

Evaluation of Knowledge Regarding Rheumatic Fever and Its Prevention among Doctors at a Tertiary Cardiac Care Unit

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QUESTIONNAIRE

Section A: Demographic

1. Age _____
 2. What is your gender? ☐ Male ☐ Female
 3. Doctor Designation _____
 4. Year of graduation _____
 5. Satellite Center _____
 6. Total job experience _____
 7. Attached with teaching hospital: ☐ Yes ☐ NO
 8. Are you currently working or have worked in cardiology Department: ☐ Yes ☐ NO
- Cardiology experience: _____

Section B: Facts or Myths		True	False
Q1.	Mechanism of Rheumatic Fever (RF).		
	a) A delayed (within 2-3 weeks) response to GAS throat infection.		
	b) An immediate (within 2-3 Days) response to GAS throat infection.		
	c) Can be caused rarely by GAS skin infection.		
	d) Can be prevented by early treatment of GAS throat infection.		
Q2.	Diagnosis of RF.		
	a) Cause sudden onset of sore throat, pain and swallowing.		
	b) Cause hoarseness		
	c) Throat culture has 100% sensitivity for diagnosis		
	d) Flu like symptoms (cough, fever, conjunctives).		
	e) ASO titer can be detected even a month after GAS infection		
Q3a.	How you treat patients with GAS throat infection without previous RF (Primary prophylaxis).		
	a) Inj. Benzathin penicillin G once is preferable treatment.		
	b) You do not prefer Oral penicillin (over injection) because it is Not effective		
	c) Duration of oral therapy is 3 days.		
	d) Injection Benzathin penicillin is rarely used		
	e) You believe that "TEST DOSE" prior to penicillin injection is not Necessary.		
Q3b.	In a patient allergic to penicillin requiring primary prophylaxis for GAS throat infection, you prescribe which of the following drugs		
	a) Sulphadiazine		
	b) clindamycine.		
	c) Erythromycin.		
	d) Chloramphenicol		

Q4.	Regarding recurrence of Rheumatic fever.		
	a) Patient with past history of RF is resistant to recurrence of RF.		
	b) Benzathin Penicillin injection can prevent recurrence of RF.		
	c) Patient with known Rheumatic heart Diseases (RHD) are at highest Risk for recurrence during one year after RF.		
	d) Patient operated for RHD are resistant to recurrence of RF.		
	e) Doctors and nurses are resistance to recurrence of RF.		
Q5.	How do you prescribe penicillin for prevention of RF in patient? With history of previous RF (secondary prophylaxis).		
	a) Patient without residual valvular lesion and carditis you prescribe penicillin for how much duration.		
	1. for 1 year only.		
	2. 5 years or until the age of 21 years.		
	3. 10 Years and until age of 25 years.		
	4. Life Long		
	5. You belief it is not required.		
	b) Patient with definite residual valvular lesion you prescribe penicillin for.		
	1. for 1 year.		
	2. 10 years from last episode or until the age of 25 years. Which ever Is longer.		
	3. May be required for life long.		
	c) After valve surgery in patient with RHD you prescribe penicillin for.		
	1. Route should be changed to intravenous because of increased INR.		
	2. Same duration as residual severe valve disease		
	3. Not required after surgery		
Q6.	In your practice for secondary prophylaxis (i.e to prevent recurrence of RF) you advise injection Benzathine penicillin G.		
	a) Once every month.		
	b) Once every 3 months.		
	c) Once every 3 weeks if patient has high risk for recurrence		
	d) Once when patient gets GAS throat infection		
Q7.	Your preferred site for injection Benazathine penicillin G is.		
	a) Intramuscular (IM) Upper outer quadrant of gluteal region.		
	b) IM lower outer quadrant of gluteal region.		
	c) IM Upper inner quadrant of gluteal region.		
	d) Deltoid is preferable site.		
Q8.	In a patient who require long term secondary prophylaxis to prevent recurrence of RHD. Which drug you will prescribe to penicillin allergic patients (drugs)		
	a) Tab sulphadiazine 1 gm OD.		
	b) Tab tetracycline 250 mg BD.		
	c) Tab flagyl 400 mg BD.		
	d) Capsule Amoxil 250 mg TDS.		