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NT Rheumatic Heart Disease Control Program
stakeholders

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Dear NT Rheumatic Heart Disease Control Program stakeholders,

Re: Release of the Australian guideline for the prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (Edition 3.3) June 2025

The above Guidelines have been updated and a Key Information document for these guidelines prepared, and these can be downloaded via <https://rhdaustralia.org.au/arf-rhd-guidelines/>

In the previous guideline, rheumatic heart disease (RHD) was classified as either borderline or definite:

1. Borderline RHD
2. Mild RHD (Definite RHD)
3. Moderate RHD
4. Severe RHD

These classifications were based on priority level which helps drive care planning and have been used consistently in medical data systems throughout Australia for many years. The 2023 World Heart Federation (WHF) criteria for the echocardiographic diagnosis of RHD includes a new **Staging** system which is based on echocardiographic features of RHD that consider the level of risk of disease progression and complications.

Stage is the new way of defining RHD in Australia, and this is clarified in the new guidelines. The NT RHD Register is being amended to record these stages. The new RHD stages are described below:

- **Stage A / Priority 3 (priority 4 if has ceased prophylaxis):** Minimum echocardiographic criteria for RHD (previously called borderline RHD). Stage A indicates the presence of early valvular changes that meet the minimum diagnostic criteria for RHD. Only applied in a **high-prevalence population**
 - o **Age:** Only applies to individuals ≤ 20 years old
 - o **Echo features:** The presence of mild mitral regurgitation (MR) OR aortic regurgitation (AR) WITHOUT morphological features
 - o **Clinical risk:** May be at risk for valvular heart disease progression
 - o **Secondary prophylaxis:** Minimum of 2 years (If Stage A RHD still present at 2 years, continue prophylaxis for further 2 years)
- **Stage B / Priority 3:** mild RHD with the presence of both pathological regurgitation and morphological features
 - o **Age:** Any age
 - o **Echo features:** Evidence of mild valvular regurgitation plus at least one morphological feature in individuals aged ≤ 20 years and at least two morphological features in individuals aged > 20 years; or mild regurgitation in both mitral and aortic valves

- **Clinical risk:** Moderate or high risk of progression and at risk of developing symptoms of valvular heart disease
- **Secondary prophylaxis:** Minimum of 10 years after most recent ARF, or until age 21. If NO documented history of ARF and aged <35 years: Minimum of 5 years following diagnosis of RHD or until age 21 years
- **Stage C / Priority 2:** moderate RHD with established valvular disease detected by echocardiography
 - **Age:** Any age
 - **Echo features:** Moderate or severe MR, moderate or severe AR, any mitral stenosis (MS) or aortic stenosis (AS), pulmonary hypertension and decreased left ventricular (LV) systolic function
 - **Clinical risk:** High risk of developing clinical complications that require medical or surgical intervention
 - **Secondary prophylaxis:** If documented history of ARF: Minimum of 10 years after the most recent episode of ARF or until age 35 years
If no documented history of ARF and aged <35 years: Minimum of 5 years following diagnosis of RHD or until age 35 years
- **Stage D / Priority 1:** established valvular disease detected by echocardiography (the same as stage C), **AND** with secondary clinical complications (such as heart failure, arrhythmia, stroke or the need for cardiac surgery)
 - **Age:** Any age
 - **Echo features:** Moderate or severe MR, moderate or severe AR, any MS or AS, pulmonary hypertension and decreased LV systolic function
 - **Clinical risk:** Established secondary clinical complications. High risk of death
 - **Secondary prophylaxis:** If documented history of ARF: Minimum of 10 years after the most recent episode of ARF or until age 40 years. If no documented history of ARF: Minimum of 5 years following diagnosis of RHD or until age 40 years * (** If diagnosed with severe RHD aged ≥40 years (without a documented history of ARF), specialist input is required to determine the need for secondary prophylaxis*)

Dr James Marangou and Aunty Vicki Wade have produced a video about the changes to the RHD guidelines. You can watch this video here - <https://vimeo.com/1097371085/933f0036fc?share=copy>

As the new RHD stages are not necessarily a one for one change from the previous severities, there will be some patients whose priorities may change once they are reviewed by a paediatric or adult cardiologist. We will endeavour to change as many patients as we can, but acknowledge that there are some people, particularly those with secondary complications from RHD, that will need to be assessed by the cardiology team.

Please feel free to contact the Rheumatic Heart Disease Control Program for any assistance:

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Yours sincerely

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NT Rheumatic Heart Disease Control Program