Benzathine penicillin G doses, 2016
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# Indigenous Better Cardiac Care measure: 5.3-Benzathine penicillin G doses, 2016

## Identifying and definitional attributes

Metadata item type: Indicator Indicator type: Indicator

**Short name:** 5.3-Benzathine penicillin G doses

METEOR identifier: 657083

Registration status: Health, Standard 17/08/2017

**Description:** Percentage of required doses of benzathine penicillin G (BPG) received in the

calendar year among people on an acute rheumatic fever (ARF)/ rheumatic heart

disease (RHD) program, 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 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.

For people with a history of ARF or RHD, the prolonged use of antibiotics is recommended to prevent recurrent ARF or worsening of RHD (RHD Australia et al. 2012). The current Australian guidelines state that patients should receive injections of BPG every 4 weeks (or every 3 weeks if they are considered high risk), and should continue treatment for a minimum of 10 years after the most recent ARF diagnosis, or until the age of 21 (whichever is longer). People with moderate RHD should continue treatment up to age 35, while those with severe RHD should continue treatment up to age 40 (and longer if the patient wishes).

 Median proportion of scheduled BPG doses given to patients with confirmed ARF or RHD in the preceding 12 months, by Aboriginal and Torres Strait Islander status.

Full reporting against this indicator is not possible using available data. In particular, data are not available on the *median* proportion of doses received.

Indicator set: Better Cardiac Care measures for Aboriginal and Torres Strait Islander people

<u>(2016)</u>

Health, Standard 17/08/2017

# Collection and usage attributes

Computation description: Number of people on an ARF/RHD program who are prescribed BPG who

received:

i) <50%

ii) 50%-80%

iii) >80%

of required doses of BPG in the calendar year, divided by the number of people on

an ARF/RHD program who are prescribed BPG, and multiplied by 100.

Data are presented as a percentage.

Data are based on calendar years.

**Computation:** (Numerator ÷ Denominator) x 100

**Numerator:** Number of people on an ARF/RHD program who are prescribed BPG who

received:

i) <50%

ii) 50%-80%

iii) >80%

of required doses of BPG in the calendar year.

**Denominator:** Number of people on an ARF/RHD program who are prescribed BPG.

Disaggregation: Current period (2014) by:

Indigenous status (Indigenous, other)

Current period (2014), Indigenous Australians, by:

state/territory.

Comments: National data on the treatment of ARF/RHD with BPG are not available. Data for

> this measure are drawn from RHD registers in Queensland. South Australia and the Northern Territory. For 2016 reporting, the most recent data available are for 2014.

### Representational attributes

Representation class: Percentage

Data type: Real Unit of measure: Person Format: N[NN].N

### **Accountability attributes**

Reporting requirements: Annual reporting by the Australian Institute of Health and Welfare (AIHW 2015,

Organisation responsible for providing data:

Queensland, South Australia and Northern Territory RHD registers

Further data development / collection required:

Western Australia (WA) has an established RHD register and collects data on the proportion of BPG doses received; however, for 2016 reporting, the WA RHD Register was unable to provide those data by Indigenous status. The WA RHD Register has advised that they will be able to provide these data by Indigenous

status for future reporting on this measure.

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:

AlHW (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: AlHW.

AlHW 2016. Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: second national report 2016. Cat. no: IHW 169. Canberra: AlHW.

Australian Indigenous HealthInfoNet 2015. Acute rheumatic fever and rheumatic heart disease now notifiable in NSW. Perth: Australian Indigenous HealthInfoNet. Viewed 17 March 2016, <a href="https://www.healthinfonet.ecu.edu.au/about/news/3617">www.healthinfonet.ecu.edu.au/about/news/3617</a>

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

Health, Standard 17/08/2017

See also Indigenous Better Cardiac Care measure: 5.2-Recurrent acute rheumatic

fever, 2016

Health, Standard 17/08/2017