

Table 10.2

Recommended duration of secondary prophylaxis

DIAGNOSIS	DEFINITION	DURATION of PROPHYLAXIS	CONDITIONS for CEASING PROPHYLAXIS [†]	TIMING of ECHOCARDIOGRAPHY AFTER CESSATION [‡]
Possible ARF (no cardiac involvement)	Incomplete features of ARF with normal echocardiogram and normal ECG [§] throughout ARF episode	12 months (then reassess)	No signs and symptoms of ARF within the previous 12 months Normal echocardiogram	At 1 year
Probable ARF	Highly suspected ARF with normal echocardiogram	Minimum of 5 years after most recent episode of probable ARF, or until age 21 years (whichever is longer)	No probable or definite ARF within the previous 5 years Normal echocardiogram	At 1, 3 and 5 years
Definite ARF (no cardiac involvement)	ARF with normal echocardiogram and normal ECG [§] throughout ARF episode	Minimum of 5 years after most recent episode of ARF, or until age 21 years (whichever is longer)	No probable or definite ARF within the previous 5 years Normal echocardiogram	At 1, 3 and 5 years
Definite ARF (with cardiac involvement)	ARF with carditis or RHD on echocardiogram, or with atrioventricular conduction abnormality on ECG [§] during ARF episode	According to relevant RHD severity		
Borderline RHD (<20 years of age only)	Borderline RHD on echocardiogram without a documented history of ARF	Not usually recommended [¶]		Medical review and repeat echocardiogram at 1, 3 and 5 years after diagnosis
Mild RHD ^{††}	Echocardiogram showing: Mild regurgitation or mild stenosis of a single valve OR Atrioventricular conduction abnormality on ECG [§] during ARF episode	If documented history of ARF: Minimum of 10 years after the most recent episode of ARF, or until age 21 years (whichever is longer) If NO documented history of ARF and aged <35 years: ^{‡‡} Minimum of 5 years following diagnosis of RHD or until age 21 years (whichever is longer)	No probable or definite ARF within the previous 10 years, no progression of RHD Stable echocardiographic features for 2 years	At 1, 3 and 5 years
Moderate RHD ^{†† §§}	Echocardiogram showing: Moderate regurgitation or moderate stenosis of a single valve OR Combined mild regurgitation and/or mild stenosis of one or more valves Examples: • Mild mitral regurgitation and mild mitral stenosis • Mild mitral regurgitation and mild aortic regurgitation	If documented history of ARF: Minimum of 10 years after the most recent episode of ARF or until age 35 years (whichever is longer) If no documented history of ARF and aged <35 years: ^{‡‡} Minimum of 5 years following diagnosis of RHD or until age 35 years (whichever is longer)	No probable or definite ARF within the previous 10 years Stable echocardiographic features for 2 years	Initially every 12 months
Severe RHD ^{†† §§}	Echocardiogram showing: Severe regurgitation or severe stenosis of any valve OR Combined moderate regurgitation and/or moderate stenosis of one or more valves Examples: • Moderate mitral regurgitation and moderate mitral stenosis • Moderate mitral stenosis and moderate aortic regurgitation OR Past or impending valve repair or prosthetic valve replacement ^{†††}	If documented history of ARF: Minimum of 10 years after the most recent episode of ARF or until age 40 years (whichever is longer) If no documented history of ARF: ^{†††} Minimum of 5 years following diagnosis of RHD or until age 40 years (whichever is longer)	Stable valvular disease / cardiac function on serial echocardiogram for 3 years OR Patient or family preference to cease due to advancing age and/or end of life care	Initially every 6 months

[†] All people receiving secondary prophylaxis require a comprehensive clinical assessment and echocardiogram prior to cessation. Risk factors including future exposure to high Strep A burden environments need to be considered.

[‡] Echocardiography may be more frequent based on clinical status and specialist review.

[§] Normal ECG means no atrioventricular (AV) conduction abnormality during the ARF episode - including first-degree heart block, second degree heart block, third-degree (complete) heart block and accelerated junctional rhythm.

[¶] Secondary prophylaxis may be considered in some circumstances, including family preference, family history of rheumatic heart valve surgery, or suspected retrospective history of ARF. If prophylaxis is commenced, consider ceasing after 1-3 years if no history of ARF and if echocardiographic features have resolved or not progressed to definite RHD.

^{††} Prophylaxis may be considered for longer in women considering pregnancy who live in high-risk circumstances for ARF.

^{‡‡} If diagnosed with mild or moderate RHD aged ≥35 years (without ARF), secondary prophylaxis is not required.

^{§§} Rarely, moderate or severe RHD may improve on echocardiogram without valve surgery. In these cases, the conditions for ceasing prophylaxis can change to follow the most relevant severity category. For instance, if moderate RHD improves to mild on echocardiogram, recommendations for mild RHD can then be instigated.

^{¶¶} Risk of ARF recurrence is low in people aged ≥40 years, however, lifelong secondary prophylaxis is usually recommended for patients who have had, or are likely to need, heart valve surgery.

^{†††} If diagnosed with severe RHD aged ≥40 years (without ARF), specialist input is required to determine the need for secondary prophylaxis.

^{‡‡‡} Priority classification is variable, see Table 7.4 and Table 11.2 for clarification