Rheumatic fever (RF) and Rheumatic Heart Disease (RHD) accounts for most cases of acquired heart disease in children and young adult, in the developing world. It causes considerable suffering, serious disability and premature death with significant social impact in terms of hospitalization costs and clinic visits. Prevalence is more common in areas of overcrowding and poor socioeconomic conditions. The treatment is highly influenced in our country by its geographical condition and also the lack of financial resources, but the lack of knowledge seems to be the prime factor. Though studies have shown decline in prevalence, especially in urban and semi urban areas, the true prevalence was noted to be higher in recent studies where echocardiography was used as the screening tool reflecting the need of primary and secondary prevention. At present, hospitalization rates and the interventions for RF/RHD is still high. Fundamental to the true primary prevention of RF is the improvement of socioeconomic conditions and improved access to health care. The role of health education in general public and medical personnel also cannot be neglected. The need of primary and secondary prevention needs to strengthen but the most important step in the eradication of RF/RHD- the improvement in living condition and reduction of overcrowding- still remains an important issue in Nepal.

In this issue, we look at the current scenario of RF and RHD in our country, the prevention programs and its effectiveness and also the development of treatment modalities. Though the prevalence of coronary artery disease is increasing, RF and RHD still remains an important health issue in the field of cardiology. The need of national registry for the estimation of true prevalence and its usefulness in the formulation of treatment strategies is a primitive step towards its eradication from our country. The nationwide scientific researches including the prospective randomized controlled trials needs to be conducted to help guide us the formulations of treatment strategies and eradication protocols in our context.

RF/RHD remains an important condition and a major cause of morbidity and mortality in our country. We hope this special issue will help raise the awareness of RF/RHD among general population, health workers and policy makers which would result in better preventive and treatment policies.

Dipanker Prajapati
Editor
Nepalese Heart Journal