

<b>To:</b>	General Practices, Pharmacists, After-Hours Centres and Emergency Departments in the greater Wellington and Wairarapa regions
<b>From:</b>	Dr Craig Thornley, Medical Officer of Health; Dr Tess Luff, Public Health Registrar;
<b>Date:</b>	21 May 2020
<b>Title:</b>	Public Health Alert: Rheumatic fever increase

Please distribute the following information to relevant staff in your organisation, in particular those working in COVID-19 community based swabbing/assessment centres (CBACs).

All public health alerts are available at [www.rph.org.nz/publichealthalerts](http://www.rph.org.nz/publichealthalerts)

## Rheumatic fever increase

- There have been nine cases of acute rheumatic fever (ARF) notified in the year to date in the greater Wellington region. This is an increase on recent years: in each year between 2013 and 2019, no more than 2 cases had been notified by this time of the year.
- All but one of the ARF cases were among people living in Porirua or Lower Hutt; all were either Māori or Samoan.
- The increase is not confined to our region. Nationally, from 1 Jan to 30 Apr 2020 there have been 72 initial episodes of ARF notified, compared with 58 for the same period in 2019.

### Populations at high risk for ARF

- People at high risk for ARF who present with acute sore throat should have a bacterial throat swab and empiric antibiotic treatment while awaiting the result, in addition to investigation for COVID-19 as appropriate. People at high risk of ARF are defined as those who have a personal, family or household history of ARF, or meet two or more of the following criteria:
  - Māori or Pacific ethnicity
  - Age 3-35 years, with emphasis on children and young people (aged 4-19 years old)
  - Living in crowded circumstances or in lower socioeconomic areas of the North Island
- If a person with sore throat and at high risk for ARF presents to a CBAC without the systems in place for taking bacterial swabs or for prescribing antibiotics, refer to a general practitioner for review.
- Where usual throat swabbing or testing is not available, empiric treatment is acceptable in populations at risk, especially for Māori and Pacific children and youth aged 4 to 19 years.

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- Follow the national Sore Throat Algorithm for testing and management of sore throats (available at <https://www.heartfoundation.org.nz/shop/heart-healthcare/non-stock-resources/sore-throat-algorithm.pdf?1589412236>).
- For further clinical guidance please refer to: The New Zealand Guidelines for Rheumatic Fever, Group A Streptococcal Sore Throat Management Guideline: 2019 Update <https://www.heartfoundation.org.nz/resources/group-a-streptococcal-sore-throat-management>.

## Early detection of rheumatic fever

- Refer to HealthPathways (<https://3d.healthpathways.org.nz/>) for guidance on rheumatic fever detection, assessment and management.
- Common presentations of rheumatic fever in children and young people may include painful or swollen joints, development of a new heart murmur, shortness of breath or heart failure, fever, tiredness, rash (erythema marginatum) or choreiform movements.
- If rheumatic fever is suspected, arrange hospital-level assessment by a paediatric or general medical service. Notify Regional Public Health by fax to (04) 570-9373, email to [RESEntdisreptla@huttvalleydhb.org.nz](mailto:RESEntdisreptla@huttvalleydhb.org.nz), or phone to 04 570 9002.