**saundersstreetclinic**

**37 Jackson Street, Wynyard, TASMANIA. Phone 6442 1700**

**Newsletter Aug-Sep-Oct 2017**

**Opening hours**

Monday - Thursday 9am-1230 pm, 2pm-5 pm

Friday 9am-1230 pm, 2.30pm-5 pm

Saturday, Sunday, Public Holidays closed

**After hours arrangements**

Please phone the surgery number, you will be given the number for Health Direct which is a phone triage service providing advice by the Federal Government. This service will contact the doctor on call at Saunders Street if necessary, following assessment by a registered nurse and in some cases by a doctor. If your concern is about **a medical emergency** call the ambulance service on **000**-there is no charge for ambulance call-outs in Tasmania.

 If the matter is urgent but not an emergency call **Health Direct 1800 022 222**. A registered nurse using triage protocols will take your call. If necessary the call will be transferred to a GP at GP Assist in Hobart and if that GP thinks a call out or house call is warranted a GP from this clinic will be contacted.

**Bowel cancer screening**

# Bowel cancer one of Australia's biggest killers, but people aren't taking free test



[out to homes for free. (bowelcanceraustralia.org)](http://www.abc.net.au/news/2017-07-26/bowel-cancer-screening-kit/8743206)

**It is the second-most common cancer in Australia, but health authorities are frustrated more people aren't participating in screening for bowel cancer.**

## Common causes of bowel cancer:

* Inherited genetic risk, family history
* Being overweight or obese
* High alcohol consumption
* Smoking
* Polyps, or growths, on bowel
* High red meat consumption, particularly processed

The Cancer Council Victoria is calling on people to get themselves tested for the disease, which kills about 1,300 people in the state each year.

That is four times the road toll and is more common in those over the age of 50.

The disease develops from the inner lining of the bowel. It can also be referred to as colon or rectal cancer.

Only breast cancer kills more women, and prostate cancer more men, than bowel cancer.

Chief executive Todd Harper said many lives could be saved through early detection, if more people took the opportunity to be tested.

"Bowel cancer is one of our most preventable deaths because we have a screening program that is able to detect bowel cancer often before symptoms are felt," he said.

"Yet tragically only 39 per cent of Victorians currently participate in the national screening program."

Mr Harper encouraged people to use the free test kit when it was sent out to homes across the country.

"People are able to do the test in the privacy of their own home, it's free, it's confidential," he said.

If a person is not eligible for the free kit they can ask their GP for one, or they can purchase a test for about $30 from a chemist or health organisation.

The main treatment for bowel cancer is surgery but radiotherapy or chemotherapy can sometimes be used if the cancer is advanced.

He said it came as a surprise for many people that bowel cancer killed so many people each year.

"It doesn't have the profile of some other illnesses and yet this cancer we know can be prevented through good diet, exercise and reducing alcohol consumption," Mr Harper said.

"There is a great opportunity here to encourage more people to participate in screening, and ultimately to save many lives into the future."

http://www.abc.net.au/news/2017-07-26/australians-ignoring-free-bowel-cancer-test/8743172

**Flying when pregnant**

Restrictions around flying while pregnant vary from airline to airline, and also according to the length of the flight.

Both Qantas and Virgin Australia allow women without pregnancy complications to travel on flights more than four hours in length up to the end of the 36th week for single pregnancies and the end of the 32nd week for twins or more.

For flights less than four hours, you can travel up to the end of the 40th week in a single pregnancy and the 36th week for a multiple pregnancy.

But both airlines require women travelling after 28 weeks of pregnancy to carry a note from their doctor or midwife confirming their due date and pregnancy details. For Virgin Australia travellers, this letter needs to be dated no more than 10 days before travel.

And if you have complications, you have to travel with a medical clearance form signed by your doctor.

**flying when pregnant**

* Get a letter from your health provider as per your airline's requirements
* Reduce the risk of DVT by staying well hydrated, staying mobile during the flight and wearing compression stockings
* Make sure your travel insurance covers pregnancy-related conditions, just in case something does happen while you're away
* Carry a hard copy of your pregnancy summary with you when you travel, just in case you need medical treatment during your trip

<http://www.abc.net.au/news/health/2017-07-17/flying-while-pregnant-what-are-the-risks/8644934>

**Influenza**

The federal influenza surveillance report for the fortnight to September 15 predicted moderate to high levels of flu activity would continue over the next few weeks.

Confirmed cases of the flu have more than doubled so far this flu season, calling into question the effectiveness of the new quadrivalent vaccine, which has struggled to contain the virulent H3N2 strain of flu that has hit older people particularly hard.

According to the report, flu activity continues to increase in parts of the Northern Territory, Western Australia, South Australia and Tasmania but has stabilised in Victoria.

The update comes as the World Health Organisation has met in Melbourne this week to discuss the international flu season and make recommendations for the vaccines administered across the southern hemisphere next year.

**Measles**

This is making a comeback in Australia so it is important to have children immunised.

Measles is a highly contagious viral infection causing fever and a rash. Early symptoms are like the common cold, with conjunctivitis (sore red eyes) and cough. Small white spots called Koplik spots may be seen in the mouth. A red blotchy rash appears on the face on the third day of the illness, spreads to the trunk, and becomes more generalised over the next few days.

Measles is caused by measles virus, which belongs to the morbillivirus family.

Before widespread immunisation against measles in industrialised countries, measles was a very common childhood disease that carried a high death rate. Nowadays in countries where measles is part of an immunisation programme, the risk of exposure and incidence of actual disease cases is low. A recent trend by some parents not to immunise their children has led to an increase in the number of cases of measles, and its complications.

In developing countries, measles still occurs frequently and is associated with a high rate of complications and death. It remains a common disease even in some developed countries of Europe and Asia. Measles still causes more than a million childhood deaths each year.

Measles is highly contagious and is easily spread from person to person by breathing in airborne respiratory droplets from an infected person's coughing or sneezing.

An infected person is contagious from 2 days before any symptoms show to at least 5 days after the onset of rash.

An acute infection of measles almost always gives lifelong immunity.

Groups of individuals who are at greater risk of measles infection include:

* Infants who have lost their passive immunity from their mothers (acquired from their mother through transfer of antibody across the placenta) and before their first immunisation
* Unvaccinated travellers to areas where measles is endemic
* Individuals with [immunodeficiency](https://www.dermnetnz.org/topics/immunodeficiency/) (eg due to infection with [HIV/AIDS](https://www.dermnetnz.org/topics/skin-conditions-relating-to-hiv-infection/), leukaemia, cancer, [corticosteroid therapy](https://www.dermnetnz.org/topics/systemic-steroids/)), regardless of their immunisation status
* Migrants and refugees

Individuals at greater risk for severe measles and its complications include:

* Malnourished individuals (particularly children that are deficient in vitamin A)
* Those with an underlying immune deficiency
* Pregnant women

## What are the signs and symptoms of measles?

[](https://www.dermnetnz.org/imagedetail/20058)

[Rash Day 3](https://www.dermnetnz.org/imagedetail/20058)

Measles appears as distinct clinical stages.

Incubation period

* Ranges from 7–14 days (average 10–11 days).
* Patient usually have no symptoms.
* Some may experience symptoms of primary viral spread (fever, spotty rash and respiratory symptoms due to virus in the blood stream) within 2–3 days of exposure.

Prodrome

* Generally occurs around 10–12 days from exposure.
* Appears as fever, malaise and loss of appetite, followed by conjunctivitis (red eyes), cough and coryza (blocked or runny nose).
* 2–3 days into the prodromal phase, Koplik spots appear. These are blue-white spots on the inside of the mouth opposite the molars, and occur 24–48 hours before the [exanthem](https://www.dermnetnz.org/topics/exanthems/) (rash) stage.
* Symptoms usually last for 2–5 days but in some cases may persist for as long as 7–10 days.

[Exanthem](https://www.dermnetnz.org/topics/exanthems/) (rash)

* Red spots ranging from 0.1–1.0cm in diameter appear on the 4th or 5th day following the start of symptoms.
* This non-itchy rash begins on face and behind the ears. Within 24–36 hours it spreads to the entire trunk and extremities (palms and soles rarely involved).
* The spots may all join together, especially in areas of the face.
* Rash usually coincides with the appearance of a high fever >/= 40C.
* Rash begins to fade 3–4 days after it first appears. To begin with it fades to a purplish hue and then to brown/coppery coloured lesions with fine scales.

Recovery

* Cough may persist for 1–3 weeks.
* Measles-associated complications may be the cause of persisting fever beyond the 3rd day of the rash

Diagnosis of measles is based on the characteristic history and physical examination. Because the disease is now so rarely seen in developed countries, any suspected cases require laboratory confirmation. This is particularly useful in the following situations:

Approximately 30% of reported measles cases have one or more complications.

Measles can be prevented by vaccination with live attenuated measles vaccine. It is available as a single antigenpreparation or combined with live attenuated mumps or rubella vaccines, or both. Combined measles, mumps and rubella (MMR) vaccine is currently part of routine immunisation programmes in most industrialised countries, including New Zealand.

Measles vaccine induces long-term (probably life-long) immunity in most individuals. Vaccination schedules recommend a two-dose immunisation strategy, the first dose at 12–15 months, followed by a second dose at 4–6 years.

Measles vaccine should not be given during pregnancy. Women not previously immunised against measles should avoid pregnancy for one month (28 days) after receiving the MMR vaccine.

Immune globulin does not prevent measles, but it is helpful in decreasing the severity of illness in those exposed to the virus. It is recommended for:

* Pregnant women
* People with immune deficiency
* Infants

Individuals vaccinated prior to 1968 may require revaccination, as vaccines used before this time may not have conferred life-long immunity.

<https://www.dermnetnz.org/topics/measles/>