HRC NEWS

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Māori and Pacific peoples face increasing rates of acute rheumatic fever

By Mark Wright

Rising rates of rheumatic fever amongst Māori and Pacific peoples have been met with alarm by a prominent public health researcher at the University of Otago School of Medicine and Health Sciences, Wellington.

Associate Professor Michael Baker's HRC-funded study into acute rheumatic fever (ARF) was published recently in *The Journal of Paediatrics and Child Health.*

He and colleague Dr Richard Jaine identified significant and worsening ethnic disparities, particularly in 5-14 year-old Māori and Pacific children who had rates of 34 and 67 cases per 100,000 respectively.

They examined 1249 new hospital admissions between 1996 and 2005 and found Māori and Pacific peoples had ARF admission rates ten and 20 times higher than New Zealand Europeans.

"Rheumatic fever is probably New Zealand's most important infectious disease in terms of health impact, because it causes such a large number of fatalities each year. Over the last five years, for example, an average of over 140 people died each year from rheumatic heart disease," says Associate Professor Baker.

"Most of those deaths should be avoidable if we can prevent ARF and that's why I think this disease should be a top priority for infectious disease control programmes in New Zealand."

For the study period hospitalisations stood at around 125 per year with little increase over those ten years. But the researchers were surprised to find that the incidence in the European population had declined significantly while the rate in Māori and Pacific populations had risen.

"We thought that since overall numbers were staying fairly static, there wouldn't be much change in ethnic distribution. Instead we found increasing inequalities in New Zealand which is quite an alarming finding for Māori and Pacific health," he says.

"In the most recent period we looked at, over 90 per cent of cases were Māori or Pacific. So this is a key disease that needs to be managed – not only to improve the health of children and young adults, but also to reduce health inequalities."

Associate Professor Michael Baker and Dr Richard Jaine
(Photo courtesy of the University of Otago, Wellington)

Associate Professor Baker says ARF is a disease where primary prevention is critical.

"We have plenty of evidence that household crowding is a risk factor for ARF and New Zealand has done quite badly in that area. In the last census about 18 per cent of children were living in crowded households - and that hasn't gone down in the last 20 years."

The second area of primary prevention should follow Heart Foundation guidelines for early treatment of streptococcal sore throats to prevent the development of acute rheumatic fever.

(Continued on page 3)

Annual contestable funding round update

Since the last funding round update, the HRC's Investment Processes Group has been working on obtaining external referee reports for all project applications. This year has been more difficult than usual, with almost 2000 potential referees asked to provide expert opinion on the proposals in the round. The success rate for referee recruitment was affected by Australian experts committed to writing NHMRC applications for the March due date.

Beginning on 23 February 2009, applicants had the opportunity to view their referee reviews and provide additional information, answer questions and comment. The reports and applicant rebuttals were collated and sent to the Science Assessing Committees (SAC), who decided which applications would go forward to the next stage, the full committee meeting assessment from late March to April 2009. There are five Biomedical/ Clinical, three Public Health, one Māori Health, one Feasibility Study and one Emerging Researcher Assessing Committees.

This year the HRC received fifteen Programme applications. Seven will be shortlisted after the Project components have been assessed, and the applicants will be interviewed by the Programme Assessing Committee at the end of April.

Scores from all committees will be forwarded to a Joint Research Committee meeting in May for ranking, and then to the Grants Approval Committee for consideration of priority before final approval by the HRC Board towards the end of May.

Feasibility Study applications, which take part in a shorter process, were assessed in February with results to be confirmed by the Board in April.

As the funding round moves through each stage, the HRC will release further updates. Applicants may wish visit the HRC website, www.hrc.govt.nz, to learn more about HRC assessment processes.

(Continued from page 1)

Those guidelines recommend that all Māori and Pacific people aged 3-45 years who present to their GP with a sore throat should have a throat swab and appropriate antibiotic treatment.

"Given the distribution I think we have to say this message needs to be targeted to reach Māori and Pacific people because the disease burden is so concentrated in those groups."

Associate Professor Baker says there is also a need for school-based programmes in the most at-risk areas to make sure children who have sore throats are swabbed and treated.

"People who have had ARF also need to be put on registers and followed-up for ten years or more with regular penicillin treatment to reduce their chances of getting another strep throat and further heart damage."

This work was done within He Kainga Oranga: Housing and Health Research Programme, which was originally established as an HRC programme.

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Upcoming closing dates

Pacific Seeding Grants
1 September 2009

Māori Seeding Grants and Grants-In-Aid
24 July 2009

Māori Summer Studentships
3 August 2009

About *HRC News*

HRC News can be viewed on the HRC website:
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