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## **The Heart and Stroke Foundation SA to commemorate Rheumatic Fever Week**

In South Africa (SA), Rheumatic Fever (RF) was made a notifiable condition in 1989. The National Department of Health (NDoH) declared the first week of August as National Rheumatic Fever Week to focus attention on the burden of rheumatic heart disease in a middle-income country like South Africa. It is well established that rheumatic fever is one of the drivers of RHD. This year, RF week is being commemorated from 1<sup>st</sup> through to 7<sup>th</sup> August, with the intention of raising awareness of the harm that RF can cause to young children and young individuals. Moreover, the Heart and Stroke Foundation South Africa (HSFSA) has annually played an important role in disseminating information and knowledge regarding the relationship between RF and RHD. The Foundation conveys a consistently empowering message to parents and care-givers that RHD is to a large extent, preventable.

Rheumatic fever affects up to 40 million people living in low-income countries and globally, claiming more than 300 000 lives each year. Sub-Saharan Africa remains the region with the highest prevalence of RHD in the world, causing about 18 000 deaths annually (Lancet Global Health, May 2021).

### **What is Rheumatic Fever?**

RF is an abnormal immune reaction to a common bacterium called Group A Streptococcus. RF is preceded two or three weeks earlier by a bacterial throat infection, commonly called 'strep throat'. Streptococcal infections are most common in childhood. Patients typically experience a range of symptoms that can include joint pain, fever above 38°C, generally feeling unwell, shortness of breath, a skin rash and on rare occasions, and uncontrolled body movements.

In some people, repeated streptococcal infections cause the immune system to react against the tissues of the body including inflammation and scarring the heart valves. This is what is referred to as rheumatic fever. RHD results from the inflammation and scarring of heart valves caused by RF. Left untreated, RHD will eventually lead to further heart valve damage, stroke, heart failure, and even premature death.

The disease requires life-long medication, medical surveillance and often heart valve replacement surgery. Significantly, however, RF can be completely prevented by the

oldest antibiotic available, namely, penicillin. Key to this preventive step is an early diagnosis.

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

Since 2019, The National Institute for Communicable Diseases (NICD) has been conducting laboratory based Invasive Group A Streptococcal (IGAS) infections surveillance in SA, through the GERM SA platform (including collecting outcome data of cases from 26 enhanced surveillance hospital sites since 2020). The study is ongoing, but a preliminary report from January 2019 through to December 2022, which included 3319 reported cases through the Germ-SA programme, showed that there has been an overall decrease of 41% in incidence rates of IGAS infections since 2019. NICD is determined to continue their surveillance and encourages all microbiology laboratories to submit isolates to the Centre of Respiratory Diseases and Meningitis (CRDM) reference laboratory for further characterisation.

While these scientific advances and ongoing research are steps in the right direction, it takes time for findings to be put into practice. Continued prevention efforts at the community level are therefore very much recommended. These could be focussed on raising community awareness of Group A streptococcal throat infection and the link with RF and RHD. Likewise, improving living conditions, hygiene and access to primary health care should continue to be prioritized.

Moreover, both advocates and those affected by RHD need to mobilize and constructively work together to ensure the correct access to essential care for RF and RHD, particularly in the public sector.

### **Practical Ways to prevent infections:**

Prevention in children:

- Parents, school teachers and other caregivers can make a difference by simply looking out for a sore throat and by educating children about it. A sore throat in the absence of a cold or flu could possibly be a strep throat, which can cause RF.
- A child with a sore throat and suspected strep throat should stay away from school to avoid spreading the infection to other children.
- The child should be taken to the doctor or clinic if a strep throat is suspected.
- Teach children good hygiene to prevent the spread of germs

Other key points in adults and children, are keeping the immune system strong, by:

- Consistent sleep (7-9 hours per night)
- Good hygiene such as hand washing
- Exercise (150 minutes of moderate-intensity per week)

- Eat healthy (including all food groups: unrefined starches, lean proteins, good fats and variety of fruits and vegetables).
- Avoid people who are sick
- Manage stress (stick to routines for children)

Prof Pamela Naidoo, CEO of the Foundation states that “ the organization plays an important role in education and knowledge dissemination for RF, RHD , as well heart disease in general.” She urges parents and care-givers to please take the responsibility to ensure that your child receives medical care, particularly for very high fever and a fever that does not settle”. Please contact the Foundation for more information and to also work with us to reduce the RHD burden.

If you would like to raise awareness about RV and RHD consider sharing this useful infographic with school teachers and caregivers in your community! If you are interested in keeping up to date with RF/RHD research and activities from around the world, feel free to [subscribe](#) to the quarterly RHD Pulse newsletter. You can find previous editions released this year [here](#).

For media enquiries, please contact Themba Mzondi, PR and Communications Officer on 021 422 1586 / 078 113 5216 or email [themba.mzondi@heartfoundation.co.za](mailto:themba.mzondi@heartfoundation.co.za). Media engagement will be carried out by the CEO, Health Promotion Officers and Allied Health Care staff, such as Dietitians.

### **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](http://www.heartfoundation.co.za). You can also find us on [www.facebook.com/HeartStrokeSA](https://www.facebook.com/HeartStrokeSA) and [www.twitter.com/SAHeartStroke](https://www.twitter.com/SAHeartStroke)