WHAT DOES THE SPLEEN DO?

The spleen is on the left side of your body tucked under the ribs. The most important role of the spleen is to help the body fight some specific and occasionally severe infections. When the spleen is absent or poorly functioning, this person has an increased lifelong risk of specific bacterial infections.

WHAT DOES SPLEEN AUSTRALIA DO?

Spleen Australia (SA), our new name, aims to reduce the occurrence of overwhelming infections in people without a spleen (asplenia) or those with a non-functioning one (hyposplenia). SA has a database or a registry that holds the names and relevant medical information on these people. The chance of contracting these infections can be reduced and often prevented by having vaccines, knowledge and understanding when to take antibiotics. We are funded by the Department of Health, Victoria; Alfred Health and research grants; and as of 2015 we now have Tasmanian and Queensland government funding.

At the end of April 2015, there were 4497 patients enrolled. Once registered, we can offer information and strategies to prevent serious infections. We also provide extra information to GPs and other health professionals. In Victoria, approximately 250 splenectomies are performed each year and about 85% of these people are registering with us.

OUR STORY

In 2002, Dr Denis Spelman was part of the medical team caring for a young woman who contracted an overwhelming post-splenectomy meningococcal infection. Sadly, despite ICU care at The Alfred, she died. Had she or her parents known about the strategies to avoid infections, especially how important it is to present early to a doctor when feeling so very unwell, her death probably would have been prevented. This event was the catalyst for Dr Spelman, the medical director of Spleen Australia, to establish this clinical service with Dr Ian Woolley. They received funding from Department of Health (DOH), Victoria in 2003. The first patient was registered in December 2003.

2015 – ANNUAL INFLUENZA VACCINE TIME - IMPORTANT INFORMATION THIS YEAR

People with a non-functioning spleen are not at an increased risk of influenza (‘flu’). This vaccination is recommended because if you get the “flu” this increases your risk of getting a bacterial infection. If your GP considers that you are “immunosuppressed” (asplenic and with other medical issues) we are advising that you receive two vaccines, 4 weeks apart. Both are free! Two vaccines are advised as this year’s influenza vaccine is very different to previous years’ vaccines. For more information www.mvec.vic.edu.au/immunisation-references/influenza-vaccine-recommendations-2015/ or http://docs.health.vic.gov.au/docs/Immunisation-Newsletter-Issue-74

WHO MAKES UP THE SPLEEN AUSTRALIA MEDICAL TEAM?

Penny Jones, Julia McNamara, Nigel Pratt and Cate Bunn are the nurse coordinators. Associate Professor Denis Spelman, an infectious diseases physician is medical director. Dr Ian Woolley, Professor Allen Cheng and Professor Karin Leder are infectious physicians. Louise Grammell is our specialist pharmacist and our volunteer is Kat Phillips. Dr Paul Cameron and Dr Julian Bosco are our clinical immunologists.

NEWS

1. ADDITIONAL FUNDING – we can now register Tasmanians and Queenslanders without a functioning spleen
2. NEW NAME – we are now “Spleen Australia”
3. NEW VACCINES or changes in regimes are updated by the immunisation advisors every year. Therefore we update our recommendations annually. The 2015 recommendations will be on the website from end of May. Please refer to this document, found on the tab called “Forms and Info”. Ask your GP when you are due for any vaccines.
4. New meningococcal B vaccine – Bexsero update – we are now recommending this vaccine. For more information www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/atagi-advice-bexsero#full
5. New staff member – Cate Bunn. Cate joined us in May and brings a wealth of experience to the team.

Welcome to our annual newsletter that is a bit late this year as we have been very busy.

We wish to welcome newly registered people.

The purpose of this newsletter is to inform you and your GP of (i) our activities (ii) alert people of the changes in the medical recommendations and (iii) remind you to check your Spleen Report or Spleen Vaccine card to see if you are due for any vaccines.
Defend ourselves from developing serious infections. We are able to fight off infections caused by specific bacteria. By aiding in the production of antibodies and lymphocytes, the immune system can quickly and effectively respond to a later, real, assault. Vaccines also help the immune system remember the disease, so that when it is under attack from the real bug, the immune system can respond more quickly and effectively to a later, real, assault. Vaccines are dead or weakened versions of bacteria and viruses, or the toxins from these bugs. While vaccines can't cause disease, they can trick the immune system into thinking that it is under attack from the real bug. The immune system remembers this previous "attack", making it capable of responding more quickly and effectively to a later, real, assault. Vaccines also stimulate the production of immune system components called antibodies and lymphocytes.

The spleen makes unique white blood cells that fight a range of bacteria (pneumococcus, meningococcus and Haemophilus influenzae). Hence people with asplenia/hyposplenism are less able to fight off infections caused by specific bacteria. While mild gastro symptoms I was now feeling seriously ill. I couldn’t stand and had a temperature of 39°C. I eventually went to my local hospital. I began to remember the registry nurse’s advice "if you feel unwell with shivers, shakes, a high temperature and feeling dreadful - go to GP, show my spleen card and request antibiotics. Alternatively I could go to the ED department at the nearest hospital". I wasn’t sure where my emergency supply of antibiotics was, as I should have taken these at this stage too. In hospital I was diagnosed with pneumococcal sepsis (blood poisoning). I was so desperately ill at one stage ICU was considered. Intravenous antibiotics saved my life. However I’ve been left with ongoing chronic pain issues associated with the septic arthritis that developed in my legs and back. My pneumococcal vaccines were up to date however the strain that I had in my blood was not covered by the vaccines I’d received. I wish for my story to be heard not only by other people on the registry but also the medical practitioners. I should have taken my emergency supply of antibiotic and gone to hospital much sooner than I did. I’m lucky to be alive and am grateful to the hospital doctors that saved my life.

**Septic arthritis: is an infection affecting one or more joints and is usually caused by bacteria and is a risk for people who do not have a functioning spleen**

Three key points from Spleen Australia

1. The risk of acquiring a serious infection is low
2. Being enrolled with Spleen Australia and receiving our education kit reduces this risk further
3. But we cannot guarantee 100% protection from bacterial infections therefore it’s important to remember that if you are really feeling unwell you must see your doctor or go to an Emergency Department at the nearest hospital.

WHY ARE VACCINES RECOMMENDED TO PEOPLE WITHOUT SPLEENS AND HOW DO THEY WORK?

Vaccines are dead or weakened versions of bacteria and viruses, or the toxins from these bugs. While vaccines can’t cause disease, they can trick the immune system into thinking that it is under attack from the real bug. The immune system remembers this previous “attack”, making it capable of responding more quickly and effectively to a later, real, assault. Vaccines also stimulate the production of immune system components called antibodies and lymphocytes.

The spleen makes unique white blood cells that fight a range of bacteria (pneumococcus, meningococcus and Haemophilus influenzae). Hence people with asplenia/hyposplenism are less able to fight off infections caused by specific bacteria. By aiding the immune system, vaccines give us all a fighting chance to defend ourselves from developing serious infections.

ANTIBIOTICS

(a) How long do I have to take them for? Therapeutic Guidelines_ Antibiotics (V15, 2014) recommend that people with asplenia take a daily prophylactic antibiotic for “at least 3 years”. This low dose of antibiotic is believed to assist in fending off serious bacterial infections. There’s evidence that children need a daily antibiotic until they are at least 5 years of age and often older. The evidence in adults is not as clear. Patients at highest risk of getting infections are those with cancers, and those who are “immunosuppressed” eg. on chemotherapy, on corticosteroids. These patients should consider lifelong daily antibiotics.

(b) When can I stop taking the daily antibiotics? Everyone without a spleen has a lifelong risk of infection but we know some people do not wish to take antibiotics for long periods of time. If you wish to stop your antibiotics please discuss this with your GP or specialist.

(c) What about resistance? Taking a small dose of antibiotic is considered low risk in contributing to the community’s overall risk of antibiotic resistance.

WHY WE ASK “HAVE YOU HAD A CLot SINCE THE DIAGNOSIS OF YOU SPLEEN CONDITION” AT THE TIME OF REGISTRATION?

There is some evidence that after splenectomy or diagnosis of a non-functioning spleen, the stickiness of platelets increases and there appeared to be an increased chance of clotting developing in eg. leg or lung. The exact mechanism of how platelets become more “sticky” is unclear, but probably has to do with the way the spleen interacts with circulating platelets. We are recording this information because it could help us design interventions to reduce the number of clots in the future.

IS IT SAFE TO HAVE THE HERPES ZOSTER “SHINGLES” VACCINE (ZOSTAVAX®)?

This vaccine reduces the risk of developing shingles and the long-term pain from post-herpetic neuralgia caused by shingles. It is a live vaccine and “patients who are immunosuppressed through disease or certain medication use (e.g. high-dose corticosteroid or immunosuppressants) are advised not to have these vaccines”. Asplenia/splenectomy is not of itself a contraindication to receiving Zostavax but the reason you had a splenectomy may be a contraindication. If you had a splenectomy for a haematological malignancy such as leukaemia, then it’s unlikely that you can have it. It is vital to discuss your individual circumstances and concerns with your GP so they can access whether Zostavax is suitable for you.

UPDATES

SPLINE-IE APP

iPhone (only) app is just about to be released. Check our website for instructions.

VSR SUPPORT GROUP

Please contact Ken Young on 0408 341 795. It might be possible for Denis and Penny to speak at an information night.

PUBLICATIONS

“Adherence to infection prevention measures in a statewide spleen registry”, published in the journal Medical Journal of Australia (MJA 2014; 200: 538-540). In 2010, a questionnaire was sent with newsletter, 889 (75.7%) responded. The proportion of patients adhering to current post-splenectomy guidelines were higher than reported in the medical literature, and over one-third reported infections requiring a course of antibiotics within the prior 12 months. These results support the view that a spleen registry can promote health maintenance behaviour in asplenic patients. Thank you to those who participated in the survey.

COMPLEMENTARY/ALTERNATIVE MEDICINE (CAM)

CAMs are broad terms used to describe a wide range of health care medicines and therapies (forms of treatment that do not involve medicines).

(a) “Alternative supplements”: a healthy diet is more important than supplements. If a person has a healthy diet, then we believe additional vitamins do not have a significant role.

(b) Probiotics: Our belief is that if a person is taking an antibiotic without any adverse reactions, especially without any attributing gastrointestinal symptoms, then we do not think there are any benefits from taking probiotics. However there may be a benefit if the person has some antibiotic induced nausea.

(c) Our bottom line: Whatever you take, it’s important that your GP knows, as some alternative medicines can interact with other medications.

ERRORS

If there are any typos or errors on our reports or correspondence eg dates of birth or spelling of names please let us know.

STRATEGIES FOR STAYING WELL

See a doctor - as soon as you become unwell with high fevers, shakes, chills and exhaustion as these are possible signs of a bacterial infection.

Tell all your doctors - that you have a “spleen condition”.

Have vaccinations - (a) Pneumococcal, (b) Meningococcal (c) Haemophilus influenzae type b (d) annual influenza vaccine. Check with your GP to see when you are next due for booster vaccinations. Meningococcal B (Bexsero) is now included in our recommendations.

Take antibiotics (when prescribed) - long-term antibiotics can be recommended as your risk of getting serious infections is lifelong. Some people take daily antibiotics for at least three years. Amoxycillin (Amoxil) and penicillin are equally effective. Amoxil is taken once a day. Penicillin is taken twice a day on an empty stomach. People allergic to Amoxil or penicillin, can take other antibiotics eg. roxithromycin (Rulide).

Have an emergency supply of antibiotics - you must have! PLEASE check expiry and ask chemist for a supply with a long expiry date.

Carry a medical alert - the Spleen Australia wallet-sized alert card is sufficient or if you have other medical conditions you might need a medallion (annual fee for these).

Seek travel advice - countries with malaria are a concern. Discuss with GP and/or a travel doctor.

Beware of animal bites/scratches - Animals carry bacteria in their mouths and around their claws – wipe skin with antiseptic and always seek medical attention if the skin is penetrated.

Risk of clots - small risk - refer to extra information in this newsletter. Move limbs on long trips eg. cars, trains and planes.

BEST WISHES FOR A HEALTHY 2015 - THE SPLEEN AUSTRALIA TEAM