We now welcome Tasmania and Queensland patients to the service. This is due to collaborations and funding arrangements with Queensland Health and the Tasmanian Department of Health and Human Services. We wish to acknowledge the support from Department of Health and Human Services in Victoria for offering the service to Victorians since 2003. As a result of the expansion we have changed our name to Spleen Australia™. In 2015 we registered 1,000 patients, including 491 people in Queensland.

**ANNUAL INFLUENZA VACCINATION NOW DUE!**

People with a non-functioning spleen are not at an increased risk of influenza (‘flu’) however require this vaccine in order to reduce their risk of getting the ‘flu’. If you get the ‘flu’ your risk of getting a bacterial infection increases. This year we are recommending one dose of the quadrivalent vaccine (4 strains). The flu vaccine viruses are inactivated and will not give you the “flu”. Uncommon side effects are sore arm, redness and swelling at the site and very rarely muscle aches or headache. **PLEASE check with your GP to see if you are due for any of your “Spleen Vaccines”** - (boosters or newly recommended vaccines) and look at your spleen vaccine card too.

**CHANGES TO MEDICAL RECOMMENDATIONS**

Meningococcal B vaccine is now recommended – two doses, 8 weeks apart

A second meningococcal ACWY conjugate vaccine is now recommended even if you have received one or more of the previously recommended meningococcal vaccines (meningococcal C conjugate and ACWY polysaccharide). Please refer to this link for our latest medical recommendations based on the Australian Immunisation Handbook 2013. [https://spleen.org.au/VSR/information.html](https://spleen.org.au/VSR/information.html)

**Spleen-IE APP available now**

Spleen-IE (“I” for immunisations & “E” for education) was developed from a grant awarded in 2013. The App provides lots of information. It can

- notify the person when to have due vaccines
- record the dates of vaccines received
- link to the medical recommendations
- supply some travel advice

Spleen-IE is available only on Apple devices (iPhone & iPad), please see our website for instructions on how to download and **rate** Spleen-IE as feedback is important.

**DONATIONS**

Spleen Australia needs your support – if you can help please go to Alfred Foundation website [https://www.alfredfoundation.org.au/donate-now/](https://www.alfredfoundation.org.au/donate-now/) and go to SPLEEN AUSTRALIA link in “donation details”. You can also call The Alfred Foundation staff on (03) 9076 3222 to donate. Your donations are tax deductible. Thank you very much in advance.
Kiara (13) and Zali (10) are sisters, who have had splenectomies for Hereditary Spherocytosis (HS) and are registered with us along with other family members. It is an inherited condition. Kiara and Zali take daily antibiotics and get their “spleen vaccines” regularly in order to stay healthy.

What is hereditary spherocytosis (HS)? Red blood cells are normally flat shaped discs but in people with HS they are spherical. The spherical red blood cells are fragile and break down, often leading to anaemia. Symptoms might include fatigue, breathlessness, jaundice and palpitations and some people might require blood transfusions. Sometime jaundice persists leading to gall stone development. The incidence of HS is around 1:4000 Australians affected which is about 5000 people or 30 people in the MCG on Grand Final day. Currently there are 270 people with HS enrolled with our service.

When is a splenectomy required? A function of the spleen, apart from making antibodies, is to filter “old” red blood cells. As the cells in somebody with HS are an abnormal shape, they do not filter easily and can become caught in the spleen, increasing its size. An enlarged spleen is seen in more than 75% of HS patients. Many people with HS can live quite normally for many years, as the bone marrow can help replace broken-down red blood cells. However the majority of people with HS will need splenectomy at some stage as once the spleen has been removed, red cells do not break down as fast.

DATABASE SNAPSHOT— CHILDREN

We have just over 200 young people registered with our service who are aged less than 19 years of age. The green and pink boxes on the right of the graph are people who have not had a splenectomy but have a diagnosis of hyposplenism or had an embolisation procedure (to stop a bleeding spleen). We provide a school information sheet and medical recommendations for children. These paediatric medical recommendations were developed after considerable consultation with Victorian and Queensland medical experts. To get these recommendations for people aged 0-18 years, go to “Forms and Info” on our website.

Spleen Australia clinical service—what do we do?

Spleen Australia aims to reduce the occurrence of severe bacterial infections in people who have had a splenectomy or born without a spleen (asplenia) or with a non-functioning spleen (hyposplenism). We educate patients to recognise the symptoms of an ensuing bacterial infection (eg. headaches, vomiting, diarrhoea, shivers, shakes, exhaustion) and seek medical attention as soon as possible when these symptoms are detected. This knowledge is the key to staying well. It is also important to have: vaccines, know when to take antibiotics and be informed about health risks in order to reduce the chances of getting a severe infection. In April 2016, there were 5408 patients enrolled. Registered patients receive an education kit that includes our spleen alert card and information on how to reduce the occurrence of serious infections. We also provide information to health care providers. We have estimated, in Victoria, we are registering 85% of people with a recent splenectomy.
**SPLEEN AUSTRALIA Q&A**

**Why is it important to know if I have an antibiotic allergy?**

For people who develop a rash or swelling after taking an antibiotic, there is often no doubt a true allergy exists. However, for people who have been “labeled” (marked on a history or a memory of a reaction as a child) as allergic to a specific antibiotic, it might be uncertain that a definite allergy exists. As people without a functioning spleen may need antibiotic treatment (in particular penicillin), it is important to be as certain as possible that a true allergy actually exists. If in any doubt, this should be clarified by discussion with your treating GP and possibly a referral to a specialist may clarify this issue.

**Do I need to worry about tick bites?**

Ticks are small, blood-sucking arachnids (have 8 legs) that range in size from a pin head to a pencil eraser. They are less common in the colder Australian states. The concern about them is a disease called Babesiosis which is a parasitic condition that affects red blood cells and can be transmitted by ticks. Luckily it’s exceedingly rare; in fact there has been only one person who has acquired this disease in Australia. It can however be seen in travellers. Other infections following a tick bite are more common, including reddened skin at site. People with symptoms eg. nausea, headaches, muscle aches or inflammation around the bite must see a doctor as soon as possible as they may require antibiotics. Once a tick is identified, remove the entire tick using fine tipped tweezers by grasping the tick as close to the skin as possible, gently pull the tick out. This link provides some helpful advice about avoiding and managing bites. The key thing is to avoid ticks as much as possible.


**What is my risk of getting a meningococcal infection?**

Meningococcal bacteria live in the back of the nose and throat in about 5-10% of people of varying ages and “usually” causes no harm to this person. However if the bacteria gets into a person’s blood stream or brain this person might develop invasive meningococcal disease. Close contacts of a person with meningococcal disease will get prophylactic antibiotics.

**Vaccines** - these are available to protect you against 4 strains (A, C, W and Y with vaccine names - Menactra, Menevo, Nimenrix) and another vaccine for the B strain (vaccine name - Bexsero). There is not a lot of information around the effectiveness of the vaccines in people over 55 years of age but we are able to recommend them to people over 55 due to the increased risk of meningococcal disease in people without a functioning spleen. Older aged people should discuss whether they need these vaccines with their GP or contact our office.

In general, if you are in regular contact with children/teenagers, work in a child care centre or have grandchildren it is really worth considering having the meningococcal vaccines. Unfortunately these vaccines are expensive as they are not funded by the government (so shop around).

**Please remember** - if you/relative is feeling unwell especially with severe headaches, maybe a rash (but not always) see a doctor, AS SOON AS POSSIBLE – bacterial meningitis can be fatal. Refer to these links for more information


[**Best wishes from us and hoping you have a healthy 2016!**] 

Spleen Australia Team
SPLEEN HEALTH TIPS
by Spleen Australia

No spleen!

SEE a doctor
as soon as you are
unwell, especially with
high fevers, shakes, chills
& exhaustion. This could
be an infection.

TELL all your
Doctors
you have a
'spleen condition'

HAVE vaccinations
(a) Pneumococcal
(b) Meningococcal
(c) Haemophilus
Influenza type b
(d) Influenza

CARRY a
medical alert
our wallet card is sufficient.
If you have other
conditions you might need
a medallion (fees apply)

EMERGENCY antibiotics
always carry a
supply with you and
ask for a long expiry
date

Antibiotics
take when prescribed,
this could be long term.
Amoxycillin & penicillin
are effective. Rulide an
option if allergic.

SEEK travel advice
countries with
malaria are a
concern. Discuss
this with your
GP/Travel doctor

BEWARE of animal
bites/scratches
animals carry bacteria
in their mouth & claws.
Wipe skin with antiseptic
& always seek medical
attention if the skin is
inflamed

Clot RISK
there is a small risk
of clots, move
around if you are
travelling long
distances.