ACCESS TO ESSENTIAL MEDICINES: ILLUMINATING DISPARITIES IN THE GLOBAL SUPPLY OF BENZATHINE PENICILLIN G IN THE CONTEXT OF RHEUMATIC FEVER/RHEUMATIC HEART DISEASE PREVENTION

Poster Contributions
Poster Sessions, Expo North
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Session Title: Optimal Management of Tricuspid Regurgitation and Trends in the Treatment of Endocarditis
Abstract Category: 32. Valvular Heart Disease: Therapy
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Background: Rheumatic fever (RF) develops after up to 3% of untreated group A streptococcal (GAS) tonsillopharyngeal infections. Though it is rarely acutely fatal, 40-80% of RF cases develop carditis and 90% of these develop chronic rheumatic heart disease (RHD). In developing countries, RHD is responsible for 1/3 to 1/2 of all cardiac admissions to hospitals and is the leading cause of CV death in the first five decades of life. Prevention or treatment of GAS infection is the key to preventing RF/RHD. The gold-standard treatment for prevention of first or subsequent attacks of RF is injection with benzathine penicillin G (BPG). Unfortunately, there is evidence of BPG shortages and clinical failures in patients receiving appropriate treatment. The current study seeks to define the scope of BPG supply issues in regions with a high prevalence of RF/RHD using a global survey of healthcare providers about their clinical experiences.

Methods: A survey for healthcare providers was developed in English, French, and Spanish containing questions in three categories: Quality of BPG supply, quantity of BPG supply, and adherence to RF/RHD prevention guidelines. Survey recipients were identified and contacted between November 2011 and April 2012.

Results: Responses were received from Africa, Asia-Pacific, and Central and South America. 33% of respondents report international suppliers. 19% of respondents report patients must obtain some or all doses of BPG from a pharmacy. 42% of respondents report there are issues maintaining their BPG supply. 85% of participants who changed BPG brands did so because of availability. 11% of respondents report that one or more patients have experienced breakthrough RF while on BPG prophylaxis. 26% of respondents report that one or more of their patients have had anaphylaxis on their current brand of BPG and 20% had a patient die due to BPG anaphylaxis.

Conclusion: Lack of an acceptable domestic supply of BPG is a significant problem in several global sites where RF/RHD is prevalent. Without consistent access to an inexpensive and high quality supply of BPG, children in areas with a high prevalence of RF/RHD will remain at risk of developing this crippling and life threatening condition.