

Attention: NT GPs, Nurses and Health Practitioners

THINK Acute Rheumatic Fever



ARF can lead to **rheumatic heart disease, disability, open heart surgery and death**, especially when recurrent episodes occur. **ARF and RHD are prevalent in children and young adults** in the Northern Territory. They are caused by **Strep A (Streptococcus pyogenes) infection** of the throat and skin.



AT HIGH RISK:

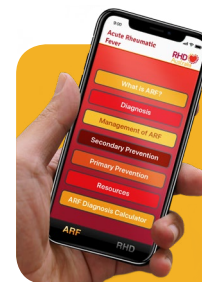
Aboriginal and Torres Strait Islander children and young adults are at high risk, but also consider the diagnosis in other population groups including **migrants** and **Pacific Islanders**.

Skin and throat infections in children at high risk **SHOULD BE TREATED WITH PENICILLIN** (or co-trimoxazole an alternative for skin sores) - see **CARPA guidelines** and **NT healthpathways**.

The management of pharyngitis and skin sores is different in the Northern Territory. **Do not use the approach which is appropriate for southern states**. The clinical decision rules to differentiate between viral and bacterial pharyngitis do not apply in communities with very high rates of Strep A infection.

Many cases of ARF are initially missed, since **early symptoms can be subtle**. They may comprise one or more of:

- **FEVER**
- **JOINT PAIN**
- **LIMPING**
- **TWITCHING MOVEMENTS (SYDENHAM'S CHOREA)**
- **HEART MURMUR**

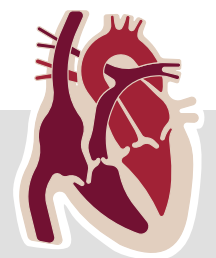


Download the free Guidelines app with ARF Diagnosis Calculator

If these symptoms are present, do:

- Electrocardiogram (ECG)
- Bloods (FBC/FBE, ESR, CRP, ASOT, antiDNase B)
- Blood cultures if febrile
- Throat/skin sore swab (preferably before giving antibiotics) culture for Strep A
- Give benzathine penicillin G injection or if not available commence oral antibiotics
- Contact on call paediatrician or adult physician to expedite your patient's admission for ongoing evaluation to determine the diagnosis, commencement of treatment, echocardiography, provision of education about ARF and RHD, including in the RHD register, and follow up

All suspected or confirmed cases of ARF need to be admitted to hospital for echocardiography and assessment of evolving symptoms.



REPORT ALL SUSPECTED AND CONFIRMED CASES TO NT RHD PROGRAM

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References:

- *RHDAustralia (ARF/RHD writing group), National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand. Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (2nd edition). 2012 www.rhdaustralia.org.au*
- *NT healthpathways* <https://nt.healthpathwayscommunity.org/>
- *eTGcomplete* <https://tgldcdp.tg.org.au/etgAccess>
- *CARPA Standard Treatment Manual 7th edition*