RHD Australia

**Table 7.4 / 11.2 RHD priority classification and recommended follow-up**

| DIAGNOSIS | RECOMMENDED FOLLOW-UP PLAN† |
|---|---|
| **Priority 1**<br>Severe RHD‡<br>High risk post-valve surgical patients§<br>≥ 3 episodes of ARF within the last 5 years<br>Pregnant women with RHD (of any severity) may be considered Priority 1 for the duration of the pregnancy<br>Children ≤ 5 years of age with ARF or RHD | Specialist review: at least 6 monthly<br>Echocardiogram: at least 6 monthly<br>Medical review: at least 6 monthly<br>Pregnant: *see Figure 12.1 for care pathway*<br>Dental review: within 3 months of diagnosis, then 6 monthly |
| **Priority 2**<br>Moderate RHD‡<br>Moderate risk post-valve surgical patients§ | Specialist review: yearly<br>Echocardiogram: yearly<br>Medical review: 6 monthly<br>Dental review: within 3 months of diagnosis, then 6 monthly |
| **Priority 3**<br>Mild RHD‡<br>ARF (probable or definite) without RHD, currently prescribed secondary prophylaxis<br>Low risk post-valve surgical patients§ | Specialist review: 1 – 3 yearly<br>Echocardiogram: children ≤ 21 years: 1-2 yearly, > 21 years: 2-3 yearly<br>Medical review: yearly<br>Dental review: yearly |
| Borderline RHD currently prescribed secondary prophylaxis | Medical review: 1-2 years after diagnosis, and 1-2 years after ceasing secondary prophylaxis<br>Echocardiogram: 1-2 years after diagnosis, and 1-2 years after ceasing secondary prophylaxis |
| **Priority 4**<br>History of ARF (possible, probable or definite) and completed secondary prophylaxis<br>Borderline RHD not on secondary prophylaxis<br>Resolved RHD and completed secondary prophylaxis | Specialist referral and echocardiogram: 1 year, 3 years and 5 years post cessation of secondary prophylaxis *(or following diagnosis in the case of Borderline RHD not on secondary prophylaxis)*<br>Medical review: yearly until discharge from specialist care and then as required<br>Dental review: yearly or as required |

† Frequency should be tailored to the individual following specialist assessment. All patients should be given influenza vaccine annually and have completed pneumococcal vaccinations as per Australian Immunisation Handbook. Intervals for medical and specialist review and echocardiography are a guide and may vary for specific individuals. Medical and dental reviews may be combined with general health check-up. People with RHD require endocarditis prevention as indicated. (See Chapter 11. Management of RHD, Prevention of infective endocarditis).

‡ See Table 10.2 for definitions of RHD severity.

§ While post-surgical RHD is by definition severe RHD, post-surgical risk varies for individuals due to age, type of surgery, recurrence of ARF, adherence with secondary prophylaxis and other factors. Priority category for post-surgical RHD varies as listed in this Priority classification table and should be determined by specialist cardiologist/paediatrician/physician. (See Chapter 11. Management of RHD, Monitoring following valve surgery).

**Reference:** RHDAustralia ARF/RHD writing group. The 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (3.2 edition, March 2022) Pages 114, 196 (https://www.rhdaustralia.org.au/arf-rhd-guideline)