



**UNDER EMBARGO**—until 1.00AM, FRIDAY, 11 OCTOBER, 2019

## Rates of acute rheumatic fever and rheumatic heart disease remain high for Indigenous Australians

A new report from the Australian Institute of Health and Welfare (AIHW), *Acute Rheumatic Fever and Rheumatic Heart Disease in Australia*, shows that rates of acute rheumatic fever and rheumatic heart disease among Indigenous Australians are high. These diseases are rare in non-Indigenous Australians and other developed countries.

'Today's report is the first comprehensive release based on the National Rheumatic Heart Disease data collection. It presents data on the incidence of acute rheumatic fever (ARF) and prevalence of rheumatic heart disease (RHD) from the Northern Territory, Queensland, Western Australian and South Australian Rheumatic Heart Disease registers,' said AIHW spokesperson April Roberts-Witteveen.

'At the end of 2017, these registers detailed 6,400 people who have had a diagnosis of acute rheumatic fever and/or rheumatic heart disease. Of these, 9 in 10 (89%) were Indigenous and children aged between 5 and 14 years were the most likely to be diagnosed.'

The year in which each register began varies, from 1997 in the Northern Territory, 2009 for both Queensland and Western Australia, and 2012 in South Australia.

ARF is an autoimmune response to infection of the upper respiratory tract (and possibly of the skin) by group A streptococcus bacteria. It can affect the heart, joints, brain, and subcutaneous tissues (the innermost layers of skin).

RHD is caused by damage to heart valves as a result of a single or many ARF episodes. Untreated RHD can cause arrhythmias (when the heart beats too fast, too slow or irregularly), stroke, endocarditis (infection of the inner lining of the heart or its valves) and pregnancy complications, and can be fatal.

Between 2013 and 2017 approximately 1,000 Indigenous Australians had a new RHD diagnosis, while around 1,700 had a new ARF episode diagnosed. Females are more likely than males to be affected by ARF and/or RHD. Rates among people living in remote areas tend to be higher than those in less remote areas.

'Acute rheumatic fever and rheumatic heart disease are preventable and treatable. Both are linked with overcrowding, socioeconomic deprivation, and low levels of functioning "health hardware", such as working washing facilities, food preparation areas, and sewerage facilities,' Ms Roberts-Witteveen said.

Patients with ARF can be prescribed regular antibiotics (benzathine penicillin) injections to prevent reoccurrence or worsening of rheumatic heart disease.

'In 2017, only 36% of Indigenous Australians who were prescribed preventive penicillin received 80% or more of their prescribed doses,' Ms Roberts-Witteveen said.

Ms Roberts-Witteveen noted that while rates of ARF and RHD are high among Indigenous Australians, this report is an important step in continuing to build an evidence base that supports the community, policymakers and service providers to better understand the extent of the problem and develop effective solutions.





Australian Government

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# MEDIA RELEASE



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