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# The challenge of rheumatic fever in the 1980's

In furtherance of international endeavours to control and prevent the incidence of rheumatic fever, an Indo-U.S. Conference cum Workshop was held in New Delhi from March 2-5, 1981 at the India International Centre.

### Incidence of rheumatic fever inIndia

In India the incidence of rheumatic fever has been recorded in all parts of the country. It has been estimated that there are about 6 million children with rheumatic heart disease in India alone. In Delhi a study of 40,000 children had shown a prevalence of 11 per thousand. Nearly 30-40 per cent of the patients seen in cardiac clinics in major hospitals are cases of rheumatic fever and rheumatic heart disease. The damage is mostly to the mitral valve and a large number need surgery for treatment. Steptococcal infection was found to be twice as high in Delhi during winter months compared to summer months. The same was found at Vellore in South India.

### Recommendations of the conference

*Treatment.* Chemotherapy or drug treatment is the only method currently available to control rheumatic fever. Its effectiveness has been proved beyond doubt including its cost effectiveness. Pilot studies have demonstrated the feasibility of a systematic approach in developing countries. It can be done and we cannot wait for social conditions to improve or for vaccine development or for a marker to identify susceptible individuals.

Benzathine penicillin injections to identified rheumatic fever cases, once in three instead of once in four weeks, have been found to be effective in preventing the recurrence of rheumatic fever. The injections have to be given for a period of 5 years at least after the last attack of rheumatic fever, if not longer.

*Education.* The knowledge of physicians of medicine about acute rheumatic fever, especially regarding early diagnosis should be up-dated by educational programmes and manuals.

### Priority areas for research

1. An easy, inexpensive and quick method must be evolved through research for identifying subjects susceptible to streptococcal infection, to identify strep infected sore throat, and a more or less fool proof method for clinical diagnosis of rheumatic fever.

2. Develop a vaccine to immunize children against attack of rheumatic fever.

3. Improve surgical methods of treatment to prevent restenosis which happens in some cases after 3 or more years after surgery.

4. Standardise clinical and laboratory observations.

5. Several centres should be established in India for surgical treatment of rheumatic heart disease cases. These should have all facilities for surgery and also be centres for training surgeons, cardiologists and auxiliary personnel.

6. Resources are not available in most developing countries for primary prevention on a national scale. However, a beginning should be made by educating health workers, school teachers and parents that sore throat may lead to heart disease.

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