

Information for people living without a functioning spleen

HEALTH UPDATE VOLUME #3 June 2022

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To help us support you, it is vital we have your up to date contact details: mobile/home numbers, personal email details and postal address. Please contact us by email or phone and let us know of any changes.

To date there are **13,019** patients registered with us, with ages from 1 day old to 92 years old. Patients can reside in Victoria, Queensland or Tasmania

We always welcome any suggestions you may have on how we can improve our service. (Click on the text to access our email)



COVID-19 Update



Health professionals from around the world are predicting that we will have COVID in the community for a while. We understand your concerns about the risks of COVID-19 associated with not having a functioning spleen. We will continue to provide up to date information on our website and answer your questions.

COVID vaccine booster doses winter dose recommendations

Visit our website to see the latest recommendations on winter COVID vaccine doses. For most people this is a 4th dose. Check with your GP about your next dose.



2022 annual influenza vaccine (flu shot)



The flu season is upon us, and it is predicted to be **serious this year.** Spleen Australia encourages everyone to have a flu shot—these can be administered at the same time as a COVID-19 vaccine. Flu shots are **FREE** for people without a functioning spleen.

How to stay healthy

Our messages have not changed

- Get vaccinated
- Wear a mask
- Clean your hands
- Maintain socially distanced practices as much as possible
- See a doctor promptly if you become unwell

Ask your GP if you are due for any 'spleen vaccines'. ALL these vaccines are FREE. Bexsero often needs to be ordered in.



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Spleen Australia welcomes Ella Brown

Ella Brown joins Spleen Australia after 10 years of working at the Alfred hospital specialising in surgical nursing. Ella is passionate about community health having worked for the past 6 years supporting families with childhood immunisations as part of the National Immunisation Program. Ella is looking forward to assisting and supporting individuals with a non-functioning spleen and their families. Outside of work Ella loves spending time with her three gorgeous daughters.



Urgh Shingles!

We've had many queries about the Shingles (Herpes Zoster) vaccine. Here is an update.

Is the Shingles vaccine recommended for someone who doesn't have a functioning spleen?



The Current recommendation from the Australian Immunisation Handbook is that: 'Persons with chronic conditions, such as **splenectomy** should be vaccinated if they are not severely immunocompromised since they may have a higher risk of morbidity and mortality due to shingles.

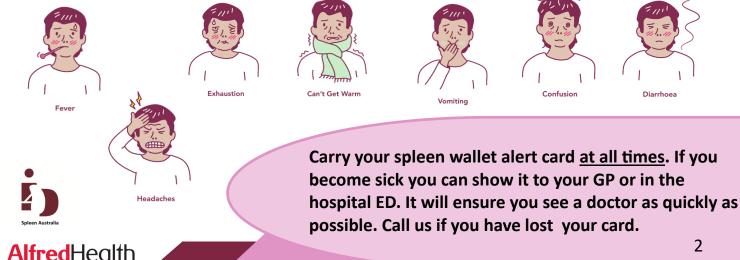
** https://immunisationhandbook.health.gov.au/sites/default/files/2021-09/Publication-Vaccination-for-people-who-are-immunocompromised.pdf

** https://www.health.gov.au/resources/publications/statement-on-the-clinical-use-ofzoster-vaccine-in-older-adults-in-australia

A shingles vaccine(s) is recommended for adults from 50 years of age. There are two vaccines to prevent shingles, they are called Zostavax and Shingrix. The decision to be vaccinated and the brand should be discussed with **your GP/specialist**. Prior to receiving a vaccine, it must be determined if you have any level of being immunocompromised.

Seek medical attention if you have any of the below signs and symptoms. If you cannot see a doctor promptly (within a couple of hours), start your treatment by taking your emergency supply of antibiotics. Taking these antibiotics gives you some time before being checked out by a doctor and may reduce your chances for the infection to get worse.

**Some of these symptoms are similar to COVID or the flu. You do not need to take the emergency supply of antibiotics if you think you have COVID-19 as they won't work. Remembering COVID is a virus and antibiotics treat bacterial infections.



Diarrhoea



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Dohertv

Research projects

COVID vaccine research — Professor Sharon Lewin

This important study (VC2) is open to **all Victorians planning to receive a COVID-19 vaccine**. Family and friends are welcome to participate too. It involves having blood and saliva samples **PRIOR** to any COVID vaccine dose and up to four times after. One of the best things about this study is that you can enrol online via the Doherty website. There will be **no study visits** to a hospital or clinic. The blood sample kits will be posted to you so that you can attend your local Melbourne Pathology service. The samples collected will support research into the long term effects of COVID-19 vaccines, including what type of immune response is generated, how long immunity lasts and the impact of different viral variants.

Website: <u>www.doherty.edu.au/victorian-covid-19-vaccinees-collection/about/</u> <u>overview-VC2</u> or call Jenny Tran 0422 203 031.

Michelle's story—an important message for everyone

I'm Michelle, aged 56, and had a splenectomy due to a horse injury 5 ½ years ago. I've been well except for a couple of chest infections. I've had all my COVID vaccines but did miss my last Pneumovax 23 vaccine in December last year. After my splenectomy, I took antibiotics for 3 years.

On a Saturday in March, I went to an alternative farming exposé. I was well in the morning, but around 1pm I suddenly had a weird visual disturbance (I don't get migraines). Then the nausea started, and not long after I experienced total body aches, with overwhelming tiredness. My son drove me home later that day. I put my symptoms down to a viral gastro.

That night I had a **fever plus shivers, shakes, and felt absolutely dreadful**. In the morning I woke with excruciating pain in my pelvis and couldn't walk. I went straight to hospital and I was diagnosed with sepsis. There was a pneumococcal infection in my pelvis/hip. Intravenous antibiotics were started straight away and I went to theatre to have the infection washed out of my hip. I was in hospital for 4 weeks then hospital in the home for 3 weeks. All through this time **I've had excruciating pain** and have



been on large doses of Endone.

***My strong message is to not to be complacent. No matter what symptom you have in any shape or form – get checked out ASAP! I knew having **a fever was a sign of infection** but thought my risk was more for chest infections! It is now 3 months since my diagnosis of sepsis and I am only 3/10 as far as feeling better. I'm still on a large dose of antibiotics and am weaning myself off Endone. It has taken a huge toll on my physical and mental health.

How did I get the infection into my hip?

The doctors said that the pneumococcal bacteria probably made its way to my pelvis/hip via my blood stream. **Pneumococcal Septic Arthritis is rare** and my infectious diseases doctor in Wangaratta said I was extremely lucky to be alive.







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Is it COVID-19 or FLU or a BACTERIAL INFECTION?			
SYMPTOMS	COVID-19 Symptoms range from mild to severe	FLU Abrupt onset of symptoms	*BACTERIAL * Rapid onset of symptoms
Fever	Common	Common	YES and feeling very unwell
Cough	Common	Common	#
Sore throat	Sometimes	Common	#
Shortness of breath	Sometimes	No	#
Fatigue	Sometimes	Common	Very common
Loss of smell and/ or taste	Common	Common	#
Aches and pains	Sometimes	Common	Common
Headaches	Sometimes	Common	Common
Runny or stuffy nose	Sometimes	Sometimes	#
Diarrhoea	Rare	Sometimes (more common in children)	Sometimes
Sneezing	No	Sometimes	#
Vomiting or nausea	Sometimes	Common (children) Rare (adults)	Common

Disclaimer: The Spleen Australia team has developed this information sheet and is based on www.healthdirect.gov.au/coronavirus-covid-19-in-pictures. It does not include all possible symptoms, and is a general guide only. The advice does not replace the judgement of a medical provider— a proper medical assessment should always be sought from a doctor.

NOT usual symptoms for a bacterial infection—also refer to cartoon characters on page 2



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