

## Evidence Used and Rationale

### Kimberley Clinical Guidelines

### Acute Rheumatic Fever (ARF)

#### **Rationale:**

The Kimberley region, and particularly Kimberley Aboriginal people fit in the high-risk category for ARF. It is important for all health workers in the Kimberley to recognise new cases, provide primary and secondary prevention, and manage complications. There are Kimberley specific referral pathways.

#### **Working Group:**

- Yulia Lysenko, Sarah Straw – Kimberley Regional Physician Team, WA Country Health Service (WACHS)
- James Marangou – WACHS Kimberley Cardiology Lead

#### **Review and input from:**

- Andrew Savery – Kimberley Regional Paediatric Team, WACHS
- James Ramsay – Paediatric Cardiologist, Perth Children’s Hospital
- Soleil White – Clinical Team Leader, Broome Regional Aboriginal Medical Service (BRAMS)
- Lorraine Anderson – Medical Director, Kimberley Aboriginal Medical Services
- WA RHD Registry nursing
- Pippa May – Public Health Consultant, Kimberley Population Health Unit, WACHS
- Hannah Goodchild – GP, BRAMS

#### **Discussion points:**

- Updated version has incorporated changes from the *2020 Australian guideline for prevention, diagnosis and management of ARF and rheumatic heart disease* (version 3.2 March 2022) ([RHD Australia](#)).
- New revised version has new section on differential diagnosis and investigations to consider.
- Emphasis made on importance of admission of ALL paediatric patients and strongly considering admission in younger adult population as it helps with diagnosis, timely investigations and management.
- Environmental Health referral process has been added to current version. Updated referral process included in refer section of guidelines.

#### **Resources and references:**

- Kimberley Clinical Guidelines ([KAHPF](#))
- National Aboriginal Community Controlled Health Organisation ([NACCHO](#))
- National Guidelines ([RHD Australia](#))

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