

COMMENTARY**THE HIDDEN EPIDEMIC OF RHEUMATIC HEART DISEASE IN ETHIOPIA:
A WAKE - UP CALL**Azene Dessie Mengistu, MD^{1*}

Despite its virtual elimination in most developed countries, rheumatic heart disease (RHD) remains an important public health problem in low and middle income countries and is estimated to affect about 15 million people worldwide (1). In sub-Saharan Africa, it is one of the most common causes of heart failure and carries a grim prognosis because of the lack of specialized cardiovascular centers for the optimum management of the cases (1). Multiple studies have also demonstrated that RHD is a huge public health issue among the non-communicable diseases in Ethiopia (2-6).

A cross-sectional echocardiography screening of rheumatic heart disease in school children aged 6-18yrs from six regions of Ethiopia revealed a prevalence of 19 cases per 1000 school children which is unacceptably high (2). There is paucity of data on community prevalence of RHD in rural sub-Saharan Africa. In a recent community-based prevalence study from south western Ethiopia, it was reported that the prevalence of RHD was 37.5 per thousand people which is among the highest reported rates in the world (3). This rate is almost 10-fold higher than the prevalence of RHD in school children from a rural town (Butajira) that was reported nearly 25 years ago (4).

The burden of RHD in Ethiopia is huge not only in terms of high prevalence and morbidity. Guthrie et al reported from Northwestern Ethiopia that the overall mortality in patients with RHD was 12.5% and the mean age at death was 22 yrs suggesting that RHD is an unrestrained killer of young adults in this country (5). A hospital-based study from Addis Ababa also showed that nearly a quarter of cardiovascular deaths was due to complications of RHD and the mean age at the time of death in this study was 25.89±11.05 years (6). The global rheumatic heart disease registry (the REMEDY study) in which Ethiopia was included showed that RHD patients were young, predominantly female and had high prevalence of cardiovascular complications. In this study, it was also reported that use of secondary prophylaxis was inadequate with lack of preventive treatment in nearly half of the patients (7).

In conclusion, RHD remains the most common cardiovascular disease in young people <25 years. This poverty-related disease is one of the major non communicable diseases of public health importance in Ethiopia. In order to reduce the significant death toll of RHD in Africa, the Pan African Society of Cardiology recommends establishing prospective RHD registers, ensure adequate supply of benzathine penicillin G, guarantee universal access to reproductive health services for women with RHD, decentralize diagnostic services for acute rheumatic fever/RHD, establish cardiac surgery services, establish national RHD control program and cultivate partnership to implement those actions (8). Establishing a comprehensive national RHD control program and integrating it with existing health care delivery system is strongly recommended in Ethiopia.

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