



## **Call for action to prevent childhood heart surgery and deaths from a disease which shouldn't exist in Australia today**

Northern Territory Australian of the Year and paediatric cardiologist, Dr Bo Reményi, today welcomed the World Health Assembly passage of a resolution towards prevention, control and eradication of a deadly childhood disease and urged the Australian Government to take immediate action to implement the resolution.

The resolution on acute rheumatic fever (ARF) and rheumatic heart disease (RHD) was passed late Friday night Australian time at the 71<sup>st</sup> World Health Assembly in Geneva.

More than 6000 people in Australia have ARF or RHD, with most of those cases beginning in childhood. While other developed countries have been able to reduce the incidence of the disease, rates in Australia continue to rise, leading to premature death or life-long disability.

The resolution identifies three levels of prevention for RHD: reducing the risk factors for ARF (primordial prevention); primary prevention of ARF and RHD; and secondary prevention (prophylaxis) of ARF and RHD.

“The resolution highlights the need to take action now if we are to reduce the incidence of a disease which is completely preventable but which is still taking young lives,” Dr Reményi said.

“The Minister for Indigenous Health, the Hon. Ken Wyatt, is to be congratulated for committing to the development of a comprehensive roadmap to eliminate this disease as a significant Indigenous public health problem.

“However while we await the development and funding of this roadmap, there are major short-term actions which need to be taken to stop more children from becoming infected, and to effectively manage those who become ill.

“We shouldn't be having to perform open heart surgery on seven and eight year old children for a disease which could have been prevented if we simply had identified and treated their sore throats and skin sores.”

Dr Reményi said that, as the roadmap is being developed, there were short-term, immediate actions which could be taken to prevent disease, including:

- National and regional education and awareness campaigns – similar to campaigns which are run about the flu, or childhood vaccinations
- More health workers on the ground, trained to identify, prevent and manage Acute Rheumatic Fever and Rheumatic Heart Disease. This includes doctors, nurses, and Aboriginal Health Workers and Health Practitioners, with every school in a community at high risk provided with a school nurse
- Greater priority to health hygiene practices including education of families and communities on the risks and ways to prevent ARF and RHD, school programs where children are taught how to take care of themselves and their extended

families, and adherence to public health guidelines – for example, responding quickly when children at school have sore throats, aches or school sores

- Active case finding should be carried out on an annual basis in communities at risk, including active echocardiographic case finding of RHD in high-risk communities as part of a comprehensive primary health care strategy, with Health Workers and nurses trained to use and read of echocardiographs, with specialist support.

“If we adopted these short term measures in the 20 or 25 communities at greatest risk – with the support of those communities, of course – we could dramatically reduce infection rates and prevent terrible suffering, as well as the lifetime economic impact of this preventable disease,” Dr Reményi said.

“These are not hugely expensive initiatives – however they can have such a major impact on people’s lives at relatively low cost.

“These actions would set the stage for the Minister’s roadmap to focus on medium to longer term solutions, including improved housing and house maintenance, fresh water, hot water and sanitation systems.”

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