EDITORIAL

THE NEGLECTED PREVENTABLE DISEASE

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Acute rheumatic fever (RF)/rheumatic heart disease (RHD) is the leading cause of acquired heart disease in children and young adults worldwide. Globally, the incidence of RF and prevalence of RHD decreased in the past few decades. However, the decrement is uneven where it remains one of the major medical and public health problems in low and middle income countries (1). With an estimated of half million new cases each year globally, RHD remains among the most common causes of cardiovascular morbidity and mortality in developing countries. It is estimated that more than 15 million people have the disease, and over 300,000 of them die from it every year (1,2). It is also posing economic problem by costing the precious productive years of many adolescents and young adults. Nearly half of the 2.4 million children affected with RHD in the world live on the African continent where only 8% of the world population resides (1-3).

Rheumatic heart disease is the most important cardiovascular disease in hospital practice in Ethiopia. The article on the pattern of cardiac diseases in Jimma University hospital published in this issue, showed that nearly a third of the adult cardiac patients were due to RHD. However, very little accurate information is available on rheumatic heart disease prevalence. Few studies done in the past demonstrated that the burden is not different from other low income countries (4,5).

Although early detection and treatment avoids disability and death, usually diagnosis is made late either due to delayed medical seeking or absence of national programs with appropriate guidelines. As a result, many of the patients with RHD either become economically inactive or die at early age in the absence of surgical intervention. It become worse as cardiac surgery is unavailable in many African countries including Ethiopia and is a very expensive venture. On the other hand, it is not difficult to imagine how high the economic burden (treatment cost, disability, opportunity cost) on the families, communities and the health care systems. All these occur while we can effectively prevent the emergence and progression of RHD. If the course remains unintervened and the health services left undirected by cost-effective measures, the problem will only be accelerated.

In 1984, World Health Organization in collaboration with the World Heart Federation initiated global program for prevention of RF/RHD with goal of reducing morbidity, disability and mortality from it. This program has resulted in a sustainable reduction in incidence of RF in those participating countries (6). Based on this encouraging result many Asian, Oceanian, Caribbean, and few African countries designed and implemented national RF/RHD prevention program. On the contrary, many Sub-Saharan African countries including Ethiopia remain behind. Therefore, this is a call for respective bodies to work towards “End RF/RHD from Africa” by designing and implementing national prevention programs and guidelines. Though behind, it is never late for Ethiopia to deign and implement a national RF/RHD prevention program and guideline.

REFERENCES
