

WORLD CONGRESS ON RHEUMATIC HEART DISEASE

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Title: REACHING THE UNREACHED: HOW THE MATER HOSPITAL IN KENYA IS BRIDGING A HUGE GAP IN RHEUMATIC FEVER (RF) AND RHEUMATIC HEART DISEASE (RHD) PREVENTION, DIAGNOSIS AND TREATMENT

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Background & Aims: The Global burden of rheumatic heart disease in poor and marginalized population continues to be high with lack of basic primary prevention resources and modalities leading to late presentation including heart failure and high-risk surgical candidates. In Kenya diagnostic and curative services for established RHD is only available in a few cities. To address this disparity outreach programs aimed at community education and participation of preventive RF/RHD was emphasized and education pamphlets left with local administrative authorities for continuity.

Methods: A school based rheumatic fever and rheumatic heart disease prevention outreach program which offers educational, preventive, diagnostic and curative services to school children in RF/RHD endemic parts of Kenya.

Results: The Program has been running for the last 15 years from 2008 to date. Out of 47 counties in the region 32 of them have been covered (68%). Screening was done in 84 schools and 5 regional hospitals. A total of 140141 children were screened of which 16119 (11.5%) received primary prophylaxis whereby children were examined and treated for pharyngitis and dental carries, 202 (0.14%) required secondary prophylaxis. Of the 2837(2%) who required echocardiography a total of 433 (15.2%) had established rheumatic Fever / rheumatic heart disease and were referred for close follow up and surgical intervention.

Conclusions: Certain localities have been identified as “hot spots” subsequently informing local government budget prioritization. Recognition and targeting of rheumatic fever hot spots for escalation of rheumatic fever prevention. Education involved recognition and treatment of sore throat, attitude change to recognize sore throat as something potential and not to ignore pharyngitis. Prompt treatment was given to the affected. Follow up camps and contact follow ups of the affected patients. Pamphlets and posters were issued to hot spot areas for continued education.