

LATEST UPDATE ON “FLU” 2017 (September 2017)

INFLUENZA 2017:

Influenza rates are high across Australia and are at near record levels in Victoria. The total number of “Flu” notifications across Australia between January and August 2017 have been recorded at 75,208 compared to 51,590 over the same period in 2016.

Very high numbers of people are presenting to Emergency Departments and General Practices. Respiratory outbreaks, primarily in Aged Care Settings, are at highest recorded levels. However, Flu has been especially prominent in the younger and more vulnerable members of the community as well as healthy young and older adults. Many children under 10 years have been diagnosed with the illness in higher numbers this year.

Flu – caused by infection with an Influenza virus, is mostly a disease which peaks during July and August. However, outside Winter, “Flu” viruses can still spread amongst us. Multiple Flu viruses circulate each year and are broadly grouped into two types – Influenza A and Influenza B. The B strains are generally classified into two main sub-types whilst the A strains tend to be more variable.

Each year, new Flu Vaccines are designed based on detailed characterisation of the Flu Viruses circulating in the previous season. However, the viruses that end up dominating the next season may change in the meantime. In particular, Influenza A strains can mutate slightly and may not be the exact match to the ones manufactured in the Flu Vaccine. This year, the Quadri-valent Influenza Vaccine (Flu Vaccine) covers two A and two B strain Influenza Viruses. Whilst experts believe that the 2017 Flu Vaccine composition is a very safe and effective match to the main circulating viruses, varied imported or mutating strains may still circulate and affect individuals who have been vaccinated.

However, Flu Vaccination will provide protection for the main circulating strains and with around two months of the season remaining, it is still a valuable protection measure. Other prevention methods to reduce the spread of Influenza include hand washing and good hygiene practices, and social distancing for those who are unwell – to prevent further spread of the Influenza virus.

The “Flu” vaccine can be given to infants from as young as 6 months of age. Patients over 65 years, pregnant women, Aboriginal and Torres Strait Islanders and others in the community with conditions predisposing them to severe illness are entitled to funded Flu vaccines. We strongly encourage patients who are travelling both nationally and internationally to consider have a Flu Vaccine prior to departure.

We still have plenty of funded and private Flu Vaccines in stock here at 302 Glenferrie Road Medical Centre. Please see your GP or one of our Practice Nurses (Tanya, Susan, Karen) if you have any queries. Furthermore, Flu vaccines can be given by our Practice Nurses directly without having to book in with your GP.

MENINGOCOCCAL A,C,W,Y VACCINE – FUNDED PROGRAM

FOR 15-19 YEAR OLDS

In recent years the Meningococcal W strain has increased across Australia, with Victoria experiencing 48 cases in 2016, compared to 17 cases in 2015, four cases in 2014 and one in 2013. It is now the predominant strain in Victoria. Although uncommon, meningococcal disease can become life threatening very quickly.

Commencing in April 2017, a funded Meningococcal Vaccination Program (for strains A,C,W,Y) has been running in Victoria for those aged 15 – 19 years. This age cohort has been targeted as young people in this age group are at increased risk of meningococcal disease and more likely to spread the disease to others. Immunisation experts have advised that immunising this age group can prevent spread to other age groups.

The majority of individuals in the age group are being vaccinated through the Secondary School Vaccination Program whereby students in Years 10, 11 and 12 receive the Menactra Vaccine (Meningococcal A,C,W,Y) at school through the Local Council Nurse Immuniser Program. However, some students are potentially being missed. Students who are currently 14 years but will be turning 15 years up until 31/12/17 are eligible for the free vaccine. Similarly, individuals who are no longer at school and will be 19 years up until 31/12/17 are also eligible (ie: early school leavers, 1st/2nd year University students etc).

These **eligible** individuals are able to receive the Meningococcal A,C,W,Y Vaccine (Menactra) free through the Clinic. Appointments can be made directly with the Practice Nursing staff whereby the consultation will be bulk-billed and the Menactra vaccine provided free. Some individuals in these age groups may have already received the Menactra Vaccine as part of previous travel vaccinations and will not require another dose if given under 5 years ago. If you or your child is unsure whether or not he/she has received a previous dose of this Meningococcal A,C,W,Y vaccine or have any other immunisation/vaccination questions, please speak to Tanya, Susan or Karen (Practice Nurses) or your GP.

Meningococcal ACWY Vaccine for Adolescents – Department of Health – Victoria – April 2017

Latest Travel Health Alerts (September 2017)

Below are the latest Travel Health Alerts for disease outbreaks in specific countries. If you are travelling interstate/internationally, please take the time to read about potential infections/diseases in the countries you are visiting. In most cases, vaccinations and/or medications are available prior to travel to help combat specific vaccine-preventable diseases. If you have any queries about travel-related health issues, please speak to your GP. If you are unsure what vaccinations you have had in the past and what injections are recommended for specific countries, please contact our Practice Nurses – Tanya, Susan and Karen.

MEASLES – Italy, Belgium, France, Germany, Romania, Bulgaria, Portugal

MUMPS – Cairns, North West Queensland, Gulf of Carpentaria, Auckland (NZ)

Measles is a highly contagious virus and outbreaks occur in both developing and developed countries. While generally a mild disease, Measles can also result in severe illness such as Pneumonia and Encephalitis and occasionally death. While the virus is typically seen as something picked up by children, the virus has a tendency to spread rapidly amongst young adults in sports groups or university accommodation who are not completely vaccinated.

Mumps is generally a mild disease in children, however it can cause more severe illness in adults, including Encephalitis (1 in 1000 cases) and permanent hearing loss (1 in 20,000 cases).

All travellers should ensure they have had two “Measles/Mumps/Rubella” combination vaccines prior to travel if they have not had wild strain Measles or Mumps. The current National Immunisation Program provides for routine vaccination of children at 12 months and 18 months for Measles, Mumps, Rubella (MMR combination vaccine). Adults can pay privately for a booster MMR vaccine if required. Please discuss with your GP or Practice Nurse if you require any further information.

DENGUE FEVER – Fiji, Vietnam, China, India, Sri Lanka, Myanmar, Nepal

There have been increases in the number of Dengue Fever cases reported in the countries listed above. If you are heading to these areas, Dengue Fever will almost certainly present a risk – even during short stays in quality accommodation. Dengue is spread by two types of Aedes mosquitoes. Both breed close to houses and other dwellings, are attracted to shady areas and locations that are damp and have stagnant water lying around. These mosquitoes bite mainly during daylight hours. It is important to avoid being bitten by mosquitoes. Cover up with long sleeved tops, long pants and shoes and socks when mosquitoes are most active; apply repellent containing an active ingredient, such as DEET (ie: Rid Tropical or Bushmans). Dengue-transmitting mosquitoes are found in all areas and mainly bite during the daylight hours. There is no vaccination to protect against Dengue Fever.

HAND, FOOT AND MOUTH DISEASE (HFMD) - Vietnam

Travellers with small children should be aware of the increase in Hand, Foot and Mouth Disease (HFMD) in Vietnam. The nation is experiencing a large outbreak of this highly contagious viral disease, which affects mainly children. Symptoms include fever, oral lesions and rash on the hands, feet and buttocks. It is spread by direct contact with infected persons or with virus-contaminated surfaces. There is no vaccine or preventative medication however good hygiene practices will greatly reduce the risk of infection. Use of antibacterial wipes and alcohol hand rub will decrease the transmission of the virus.

TYPHOID – India

There have been reported cases of Typhoid in visitors to northern regions of India including New Delhi and Agra. Typhoid is a common worldwide bacterial disease transmitted by the ingestion of food or water contaminated with the faeces of an infected person. The bacterium that causes Typhoid Fever may be spread through poor hygiene habits and public sanitation conditions, and sometimes also by flying insects feeding on faeces. Those travelling to countries where Typhoid is prevalent should receive a Typhoid vaccine at least 14 days prior to travel. The vaccine lasts for approximately 3 years. Furthermore, all travellers to endemic areas should adopt strict personal hygiene and safe water/food consumption practices, drink bottled water, avoid ice in drinks, only consume fruit, vegetables and specific seafoods that you can peel and avoid open buffets and street vendor foods.

YELLOW FEVER – Brazil

Yellow Fever – An alert has been issued for travellers going to Rio de Janeiro in Brazil. Despite an increase in the Yellow Fever Vaccination Program in 2017 in 92 municipalities, there have been new Yellow Fever cases diagnosed since June 2017. Yellow Fever Virus is a mosquito-borne disease found in tropical and sub-tropical areas of Africa and South America. It is very rare for Australian travellers to become infected with the virus – however, if contracted, it can be fatal. Every patient travelling to declared “Yellow Fever” endemic areas of South America and Sub-Saharan Africa must receive a Yellow Fever Vaccine (Stamaril®) and carry a Yellow Fever Vaccination Record Book with them at all times. This will be documented evidence that you have been vaccinated against the Yellow Fever Virus. As of June 2016, the WHO declared the vaccine now gives “life protection” and does not need to be updated every 10 years. Travel Tip – take a photograph of your Yellow Fever Vaccination Certificate on the your mobile phone, IPAD, computer or other mobile device that you are travelling with. Also take a photocopy of the certificate and carry in your luggage and give a copy to another person with whom you are travelling.

MALARIA – Zimbabwe, India

Cases of Malaria have significantly increased in the capital of Zimbabwe- Harare in 2017. Authorities have implemented Public Health measures such as insecticide fogging and provided residents with bed nets – however, new cases of Malaria are being diagnosed frequently. Similarly, there has been an increase in many mosquito-borne diseases in India due to the monsoon season. Malaria has hit all time highs and can affect local residents and travellers alike.

For most travellers to Africa, India and many other countries world-wide, Malaria can pose as a significant risk. It occurs year round in urban and rural areas including major cities in specific countries. People travelling to malarial endemic regions should discuss their itinerary with their GP and determine if anti-malarial medication is necessary for travel.

(Travelvax Newsletters August/September 2017)

(Centers For Disease Control – CDC)

(World Health Organisation – WHO)