



THE HEART
AND STROKE
FOUNDATION
SOUTH AFRICA

Rheumatic Fever Week – All you need to know

28 July 2020

South Africa will be recognising **Rheumatic Fever Week from 3 through 9 August** this year. The South African Department of Health declared the first week of August Rheumatic Fever Week over twenty- five years ago. This recognition brought long overdue recognition to this preventable condition that disproportionately impacts women and children in low and middle-income countries, on the African and Asian continents, the Middle East and the Pacific. Globally, at least 33 million people live with RHD and an estimated 300 000 individuals die from the condition each year. RHD Action reported that there were 42 600 cases of RHD in South Africa in 2013, a 55% increase since 1990.

Moreover, the on-going efforts of the World Heart Federation (WHF) and World Health Organization (WHO) have culminated in the WHO's Global Resolution on Rheumatic Fever (RF) and Rheumatic Heart Disease (RHD) in 2018. Member states of the WHO unanimously adopted the resolution at the World Health Assembly in Geneva. Issues raised at this important meeting included health systems strengthening, and a focus on vulnerable groups such as women, children, adolescents and marginalized communities who are disproportionately affected by RF and RHD. The ultimate goal of the member states is to eliminate these two conditions.

What is Rheumatic Fever and Rheumatic Heart Disease?

Rheumatic Heart Disease (RHD) is the most common type of acquired heart disease in children and young people below the age of 25 years. The disease results from an illness called Acute Rheumatic Fever (ARF). In the early 1900s, rheumatic fever was one of the most common causes of death, globally, amongst children and young adults. With improved living conditions and the discovery of antibiotics it has all but disappeared in high-income countries.

Rheumatic fever itself is an abnormal immune reaction against a common bacterium called Group A Streptococcus. Patients typically experience a range of symptoms that can include joint pain, fever above 38°C, feeling generally unwell and tired with shortness of breath, sometimes a skin rash, and uncontrolled body movements. Rheumatic fever is preceded two or three weeks earlier by a bacterial throat infection, commonly called strep throat. Strep throat usually presents with throat pain or pain on swallowing, fever higher than 38°C and feeling unwell with headache, nausea, vomiting or weakness. Inside the throat the tonsils may be red, swollen or have white pus on them. With the following three actions, everyone can help to reduce strep throat infections:

1. Seek medical advice for a sore throat
2. A child with strep throat should stay away from school to avoid spreading the infection to other children.
3. Teach children good hygiene to prevent the spread of germs

A single episode or repeated episodes of rheumatic fever can cause damage to heart valves. Left untreated, RHD snowballs to further heart valve damage, stroke, heart failure, and death. The disease requires life-long medication, medical surveillance and often heart valve replacement surgery. Once someone has contracted rheumatic fever or RHD, it dramatically increases the chance of recurrence.

How can Rheumatic Fever be treated or cured?

Rheumatic fever can be completely prevented by the oldest antibiotic available – penicillin. Professor Liesl Zühlke, a Paediatric Cardiologist and Past President of the South African Heart Association, further explains, “Effective preventive treatment is both available and cost-effective. It requires that a child with a suspected throat infection is taken to a doctor or clinic, and for a nurse or doctor to correctly diagnose and treat a streptococcal infection”.

How can Rheumatic Fever and RHD be prevented?

Rheumatic fever and resulting RHD are driven by poverty affecting the poor, the vulnerable, those who are immunocompromised or malnourished. The Group A Streptococcal bacteria spreads easily in densely populated informal areas and where hygiene is poor. Impoverished communities often don't have easy access to routine medical care or the ongoing medication, follow-up appointments and expensive medical surgery that RHD requires.

Access to reliable and quality primary care is one of the most critical elements of RF/RHD prevention. This includes front line health workers who are trained to recognise and treat strep throat and access to penicillin to treat strep throat and prevent Rheumatic Fever. Long-term prevention will be accomplished through systematic and determined efforts toward poverty eradication and progressive socio-economic development.

Prof Pamela Naidoo, CEO of the **Heart and Stroke Foundation** and President of the African Heart Network states that “the Foundation is committed to preventing Rheumatic Fever and RHD by increasing public awareness about the signs and symptoms of these conditions and engaging in advocacy and the health policy environment with the ultimate aim of creating a more enabling environment for children to be born into in order for them to thrive.”

Commitment to the recommendations from the Resolution on RF and RHD

The Resolution speaks to improving access to primary healthcare to enable patients to stay healthy and strong by getting recommended vaccines, being screened for early detection of disease and to get adequate first-line treatment for strep throat. The Resolution aims to ensure affordable and reliable access to medicine and technologies for prevention of recurring RF as well as chronic care for RHD patients. Additionally, the Resolution calls for strengthening data collection and knowledge of RHD prevalence in endemic countries and for national and international cooperation in using these data.

Finally, the Resolution formally requests the Director-General of WHO to lead and coordinate global efforts to prevent and control RHD. He has been tasked with supporting Member States to measure their RHD burdens and implement programmes, foster international partnerships, and monitor efforts for the prevention and control of RHD. The Director General is expected to report on the implementation of this Resolution to the 74th World Health Assembly to be held in 2021.

What can communities do?

On the local level, school teachers and other caregivers can make a difference by simply looking out for a sore throat and by educating parents and children about the ill-effects of a sore throat if left untreated. A sore throat in the absence of a cold or flu could possibly be a strep throat, which can cause rheumatic fever. A child should be taken to the doctor or clinic if a strep throat is suspected.

Ends

Interviews will be conducted with our CEO, Prof Pamela Naidoo, Health Promotion Officers, and relevant experts. To co-ordinate and confirm interview dates you are welcome to contact the Public Relations and Communications Department on 021 422 1586 or

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About the Heart and Stroke Foundation SA

The Heart and Stroke Foundation South Africa (HSFSA) plays a leading role in the fight against preventable heart disease and stroke, with the aim of seeing fewer people in South Africa suffer premature deaths and disabilities. The HSFSA, established in 1980 is a non-governmental, non-profit organization which relies on external funding to sustain the work it carries out.

The HSFSA aims to reduce the cardiovascular disease (CVD) burden in South Africa and ultimately on the health care system of South Africa. Our mission is to empower people in South Africa to adopt healthy lifestyles, make healthy choices easier, seek appropriate care and encourage prevention.

For more information visit www.heartfoundation.co.za. You can also find us on www.facebook.com/HeartStrokeSA and www.twitter.com/SAHeartStroke