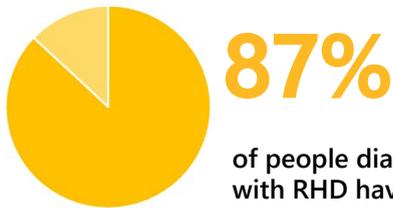
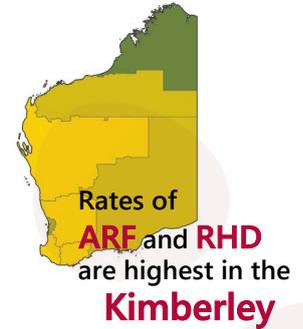


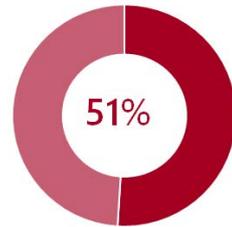
ARF & RHD IN WESTERN AUSTRALIA

2016 - 2020

97% of the **ARF** reported in Western Australia is among Aboriginal and Torres Strait Islander people

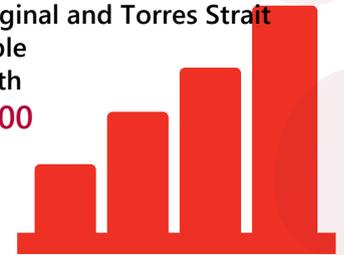


of people diagnosed with RHD have **NO** prior ARF diagnosis recorded



of people diagnosed with **ARF** are **FEMALE**

In **WA** the **incidence of ARF** is approximately **65 per 100,000** among Aboriginal and Torres Strait Islander people compared with **3 per 100,000** for other Australians.



ARF is most common in **YOUNG PEOPLE** aged **5-14 YEARS**

40%

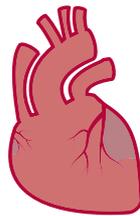
of people with **ARF** have heart involvement



The number of **ARF RECURRENCES** was highest in 2020 compared with previous years.



Most **HEART VALVE SURGERIES** occur among people aged **25-34 YEARS**

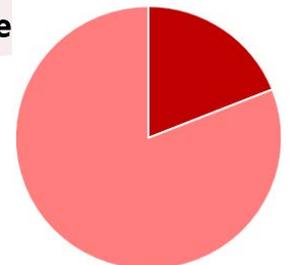


Acute rheumatic fever and rheumatic heart disease are **PREVENTABLE** and **MANAGEABLE**

MORE THAN 1300 PEOPLE ARE LIVING WITH **ARF** OR **RHD** IN WESTERN AUSTRALIA



19% of people have **SEVERE** disease at **FIRST RHD** diagnosis



RHDAustralia and WACHS acknowledge that these numbers represent people living with ARF and RHD, and that this disease impacts on individuals, families, and communities.

Reference: Australian Institute of Health and Welfare. (2022). Western Australia: ARF and RHD facts. Retrieved from <https://www.aihw.gov.au/reports/indigenous-australians/wa-arf-rhd>



Government of Western Australia
WA Country Health Service

THINGS YOU NEED TO KNOW



IN AUSTRALIA

- ARF and RHD occur almost exclusively among Aboriginal and Torres Strait Islander peoples particularly those living across northern and central Australia.
- New Zealand Māori and other Pacific Islander peoples also experience high rates of ARF and RHD.



DISEASE CONTROL

- RHD control programs use disease registers to coordinate care for people with ARF and RHD.
- The Australian ARF/RHD Guideline includes recommendations and guidance to support best practice care that is clinically sound and culturally safe.



GLOBAL SIGNIFICANCE

- ARF is a sensitive marker of childhood disadvantage.
- ARF is most common among children aged 5-14 years.
- RHD is the most common form of acquired heart disease in children and young adults.
- ARF and RHD are notifiable conditions in some Australian states and territories.



PATHOGENESIS

- ARF is an autoimmune illness which develops after a bacterial Group A streptococcal (Strep A) infection. Not all people with Strep A infections develop ARF.
- RHD is damage to the heart valves following ARF. The valves are not able to function normally which leads to leaking or blockage of blood as it moves through the heart.



PRIMARY PREVENTION

- Prompt treatment of Strep A throat and skin infections with penicillin prevents ARF.



DIAGNOSIS OF ARF

- Diagnosis requires a specific combination of symptoms plus evidence of a recent Strep A infection.
- Symptoms may include fever, red, painful, swollen joints, choreiform movements (chorea), rashes, or lumps under the skin, chest pain or palpitations.
- Heart involvement is identified by ECG changes and echocardiographic changes.
- Everyone suspected to have ARF should be admitted to hospital under the care of a medical specialist.



TREATMENT FOR ARF

- For everyone: penicillin to treat the underlying Strep A infection.
- For symptoms: analgesia to relieve pain and fever, supportive care for sore joints, consider corticosteroids for severe carditis, anti-epileptics for severe chorea.



RECURRENCE

- ARF tends to recur with subsequent Strep A infections.
- Intramuscular penicillin given every 21 to 28 days during the period of high risk prevents recurrent ARF.



DIAGNOSIS OF RHD

- Echocardiography is the international standard for diagnosing RHD.
- The mitral and aortic valves are most commonly affected.
- Signs of progressing RHD include breathlessness on exertion or when lying down, fatigue, swelling of the legs and feet, and palpitations.



PRIMORDIAL PREVENTION

- ARF and RHD can be eliminated by ending socioeconomic disadvantage, avoiding household crowding, and ensuring timely access to quality health services.

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For more information, visit the RHDAustralia website at <https://www.rhdaustralia.org.au/>



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