This annual newsletter aims to not only remind you to get booster doses of vaccines, it also offers further education and updates for people without a spleen or those who have been diagnosed with a poorly functioning spleen. It will also inform the medical community about our activities and changes in recommendations.

Spleen Australia supports people who do not have a functioning spleen in Victoria, Tasmania and Queensland by providing education and reminders on how to reduce infections (see back page). We wish to thank Victoria, Tasmania and Queensland’s Health Departments for funding and Alfred Health.

In 2016 we registered over 1,000 patients—we now have 6,700 people on our database.

HOT OFF THE PRESS—It looks like New Zealand will join us at the end of 2017.

ANNUAL INFLUENZA VACCINATION DUE!

You are not at an increased risk of influenza (‘flu’) however you require this vaccine in order to reduce your chances of getting the ‘flu’. If you get the ‘flu’ your risk of getting a secondary bacterial infection increases.

PLEASE also 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. Check your Spleenie App too (only for Apple devices).

SPLEEN AUSTRALIA WORKS!

Professor Allen Cheng (on left) with Dr Alicia Arnott analysed the occurrence of pneumococcal and meningococcal disease in people who were registered with the registry and compared them to those who were not registered. We have been able to show that if you are registered with Spleen Australia you reduce your chances of severe infection caused by these bacteria by 69% (compared with those not on the register). We have felt we have been doing some good work but now we have the proof!
MENINGOCOCCAL DISEASE UPDATE

Bacterial meningitis or “meningococcal disease” is a rare but serious infection caused by the bacterium Neisseria meningitides. There are 13 serotypes of bacteria with the most common ones causing disease — A, B, C, W and Y. Serogroup B has been dominant until recently with serogroup W now the main cause of meningococcal disease in Australia in 2016. Serogroup B disease remains the most common cause of meningococcal disease in children, adolescents and young adults. Serogroup C is now very rare in Australia due to the success of the national immunisation program.

It takes between 1-10 days (usually 3-4) for symptoms to show after getting the infection and people without a functioning spleen can become extremely unwell very quickly. You get this infection from being in close contact with young people eg. child care centres, grandchildren etc as they can carry the bacteria in the back of their nose and not be unwell. Symptoms include rash, high fever, headaches, neck stiffness, nausea, vomiting, sensitivity to light, irritability and drowsiness. If you get these symptoms see a doctor immediately and take your emergency supply of antibiotics. These infections are potentially preventable by vaccines.

**RECENT VACCINE SUPPLY SHORTAGES**

There continues to be a global increase in demand for the meningococcal B vaccine (Bexsero). This has resulted in low supplies of this vaccine in Australia. However, the suppliers have confirmed that a good supply of Bexsero is planned for late 2017.

Similarly, supplies of the three meningococcal conjugate ACWY vaccines (Menactra, Menveo and Nimenrix) are in short supply too due to recent increase in demand. Please do not worry if there are prolonged gaps between doses of each vaccine as this is currently something we cannot avoid. We are recommending that the local pharmacies order the vaccines ASAP and notify you or your GP when they come into stock. Unfortunately, these vaccines are not funded by the Government.

MONASH HEALTH SPLEEN PATIENT STUDY – IMPROVING SPLENECTOMY CARE

Sarah Luu, a Monash University medical student, and Dr Ian Woolley, Deputy Director Monash Infectious Diseases, are undertaking a follow up exercise to improve long-term splenectomy care. They are looking for 80-100 participants who have had their spleen removed before May 2016. As part of this study, they will ensure your vaccinations are up-to-date and do some blood tests to see if any splenic function has returned. If you are due for any “spleen vaccines”, they can be provided with a small co-payment which is cheaper than your local chemist. All participants will be reimbursed for parking fees. If you have any questions or would like to participate, contact Sarah at slu6@student.monash.edu or call Infectious Diseases Unit at Monash Medical Centre in Clayton at 9594 4564. Thanks in advance!

*SPLEEN APP “SPLEEN-IE”* Do you have an Apple device (iPhone or iPad)? If YES have you downloaded our App yet? Call us for more information. PLEASE do not forget to enter the dates you get vaccines onto the App AND please RATE it so that we can get the App upgraded for all phones. Thank you.

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!
SPLEEN AUSTRALIA Q&A

INFLUENZA – NOT JUST A SNIFFLE

How often have you heard a friend with a sniffle or a cough say, ‘I’ve got the flu.’? Chances are your friend doesn’t have “The Flu”. The flu (or influenza) – is totally different. Flu symptoms often are: body aches, extreme tiredness, body aches, have a high temperature, a dry cough.

In Australia, the flu season runs from May to October, although these times often vary. It is a fast-mutating virus, and thus the scientists need to vary what strains are required to go into each dose of that year’s vaccines. While getting your influenza shot will not guarantee that you don’t catch the virus, at the least the vaccine will limit the severity of the disease, and lessen your chances of suffering from a secondary bacterial infection.

In his book, The great influenza: The story of the deadliest plague in history, John Barry says of the 1918 pandemic, ‘Influenza killed more people in a year than the Black Death of the Middle Ages killed in a century; it killed more people in twenty- four weeks than AIDS has killed in twenty- four years’.

Influenza should never be taken lightly, and your best defence is that yearly vaccine.


SHINGLES

Shingles, also known as herpes zoster, is a reactivation of the varicella zoster (chicken pox) virus. Once you have had chickenpox, the virus can stay in your nervous system for many years. It’s not fully understood why the virus may become active again and give you shingles. 1 in 3 people will develop shingles in their lifetime. Shingles virus can spread by having direct contact with an uncovered rash. However, people who have never had chickenpox can catch the virus from another person with shingles. A person who has never had chickenpox, but comes into contact with a case of shingles, would develop chickenpox (not shingles). The most common complication of shingles is post-herpetic neuralgia (PHN). This is persistent chronic neuropathic pain occurring at the site of the rash and persisting for more than 90 days after rash onset. PHN can be extremely painful and can be difficult to treat. Other less common complications may include scarring, skin infections, loss of vision or hearing, pneumonia, or neurological complications.

ZOSTAVAX

Zostavax is a live attenuated varicella-zoster virus vaccine that prevents shingles. It contains 14 times more virus than childhood varicella vaccines. It is free if you are aged between 70 to 79 years as offered by the National Immunisation Program. Zostavax is recommended for people who have had shingles in the past however a 1 - 3 year gap after recovery is recommended.

People with asplenia/hyposplenism, should have this vaccine if aged 70-79. Your GP will make sure you are not immunosuppressed prior to giving it to you, as there are some serious health consequences if you have the vaccines and are immunosuppressed. Not having a spleen does not mean you are immunosuppressed—it is the reason you had your spleen removed or the medical treatments you have had/or are currently having that is the issue eg for cancer or for other medical conditions. People not in the 70-79 year age group, who wish to have this vaccine can discuss this with their GP and pay for the vaccine privately.

Frequently asked question on Zoster Vaccine for Immunisation Provider

MOVING?
Or changing any contact details?
PLEASE let us know as we need to contact you if there are changes to the medical recommendations.
Thank you

Always BIG THANKS to the GPs, registrars, surgeons, physicians, pharmacists, pathologists who assist with referrals to our service. We also wish to acknowledge all the nurses who join us in keeping people without a functioning spleen healthy.

Best wishes from us and hoping you have a healthy 2017!
Spleen Australia Team
To register online—go to https://spleen.org.au/VSR/Index.html go to “Registration” Tab and complete OR download paper form (available on website). Alternatively call or email us.

Paediatric and adult medical recommendations are on this website too.