Our Hearts in Our Hands

Acute Rheumatic Fever and Rheumatic Heart Disease

About Acute Rheumatic Fever and Rheumatic Heart Disease

Acute Rheumatic Fever (ARF) is a serious illness caused by an abnormal immune response to "Strep A" bacterial infection, commonly of the throat or skin. Left untreated or undiagnosed, ARF causes permanent heart valve damage referred to as Rheumatic Heart Disease (RHD).

RHD is a chronic disease that has lifelong impacts, often in young people. It can lead to heart failure, stroke, complications in pregnancy and premature death, and often requires heart surgery to repair or replace damaged valves.

ARF and RHD are entirely preventable. In high-income countries like Australia, ARF and RHD only occur where the social and cultural determinants of health are not equitably addressed.

ARF and RHD: Key Facts

ARF and RHD have been uncommon in non-Indigenous Australians since the 1960s, yet they continue to disproportionately affect Aboriginal and Torres Strait Islander communities. According to the Australian Institute of Health and Welfare[1], in 2024:

93%

of **ARF** diagnoses were for Aboriginal and Torres Strait Islander people, most commonly in children aged 5-14

78%

of the 7,510 people living with **RHD** on jurisdictional registers were Aboriginal and Torres Strait Islander

65%

of Aboriginal and Torres Strait Islander people recorded on jurisdictional registers are women

53%

were under 35 and **82% live in remote or very remote communities**

Promoting Prevention Across the ARF/RHD Pathway

Preventing new cases of ARF and RHD requires coordinated action across the care pathway:

Primordial — Addressing the social and environmental conditions that drive inequitable risk

Primary — Identifying and treating possible Strep A infections early to stop ARF from occurring

Secondary — Regular antibiotic prophylaxis to prevent recurrent ARF and progression to RHD

Tertiary — Managing established RHD through culturally safe and accessible medical care, surgery and long-term follow-up to prevent complications

1. Australian Institute of Health and Welfare (AIHW). Acute rheumatic fever and rheumatic heart disease in Australia. Canberra: AIHW; 2025.

The NACCHO ARF and RHD Program

NACCHO is leading Australia's first Aboriginal and Torres Strait Islander community-controlled sector-led ARF and RHD Program.

The Program provides essential funding for Aboriginal Community Controlled Health Organisations (ACCHOs) to design and deliver initiatives that address prevention, screening, early detection, and long-term supportive care tailored to community priorities.

A strong, sector-led governance structure ensures the ACCHO sector shapes national policy, planning and implementation. Workforce capacity is strengthened through a national Community of Practice.

Program Outcomes

Stronger sector-led governance	Growing workforce capacity	Community led programs
• The ACCHO sector is shaping national ARF/RHD policy, planning and implementation • Sector-led structures include the co-chaired Rheumatic Fever Joint Advisory Committee and the NACCHO RHD Expert Working Group	• A dedicated ARF/RHD workforce is expanding and delivering activities tailored to community needs • The Community of Practice builds skills and confidence across the sector	• Community led education, culturally safe yarning and trusted primary care relationships deepen understanding of ARF/RHD, build confidence, and encourage early, timely and ongoing presentations for care

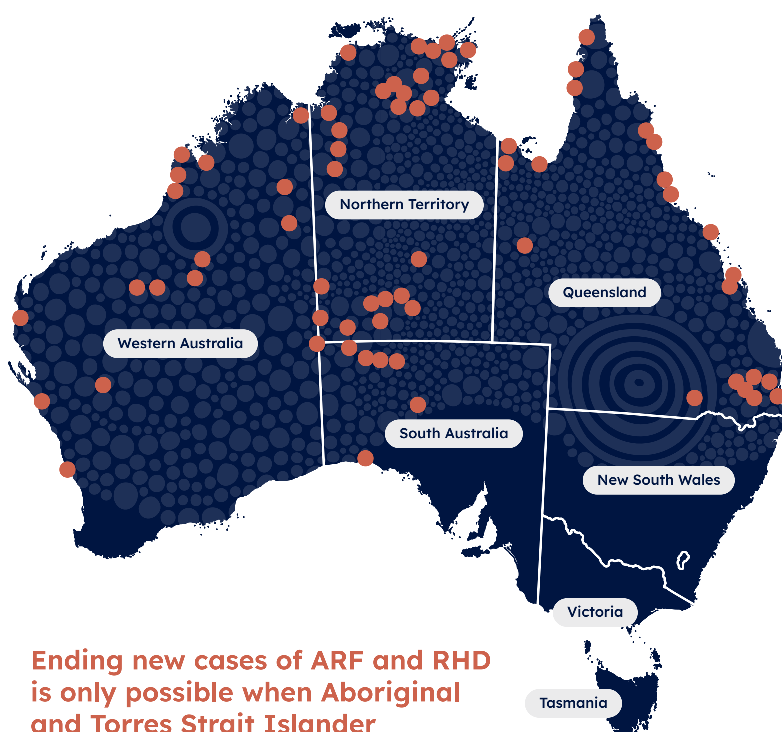
Our reach and scale

The Program supports

- **29 ACCHOs**, reaching over 100 clinics and homelands
- Approximately **100 FTE** across clinical, community and environmental health roles

Evidence it's working

- **23,000+ skin infections** identified and treated since 2022, reducing ARF risk
- In 2024, **46.1% of eligible ACCHO patients** received at least 80% of prescribed secondary prophylaxis, compared with 32.4% nationally[1]



Ending new cases of ARF and RHD is only possible when Aboriginal and Torres Strait Islander communities lead the solutions

System Reform Priorities

To meet the commitment to ending new cases of RHD by 2030, coordinated system reform is required across all levels of Government in partnership with Aboriginal and Torres Strait Islander communities. We need to:

1. Address the upstream determinants of ARF and RHD	To achieve meaningful change, communities affected by ARF and RHD must have suitable housing, functioning health hardware and community-led environmental health programs.
2. Secure long term, sustainable funding across the RHD pathway	Sustained investment is needed across environmental health, primary care and specialist services, aligned to burden, community need and the cost of delivering care in remote settings.
3. Put people and culture at the centre of care	All health services must be culturally safe and co-designed with community to ensure that people present early and for ongoing care.
4. Strengthen primary care and collaboration with specialist services	People living with ARF and RHD need connected, well coordinated care across the care pathway from environmental health and primary care to specialist and tertiary services.
5. Ensure secure access to essential medicines	Reliable, timely and affordable access to benzathine benzylpenicillin and other essential medicines is critical.
6. Improve national data systems and accountability mechanisms	Timely, accurate data and clear accountability for performance across the health system is essential to track progress and improve care for people living with ARF/RHD.
7. Embed systematic learning from preventable RHD deaths	Independent, transparent and culturally informed reviews of preventable RHD deaths must guide continuous improvements in service design, system performance and clinical care.
8. Enact the Priority Reforms of the National Agreement on Closing the Gap[2]	All initiatives to address ARF and RHD must embed and enact the Priority Reforms outlined in the National Agreement, including shared decision making, strengthening the community controlled sector, transforming government organisations, and improving access to data to support community self determination.

2. Coalition of Peaks; Australian Government. National Agreement on Closing the Gap. Canberra: Commonwealth of Australia; 2020.

NACCHO
National Aboriginal Community Controlled Health Organisation