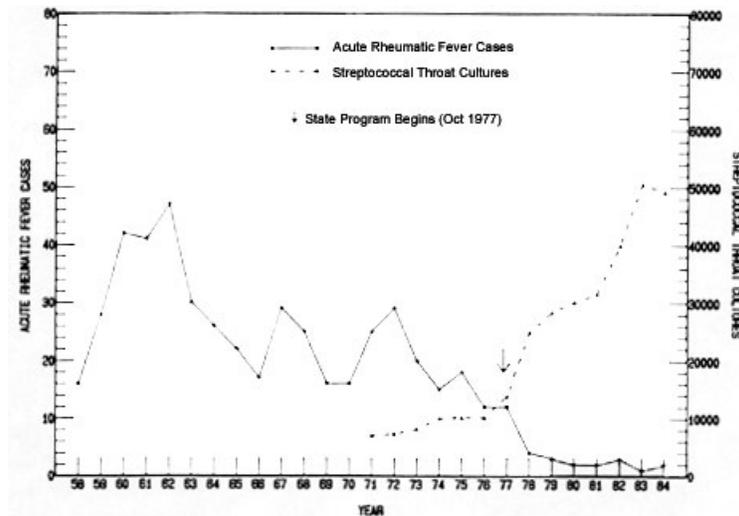




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Streptococcal Control Program - Winning the Fight Against Rheumatic Fever!



The number of cases of acute rheumatic fever fell dramatically after specific prevention programs were implemented in Alaska. The Centers for Disease Control (CDC), initiated epidemiologic studies in the early 1970's to learn about streptococcal disease, acute rheumatic fever, and rheumatic heart disease in Alaska. As part of their research, CDC, in cooperation with the Alaska Area Native Health Service, Yukon-Kuskokwim Health Corporation, and the community health aides established a program to make available in YKHC villages throat culturing and early antibiotic treatment for patients with acute pharyngitis.

CDC's epidemiologic studies documented an extremely high rate of rheumatic heart disease among Alaska Natives - 67 cases per 100,000 population - among the highest reported in medical literature. Additional evidence of the seriousness of streptococcal disease in rural Alaska was highlighted by an epidemic of post-streptococcal glomerulonephritis which occurred in the Yukon-Kuskokwim Delta area in 1976-1977, resulting in the hospitalization of 37 children.

In October 1977, the Division of Public Health initiated a statewide Streptococcal Control Program with the goal of preventing cases of acute rheumatic fever and rheumatic heart disease. By 1981, streptococcal throat culturing and antibiotic treatment were available in all villages in Alaska with a population greater than 200. In 1984, 49,119 throat cultures were performed by State laboratories and the Yukon-Kuskokwim Health Corporation Streptococcal Program. Unfortunately, due to budget restrictions and lack of available data processing personnel, we were forced to abandon in 1984 our computerized record system that allowed detailed analysis of streptococcal disease and the evaluation of our program at the village level.

In many parts of the world, the number of cases of acute rheumatic fever and rheumatic heart disease has decreased. Controversy swirls as to whether or not these decreases are a result of early identification and antibiotic treatment of streptococcal infections or are the result of improved socio-economic conditions, nutrition, host resistance, or other factors. Because we did not conduct our program as a research study, it is impossible to prove that our Streptococcal Control Program contributed to the dramatic reduction in the number of cases of acute rheumatic fever in Alaska. However, the reduction in the number of cases of acute rheumatic fever occurred coincident with the implementation of our program.

The prevention of acute rheumatic fever and rheumatic heart disease constitutes a major public health success. Benefits and cost-savings to the people of Alaska are tremendous. We are greatly indebted to health professionals with the Centers for Disease Control, Alaska Area Native Health Service, Yukon-Kuskokwim Health Corporation, Section of Laboratories, Division of Public Health, and community health aides and public health nurses throughout Alaska.