



Press Release

Silent Killer Remains Silent

“With so much talk about Closing the Gap in Aboriginal and Torres Strait Islander health, we will never achieve it until the deadliest of diseases is approached differently”, says Sunrise Health Service Chair Anne Marie Lee.

“I have been a Senior Aboriginal Health Practitioner for over 14 years and I am acutely aware of the impact of Rheumatic Heart Disease on our communities in the Northern Territory. Under the guidance of NT Cardiac, Menzies School of Health and Top End Health Service I have been learning to perform echocardiograms on young people in remote communities across the Top End and sadly in every community we detect 5-10% of the young population with previously undiagnosed Rheumatic Heart Disease – some with the damage to their heart valves so advanced that it requires immediate surgery.

“Mostly it goes undetected and the only way we find out that someone has had rheumatic heart disease is when they drop dead on the playing field from a heart attack or die when they are pregnant. For most, they and their families never knew they had Rheumatic Heart Disease.

“Sadly, the only way to detect the presence of Rheumatic Heart Disease is to listen for a heart murmur caused by leaking heart valves. The common practice is to listen for this using a stethoscope which unfortunately misses 40% or more of cases. The only true way to detect Rheumatic Heart Disease is through an echocardiogram which uses a device no larger than a shaver to perform an ultrasound on the heart and clearly shows whether a heart valve is leaking or not.”

Recently, the Rheumatic Heart Disease team headed by Dr Josh Frances went to Barunga – one of the communities in the Sunrise Health Service catchment. A 29 year old Health Promotion Team Leader, Cecelia Johns, working for Sunrise Health Service was one of the four Aboriginal staff learning to perform echocardiograms and was performing the echocardiogram on herself when she saw on screen the telltale back flow of blood and that her heart valve was stiff and not closing properly – diagnosing her for the first time as having Rheumatic Heart Disease.

“At the time I was applying to be on the Indigenous Marathon Project, and my first concern was will I still be able to run?” said Ms Johns. “I have spoken to two cardiologists who have cleared me to run, but this is the first time I ever knew I had Rheumatic Heart Disease. My mother worked for a Health Service and, as a child, at the first sign of a sore throat or any skin infection I would be off to the clinic and on antibiotics. Over the years I have had many health checks and ECGs, as I always felt there was something wrong, but the issue with my heart was never picked up – it was only when I had an echocardiogram that the damage could be clearly seen.”

Last week, Ms Johns was announced as one of the 14 young Aboriginal and Torres Strait Islander Australians who are this year’s team for the Indigenous Marathon Project.

Mr Bill Palmer, the CEO for Sunrise Health said, “We applied for funding through the Commonwealth, to undertake echocardiogram screening in every one of our nine communities – it didn’t surprise us that over 5% of those screened in Barunga were identified as having early stage Rheumatic Heart Disease – we were unsuccessful in obtaining that funding as it was considered that Rheumatic Heart Disease did not meet the criteria as an emerging priority.

“Our region is one of the poorest in the country with the mean household income for both families and singles being below the poverty line. In these conditions of overcrowded housing and poor nutrition – the prevalence of undetected rheumatic heart disease would and will be high – therefore we must have a skill base in our communities to perform echocardiograms which can then be checked by the sonography team at NT Cardiac.

“Ultimately, our Chair, Ms Lee and I both agree that the Annual Health Check for young people (4-25) must contain an echocardiogram as the rate of misdiagnosis, or lack of diagnosis, through the traditional means of listening to the heart with a stethoscope is too high to be acceptable,” said Mr Palmer.

Ms Lee concluded, “For the past five years I have devoted my time to Rheumatic Heart Disease and learning to perform echocardiograms – I am passionate about this disease – it is a silent killer and we have the means to reveal it early and stop this waste of young people’s lives – it is time for the Commonwealth Government to get behind us, funding the mass checking for Rheumatic Heart Disease across the Top End and to make changes to the Medicare system so that an echocardiogram is part of the Annual Health Check for young people and that health services and cardiologists are funded to do this – then we might have a chance to Close the Gap.”

For further information or evidence please contact Bill Palmer on 0427 392 059.

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