

PORT MELBOURNE *Medical*



**2024
WORKPLACE
FLU VACCINES**

**ALERT:
Buruli Ulcer**

**New
COVID-19
Vaccine**

**NEW
SHINGLES
VACCINE**

Port Melbourne Medical Welcomes

Anastasia Trifonova

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WELCOME

Welcome to the Summer edition of our eMagazine.

As we all make our mad scramble to the end of the year, hopefully including some holiday planning and making sure Santa hasn't left anyone behind, we also reflect on another busy year and start planning for 2024. On behalf of the clinical, administrative and management teams plus the doctors consulting from our rooms, we wish you a happy Festive Season and wonderful new year. We hope you manage to have a meaningful break and enjoy the time with family and friends.

We take a lot of pride in supporting the doctors to allow them to look after the Port Melbourne community, and we thank you for your ongoing support and working with us in keeping everyone safe inside the clinic.

In early 2024, we will have new doctors who will commence working from our rooms. This will be announced closer to the time and we are excited about this. We know there is a big GP shortage in Australia, and access for patients can be difficult. Already many doctors have closed their books to new patients, and having new doctors commence consulting from here will be wonderful for patients looking for a GP.

New nurses:

We welcome registered nurses Sam and Anastasia, who have already been a wonderful addition to our nursing team. Many of you will have met them already.

Both Sam and Anastasia have an interest in health assessments and chronic disease management.

Remember if you are aged 45-49, you are eligible for a health assessment (if not already performed), and you can speak to your doctor or nurse about this. Having our new nurses helps with nurse availability to assist doctors, to review wounds, to provide immunisations and to be proactive in chronic disease management and preventative care.



Wishing everyone a
**Merry Christmas &
Happy New Year**



CHRISTMAS / NEW YEAR OPENING HOURS

Port Melbourne Medical

Monday 25th December: Closed
Tuesday 26th December: 8am – 1pm
Wednesday 27th December: 8am – 5pm
Thursday 28th December: 8am – 5pm
Friday 29th December: 8am – 6pm
Saturday 30th December: 8.30am – 1.30pm
Sunday 31st December: 9am – 1pm
Monday 1st January: 9am – 1pm
Tuesday 2nd January: 8am – 5pm
Wednesday 3rd January: 8am – 5.30pm
Thursday 4th January: 8am – 5pm
Friday 5th January: 8am – 6pm

Melbourne Pathology

Monday 25th December: Closed
Tuesday 26th December: Closed
Monday 1st January: Closed

IF YOU NEED AN
URGENT HOME
VISIT IN THE
AFTER HOURS
PERIOD, CALL
132660

MYMEDICARE

There has been some media attention recently about the new scheme “MyMedicare”. This is a voluntary patient registration model, aimed to formalise the relationship between a patient and their GP.

WHY WAS THIS PROGRAM CREATED?

There is evidence that having a regular GP and healthcare team leads to better health outcomes. Whilst still in its early days, it is reported that there will be additional funding for certain people through this model. People who have registered with their GP will be eligible for Medicare rebates for longer phone consultations (meaning you receive a larger Medicare rebate for longer phone calls), and in some specific circumstances, some additional funding for bulk billing may be available.

WHO IS ELIGIBLE TO REGISTER?

You are eligible to register if you have a Medicare Card, or a Department of Veterans’ Affairs (DVA) Veteran Card. You have to have had 2 face-to-face visits in the same practice in the last 24 months.

HOW DO I REGISTER?

If eligible, you are able to register online through your Medicare online account or App, or you can speak to reception about registering if you are not able to do this.

HOW DOES THIS HELP MY GP?

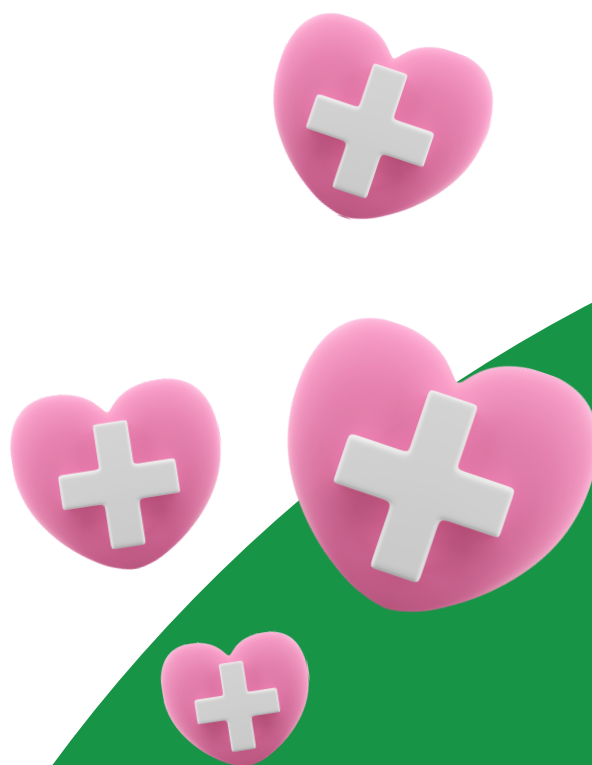
Once you have registered, your preferred GP will be visible on your My Health Record so other care providers (e.g., public hospitals) will know where to send your health information. This will help your care, as your doctor will be more likely to receive discharge summaries and important health information from hospitals, rather than not receiving them or having letters sent to the GP they have on file, who you haven't seen for 12 years!

WHAT ELSE IS COMING?

There are still unknowns about this program, and more information will be revealed as the program evolves. We do know that you can opt out or change the GP you have registered with if your situation changes. We do not know if there will be a cap on numbers in the future and so we encourage you to register with your preferred GP.

We believe that the current rule that you must have seen your GP (or a GP at the same facility) in the last 12 months to be eligible for a telehealth consult rebate will be removed, for those who are registered with their GP. We await formal updates on this and will communicate once we have this information.

In the future, there will be a new funding model for people with chronic diseases, called blended funding. This will be in the form of block funding for a medical condition, as well as ongoing access to Medicare fee-for-service for other consultations that are required. Further details are not known at this stage.





N E W N U R S E

ANASTASIA TRIFONOVA

EDUCATION

Bachelor of Nursing Degree at Monash University in 2022.

NURSING CAREER

Since graduating I've been working in general practice and recently started at PMM.

SPECIAL INTERESTS

My interests include preventative health and chronic conditions, however, I enjoy all aspects of general practice.

SPARE TIME

Looking after my health, attending the gym and keeping fit.

N E W N U R S E

SAM CHAN

EDUCATION

Bachelor of Nursing (2014), Certificate III in Blood collection (2015), Diploma of Laboratory testing in Pathology (2016)

NURSING CAREER

Various nursing roles including mental health, disability nursing, care plans, aged care and palliative care.

SPECIAL INTERESTS

Wound care, procedures and immunisations.

SPARE TIME

Travel, photography, friends, gaming, tennis, boxing and Zumba.

NEW COVID-19 VACCINE



Who would ever have thought that you'd know so much about how a virus mutates!

The current Covid-19 variants that are dominant in Victoria are the various Omicron XBB sublineages. On wastewater testing in Victoria, this has been found to have increased in recent weeks, suggesting higher levels of Covid-19 circulating in the community.

The latest vaccines target the XBB strain, and these vaccines are now the preferred vaccine choice as they show a modest increase in protection compared to the previous options.

Those who have not had their recommended vaccinations for 2023 are encouraged to have their vaccination.

Speak to your doctor when you are in, or if you think you are eligible, you can book in with a nurse.

Through this facility, this is free for ALL people – including those without a Medicare card.

Stock levels are low however, and demand is high. Despite ordering maximum quantities, and managing to secure additional doses, we have had to temporarily turn off online bookings for Covid-19 vaccinations, to ensure every booking has a vaccine allocated.

Please call and speak to reception to make your booking, or speak to your doctor if you have an appointment. We will enable online bookings again once supply issues ease (expected in January).

Current Government Recommendations for Booster Doses

Age	first 2023 dose (February 2023 guidance)*		second 2023 dose (September 2023 guidance)*	
	At risk [#]	No risk factors	At risk [#]	No risk factors
<5 years	Not recommended	Not recommended	Not recommended	Not recommended
5-17 years	Consider	Not recommended	Not recommended	Not recommended
18-64 years	Recommended	Consider	Consider if severe immunocompromise [^]	Not recommended
65-74 years	Recommended	Recommended	Consider	Consider
≥ 75 years	Recommended	Recommended	Recommended	Recommended

* XBB.1.5-containing vaccine preferred for all doses. For eligible children aged 6 months to 4 years, use Pfizer Original 6 month - <5 year formulation (maroon cap) as the only available formulation for this age group. Timing: 2023 vaccine doses should be given from 6 months after a person's last dose and can be given in early 2024, pending updated advice from ATAGI.

[#] Includes those with a medical condition that increases the risk of severe COVID-19 illness (refer to the [Australian Immunisation Handbook](#)) or those with disability with significant or complex health needs or multiple comorbidities which increase the risk of poor outcomes from COVID-19.

[^] For details, refer to the [ATAGI recommendations on the use of a third primary dose of COVID-19 vaccine in individuals who are severely immunocompromised](#).



COVID ANTIVIRALS

A REMINDER ABOUT THE IMPORTANCE OF STARTING THESE EARLY IN A COVID INFECTION

As Victoria continues to experience its 8th Covid-19 wave, we felt it was timely to provide an update on access to antivirals. As it is no longer mandatory to report cases, the spread in the community is harder to track, but the situation is monitored through the number of people hospitalised with Covid-19 as well as those in ICU, and through wastewater monitoring for viral loads. We know that cases in the community are currently high – and right now most people know someone who has or has very recently had Covid-19. So if you have any symptoms and are either at risk of severe disease, or have someone in your life who is at risk of severe disease, this section is for you.

Even if you or your loved one has had Covid-19 and experienced a mild episode, this does not mean that subsequent infections will be mild, and we encourage you to read this information.

How do antivirals work?

The antiviral medications that can be prescribed by your GP upon receiving a positive result, are tablets that work by targeting the Covid-19 virus to prevent it infecting your cells, and multiplying in your body. By stopping it spreading in your body, it allows your immune system to fight the infection more effectively. These tablets only work against Covid-19, not against other viruses such as influenza. They are most effective when used as soon as possible after the symptoms of Covid-19 start, or at the diagnosis. These medications must be started within the first 5 days of the illness. Even if your illness seems quite mild, if you fit into one of the categories below, suggesting you are at higher risk of severe disease, it is recommended you take this medication.

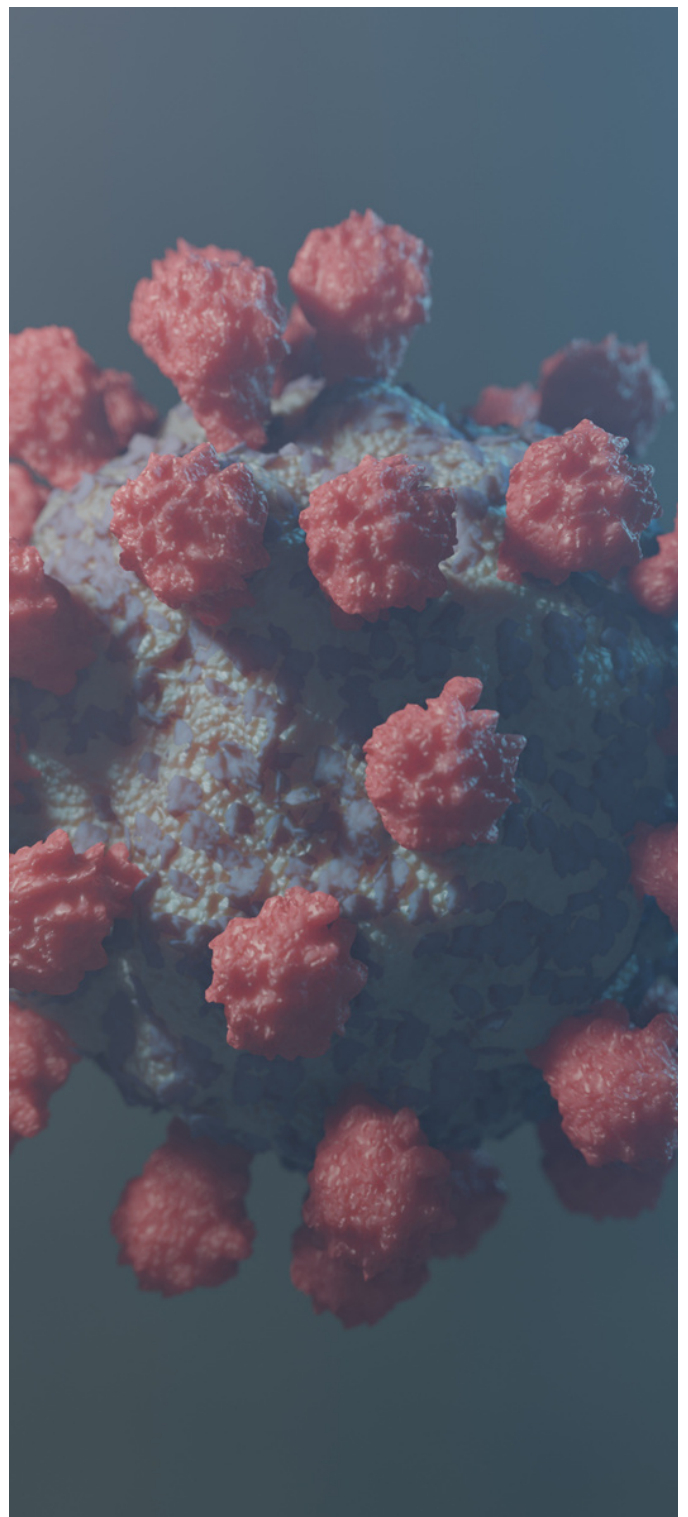
Early detection is important:

These medications can only be prescribed on the PBS if you have tested positive to Covid-19, using a RAT or PCR test. RATs can take a few days to turn positive, as they require a higher viral load to be present before showing the second line. PCRs can detect much smaller amounts of the virus and thus will usually be positive much earlier. If you are at higher risk of severe disease, and have symptoms that could be Covid-19, and your RAT is negative, we recommend you book with your doctor as early as possible for a PCR swab.

Why prescribe?

Antiviral medication helps reduced the severity of the illness, **meaning that you are less likely to:**

- have breathing difficulties,
- develop long term complications,
- need to go to hospital or to be admitted to ICU,
- die from Covid-19.



Who is eligible for subsidised medication?

You may be eligible if you are:

- 70 years of age or older, regardless of risk factors and with or without symptoms (see risk factors in Table 1)
- 50 years of age or older with 1 additional risk factor for developing severe disease (see risk factors in Table 1)
- First Nations people, 30 years of age or older, and with 1 additional risk factor for developing severe disease (see risk factors in Table 1)
- If you are 18 years or older, and you are reinfected and previously been in hospital from COVID-19, or are moderately to severely immunocompromised, or any of the criteria from Table 2.

TABLE 1: Risk Factors

- Living in residential aged care
- Living with disability with multiple conditions and/or frailty (but not limited to living in supported accommodation)
- Neurological conditions like stroke or dementia and demyelinating conditions, for example, multiple sclerosis, Guillain-Barre Syndrome
- Chronic respiratory conditions including COPD, moderate or severe asthma
- Obesity (BMI >30) or diabetes (type I or II requiring medication)
- Heart failure, coronary artery disease, cardiomyopathies
- Kidney impairment or cirrhosis of the liver
- Living remotely with reduced access to higher level healthcare
- Past COVID-19 infection resulting in hospitalisation

TABLE 2: Risk Factors

- Blood cancer or some red blood cell disorders (thalassaemia, sickle cell disease)
- Transplant recipient
- Primary or acquired HIV immunodeficiency
- Chemotherapy or whole-body radiotherapy in the last 3 months
- Immunosuppressive treatments in the last 3 months
- Anti-CD20 monoclonal antibody treatment in the last 12 months
- Cerebral palsy or Down Syndrome
- Congenital heart disease
- Living with disability with multiple conditions and/or frailty



SOMETIMES IT'S GOOD TO TALK

We know that the Christmas period can be difficult for many people. They may be experiencing anxiety, loneliness, depression, grief or simply feel overwhelmed with all the demands placed on them. It can also be very confronting and exhausting to manage some difficult family relationships. If you are finding this a tricky time, you can book with your doctor to discuss this further and provide support.

Alternatively, you can call Lifeline on 131114 or Beyond Blue on 1300 22 4636.

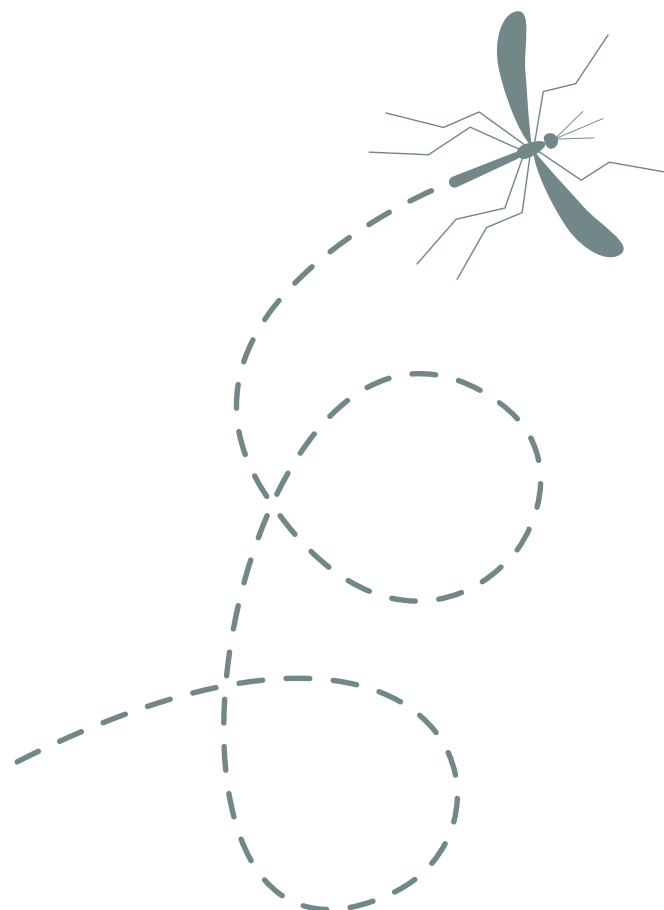


BURULI ULCER

Victoria has issued a health alert regarding the increasing spread of Buruli ulcers. Buruli ulcers have been detected in many countries, in the African, South American and Western Pacific regions.

What is a Buruli Ulcer?

This is a bacterial skin infection, which can affect the skin and sometimes the bone, and lead to a permanent injury in the area. It can occur after a bite from a mosquito carrying this bacteria, but possums may also play a part in transmission – it is thought that possum faeces, containing this bacteria, in the dirt may enter the skin through scratches or open wounds. This infection is not spread from person to person.



How do they appear?

Buruli ulcers usually appear as a slowly enlarging lump or ulcer, which is usually painless. Early recognition and diagnosis is important to avoid large wounds and tissue damage. If there is a persistent ulcer, lump, inflamed skin or swelling, that hasn't responded to usual treatments, this condition should be considered. The highest risk time for an infection to occur is in the warmer months, although it can take 4-5 months for an ulcer to develop after being infected.

Where have cases been detected?

Previously, cases were limited to smaller geographical regions. The Department of Health reports an increased spread across Victoria, with more recent cases in the inner north, inner west and Greater Geelong region.

How can I avoid this infection?

Avoiding mosquito bites is the primary way to stop this infection. You should also cover cuts and scratches when you are outdoors, and clean off any soil or water from your skin after outdoor activities.

**VICTORIA REPORTS
SOME OF THE
HIGHEST NUMBERS
OF BURULI ULCER
CASES IN THE
WORLD EACH YEAR**

**Healthdirect*



NEW SHINGLES VACCINE



Shingles is a painful rash that can occur anywhere on the body. This condition is caused by re-activation of the chickenpox (varicella-zoster) virus. Most adults had chickenpox as a child, and are often surprised to learn that the virus stays in your body for the rest of your life. It lives in a nerve ending, and various triggers can make the virus reactivate in the area that the nerve supplies – this rash is called shingles.

Whilst it is not life-threatening, it can cause significant “nerve” pain. Sometimes, the pain can linger for months after the blistery rash has cleared up, and this is known as post-herpetic neuralgia.

If you think you may have shingles, early detection and treatment with antivirals may reduce the time you have the infection, and may reduce the chance of neuralgia.

The shingles vaccine helps reduce the chance of shingles by stimulating the immune system to produce more antibodies against the virus, so if the chickenpox virus reactivates, the immune system is able to fight this much more effectively.

A newer vaccine called Shingrix has recently been listed as part of the National Immunisation Schedule, and it is funded for people over 65, First Nations people over 50, and certain people who are 18 years or older and meet specific criteria of being immunocompromised*. This vaccine is more effective than Zostavax, the previous vaccine that was used, and is more than 90% effective at preventing shingles and post-herpetic neuralgia. Unlike Zostavax, Shingrix does not contain any live virus and so it is safe to be given to people who are immunocompromised.

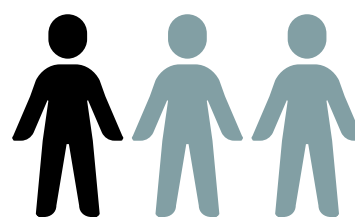
**haemopoietic stem cell transplant, solid organ transplant, haematological malignancy, advanced or untreated HIV.*



If you have recently had shingles, it is recommended you wait for 12 months before having the vaccination. If you have had Zostavax, you can still have the Shingrix vaccine to improve your protection if it is more than 12 months since your previous vaccination. However, it is only funded if you are 5 years since you had Zostavax.

Currently, stock is low and clinics cannot order large quantities. Speak to your doctor if you'd like to have this immunisation.

Private scripts can be provided for those who are not eligible but are keen to receive this for extra protection. Approximate cost is \$280 per dose (2 doses are required). Private health funds may reimburse some costs.



**ONE IN THREE
PEOPLE WILL
DEVELOP
SHINGLES IN
THEIR
LIFETIME.**

*AUSTRALIAN INSTITUTE OF HEALTH & WELFARE

2024 WORKPLACE FLU VACCINES

Most of us have experienced The flu at some stage in our lives, and will remember it well. The flu is a viral infection caused by a highly contagious respiratory virus, influenza. The usual strains are influenza A and B. During the pandemic, laboratories developed multi-virus panel testing, allowing one swab to run a PCR test for Covid-19, influenza A & B, and several other cough-and-cold viruses such as adenovirus, rhinovirus and RSV. This has allowed us to see the patterns of different viruses and note current outbreaks in our area. Of course, identification of these viruses only occurs in those who attend for a swab, and so the reported numbers will be an underestimation. We have included a table below showing the confirmed influenza numbers each year in Australia – of which the true numbers will be higher.

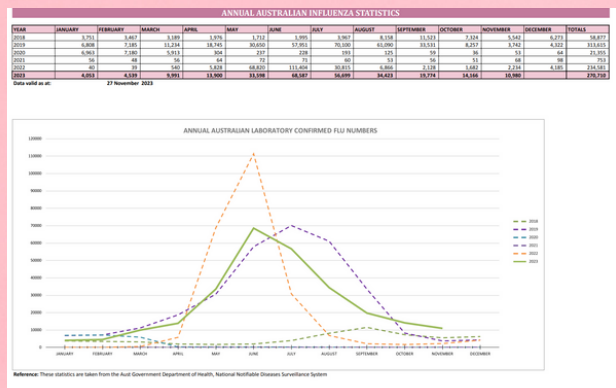
Each year, the influenza virus mutates, and this means that a new vaccine is required annually. Whilst most healthy people who have influenza will recover well, many will be quite sick for a few days with fevers, aches and pains, coughing and sore throat. In some people, including those who are healthy with no major risk factors, the flu can cause a serious illness requiring hospitalisation or even death.





Many workplaces offer flu vaccines to their staff, as they are aware of the contagious nature of the flu and wish to protect their staff. Of course, this has the additional benefit of mitigating the loss of productivity through sick days throughout Winter and Spring.

We have a dedicated team through our On-Site Medicine business that can attend your workplace and provide the influenza vaccines to your team.



Immunisation Coalition

**IF YOU ARE INTERESTED IN
HAVING OUR NURSES
VACCINATE YOUR STAFF**

EMAIL ELLA



