**saundersstreetclinic**

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

**Newsletter Dec 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.

**Hay fever**

There are bugs, and then there are superbugs — the antibiotic-resistant bacteria that threaten our health, the health system and potentially the world (seriously). Some types of bacteria capable of causing serious infections in humans have already developed resistance to most or all of the available treatments. The overuse and misuse of antibiotics, not only in humans but also animals in our food chain, is undoing some of the good work that science and medical research have done on that front. There are few promising antibiotics in the pipeline — in some cases, researchers are looking at decommissioned drugs to see if they might work — and existing drugs are still not being used properly. Just this week, the World Health Organisation made recommendations on the use of antibiotics in food-producing animals, as the volume of antibiotics used for food production continues to increase. While Australia’s record on food is strong, when it comes to antibiotic resistance more generally, there is still work to be done.

The nature of the superbug problem has changed even as authorities have been grappling with it.

While the proportion of staph infections resistant to antibiotics in Australia has increased since 2000, most cases now occur in the community rather than hospitals.

Researcher Jason Agostino, from the Australian National University medical school, says about 60 per cent of drug-resistant staph infections are now picked up in the community, which means infection control needs to shift from hospitals to the community.

“It’s great to see a drop in drug-resistant staph infections in hospitals, but we need to develop more targeted use of antibiotics in the community,” Agostino says.

To better respond to emerging threats, Australia now has a national alert system for critical antimicrobial resistance, CARAlert. Its first annual report, released in July, found at least 36 per cent of cases were from patients in the community and that the most frequently reported type of superbug since December last year was a drug-resistant strait of gonorrhoea.

Australian GPs have been prescribing antibiotics for acute respiratory infections at rates that are four to nine times higher than recommended by national guidelines, according to one estimate.

Christopher Del Mar from Bond University led an evaluation of GP activity and found significant departures from best practice. For example, antibiotics are not recommended for acute bronchitis or bronchiolitis yet GPs are prescribing them in 85 per cent of cases and 11 per cent of influenza cases attract an antibiotic script despite that also going against the guidelines.

“Diagnostic uncertainty — concern by the treating doctor that a serious infection or complications might be missed — is one potential explanation for this finding,” Del Mar and colleagues wrote in the *Medical Journal of Australia*.

A separate study by the University of Queensland found asking patients to wait and see before having their scripts filled significantly reduced unnecessary antibiotic use. Researcher Geoffrey Spurling said GPs could adopt that approach when treating respiratory tract infections if they felt uncomfortable not prescribing antibiotics.

While Australia is doing more to combat antibiotic resistance, one only needs to look to the region to realise this is a global problem that requires a global, multifaceted response.

“Antimicrobial usage and antimicrobial resistance are increasing in Southeast Asia, driven by rapid intensification of food production systems, loosely regulated access to antimicrobials, poor awareness with respect to antimicrobials (from the public, health professionals and farmers), widespread irrational prescribing and self-medication, and an abundance of low-quality or counterfeit drugs,” according to a recent article in the *Journal of Antimicrobial Chemotherapy*.

“Combined with a high prevalence of infectious disease and weak diagnostic capacity, particularly in primary healthcare settings, Southeast Asia is a global hub for antimicrobial resistance and contributes to the global spread of antimicrobial resistance as bacteria are readily transported to other parts of the world by international travellers, and by international trade of animals an http://www.theaustralian.com.au/life/health-wellbeing/oversubscription-of-antibiotics-helps-superbugs-spread/news-story/62ab2f5f86ce41689574d9cb379072ecd goods.”

**The common cold**

Parents often worry that their children have more colds than others and request that their immunity be checked. To put this in perspective is this graph of colds over a person’s life. What happens is that we are exposed to THOUSANDS of viruses over our lifetimes and each time our immune systems recognise the viruses so that next time we are exposed to that virus it is more effectively dealt with. So it is common for children to have far more colds than older people! <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(03)12162-9/fulltext>

