

WORLD CONGRESS ON RHEUMATIC HEART DISEASE

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Title: ACCESS TO HEALTHCARE SERVICES FOR PEOPLE LIVING WITH RHEUMATIC HEART DISEASE (PLWRHD) IN A PANDEMIC ENVIRONMENT IN FIJI: LESSONS FROM A TARGETED COVID-19 VACCINATION DRIVE

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Background & Aims: Covid-19 placed health systems in Low-and-Middle Income Countries (LMIC) under increased stress, contributing to a lack of universal access to health services. Vulnerable populations with co-morbid disease, such as Rheumatic Heart Disease (RHD) not only risked missing out on Covid-19 vaccination but vital routine healthcare also. Cure Kids had received a request from the Fiji Ministry of Health (MoH) on 25th July 2021 to help to ensure that people living with RHD (PLWRHD) in the Suva/Rewa subdivisions are protected from Covid-19. There were 4699 registered PLWRHD in Fiji at the time of the Covid-19 vaccination campaign.

Methods: Cure Kids Fiji RHD Programme is a collaboration between the Fiji MoH, Cure Kids, academic partners, and the NZ Ministry of Foreign Affairs and Trade (MFAT). During the height of Covid-19, the programme team and MoH successfully carried out a six-week vaccination drive for PLWRHD in the Central Division. The Fiji-based team delivering the RHD Programme developed a plan to respond to the Fiji MoH request by 1) phoning people to offer advice and support, counter misinformation around vaccines, and obtain informed consent for vaccination; and 2) making house-to-house visits to deliver vaccination and secondary prophylaxis. Prior to the commencement of the vaccination drive, a needs and situational assessment including a preliminary exercise using contact details from the Rheumatic Fever Information System (RFIS) database for those over 18 years of age. The exercise involved identification of unvaccinated PLWRHD, providing education, counselling and delivery of vaccination and antibiotic prophylaxis.

Results: The preliminary situational needs exercise found only 147 (20%) of the 709 that could be contacted. Of the 147 who could be contacted initially, 90 (67%) had at least one dose, and 40 (27%) were not vaccinated at all. The gap identified with outdated contact details of cases meant the team had to visit all health facilities within the Suva and Rewa Subdivision to manually reconcile information stored at sites through their register books with those recorded on RFIS. The team collectively registered 2203 cases needing contacting of which 176 (8%) did not have any recorded phone contacts. The team attempted to contact 2027 cases in the Suva and Rewa subdivisions. The distribution of calls recorded 919 that was answered with 162 (8%) cases found to be wrong numbers that did not belong to the registered cases. 757 calls were answered, and 195 cases were listed for outreach (either visitation by field team, further counselling or booking of clinic and echo reviews). The 113 homes visited by the team either administered secondary prophylaxis or vaccination, or both, for PLWRHD, and vaccinated their family members on request. Two cases were visited to provide missing record booklets for benzathine administration and deliver laboratory testing forms. The team administered 75 doses of secondary prophylaxis with benzathine penicillin and visited 45 households to administer vaccination. Most of the people who needed benza prophylaxis were defaulted cases, but some also happened to be due for their next injection.

Conclusions: This practical response by an RHD programme to the Covid-19 pandemic resulted in: 1) increased coverage in the Covid-19 vaccination roll-out in partnership with Fiji MoH, 2) enhanced partnership cooperation and effectiveness, 3) increased responsiveness and understanding of the needs of PLWRHD during the pandemic, and 4) a sense of connection and belonging between the team and PLWRHD despite lockdown conditions. The key lesson learnt was that it is both possible and important for research programmes to empower local leadership to respond to national health priorities and needs, particularly during crises.