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### **Submission on the Guidelines for the Management of Group A Streptococcal Sore Throat**

The New Zealand Nurses Organisation thanks you for inviting comment on this document. We have consulted with members and are pleased to endorse the document, with minor changes. Our feedback to you is two-fold being; answers to the specific questions and an accompanying "tracked changes" document with some grammatical recommendations.

#### **Background of our organisation**

The New Zealand Nurses Organisation (NZNO) is a Te Tiriti o Waitangi based organisation which represents 39,000 health workers, the majority of whom are registered nurses. NZNO is the largest professional body of nurses in Aotearoa New Zealand. Our members include nurses, midwives, students, health care workers and other health professionals. Eleven and a half thousand NZNO members are organised into twenty two professional sections and colleges where nurses pursue their professional interests and ethical obligations. They publish standards of nursing practice, clinical guidelines for their specialties, patient information material and other professional documents. Of relevance to this document, and the Rheumatic Fever Guidelines, are the professional groups of the NZNO Nurses for Children and Young People of Aotearoa, NZNO Cardiac Nurses Section, NZNO College of Emergency Nurses, NZNO NZ College of Practice Nurses, NZNO Public Health Nurses Section and the NZNO Primary Health Care Council.

## Specific questions

### Section 1: - General Questions

1. Does the guidelines present clear information about the management options available in New Zealand and the likely consequence of each option

**Yes**

2. What changes will be necessary to implement the guideline recommendations in NZ?

**Wide distribution, particularly nurses (all those in primary health and emergency), general practitioners (GPs) and emergency practitioners. This must be accompanied by education of nurses and health professionals that will come into contact with these whanau/families.**

3. Is the research base behind the recommendations clear and convincing

**The extensive research soundly supports the recommendations**

4. Is any additional information needed to make these guidelines useful in a NZ setting?

**Our members were divided in this answer. They felt no further information is required and equally felt that there needed to be more evidence from a NZ perspective.**

5. Do you have any comments on the tone, format, readability and applicability of the content for the audience?

**The document is long and difficult to absorb. We recommend that the studies are appended as supporting evidence to the recommended guideline. In addition, a copy of the document is attached with recommended changes to grammar throughout the document.**

6. Do you have any suggestions for improving the algorithms?

**The algorithms are clear and easy to follow. The notes below the algorithms are necessary but long. We suggest the all bracketed wording is formatted in italics.**

7. Please specify the title and job description you would like to appear after your name.

**The New Zealand Nurses Organisation**

### Section 2 – Guidelines specific Consultation Questions

1. Do you think it is possible to get medical staff / health workers to use the modified Centor criteria accurately?

**With adequate education staff and health workers will be able to use the**

**criteria. The information is presented in a readily and understandable way.**

2. Do you think Maori and Pacific patients should be managed differently (treated as high-risk for rheumatic fever), as we have suggested in the guideline?

**Yes. It has clearly been established that the risk to these groups is higher, therefore they would benefit from extensive input, education and support to help reduce the incidence of this illness in whanau/families and their communities**

3. So do you think we can recommend once daily amoxicillin on the basis of these 3 studies or not?

**This is an appropriate choice based on the likelihood of compliance. There must be an awareness of the need for alternative medication in presence of infectious mononucleosis.**

4. We have elected not to have GAS positive patients kept home from school / daycare for 24 hours, in line with the current NZ standard care: any comment?

**In order to answer this question we would need clarification that by the time the diagnosis is confirmed, the person concerned will no longer be transmitting the illness.**

5. We are not able to locate one study in the Del Mar Cochrane, Leelarasamee 1999. Is anyone aware of this study or is this an error?

**We have no knowledge of this study.**

6. Is the sore throat management algorithm easy to follow? Does it need any changes?

**It is clear and easy to follow.**

7. Is the household contact management algorithm easy to follow? Does it need changes?

**It is more complex than the previous algorithm but understandable. There needs to be an accompanying note that practitioners may use professional knowledge to err on the side of "high risk" in situations such as household overcrowding, and where multiple individuals/whanau/family in the household use more than one GP and knowledge of others illnesses may be limited.**

8. Is it feasible to throat swab and treat household contacts, where there are 3 or more cases of GAS pharyngitis in the household in a 3 month period? How is this best implemented?

**Use of allied health professionals such as Iwi health workers, whanau support workers, educators in Marae, Kohanga Reo and other places where whanau/families gather would assist in reaching people and improving**

**compliance, return visits, and adequate opportunity for follow up care.**

9. Does GAS pharyngitis need to be a notifiable disease (to the Ministry of Health) to help with the management of contacts in high risk areas?

**Yes. This would build NZs database and assist in the evaluation of the implementation of these NZ guidelines being both an economic and health responsibility.**

The New Zealand Nurses Organisation thanks the Guideline Team, peer reviewers and contributors for the development of this guideline. We look forward to the final document and confirmation of distribution and education to those we have recommended.

Enquiries to

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