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Research Summary

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Title A Critical Evaluation of Rheumatic Heart Disease Registration Process After School Screening Program: A Retrospective Study Of Class 6 Students In Central Division of Fiji.

Abstract

According to the World Heart Federation [WHF] , Rheumatic Heart Disease [RHD] is the most commonly acquired heart disease in young people under the age of 25. (Federation, 2019) . The comorbidity that is associated with it are preventable if detected early. Majority of RHD cases in endemic countries have been found to present late in the disease process to a health facility with either acute rheumatic fever (ARF) , heart failure, atrial fibrillation or stroke common in the later years. (David A Watkins, 2018)

In 2015 it was estimated that 0.6% or 319,400 deaths were due to RHD. (David A Watkins, 2018). The study further estimated that 33.4 million people or 0.4% of the world population were living with RHD and 10.5 million people were living with disability due to RHD.

Most prevalent studies done have been carried out on children attending school and hence little is known about RHD among those kids who are not attending schools and adults. Regional data on the prevalence of RHD in the Pacific including New Zealand and Australia were from 7 studies carried out using echo screening , these were than analyzed in a WHO report which showed that the median prevalence of RHD in children aged 5-14 years in the Pacific had been estimated at 7.6 per 1000 (95% CI 2.5 to 13.5). (Organisation, 2005) This shows that the Pacific region has one of the highest reported RHD incidence in the world.

To date Fiji has had 3 studies on echo screening done on school children which yielded a high prevalence of RHD in the schools. In June 2014 the ministry of health Fiji in partnership with Auckland District Health Board and Centre for International Child Health at Murdock Children Research Institute embarked on a project to reduce RHD in Fiji by building capacity across all aspects of RHD control and prevention.

The projects' goal was to expand and strengthen the existing RHD control program and include development in new areas of ARF/RHD care and prevention with the aim of decreasing the RHD related mortality and morbidity. They had four primary outputs. The 3rd primary output is where the school screening comes in.

This study hopes to be able to diagnose any loop holes in the current screening program that prevents any of the kids that do have subclinical RHD slip passed. Furthermore, recommendations will be put forward where seen fit in order to iron out any short comings of the current echo screening so that it may run smoothy in all divisions country wide.