improve energy efficiency, reduce costs of home and water heating
- Reducing exposure to tobacco smoke in homes and cars, and reducing respiratory infections more generally.

Future implications for reducing RF

3. Improved diet for children – Eg

- Reducing consumption of sugar sweetened beverages
- Attention to micronutrient deficiencies

Future research & evaluation

- GAS infection study in Auckland (HRC) Focus on role of skin infection & effectiveness of oral antibiotics
- Continue evaluation of healthy housing referral programmes
- Consider trial of intensive targeted interventions for high-risk populations

Acknowledgements





Te Whare Wananga o Otago

 Funders: University of Otago, HRC, NZCPHM



 Support: Labtests, for provision of testing data



Multiple collaborators



Acknowledgements

The Study Investigators thank the following for their assistance and support with this study:

- The Health Research Council of New Zealand (HRC) Rheumatic Fever Research Partnership for funding this study (Ministry of Health, Te Puni Kökiri, Cure Kids, Heart Foundation, and HRC);
- The Māori Steering Group (Christine Campbell, Matire Harwood, Helen Herbert, Pauline Koopu, Renee Muru, Bridget Robson, Ronald Apiti) and the Pacific Steering Group (Metua Faasisila-Bates, Flo Chan Mow, Aumea Herman, Malakai Ofanoa, Ben Taufua, Meia Schmidt-Uili) for helpful advice about the study design and operation;
- Clinicians, medical officers of health, nursing staff, support staff and other DHB staff who have assisted us with case recruitment;
- Laboratory staff in Lab tests (Auckland), Southern Community Laboratories (Wellington), DHBs, and ESR who have assisted with specimen collection, processing and testing;
- Interviewing and support staff employed by CBG Health Research Limited;
- Participating children and their families for assisting with interviews and testing.