Indigenous Better Cardiac Care measure: 5.2-Recurrent acute rheumatic fever, 2016

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# Indigenous Better Cardiac Care measure: 5.2-Recurrent acute rheumatic fever, 2016

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| Identifying and definitional attributes |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | 5.2-Recurrent acute rheumatic fever |
| METEOR identifier: | 657067 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 17/08/2017 |
| Description: | Proportion of all acute rheumatic fever (ARF) episodes that were recurrent, by Aboriginal and Torres Strait Islander status. |
| Rationale: | This measure falls within Priority area 5 of the Better Cardiac Care project—strengthen the diagnosis, notification and follow-up of rheumatic heart disease (RHD). This priority area is based on the premise that:* all Aboriginal and Torres Strait Islander people suspected of having acute rheumatic fever or RHD should receive an echocardiogram as early as possible
* new cases of RHD should be automatically reported to a central register to help track patients and ensure ongoing care.

This measure relates to recurrent episodes of ARF—that is, an episode that occurs after the initial episode for an individual. Research suggests that the recurrence rate is highest in the first year after the initial ARF event (Lawrence et al. 2013).Treatment of ARF is aimed at preventing both disease recurrence and the development of RHD, and involves prolonged use of antibiotics (RHD Australia et al. 2012). Rates of recurrent ARF are an indicator of the success of this secondary prevention treatment. |
| Indicator set: | [Better Cardiac Care measures for Aboriginal and Torres Strait Islander people (2016)](https://meteor.aihw.gov.au/content/657000)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 17/08/2017 |

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| Collection and usage attributes |
| Computation description: | The number of recurrent episodes of ARF in the calendar year, divided by the total number (that is, initial and recurrent) of episodes of ARF in the calendar year, and multiplied by 100.Data are presented as a percentage.Data are based on calendar years.Definitions:*ARF*—an acute, serious disease that affects mainly children and young adults, and can damage the heart valves, the heart muscle and its lining, the joints and the brain. It is brought on by a reaction to a throat infection by a particular bacterium. |
| Computation: | (Numerator ÷ Denominator) x 100 |
| Numerator: | Number of episodes of ARF in the calendar year that were recurrent (that is, episodes that occur after the initial episode of ARF in an individual). |
| Denominator: | Total number of episodes of ARF in the calendar year. |
| Disaggregation: | Current period (2011–2014) by:* Indigenous status.

Current period (2011–2014), Indigenous Australians, by:* sex and age group (0–14, 15–24, 25–34, 35+)
* state/territory.

Time series (2010 to 2014), Indigenous Australians, by:* state/territory.
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| Comments: | General:National data on ARF are not available. For 2016 reporting, data for this measure are drawn from RHD registers in Queensland, Western Australia, South Australia and the Northern Territory where ARF is a notifiable disease, and register and control programs have been established. The available data about the incidence of ARF includes confirmed episodes for South Australia and the Northern Territory, and both confirmed and probable episodes for Queensland and Western Australia.For 2016 reporting, the most recent data available are for 2014. With the exception of time trends, data are reported for the 4-year period 2011–2014 to enable disaggregation of the data by the variables of interest. Single year data are reported for the time trend analysis (2010 to 2014). Data from Queensland, Western Australia and the Northern Territory are available for all years included in the analysis, while data for South Australia are available from 2013.For the analysis by Indigenous status for this measure, the comparison group is 'Other Australians', which includes people who did not identify as being of Aboriginal and/or Torres Strait Islander origin, and people for whom information on their Indigenous status was not available.Diagnosis of ARF:There is no diagnostic pathology test for ARF; instead, its diagnosis is based on a clinical decision (RHD Australia et al. 2012). The *Australian Guideline for the prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease* (RHD Australia et al. 2012) provides criteria to guide the diagnosis of ARF. However, the clinical manifestation of ARF is non-specific and can be atypical, with delays in both presentation and referral of patients. Any improvements in ARF case ascertainment over time may influence observed trends All rates presented for this measure are crude rates. The necessary data to calculate age-standardised rates are not available due to the small numbers of episodes, particularly for the non-Indigenous population. This may limit the ability to compare rates between populations and/or over time. |
| Representational attributes |
| Representation class: | Percentage |
| Data type: | Real |
| Unit of measure: | Episode |
| Format: | N[NN].N |
| Accountability attributes |
| Reporting requirements: | Annual reporting by the Australian Institute of Health and Welfare (AIHW 2015, 2016). |
| Organisation responsible for providing data: | Queensland, Western Australia, South Australia and the Northern Territory RHD registers |
| Further data development / collection required: | Establishment of a national RHD register would improve reporting against this indicator. In October 2015, New South Wales made both ARF and RHD notifiable for people aged under 35, and established a register-based control program (Australian Indigenous HealthInfoNet 2015). Thus data from New South Wales might also be available in the future. |
| Release date: | 24/11/2016 |
| Source and reference attributes |
| Submitting organisation: | Australian Institute of Health and Welfare |
| Origin: | AIHW 2016. Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: second national report 2016. Cat. no. IHW 169. Canberra: AIHW. |
| Reference documents: | AIHW (Australian Institute of Health and Welfare) 2015. Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: first national report 2015. Cat. no. IHW 156. Canberra: AIHW.AIHW 2016. Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: second national report 2016. Cat. no. IHW 169. Canberra: AIHW.Australian Indigenous HealthInfoNet 2015. Acute rheumatic fever and rheumatic heart disease now notifiable in NSW. Perth: Australian Indigenous HealthInfoNet. Viewed 17 March 2016, [www.healthinfonet.ecu.edu.au/about/news/3617](http://www.healthinfonet.ecu.edu.au/about/news/3617)RHD Australia (Rheumatic Heart Disease Australia), National Heart Foundation of Australia & Cardiac Society of Australia and New Zealand 2012. The Australian guideline for the prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease. 2nd edn. Darwin: RHD Australia. |
| Relational attributes  |
| Related metadata references: | See also [Indigenous Better Cardiac Care measure: 5.1-Incidence of initial and recurrent episodes of acute rheumatic fever, 2016](https://meteor.aihw.gov.au/content/657058)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 17/08/2017See also [Indigenous Better Cardiac Care measure: 5.3-Benzathine penicillin G doses, 2016](https://meteor.aihw.gov.au/content/657083)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 17/08/2017 |