

Table 10.3. Recommended duration of secondary prophylaxis, updated 2025

DIAGNOSIS	DEFINITION	DURATION OF PROPHYLAXIS	CONDITIONS FOR CEASING PROPHYLAXIS ¹	TIMING OF MEDICAL REVIEW AND ECHOCARDIOGRAPHY AFTER CESSATION ²
Possible ARF (no cardiac involvement)	Incomplete features of ARF with normal echocardiogram and normal ECG ⁵ throughout ARF episode	12 months (then reassess)	No signs and symptoms of ARF within the previous 12 months Normal echocardiogram	At 1 year
Probable ARF (no cardiac involvement)	Highly suspected ARF (with or without prolonged PR interval on ECG) with normal echocardiogram	Minimum of 5 years after most recent episode of probable ARF, or until age 21 years (whichever is longer), then reassess	No probable or definite ARF within the previous 5 years Normal echocardiogram	At 1, 3 and 5 years
Definite ARF (no cardiac involvement)	ARF with normal echocardiogram and normal ECG ⁵ throughout ARF episode (including with a background of Stage A)	Minimum of 5 years after most recent episode of ARF, or until age 21 years (whichever is longer), then reassess	No probable or definite ARF within the previous 5 years Normal echocardiogram	At 1, 3 and 5 years
Definite ARF (with cardiac involvement)	ARF with carditis or RHD on echocardiogram, or with atrioventricular conduction abnormality on ECG ⁵ during ARF episode (including with a background of Stage A)	If AV conduction abnormality: Minimum of 10 years or until age 21 (whichever is longer), then reassess OR	No probable or definite ARF within the previous 5 years Normal echocardiogram	At 1, 3 and 5 years
		If RHD on echocardiogram, according to relevant RHD priority classification		
Priority 3 Applies only to people ≤20 years of age (Previously borderline RHD)	Stage A RHD The presence of mild mitral OR aortic regurgitation WITHOUT morphological features of RHD on echocardiogram AND without a documented history of ARF	In a high-risk setting: Minimum of 2 years following diagnosis, then reassess <i>If Stage A RHD still present at 2 years and still ≤20 years of age, continue for further 2 years and reassess. Consider specialist input</i>	No probable or definite ARF within the previous 10 years Normalisation of echocardiogram after a minimum of 2 years follow up	At 1-2 years
Priority 3 RHD ^{††}	Definite ARF with a prior diagnosis of Stage A RHD Any Stage B RHD by echocardiogram: Evidence of mild [†] valvular regurgitation AND at least 1 morphological category in ≤20 years old and at least 2 morphological categories in >20 years old [†] OR Mild regurgitation of BOTH mitral and aortic valves	If documented history of ARF: Minimum of 10 years after the most recent episode of ARF, or until age 21 years (whichever is longer), then reassess If NO documented history of ARF and aged <35 years: ^{††} Minimum of 5 years following diagnosis of RHD or until age 21 years (whichever is longer), then reassess	No probable or definite ARF within the previous 10 years, no progression of RHD Stable echocardiographic features for 2 years	At 1, 3 and 5 years

DIAGNOSIS	DEFINITION	DURATION OF PROPHYLAXIS	CONDITIONS FOR CEASING PROPHYLAXIS [†]	TIMING OF MEDICAL REVIEW AND ECHOCARDIOGRAPHY AFTER CESSATION [‡]
Priority 2 RHD ^{§§}	<p>Moderate Stage C RHD:</p> <p>Moderate MR, moderate AR, any non-severe MS or AS +/- associated pulmonary hypertension, dilated cardiac chambers, decreased LV systolic function</p> <p>WITHOUT evidence of clinical complications including cardiac surgery, heart failure, arrhythmia, stroke, and infective endocarditis</p>	<p>If documented history of ARF:</p> <p>Minimum of 10 years after the most recent episode of ARF or until age 35 years (whichever is longer), then reassess noting that some individuals may require extended duration</p> <p>If no documented history of ARF and aged <35 years:^{‡‡}</p> <p>Minimum of 5 years following diagnosis of RHD or until age 35 years (whichever is longer), then reassess</p>	<p>No probable or definite ARF within the previous 10 years</p> <p>Stable echocardiographic features for 2 years</p>	Initially every 12 months
Priority 1 RHD ^{§§}	<p>Severe Stage C RHD:</p> <p>Severe MR, Severe AR, any severe MS or AS +/- associated pulmonary hypertension, dilated cardiac chambers, decreased LV systolic function.</p> <p>WITHOUT evidence of clinical complications including cardiac surgery, heart failure, arrhythmia, stroke, and infective endocarditis</p> <p>All Stage D RHD:</p> <p>Moderate/severe MR, moderate/severe AR, any MS or AS +/- associated pulmonary hypertension, dilated cardiac chambers, decreased LV systolic function.</p> <p>PLUS</p> <p>Evidence of clinical complications including cardiac surgery,^{†††} heart failure, arrhythmia, stroke, and infective endocarditis</p>	<p>If documented history of ARF:</p> <p>Minimum of 10 years after the most recent episode of ARF or until age 40 years (whichever is longer), then reassess noting that some individuals may require extended duration</p> <p>If no documented history of ARF:^{††}</p> <p>Minimum of 5 years following diagnosis of RHD or until age 40 years (whichever is longer), then reassess</p>	<p>Stable valvular disease / cardiac function on serial echocardiogram for 3 years</p> <p>OR</p> <p>Patient or family preference to cease due to advancing age and/or end of life care</p>	Initially every 6 months

† All people receiving secondary prophylaxis require a comprehensive clinical assessment and echocardiogram prior to cessation. Risk factors including future exposure to high Strep A burden environments need to be considered.

‡ Echocardiography may be more frequent based on clinical status and specialist review.

§ Normal ECG means no atrioventricular (AV) conduction abnormality during the ARF episode - including first-degree heart block, second degree heart block, third-degree (complete) heart block or accelerated junctional rhythm.

†† Prophylaxis may be considered for longer in women considering pregnancy who are at high risk of recurrent ARF (Table 6.2).

‡‡ If diagnosed with mild or moderate RHD and aged ≥35 years (without a documented history of ARF), secondary prophylaxis is not recommended.

§§ Rarely, moderate or severe RHD may improve on echocardiogram without valve surgery. In these cases, the conditions for ceasing prophylaxis can change to follow the most relevant severity category. For instance, if moderate RHD improves to mild on echocardiogram, recommendations for mild RHD can then be instigated.

††† If diagnosed with severe RHD and aged ≥40 years (without a documented history of ARF), specialist input is required to determine the need for secondary prophylaxis.

‡‡‡ There may be clinician discretion regarding duration of prophylaxis following surgery for people aged >40 years based on continued exposure to Strep A infections, ongoing risk of ARF recurrence, and type of valve surgery (repaired native valves are at higher risk of damage; replaced mechanical valves are lower risk).