

10TH AMERICAN PEDIATRICS HEALTHCARE & PEDIATRIC INFECTIOUS DISEASES CONGRESS

September 20-22, 2017 | Toronto, Canada

Streptococcal skin infections and the role in the development of acute rheumatic fever

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A case of acute rheumatic fever (ARF) in an indigenous Maori child in New Zealand following Group A Streptococcus (GAS) pyoderma and Group G Streptococcus pharyngitis is reported. The case demonstrates that ARF can develop in the absence of GAS pharyngitis and highlights a need for further research into the role of pyoderma and non-Group A Streptococci infections in ARF pathogenesis. This also raises the important question of whether the appropriateness of tunnel vision best practice. Current guidelines designed to reduce the overwhelming disparity in rates of ARF for indigenous Maori and Pasifika children are focusing solely on GAS pharyngitis as the preceding event

in the development of ARF. If the reliance of evidence from studies on US servicemen in the 1960's is not applicable in these high risk communities of New Zealand and GAS skin infections have a role then our whole approach needs to be revisited. This could be an important example of where health inequities are driven by stubbornly adhering to the wrong evidence. Dr O'Sullivan will present an example of an innovative digital healthcare programme iMOKO, developed to address the issue of GAS skin infections. Since the introduction of iMOKO there has been a significant reduction in ARF in children of these communities.

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