

Rheumatic Fever in the Bay of Plenty

The story so far...

Successes and challenges

Dr Jim Miller, Medical Officer of Health, April 2011

Overview

- RF in the Bay – briefly
- Data, reports, and recommendations
- Getting listened to – support* from MoH and DHB
- Timing – NHF guidelines
- Co-ordination
- 6 programmes

ARF in the Bay of Plenty

- 147 cases over an 8 year period studied
- Twice as many as we had thought
- Mostly in Maori children
- Clustering in three townships

Data, reports, and recommendations

- 2006 - 2008 investigations and reports
- High incidence and clustering
- Recommendations for action
 - Priority issue for DHBs
 - Deliver a register
 - Ensure public health follow up of cases
 - Develop school based programmes in Opotiki, Murupara and Kawerau
 - Community based awareness raising
 - Evaluation
 - Have a national Hui

Getting listened to – support* from MoH and DHB

- Medical Officer of Health advice to both DHBs after consideration of the reports. Discussion paper prepared and meetings with Planning and Funding Teams
 - DHBs should prioritise and fund
 - Need to develop a register
 - Start discussions on school based programmes with communities
 - Develop a CME/CPD programme
 - Sort out PH follow up
 - Develop community awareness programme
 - Establish a Rheumatic Fever Advisory Group across BOP/Lakes
- P&F applications for support
- **Funding has been crucial**

Timing

- Heart Foundation guidelines
- National focus on inequalities

Co-ordination

- Steering group
- Much discussion on TOR and representation
- Has been a point of continuity
- Keeps perspective across programmes
- Maintaining momentum (still early days)

Evidence Based Interventions

Treatment of acute rheumatic fever does not affect the outcome of the acute episode or the amount of damage to the heart valves. Prevention is therefore the key to reducing ill health from rheumatic fever in New Zealand.

The options for this are to;

Reduce the incidence of GAS pharyngitis

- § improvements to social determinants of health
- § decrease overcrowding
- § improve access to health care

This would require increased standards of living and is therefore a societal goal outwith the gift of the health services.

Primary Prevention

Reduce the incidence of GAS progressing to Acute Rheumatic Fever

- § promote primary care guidelines for managing pharyngitis
- § raise community awareness that 'sore throats matter'
- § school based throat swabbing
- § treat household contacts

Secondary Prevention

Prevent subsequent episodes of rheumatic fever

- § rheumatic fever register
- § improved secondary prophylaxis with long term penicillin
- § co-ordinated multi disciplinary approach

Continuing professional development (CPD)

- Presentations based on NHF guidelines
- GP CMEs in the WBOP and EBOP
- ‘Grand round’ presentations at Tauranga and Whakatane hospitals
- RF presentations to PHNs, B4 school and Kaupapa Maori nurses, students
- TTO RF webpage for health professionals

Awareness raising

- A four month media awareness campaign from March to June 2010 (good evaluation)
- Both targeted and general
- Press releases, advertorials, full page articles
- Radio adverts 
- Resources (pamphlets, posters, banners)
- Web page (public and GP)
www.toiteorapublichealth.govt.nz
- Repeated 2011

School based swabbing

Successes and challenges from Opotiki

