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The Heart and Stroke Foundation SA and SA Heart join forces to commemorate Rheumatic Fever Week

The Heart and Stroke Foundation South Africa (HSFSA) HSFSA and SA Heart® call for earlier diagnosis and treatment during **Rheumatic Fever Week.** Timely recognition of Strep A infections, appropriate treatment and continuity of care can prevent avoidable, lifelong heart-valve damage. Caregivers of children need to be aware of the symptoms of Strep A infections in order to get medical care for the affected child.

Rheumatic Fever Week is observed from 1–7 August in the South African National Department of Health's 2026 Health Awareness Calendar. This year, the Heart and Stroke Foundation South Africa (HSFSA) and the South African Heart Association (SA Heart®) are calling for earlier recognition of group A streptococcal infections, timely access to appropriate treatment and reliable long-term care for people affected by acute rheumatic fever and rheumatic heart disease. These two organizations would like to emphasize the importance of treating rheumatic fever without delay as the condition if left untreated can progress to Rheumatic Heart Disease (RHD). RHD is a preventable but potentially fatal disease affecting mostly low and middle-income countries.

Acute rheumatic fever (ARF) is an inflammatory immune response that can occur after infection with group A Streptococcus, commonly known as Strep A. It occurs most often in school-aged children and generally develops one to five weeks after the preceding infection. When the heart is affected, severe or repeated episodes can cause permanent damage to the heart valves, resulting in rheumatic heart disease (RHD).

RHD is preventable, yet it remains the most common acquired heart disease among children and young adults in many resource-constrained settings. According to the World Health Organization, an estimated 55 million people worldwide are living with RHD, and approximately 360,000 people die from the condition each year. The burden remains particularly high in sub-Saharan Africa and other settings where poverty, overcrowding and barriers to healthcare increase the risk that Strep A infections and ARF are not recognised or treated in time.

RHD is a leading cause of acquired heart disease among children and young adults in resource-constrained settings. According to 2021 data up to 2 in a 100 children and young adults are affected. Sub-Saharan Africa has the highest rate, with 1 370 cases per 100 000 people. "*Acute rheumatic fever and rheumatic heart disease disproportionately affect communities experiencing poverty, overcrowding and barriers to healthcare. Their continued occurrence reflects avoidable inequality in access to timely diagnosis, antibiotics and continuing care*" says Prof Pamela Naidoo, Chief Executive at the Heart and Stroke Foundation South Africa.

Although ARF and RHD have declined in many parts of the world, they have not disappeared in South Africa, particularly in underserved communities. RHD can lead to heart failure, irregular heart rhythms, stroke, infective endocarditis, pregnancy-related complications and premature death, while disrupting education, employment and family life.

Why prevention and continuity of care matter
Primary prevention starts with access to healthcare and the appropriate assessment and treatment of suspected or confirmed Strep A infections. Not every sore throat requires antibiotics, and antibiotics should only be used when prescribed by a healthcare professional. However, delays in seeking care, limited diagnostic capacity and inconsistent access to essential medicines can allow preventable infections to progress to ARF.

For people who have experienced ARF or are living with RHD, regular antibiotic prophylaxis can prevent recurrence and reduce further valve damage. This requires dependable medicine supplies, clear referral pathways, accurate records, regular follow-up and support for patients and families to remain in care.

"*Rheumatic heart disease can turn a treatable childhood infection into lifelong heart-valve disease. Prevention requires timely clinical assessment and appropriate treatment, followed by uninterrupted care and secondary antibiotic prophylaxis for people who have experienced rheumatic fever or are living with RHD. No child should acquire permanent heart damage because the pathway from infection to diagnosis, treatment and continuing care failed*" according to Prof Ruan Kruger, Chief Executive at SA Heart®

What parents, caregivers and communities should know
Parents and caregivers should seek professional assessment when a child has a persistent or severe sore throat, fever or a concerning skin infection. Evaluation is especially important if, in the following weeks, the child develops painful or swollen joints, unusual involuntary movements, a rash, chest pain, shortness of breath or marked fatigue. These symptoms do not confirm ARF but require clinical assessment. Children and adults with a previous diagnosis of ARF or RHD should attend all scheduled follow-up appointments and receive their prescribed preventive antibiotics consistently. Families should seek medical advice before treatment is interrupted, particularly when access, transport, side effects or medicine availability create barriers to continued care.

A joint call to action
HSFSA and SA Heart® call for stronger community awareness, accessible primary healthcare, appropriate management of Strep A infections, reliable antibiotic supplies, effective referral pathways, improved surveillance and continuing care for people living with ARF or RHD. Better surveillance and patient registries are needed to establish the true burden, identify areas of greatest need and support evidence-based planning. Because some people develop RHD without a recognised episode of ARF, reported rheumatic fever cases alone may underestimate the problem.

Preventing rheumatic heart disease requires coordinated action across families, schools, healthcare facilities, professional organisations and government. By working together, South Africa can prevent avoidable heart-valve damage, reduce cardiovascular health inequities and protect future generations from a disease that is largely preventable.

Improving disease surveillance, strengthening case reporting, and establishing patient registries will help us better understand where the greatest needs exist, inform health policy, and ensure that resources are directed where they can have the greatest impact.

Prof Pamela Naidoo, further states that, *"No child should face a lifetime of heart disease because a simple sore throat or skin infection was left untreated. With greater awareness, stronger primary healthcare, and timely access to treatment, we have the opportunity to prevent rheumatic fever and protect the heart health of future generations*." For those living with RHD, their daily life is impacted. Research shows that over 50% experience significant impacts on daily life, struggling with mobility and anxiety.

Interviews will be conducted with our Health Promotions and Health Risk Assessment Programme Team, Dietitians and CEO, Professor Pamela Naidoo. To coordinate and confirm interview dates, you are welcome to contact Themba Mzondi, our PR and Communications Officer, on 021 422 1586 / 0781135216 or email themba.mzondi@heartfoundation.co.za

About the Heart and Stroke Foundation South Africa
The Heart and Stroke Foundation South Africa (HSFSA) works to reduce preventable heart disease, stroke, premature death and disability. Established in 1980, it is a non-governmental, non-profit organisation that promotes healthier behaviour, prevention and timely access to appropriate care. For more information, visit www.heartfoundation.co.za. You can also find us on www.facebook.com/HeartStrokeSA and https://x.com/SAHeartStroke

About SA Heart®
The South African Heart Association NPC, known as SA Heart®, is the professional association representing South Africa's cardiovascular healthcare community. It brings together cardiovascular clinicians, nurses, allied healthcare professionals, scientists and other professionals, and advances equitable cardiovascular care through clinical and scientific leadership, education, research, public engagement and health-policy advocacy. For more information, visit www.saheart.org. You can also find us on https://www.facebook.com/SAHeartassociation/, https://x.com/SAHeart_ZA and https://www.linkedin.com/company/sa-heart-association/