He korokoro ora
He manawa ora
Mo tatou katoa
A healthy throat,
a healthy heart for us all
School based throat swabbing programme Rheumatic Fever prevention programme: Throat swabbing services in Tairawhiti

- Joint venture between Ngati Porou Hauora (NPH), Turanga Health and Tairawhiti District Health (TDH)
- The throat swabbing programme in Tairawhiti will be delivered by the Well Child Team (public health nurses) at TDH in the urban area, NPH rural health team on the East Coast, and Turanga Health rural health team in the Western Rural region of Tairawhiti
- The total geographical area to be covered will be the DHB district
Service Goals

- To achieve equity of incidence and outcomes of rheumatic fever between Māori and Pacific children, and other New Zealand children
- To contribute to the reduction of the age-standardised annual rate of rheumatic fever among Māori and Pacific peoples, other New Zealanders, and all DHB populations to 0.4 per 100,000 by 2020
- To contribute to the reduction of rheumatic fever recurrence in New Zealand to 5 cases or fewer per annum by 2013
Service Objectives

- Providing throat swabbing and referral services in the school, home or other settings as appropriate for school children aged 5-14 years that present with sore throats in high-risk areas (decile 1 and 2 plus 1 decile 3 school), and eligible whānau/family members living with these children.
- Increasing awareness of rheumatic fever risk factors among children and their whānau/families in the key geographical areas.
- Developing and maintaining relationships with other health and social service providers (including whānau Ora providers) to facilitate referral and support as appropriate.
Service priorities

- High need populations are the focus Identified by school decile rating
- All children between 5 and 14 years attending deciles 1, 2 and some decile 3 schools will be included in the throat swabbing programme including Alternative Education centres
- Other schools serviced on referral thereby providing a service for those children that are part of the high need population attending higher decile schools
- The service will include whanau members of children testing positive for Group A Streptococcal (GAS) pharyngitis
Oversight

- A Steering Group has been established for the duration of the contract to oversee all activities relating to the contract
- There will be joint decision making shared between the Iwi providers and TDH
- Members of this Steering Group will include representatives from NPH, Turanga Health and TDH as well as the Medical Officer of Health, community paediatrician, Heart Health clinical nurse specialist, a health promoter, and Maori and Pacific community representation
Standing orders

The Standing Orders have been developed in accordance with the Standing Order Regulations 2002 by the cross sector Tairawhiti Rheumatic Fever Action group.

The Standing Orders authorise approved registered nurses who have undergone specific training and assessment and who are engaged in the delivery of health services to supply and administer medicines in the treatment of (GAS) pharyngitis according to Heart Foundation (2008). Evidence-based, best practice. New Zealand Guidelines for Rheumatic Fever 2. Group A Streptococcal sore throat.
Rationale for the giving of antibiotics

- To facilitate the provision of antibiotics to GAS positive school age students and their whanau thus improving access to treatment, improving compliance with treatment and reducing the incidence of rheumatic fever
- To ensure that appropriate antibiotics can be delivered directly to students and their whanau who have positive GAS throat swabs as soon as possible, usually within 48 hours of receipt of the positive lab result
- To ensure that the approved staff have legal cover when dispensing antibiotics to cases under the Medicines (Standing Order) Regulations 2002
Performance Targets

- 100% parental consent for throat swabbing prior to the taking of the swab
- 100% parental consent prior to the administration of antibiotics
- 80% of low decile schools participating in the programme
- 90% will receive their antibiotics within 7 days of receipt of the positive lab result.
- 90% of children presenting to the service with sore throats will be throat swabbed
- 75% of people living in the household of a GAS positive child will be throat swabbed and treated with antibiotics if required
- 80% satisfaction with service as indicated in satisfaction survey
- 100% reporting on due date
Sustainability

- Longer term sustainability and increased community awareness and engagement are the main factors behind our collective agreement to build on existing services rather than develop a separate programme for the duration of the funding.
Epidemiology

- Epidemiology provides information about the occurrence of disease in a population or its subgroups and trends in the frequency of disease over time. It can seek to identify specific factors that increase or decrease the risk of disease and to quantity the associated risk.
Number of reported cases of ARF in New Zealand (2005-2010)
(Public Health Surveillance MOH 2011)
Annual rates of RF first admissions by DHB in NZ per 100,000 population (1996-2005)

Jaine et al 2008

<table>
<thead>
<tr>
<th>Region</th>
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The number of cases of ARF from national data in Tairawhiti
ARF in Tairawhiti

Victoria Siriett, Medical Student. Data from PHN database
The number of cases of ARF by DepNZ Score

Victoria Siriett, Medical Student. Data from PHN database
Deprivation by CAU

NZDEP 2006

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Map showing deprivation levels with color coding from green to red.
The number of cases of ARF from 1997 to 2009 by area unit
The total number of GAS isolates from Gisborne TLab monthly from January to July 2011
What can we do?

- Tackling wider determinants
  - Housing, heating, overcrowding
- Sore Throats Matter
  - health promotion
  - Treatment in primary care
- Throat swabbing in all schools/
  Standing Orders
  - GAS rapid testing rapid treatment
  - all children
  - Kaiawhina support