Rising rates of rheumatic fever amongst Māori and Pacific peoples have been met with alarm by a prominent public health researcher at the University of Otago School of Medicine and Health Sciences, Wellington.

Associate Professor Michael Baker’s study into acute rheumatic fever (ARF) was published recently in *The Journal of Paediatrics and Child Health*. He and colleague Dr Richard Jaine identified significant and worsening ethnic disparities, particularly in 5-14 year-old Māori and Pacific children who had rates of 34 and 67 cases per 100,000 respectively. Their research into new hospital admissions found Māori and Pacific peoples had ARF admission rates ten and 20 times higher than New Zealand Europeans.

“Rheumatic fever is probably New Zealand’s most important infectious disease in terms of health impact, because it causes such a large number of fatalities each year. Over the last five years, for example, an average of over 140 people died each year from rheumatic heart disease,” says Associate Professor Baker.

“Most of those deaths should be avoidable if we can prevent ARF and that’s why I think this disease should be a top priority for infectious disease control programmes in New Zealand.”

For the study period hospitalisations stood at around 125 per year with little increase over those ten years. But the researchers were surprised to find that the incidence in the European population had declined significantly while the rate in Māori and Pacific populations had risen.

Associate Professor Baker says ARF is a disease where primary prevention is critical and there is plenty of evidence that household crowding is a risk factor for ARF.

The second area of primary prevention should follow Heart Foundation guidelines for early treatment of streptococcal sore throats to prevent the development of acute rheumatic fever. Those guidelines recommend that all Māori and Pacific people aged 3-45 years who present to their GP with a sore throat should have a throat swab and appropriate antibiotic treatment.

“People who have had ARF also need to be put on registers and followed-up for ten years or more with regular penicillin treatment to reduce their chances of getting another strep throat and further heart damage.”

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