

# SA Rheumatic Heart Disease Control Program

## Progress Report

Prepared for the RHD Program Advisory Group  
October 2021



Government  
of South Australia

SA Health

## SA RHD Control Program

The aim of the South Australian (SA) RHD Control Program is to reduce morbidity and mortality associated with RHD through monitoring and improving delivery of secondary prophylaxis (benzathine penicillin), enhancing coordination of care, delivering educational activities and increasing RF/RHD case detection and surveillance activities. Specific objectives are to:

- maintain the state-wide RHD Register (the Register);
- support local health services to manage patients with RF and RHD through local registers and recall systems that share data with the Register;
- facilitate education and training of the clinical workforce in case recognition and clinical follow-up; and
- increase awareness of RF and RHD among high risk populations.

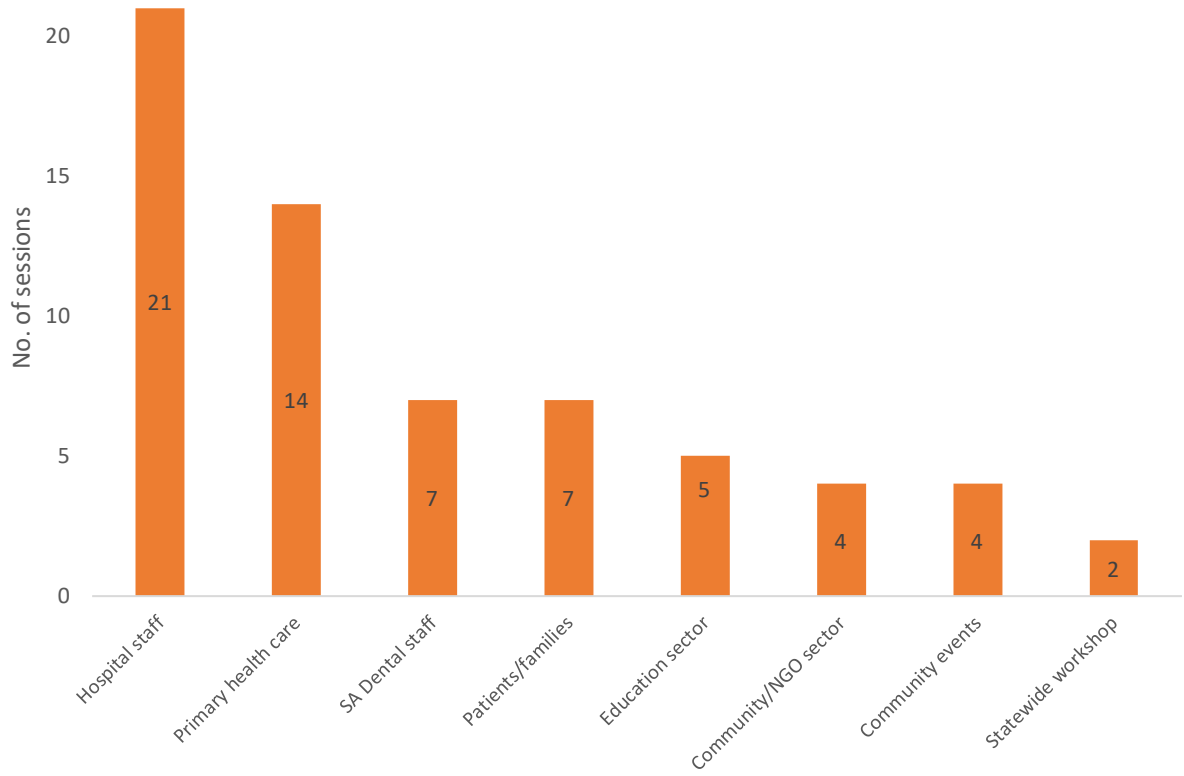
### Key areas of activity for 2021

- With some restrictions lifted, education has been able to resume in metropolitan Adelaide. Schools and community organisations who work on the ground with our target audience have been a focus for this year. In addition, the Program has been invited to present at grand rounds in three of Adelaide's tertiary hospitals reflecting an increased awareness of the existence of the Program.
- The Program continues to strengthen its relationship with SA Dental including establishing pathways for referrals in regional SA.
- A resource about the importance of preventing Group A Strep (GAS) infections is being developed in consultation with the community. Following conversations with community, it was identified that this is an area where more education needs to occur.
- There has been increasing engagement with organisations outside the health sector including housing and family support services to increase awareness about GAS and the importance of early treatment.
- The separation of the register continues to present challenges with NGOs unable to access the database and Nganampa Health Council staff spending excessive amounts of time cross checking the SA and NT registers to ensure accuracy of data. Register reports to allow feedback to clinics and reporting as part of funding agreements have been finalised.
- Work continues to improve the flow of information from hospitals to the SA register. Some gains have been made recently with the availability of information of ARF or RHD admissions via ICD code reports and access to inpatient echocardiography systems.
- The SA program continues to support the South Australian Champions4Change with their Indigenous Community-Based researcher credentials portfolio. One of the Champions has become an ambassador for the Program providing support at events and with patient education.
- Visits to primary health care services have remained a challenge as the management of COVID plans, vaccinations and testing continues to be a priority for them. CQI activity is occurring over the phone and via video chat with key workers at health services.
- Following confirmation in the May budget, negotiations are occurring with the Commonwealth and other jurisdictions regarding details of the new Agreement.

## Education

Sixty education sessions have been delivered so far in 2021 across a range of sectors, as well as attendance at four community health events.

### Education sessions, Jan – Sept 2021, by audience



## Register statistics

### Key points

- There have been 20 new ARF cases and 10 new RHD cases to September 2021. The majority of these were in remote SA. There have been no recurrences of ARF this year to date, despite the lower adherence data.
- Half of the patients on the register live in remote SA, 89% identify as Aboriginal and 55% are under the age of 35.
- Secondary prophylaxis shows a downward trend over time. It must be noted that small case numbers impacts on percentages within each category and on discussion with primary health care, the downward trend may in part be due to COVID and shifting responsibilities of primary health care staff.
- Two deaths of patients on the register were reported to the department of health, neither of these patients died from RHD related causes.

### SA RHD Register overview, at 20 September 2021 (N = 383 patients)

Age (yrs)	Count	Percent
0 - 4	2	1%
5 - 14	49	13%
15 - 24	81	21%
25 - 34	76	20%
35 - 44	73	19%
45 - 54	46	12%
55 +	56	15%
<b>Sum</b>	<b>383</b>	<b>100%</b>

Ethnicity	Count	Percent
Aboriginal	340	89%
Other	43	11%
<b>Sum</b>	<b>383</b>	<b>100%</b>

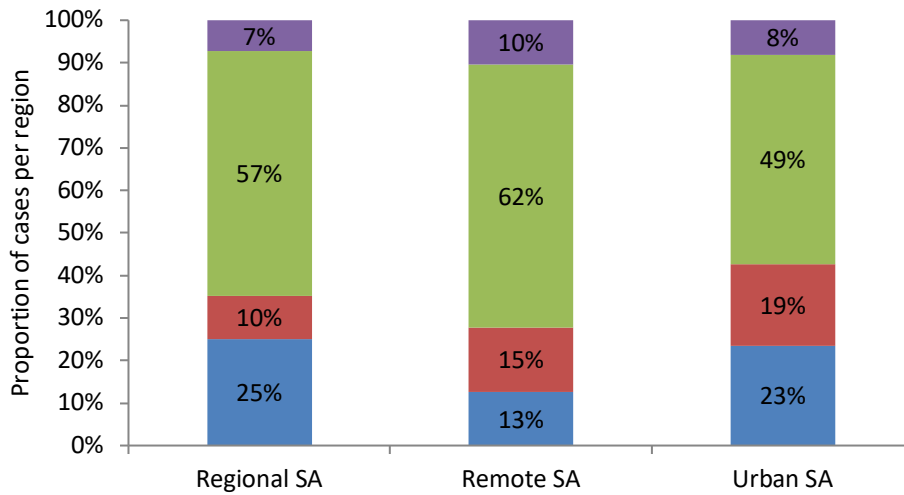
On Prophylaxis	Count	Percent
Yes	193	50%
No	190	50%
<b>Sum</b>	<b>383</b>	<b>100%</b>

Gender	Count	Percent
Female	258	67%
Male	125	33%
<b>Sum</b>	<b>383</b>	<b>100%</b>

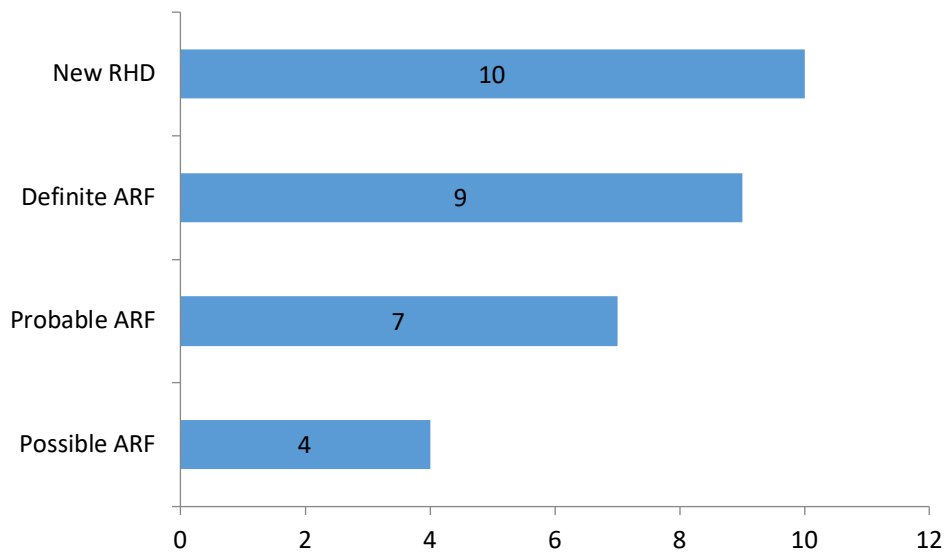
Priority	Count	Percent
1	70	18%
2	60	16%
3	218	57%
4	35	9%
<b>Sum</b>	<b>383</b>	<b>100%</b>

Region	Count	Percent
Urban	124	32%
Remote	191	50%
Regional	68	18%
<b>Sum</b>	<b>383</b>	<b>100%</b>

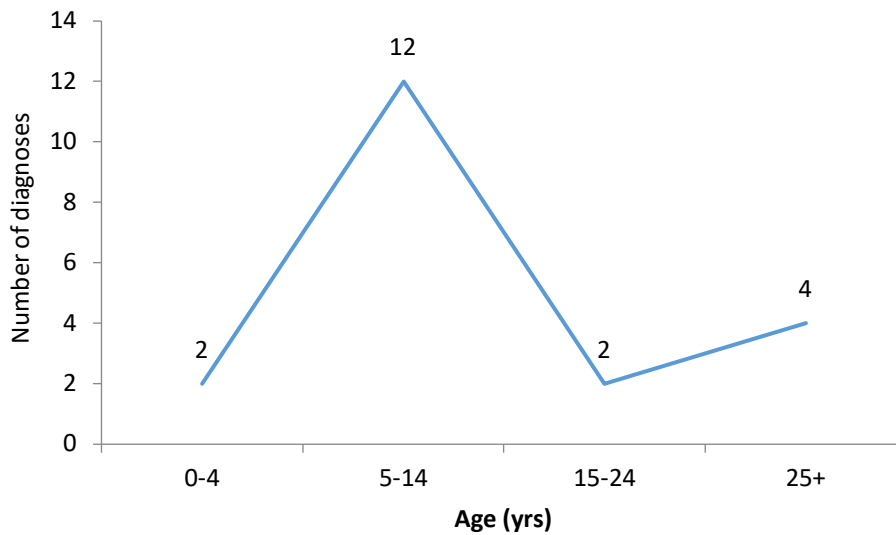
**Current priority of SA RHD Register patients, by region at 20 September 2021**



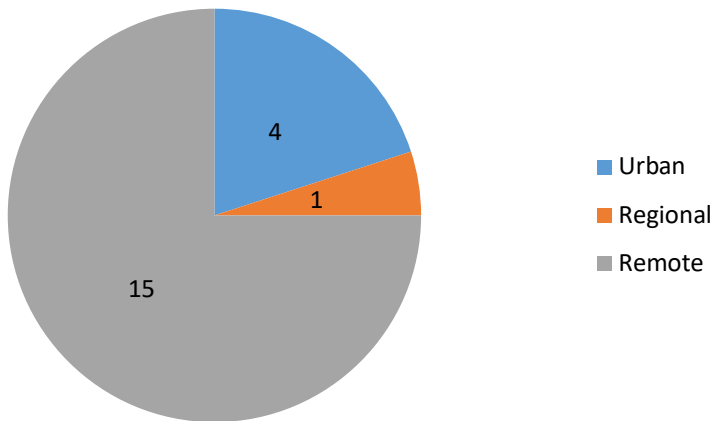
**Number of diagnoses reported to SA Health, January - September 2021**



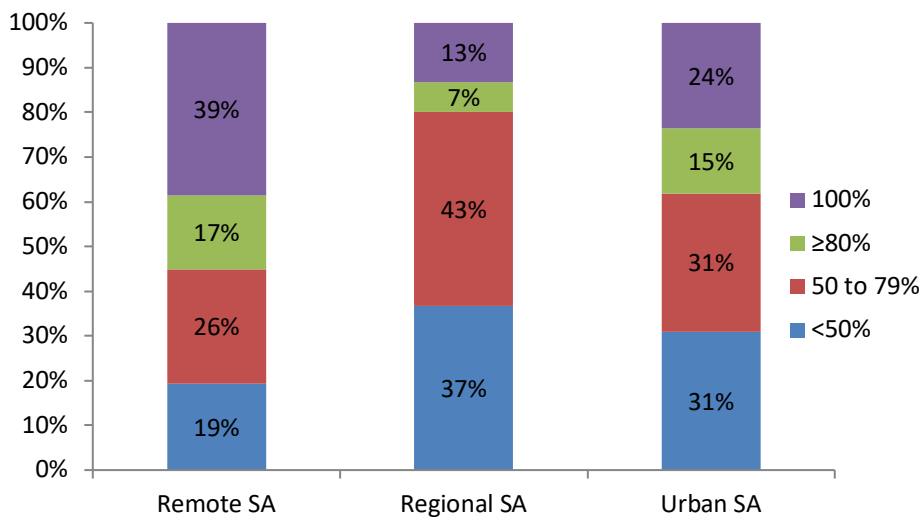
**Number of ARF diagnoses, Jan – Sept 2021, by age**



**Number of ARF diagnoses, Jan – Sept 2021, by region**



**Percentage adherence to secondary prophylaxis, SA, Jan – Sep 2021, by region**



**Average adherence to secondary prophylaxis, SA, Jan – Sep 2021,**

