### Table 7.4 / 11.2  
**RHD priority classification and recommended follow-up**

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>RECOMMENDED FOLLOW-UP PLAN†</th>
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| **Priority 1** | Specialist review: at least 6 monthly  
Severe RHD‡  
High risk post-valve surgical patients§  
≥ 3 episodes of ARF within the last 5 years  
Pregnant women with RHD (of any severity) may be considered Priority 1 for the duration of the pregnancy  
Children ≤ 5 years of age with ARF or RHD | Echocardiogram: at least 6 monthly  
Medical review: at least 6 monthly  
Pregnant: *see Figure 12.1 for care pathway*  
Dental review: within 3 months of diagnosis, then 6 monthly |
| **Priority 2** | Specialist review: yearly  
Moderate RHD‡  
Moderate risk post-valve surgical patients§ | Echocardiogram: yearly  
Medical review: 6 monthly  
Dental review: within 3 months of diagnosis, then 6 monthly |
| **Priority 3** | Specialist review: 1 – 3 yearly  
Mild RHD‡  
ARF (probable or definite) without RHD, currently prescribed secondary prophylaxis  
Low risk post-valve surgical patients§ | Echocardiogram: children ≤ 21 years: 1-2 yearly, > 21 years: 2-3 yearly  
Medical review: yearly  
Dental review: yearly |
| **Borderline RHD currently prescribed secondary prophylaxis** | Medical review: 1-2 years after diagnosis, and 1-2 years after ceasing secondary prophylaxis  
Echocardiogram: 1-2 years after diagnosis, and 1-2 years after ceasing secondary prophylaxis |
| **Priority 4** | 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)*  
History of ARF (possible, probable or definite) and completed secondary prophylaxis  
Borderline RHD not on secondary prophylaxis  
Resolved RHD and completed secondary prophylaxis | Medical review: yearly until discharge from specialist care and then as required  
Dental review: yearly or as required |

† 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. People with RHD require endocarditis prevention as indicated. *(See Chapter 11. Management of RHD, Prevention of infective endocarditis).*

‡ See Table 10.2 for definitions of RHD severity.

§ While post-surgical RHD is by definition severe RHD, post-surgical risk varies for individuals due to age, type of surgery, recurrence of ARF, adherence with secondary prophylaxis and other factors. Priority category for post-surgical RHD varies as listed in this Priority classification table and should be determined by specialist cardiologist/paediatrician/physician. *(See Chapter 11. Management of RHD, Monitoring following valve surgery).*