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Programme Lead



Preventing Rheumatic Fever

Better Public Service goal

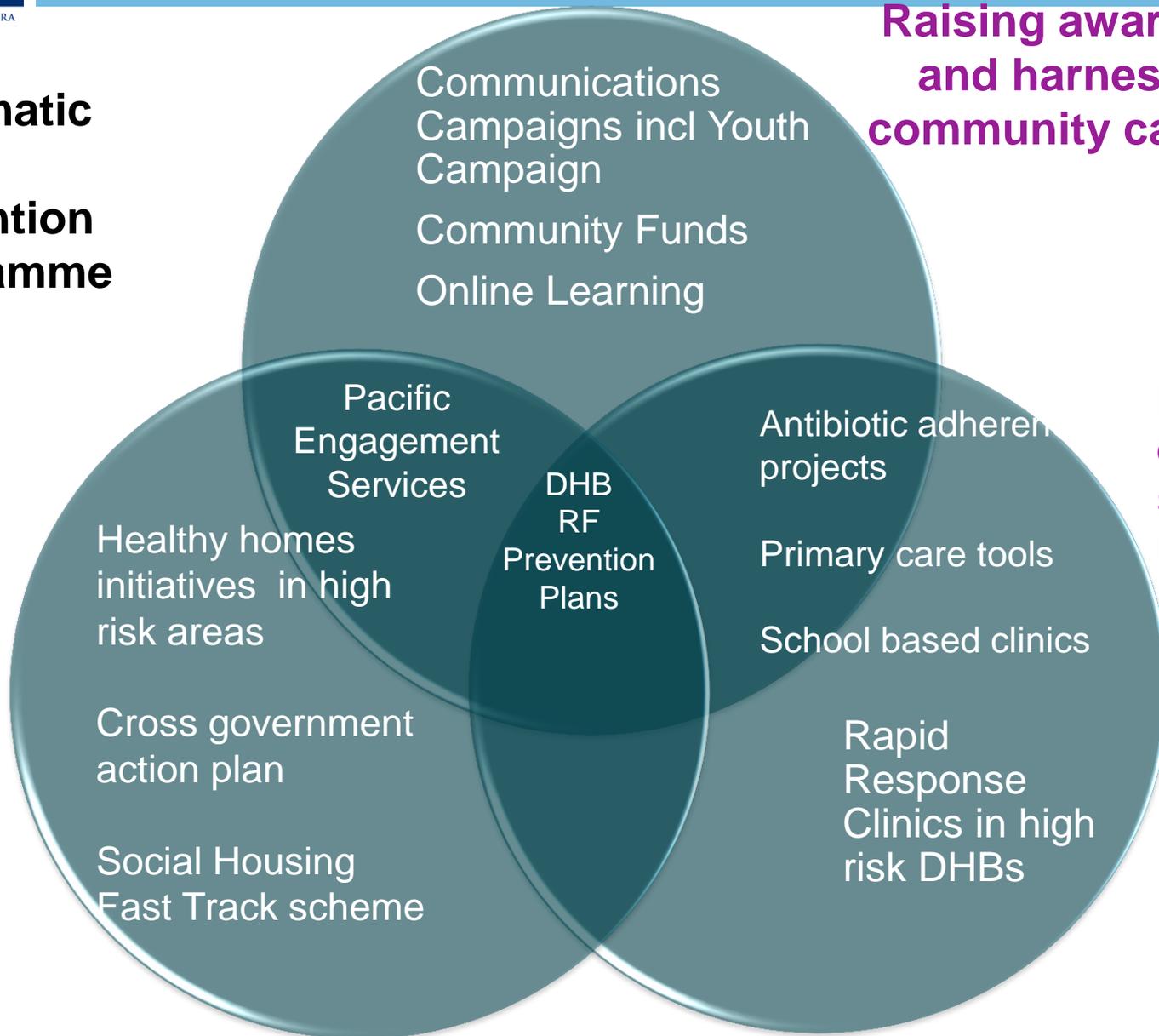
- Goal is to reduce the rate of first episode rheumatic fever by two thirds
-by June 2017
- Primary prevention programme
- Change programme
 - Working together better
 - Family at the centre
 - Working with complexity
 - Harnessing the resource and capabilities of the communities, NGOs and health sector

Rheumatic Fever Prevention Programme

Raising awareness and harnessing community capacity

Reduced household crowding

Free, rapid effective sore throat management



The Problem and Potential Solutions

- Household crowding is leading to more strep A infections in Māori and Pacific whānau
- Priority communities not aware of the seriousness of RF, what causes it and how to prevent it
- Whānau are too busy, too stressed and can't afford to get every sore throat checked
- Children and youth aren't finishing their course of antibiotics
- We need the input of communities to build and sustain the momentum beyond the funded Programme
- Reduce household crowding in priority communities through "healthy homes initiatives"
- Media campaign, Youth campaign, Pacific engagement service
- School clinics, local drop in clinics. Free assessment and antibiotics. Free under 13s.
- Antibiotic adherence trials and short films by youth
- DHB level rheumatic fever prevention plans must identify Māori and Pacific engagement. Community innovations funds. Māori community engagement plan



Key findings in relation to the school based services

- Non statistically significant reductions in RF incidence of 17% nationally and 31% in South Auckland
- Consistent with the RCT Lennon et al 2009
- Underpowered to demonstrate statistical significance if effectiveness below 50%
- Could be as effective as 42% or ineffective as 0% but likely to be around the middle
- Reduction in RF incidence also occurred in 5-12 year olds who did not attend a school-based programme



Rapid response summary

- Access to rapid, effective sore throat management for our priority populations is crucial to deliver the target
- School based services have an important role to play in some areas but alone can't deliver
- Ideal is usual primary care that is easy, attractive, social and timely.
- Can rapid response services fill the gap in the mean time?
- If not- what else can we do?



Healthy Homes Initiatives

- Eight HHIs across 11 high rheumatic fever incidence DHBs
- HHIs systematically identify and support families with children at risk of getting rheumatic fever who are living in crowded households.
- Families are referred through:

**Prophylactic
penicillin services**

Hospitals

**Sore throat
management
services**

- HHIs work with agencies (such as HNZC and MSD), businesses and philanthropy to ensure families receive timely access to interventions to reduce crowding and their subsequent risk of rheumatic fever and other housing related health conditions.

Crowding assessments

Improving how people live in the house (including affordability)



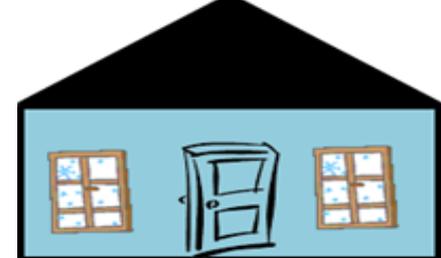
- Warmer, drier homes
- Creating space between sleeping children
- Budgeting support

Improving the things in the house



- Curtains and curtain rails
- Floor coverings
- Heating source
- Beds/bedding

Improving the quality of the house



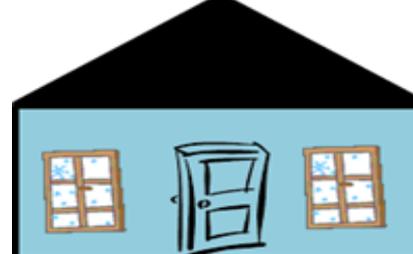
- Repairs
- Insulation (ceiling and underfloor)
- Mechanical ventilation

Clarifying the needs of who lives in the house

- Identifying the needs of multiple families
- On-referrals



Getting another house if required

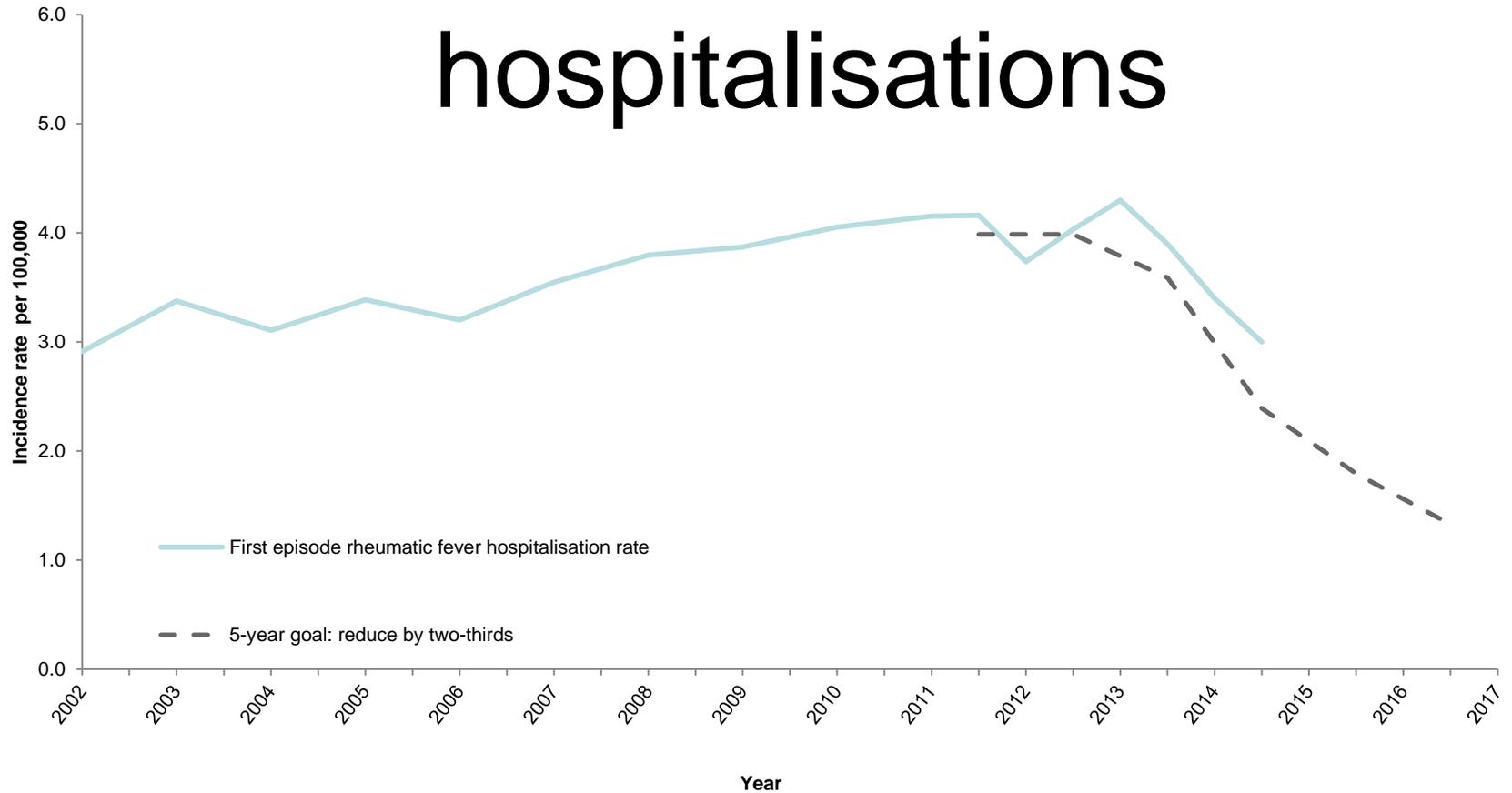


- Own home
- Suitable private rental
- Social housing
- Temporary housing
- Emergency housing

As at 31 August 2015:

- 2,654 eligible families have been referred to HHIs
 - 2,112 through AWHI (since Dec 2013)
 - 542 through the new HHIs (since March 2015)
- 1,824 (69%) of these families have received household crowding assessments and developed family plans:
 - 1,455 through AWHI (69%)
 - 369 through new HHIs (68%)
- Families have received 1,682 of the 5,744 interventions needed to reduce household crowding (29%):
 - 958 (of 4,546 needed) through AWHI (21%)*
 - 724 (of 1,198 needed) through new HHIs (60%)

Current trend of RF hospitalisations



Key findings

- Rheumatic fever incidence is decreasing
- The decrease is statistically significant
- The decrease is associated in time and place with aspects of programme implementation
 - Full implementation of the school based services
 - Implementation of rapid response services in South Auckland
 - Introduction of rapid response and healthy homes services in other areas



Where to from here?

- Beyond 2017?
- Beyond Rheumatic fever?
- Can evaluation help?
- Are we missing big picture?
- Is a different target possible?

