**saundersstreetclinic**

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

**Newsletter January 2017**

**Opening hours**

Monday - Thursday 9am-1230 pm, 2pm-5 pm ( Dr’s in teaching session until 2.30 pm Thurs)

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.

**New doctors 2017**

Full time GP’s are Jim Berryman and Chris Hughes. Part-time GP’s are Sarvin Randhawa who is also working part-time at UTAS Rural Clinical School teaching medical students, Ali Johnson works Mondays only and also works part-time at the Burnie Aboriginal centre in Burnie, Yasemen Sanli works 2-3 days per week. Two new full time GP’s are Jess Andrewartha and Tim Andrewartha, both of whom trained at UTAS and spent their clinical training years at the rural clinical school in Burnie.

**Zostavax for70-79 year old patients**

The shingles vaccine, Zostavax®, has been approved to be placed on the National Immunisation Program (NIP), to be provided free of charge from 1 November 2016 to people aged 70 years, subject to vaccine supply. There will also be a five year catch-up program for people aged 71 – 79 years.

The implementation of new vaccination programs under the NIP is a major task that takes approximately 12-18 months from receipt of Government funding approval. This time is required for activities such as the procurement of vaccine; vaccine safety surveillance planning; development of appropriate communications; and negotiation with states and territories regarding implementation requirements and timing. In the case of the Zostavax® vaccine, time is also required to develop and roll out an adult vaccination register.

For more information about Zostavax®, refer to the [zoster section of the Australian Immunisation Handbook 10th edition 2015.](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-24)

For more information on herpes-zoster (shingles), refer to the [shingles page](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-herpes-zoster).

**Shingles (Herpes Zoster)**

Herpes zoster is a localised, blistering and painful rash caused by reactivation of varicella zoster virus (VZV). It is characterised by dermatomal distribution, ie the blisters are confined to the cutaneous distribution of one or two adjacent sensory nerves.

**Who gets herpes zoster?**

Anyone that has previously had varicella ([chickenpox](http://www.dermnetnz.org/topics/chickenpox/)) may subsequently develop zoster. This can occur in childhood but is much more common in adults, especially the elderly. People who have had zoster rarely get it again; the risk of getting a second episode is about 1%. Herpes zoster often affects people with poor immunity.

**What causes herpes zoster?**

After primary infection—varicella—VZV remains dormant in dorsal root ganglia nerve cells in the spine for years before it is reactivated and migrates down sensory nerves to the skin to cause herpes zoster.

It is not clear why herpes zoster affects a particular nerve fibre. Triggering factors are sometimes recognised, such as:

* Pressure on the nerve roots
* Radiotherapy at the level of the affected nerve root
* Spinal surgery
* An infection
* An injury (not necessarily to the spine)
* Contact with someone with varicella or herpes zoster

**What are the clinical features of herpes zoster?**

The clinical presentation of herpes zoster depends on the age and health of the patient and which dermatome is affected.

The first sign of herpes zoster is usually pain, which may be severe, relating to one or more sensory nerves. The pain may be just in one spot or it may spread out. The patient usually feels quite unwell with fever and headache. The lymph nodes draining the affected area are often enlarged and tender.

Within one to three days of the onset of pain, a blistering rash appears in the painful area of skin. It starts as a crop of red papules. New lesions continue to appear for several days within the distribution of the affected nerve, each blistering or becoming pustular then crusting over.

The chest (thoracic), neck (cervical), forehead (ophthalmic) and lumbar/sacral sensory nerve supply regions are most commonly affected at all ages. Frequency of ophthalmic herpes zoster increases with age. Herpes zoster occasionally causes blisters inside the mouth or ears, and can also affect the genital area. Occasionally there is pain without rash—herpes zoster "sine eruptione"—or rash without pain, most often in children.

Pain and general symptoms subside gradually as the eruption disappears. In uncomplicated cases, recovery is complete within 2–3 weeks in children and young adults, and within 3–4 weeks in older patients.

**Herpes zoster**

[](http://www.dermnetnz.org/imagedetail/20546)[](http://www.dermnetnz.org/imagedetail/20954)[](http://www.dermnetnz.org/imagedetail/20082)

**What are the complications of herpes zoster?**

* Involvement of several dermatomes or bilateral eruptions
* Deep blisters that destroy the skin, taking weeks to heal followed by scarring
* Muscle weakness in about one in 20 patients. Facial nerve palsy is the most common result. There is a 50% chance of complete recovery but some improvement can be expected in nearly all cases
* Infection of internal organs, including the gastrointestinal tract, lungs and brain (encephalitis)

Herpes zoster in the early months of pregnancy can harm the fetus, but luckily this is rare. The fetus may be infected by chickenpox in later pregnancy, and then develop herpes zoster as an infant.

**Post-herpetic neuralgia**

[Post-herpetic neuralgia](http://www.dermnetnz.org/topics/post-herpetic-neuralgia/) is defined as persistence or recurrence of pain in the same area, more than a month after the onset of herpes zoster. It becomes increasingly common with age, affecting about a third of patients over 40. It is particularly likely if there is facial infection. Post-herpetic neuralgia may be a continuous burning sensation with increased sensitivity in the affected areas or a spasmodic shooting pain. The overlying skin is often numb or exquisitely sensitive to touch. Sometimes, instead of pain, the neuralgia results in a persistent itch.

**Treatment of herpes zoster**

Antiviral treatment can reduce pain and the duration of symptoms if started within one to three days after the onset of herpes zoster. Aciclovir 800 mg 5 times daily for 7 days is most often prescribed. Valaciclovir and famciclovir are also effective. Note that herpes zoster is infectious to people who have not previously had chickenpox.

Management of acute herpes zoster may include:

* Rest and pain relief
* Protective ointment applied to the rash, such as petroleum jelly.
* Oral antibiotics for secondary infection

Post-herpetic neuralgia may be difficult to treat successfully. It may respond to any of the following.

* [Local anaesthetic](http://www.dermnetnz.org/topics/local-anaesthesia/) applications
* [Topical capsaicin](http://www.dermnetnz.org/topics/capsaicin/)
* Tricyclic antidepressant medications such as [amitriptyline](http://www.dermnetnz.org/topics/tricyclic-antidepressants/)
* Anti-epileptic medications [gabapentin](http://www.dermnetnz.org/topics/gabapentin/) and pregabalin
* Transcutaneous electrical nerve stimulation or acupuncture
* [Botulinum toxin](http://www.dermnetnz.org/topics/botulinum-toxin/) into the affected area

Nonsteroidal anti-inflammatories and opioids are generally unhelpful.

**Prevention of herpes zoster**

Because the risk of severe complications from herpes zoster is more likely in older people, those aged over 60 years might consider zoster vaccine, which can reduce the incidence of herpes zoster by half. In people who do get herpes zoster despite being vaccinated, the symptoms are usually less severe and post-herpetic neuralgia is less likely to develop.

*Taken from Dermnet NZ*

**Supplements including plant extracts, vitamins, fish oil etc**

**Where to go for information?**

Your GP is a good place to start. They know you personally, so should know what health conditions you have, what medications you take and other factors that need to be considered before you take any supplements.

NPS MedicineWise is an independent, not-for-profit organisation that provides evidence-based information on all types of medications and health conditions. The organisation has a [comprehensive website](http://www.nps.org.au/) and information line (1300 633 424).

The National Institute of Complementary Medicine also provides [information for consumers](https://www.westernsydney.edu.au/nicm/health_information/information_for_consumers) on the use, regulation and safety of complementary medicines in Australia.