



Third World disease a blight on indigenous

VICTORIA LAURIE

When Kenya McAdam wasn't bedridden as a child, she would drag herself to school and sit in the classroom. "I wouldn't move," says the 21-year-old childcare worker, whose current good health is proof that she has survived rheumatic heart disease.

But Australia has a high level of the disease, which is caused by a bacterial infection of the throat and skin and is common in poverty-stricken nations.

Some of the nation's leading medical researchers are meeting today in Darwin to create a plan to wipe out the life-threatening condition, which disproportionately affects indigenous Australians.

Pediatrician Jonathan Carapetis, who has led research efforts for 20 years, says young people such as Ms McAdam are up to 122 times more likely to contract the



GLENN CAMPBELL

Patient Kenya McAdam

disease than non-indigenous youngsters. And it affects one in 43 indigenous people living in remote and rural Australia.

"It's entirely preventable, yet the rates of this devastating condition among Aboriginal and

Torres Strait Islander people are among the highest in the world," says Professor Carapetis, director of Perth's Telethon Kids Institute. "It should no longer exist in Australia."

Rheumatic heart disease can result in permanent damage to the heart if it is not treated with antibiotics. It is caused by a bacterial infection of the throat and skin, which can result in heart failure and other complications, including stroke, without antibiotic treatment.

Ms McAdam's life was saved by heart surgery to repair leaky valves after a cardiac arrest and years of breathlessness. "My mum thought that only older people suffer from heart attacks," she said.

Her younger brother and sister must endure a painful penicillin injection every month for up to 10 years to prevent further infections.

But many affected indigenous

youth fail to receive more than half their monthly penicillin requirement. More than 2600 people in the Northern Territory have rheumatic heart disease, while sufferers in Western Australia's remote Kimberley Region are recorded as dying at an average age of 41.

Professor Carapetis said research institutes around Australia were collaborating on ways to prevent and treat streptococcus infections that lead to the disease, such as long-acting penicillin or an antibacterial vaccine.

Heather D'Antoine, from Menzie's School of Health Research's Aboriginal Programs, said today's meeting to discuss lifesaving initiatives "can't come soon enough".

"The impact on our community is devastating; children must travel for heart surgery; young adults live with premature disability; and pregnant women face high-risk pregnancies," she said.