



THE HEART
AND STROKE
FOUNDATION
SOUTH AFRICA

Rheumatic Fever Week: Time to talk about extremely high temperatures

Rheumatic Fever (RF) is an abnormal immune reaction against a common bacterium called Group A Streptococcus. Children and adolescents between ages 5 and 15 years are the ones who are more susceptible to RF. People with RF can experience a range of symptoms that can include joint pains, a fever above 38°C, feeling generally unwell and fatigued, sometimes a skin rash and involuntary muscle movements. RF is preceded two or three weeks earlier by a bacterial throat infection, commonly called strep throat. A strep throat infection usually presents with a sore, red and swollen throat or pain on swallowing, fever higher than 38°C, headache, nausea, vomiting or feeling weak.

Recurring episodes of untreated RF can cause inflammation and scarring of the heart valves, resulting in Rheumatic Heart Disease (RHD). RHD is an acquired heart condition where the valves of the heart are permanently damaged to an extent that the normal blood flow in the heart is interrupted. Its symptoms include chest pains/chest discomfort, shortness of breath, fatigue, swelling of the stomach, face, hands and feet, heart murmurs or a rapid /irregular heartbeat.

Globally, there are approximately 470 000 new cases of acute Rheumatic Fever annually, that equates to 19 in 100 000 school aged children being infected annually (Steer. A. et al: Acute Rheumatic Fever: Epidemiology & Pathogens, 2020). According to a study by The Lancet, Global Health, and World Heart Federation (WHF) May 2021, RHD affects over 40 million people living in low-income countries globally, claiming more than 300 000 lives each year. Despite declines in deaths from RHD in Africa over the past 30 years, it is still a major cause of cardiovascular morbidity and mortality in the continent. Sub-Saharan Africa remains the region with the highest prevalence of RHD in the world, causing about 18 000 deaths annually. In South Africa alone, this number was found to be 43 000 in the year 2015.

The Heart and Stroke Foundation South Africa (HSFSA) calls on the South African public, educators and parents alike, to educate themselves about what RF is and when to act (be it a person over 18 years old or young child) and to empower themselves to act decisively. *“The Foundation is committed to preventing RF and RHD by increasing public awareness about the signs and symptoms of these conditions, engaging in advocacy and the health policy environment. The ultimate aim is to create a*

more enabling environment for children to be born into in order for them to thrive”, says CEO of the HSFA.

Despite RHD being eradicated in many parts of the world, it continues to affect some of the world's poorest communities. RHD is a preventable heart disease and has been neglected by many countries. RHD remains the most acquired heart disease among young people under 25, with most people succumbing to the condition under the age of 40. Its onset is usually in childhood, as a strep throat that can progress to serious damages to the heart, making the children aged 5-15 more susceptible to it.

The risks for developing RHD is high for individuals who have repeated infections by RF with poor compliance, are living in low- and middle-income countries, living in extreme poverty, had multiple exposures to the bacteria in high prevalence settings in densely populated areas with poor sanitation and other adverse living conditions.

RF mostly affects children, adolescents and pregnant women in low- and middle-income countries, especially where poverty is widespread and access to health services is limited. People who live in overcrowded and poor conditions are at greater risk of developing RF.

Since RHD is an outcome of RF, an important strategy is the prevention of RF. Once an individual has been diagnosed with RF, it is important to prevent additional streptococcal infections as this could lead to further damages to the heart valves. The prevention of additional streptococcal infection includes treating the patient with prescribed antibiotics for a duration recommended by a doctor.

The main strategies for prevention of RF especially in the low and middle income countries where there's still high prevalence of RF and RHD include, improving standards of living, increasing access to appropriate care, ensuring a consistent supply of quality-assured antibiotics for primary and secondary prevention, planning, developing and implementing feasible programmes for prevention and control of RHD, supported by adequate monitoring and surveillance, as an integrated component of national health systems responses.

Lack of access and availability of quality primary care, with trained healthcare professionals are the challenges most low- and middle-income countries are still facing, in preventing and treating both RF and RHD. This includes prompt diagnosis, proper diagnostic technologies and treatment of strep throat that can prevent the onset of RF. In addition, poverty and lack of information about these conditions plays a huge role in their spread. Therefore, long-term prevention can be accomplished through systematic and determined efforts toward poverty eradication and progressive socio-economic development.

At the community level we advise that educators, child minders, play-school staff and other caregivers can make a difference by simply looking out for the symptoms of 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 RF. A child should be taken to the doctor, clinic or nearest health care facility if a strep throat is suspected.

The HSFSA has a consistent agenda with the World Health Organization (WHO) in calling upon all sectors, including the Ministry of Health, Health Policy Makers, Healthcare Professionals and Civil Society, to commit and become more actively engaged in the fight against RHD and to explore the challenges and solutions to ending RHD. While we align ourselves with the Sustainable Development Goals (SDG), to decrease RHD by 30% by 2030, our CEO, Prof Naidoo states that: “we need to be aware that RF is one of the key drivers of RHD so in order to achieve the SDG target, we have to reduce the prevalence of RF by using a prevention public-health approach”.

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Interviews will be conducted with our Health Promotions Team, Dieticians and CEO, Professor Pamela Naidoo and other 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

Sasha Forbes

PR, Communications & Marketing Officer

Email: sasha.forbes@heartfoundation.co.za

WhatsApp Number: 076 775 6652

Jodine Rhode

PR & Communications Intern

Email: jodine.rhode@heartfoundation.co.za