



Challenges in the control and prevention of infective endocarditis in the Philippines

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Li and colleagues reported that the incidence of infective endocarditis (IE) in Hong Kong did not change between 2002 and 2019. However, patients with IE in 2019 were older and with more comorbidities than patients in 2002, contributing to the persistently high mortality rate (30%) of IE.¹ We share our experience and challenges in controlling, preventing, and treating IE in the Philippines, a developing country in Southeast Asia.

Data on the epidemiology of IE in the Philippines remains limited. Based on a study in a tertiary care center in the Philippines, the annual incidence of IE was 10/10,000 admissions.² The most common predisposing cardiac conditions were rheumatic and non-rheumatic valvular heart disease, with the mitral and aortic valves being the most affected, and congenital heart diseases.³ Complications include major neurologic events, glomerulonephritis, arrhythmia, cardioembolic events, and death due to refractory sepsis, emboli, cardiac decompensation, or operative deaths.²

The National Antibiotic Guidelines (2018) adopted the American Heart Association Guidelines on IE to guide antibiotic therapy in the treatment of IE in the country. Patients are treated empirically with IV antibiotics before shifting to a pathogen-specific treatment for 4–6 weeks once a pathogen is defined, and susceptibility results are obtained from at least three sets of blood cultures. Surgical management is indicated in patients with severe complications, including heart failure, severe valvular damage, and systemic embolism.⁴

Management of risk factors of IE is paramount to addressing the burden of IE and its complications in the Philippines. This includes managing preexisting valvular and congenital heart diseases, preventing rheumatic

heart disease, and using IE prophylaxis to prevent another episode of IE. Any limitations to these may hinder the control of IE. For example, the high cost of medical services deters patients from seeking medical attention.⁵ This causes difficulties in treating pharyngitis and identifying existing valvular heart diseases that help prevent rheumatic heart disease. Ensuring good oral health also takes a back seat in light of limited affordable healthcare services, especially in low socioeconomic status communities. Finally, there is also a lack of infrastructure for better disease reporting and population-based studies to allow accurate measurement and evaluation of IE patients. To address these challenges and burden, we call on the government to continue expanding health insurance coverage and increase fund allocation to the health and research sectors in the Philippines.

Declaration of interests

We declare no competing interests.

Acknowledgments

This study did not receive funding.

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DOI of original article: <http://dx.doi.org/10.1016/j.lanwpc.2022.100417>

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The Lancet Regional Health - Western Pacific
2022;22: 100458
Published online xxx
<https://doi.org/10.1016/j.lanwpc.2022.100458>