



Northland Rheumatic Fever Overview

Rheumatic Fever Prevention

- Experience now from three school projects in Te Tai Tokerau
 - 2001/2 Whangaroa
 - Mid-2008 Kaikohe
 - MOKO Kaitaia started Aug/Sept 2011 with 2011 Funding
 - Initial negotiations with Ki A Ora Ngati Wai/Otangarei Trust/Te Puawai/Raumanga medical centres/PHO/PHU grouping
- Regional promotion by Ngati Hine Health Trust
 - Working collaboratively with health providers
 - Training champions
 - Media and awareness campaigns
 - Working with communities less affected
 - Offers supportive role to existing and future throat swabbing clinics both local and nationally

Project learning points....

Sore Throats Matter

KAIKOHE SCHOOL BASED RHEUMATIC FEVER PREVENTION PROGRAMME

Neil Robertson

A Pakeha Doctor's
Perspective

Te Ropu

Te Hau Ora O Kaikohe



Kaikohe: Three years on, where are we now?

Achievements

- Increased Public Awareness
- Sore Throats matter
- Consensus on how we all treat sore throats.
- Improved working relationships

Challenges

- Haven't reduced our proportion of GAS in children swabbed
- Haven't reduced the rate of Rheumatic fever in our area
- Do not have complete coverage of all the schools in our catchments
- School bus issues
- Holidays

Moko Team

KAITAIA

- Manawa Ora, Korokoro Ora
~ healthy hearts, healthy throats
- Iwi social health service driven
- Swabbing in six schools (phased)
 - 2 Kura Kaupapa Maori
 - 2 Christian oriented
 - 2 large main stream serving the greater Kaitaia area
 - 2 of the schools with secondary aged students
- Overall total – 1100 children



Moko

- Started in August, with launch in September
- Rolled out over a staggered time frame, 2 schools at a time
- Huge support from the kura kaupapa, with 100% return rate of agreed consents
- Offered information evenings for parents
- Spoke with staff at school meetings to discuss how swabbing would be actioned in their school
- Visits to schools, three times per week



Moko

Challenges

- Consent forms and consent
- NHI numbers
- Laboratory services
- Confusion with Meningococcal C immunisations
- Database

Future

- Screening?
- More schools?
- Contact tracing for GAS?



TE RUNANGA O TE RARAWA

Te Oranga

Outcomes and learning

- No further ARF notified in Whangaroa; Kaikohe 1-2 cases per year ongoing (cf rise regionally/nationally)
- Recent surveys show high levels of awareness and knowledge in children/youth in the mid-North of RF and sore throat mgmt compared to very low in Whangarei students
- Improving relationships between mainstream and Maori providers
- Greater awareness may also promote earlier detection & diagnosis, and better notification....? (also greater use of echo over last decade)
- Anecdotally, whanau more insistent on appropriate treatment of sore throat in project areas

But...

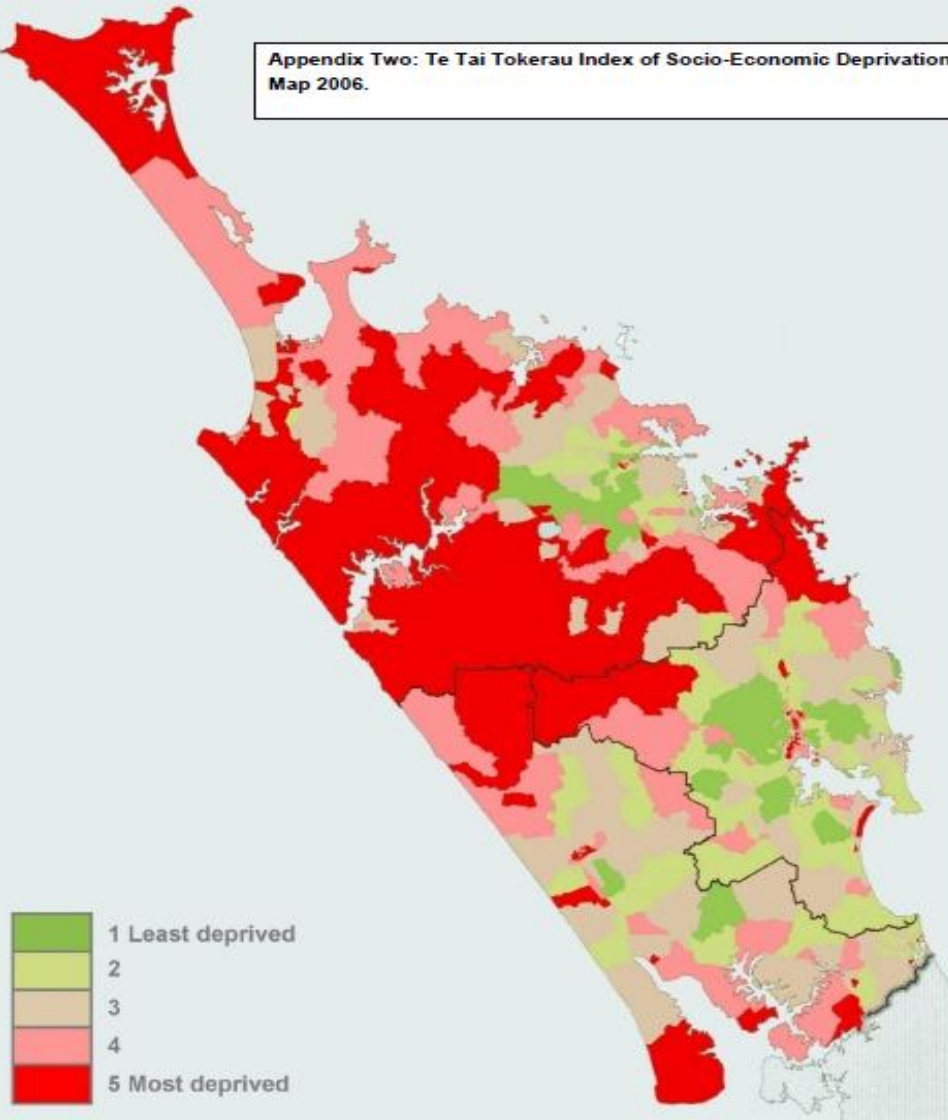
- GAS+ proportion of children swabbed remains elevated (9-11%) - or has increased after initial decline in projects
- The **overall trend of ARF notifications is upward in Te Tai Tokerau since 2005** – 16 new cases and one recurrence this year to date compared to 16 ARF in 2010 (mean 10.4 ARF/year 2005-9)
- 15 of the new cases ≤ 16 years, all Māori except one Tongan child, cf 12 ARF ≤ 16 yrs in 2010
- Likely to remain a significant burden of undetected disease (as evidenced from echo study in Kaitaia)

And...

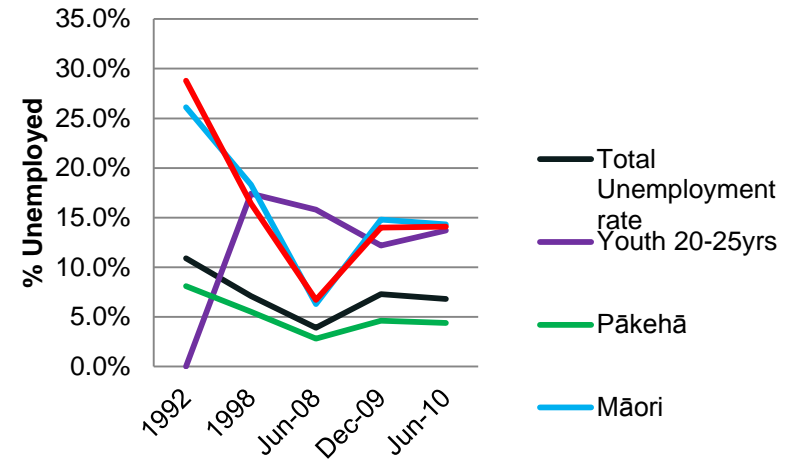
- Parental/whanau knowledge of sore throat risk/ARF may be lower than their tamariki: needs ongoing strategies to address
- Health professionals still need support (practice nurse findings), and prescribing behaviour still inconsistent: does not optimally support good adherence
- Equitable access to primary care in Te Tai Tokerau remains illusory

Are we “rowing against the tide” when you look at the critical socio-economic determinants of RF?

Appendix Two: Te Tai Tokerau Index of Socio-Economic Deprivation Map 2006.



Unemployment in Aotearoa 1992-2010



Clinical/Research Issues

- Strep G and C - to treat or not to treat?
- Re-swabbing after treatment? If so, when?
- Candida -? Poor oral Hygiene.
- Penicillin IM as alternate treatment.
- **Management of asymptomatic/carriers** (limited understanding of the behaviour of GAS, changes in incidence over time/age groups; of whether any specific subtypes are more rheumatogenic etc- there's a need for more research as well...)
- **Evaluating outcomes: inherently difficult with a rare disease** (Have data on GAS prevalence in those swabbed but we have no historic /current population prevalence baselines so limited info)

Solutions / Sustainability

- **Improved sore throat management in primary care**
 - Clinical champions in practices
- **Improved access to primary care for high risk groups**
 - Free GP visits for Maori/PI children 5-15 with sore throats
 - “walk in” access to nurse-led mgmt under standing orders
- **Extension of school based throat swabbing programmes**
 - Improved awareness
 - Accessible primary care: consider offering more holistic "primary care" service in school settings (e.g. Wiri project)
 - Does not address upstream issues driving RF: poor housing and over-crowding, poverty etc