

Table 7.4 RHD priority classification and recommended follow-up

DIAGNOSIS	RECOMMENDED FOLLOW-UP PLAN †
<p>Priority 1</p> <p>Severe RHD of any valve</p> <p>High-risk post-valve surgery patients ‡</p> <p>≥ 3 episodes of ARF within the past 5 years</p> <p>Children ≤ 5 years of age with ARF or RHD</p> <p>Pregnant women with RHD (of any severity) may be considered Priority 1 for the duration of their pregnancy (see figure 12.1 for care pathway)</p>	<p>Specialist review: at least 6 monthly</p> <p>Echocardiogram: at least 6 monthly</p> <p>Medical review: at least 6 monthly</p> <p>Dental review: within 3 months of diagnosis, then 6 monthly</p> <p>Pregnant: See figure 12.1 for care pathway</p>
<p>Priority 2</p> <p>Moderate RHD of any valve</p> <p>Mild RHD involving both aortic and mitral valves</p> <p>Moderate-risk post-valve surgery patients ‡</p>	<p>Specialist review: yearly</p> <p>Echocardiogram: yearly</p> <p>Medical review: 6 monthly</p> <p>Dental review: within 3 months of diagnosis, then yearly</p>
<p>Priority 3</p> <p>Mild RHD involving only a single valve</p> <p>ARF (probable or definite) currently prescribed secondary prophylaxis</p> <p>Borderline RHD currently prescribed secondary prophylaxis</p> <p>Low-risk post-valve surgery patients ‡</p>	<p>Specialist review: 1-3 yearly</p> <p>Echocardiogram: children ≤ 21 years: 1-2 yearly, > 21 years: 2-3 yearly</p> <p>Medical review: yearly</p> <p>Dental review: yearly</p>
<p>Priority 4</p> <p>History of ARF (possible, probable or definite) and completed secondary prophylaxis</p> <p>Borderline RHD not on secondary prophylaxis</p> <p>Resolved RHD and completed secondary prophylaxis</p>	<p>Specialist referral and echocardiogram: 1 year, 3 years and 5 years post cessation of secondary prophylaxis (or following diagnosis in the case of Borderline RHD not on secondary prophylaxis)</p> <p>Medical review: yearly until discharge from specialist care and then as required</p> <p>Dental review: yearly or as required</p>

† Frequency should be tailored to the individual following specialist assessment. All patients should be given influenza vaccine annually and have completed pneumococcal vaccinations as per [Australian Immunisation Handbook](#). Intervals for medical and specialist review and echocardiography are a guide and may vary for specific individuals. Medical and dental reviews may be combined with general health check-up. Aboriginal and Torres Strait Islander patients with RHD require endocarditis prevention as indicated.

‡ Post-valve surgery risk varies for individuals due to age, type of surgery, recurrence of ARF, adherence with secondary prophylaxis and other factors. The priority category for post-valve surgery patients should be determined by specialist cardiologist/paediatrician/physician.