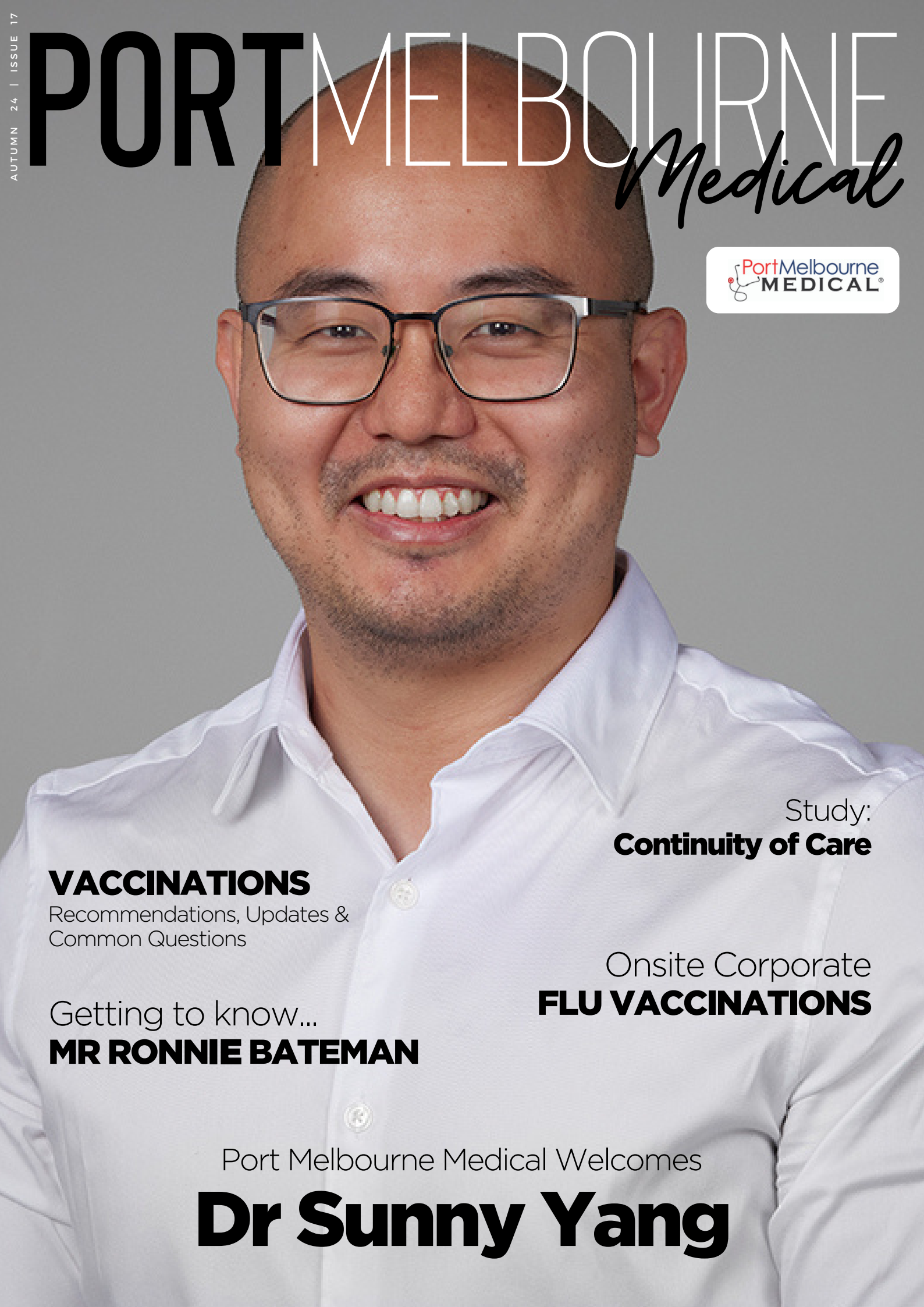


# PORT MELBOURNE *Medical*



## **VACCINATIONS**

Recommendations, Updates & Common Questions

Getting to know...

**MR RONNIE BATEMAN**

Study:  
**Continuity of Care**

Onsite Corporate  
**FLU VACCINATIONS**

Port Melbourne Medical Welcomes

**Dr Sunny Yang**

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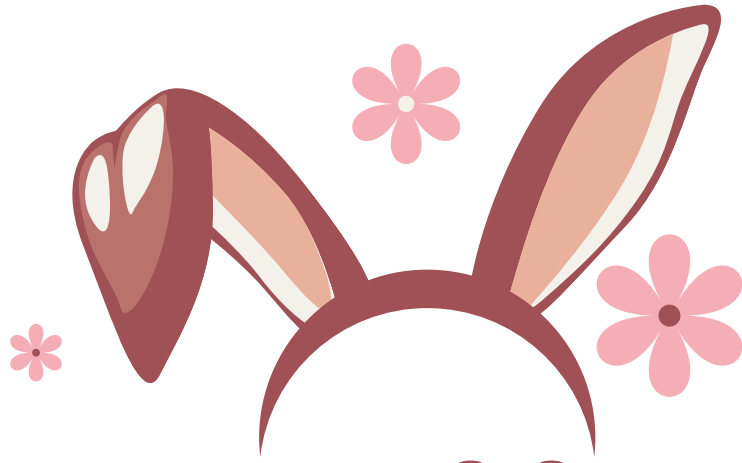
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# Easter Hours

## **Port Melbourne Medical**

Friday 29th March (Good Friday): 8:00am – 12:30pm

Saturday 30th March (Easter Saturday): 8:30am – 1:30pm

Sunday 31st March (Easter Sunday): 8:30am – 12:00pm

Monday 1st April (Easter Monday): 8:00am – 12:30pm

## **Melbourne Pathology**

Friday 29th March (Good Friday): Closed

Saturday 30th March (Easter Saturday): 9:00am – 12:30pm

Sunday 31st March (Easter Sunday): Closed

Monday 1st April (Easter Monday): Closed





# Welcome

Dear Patients,

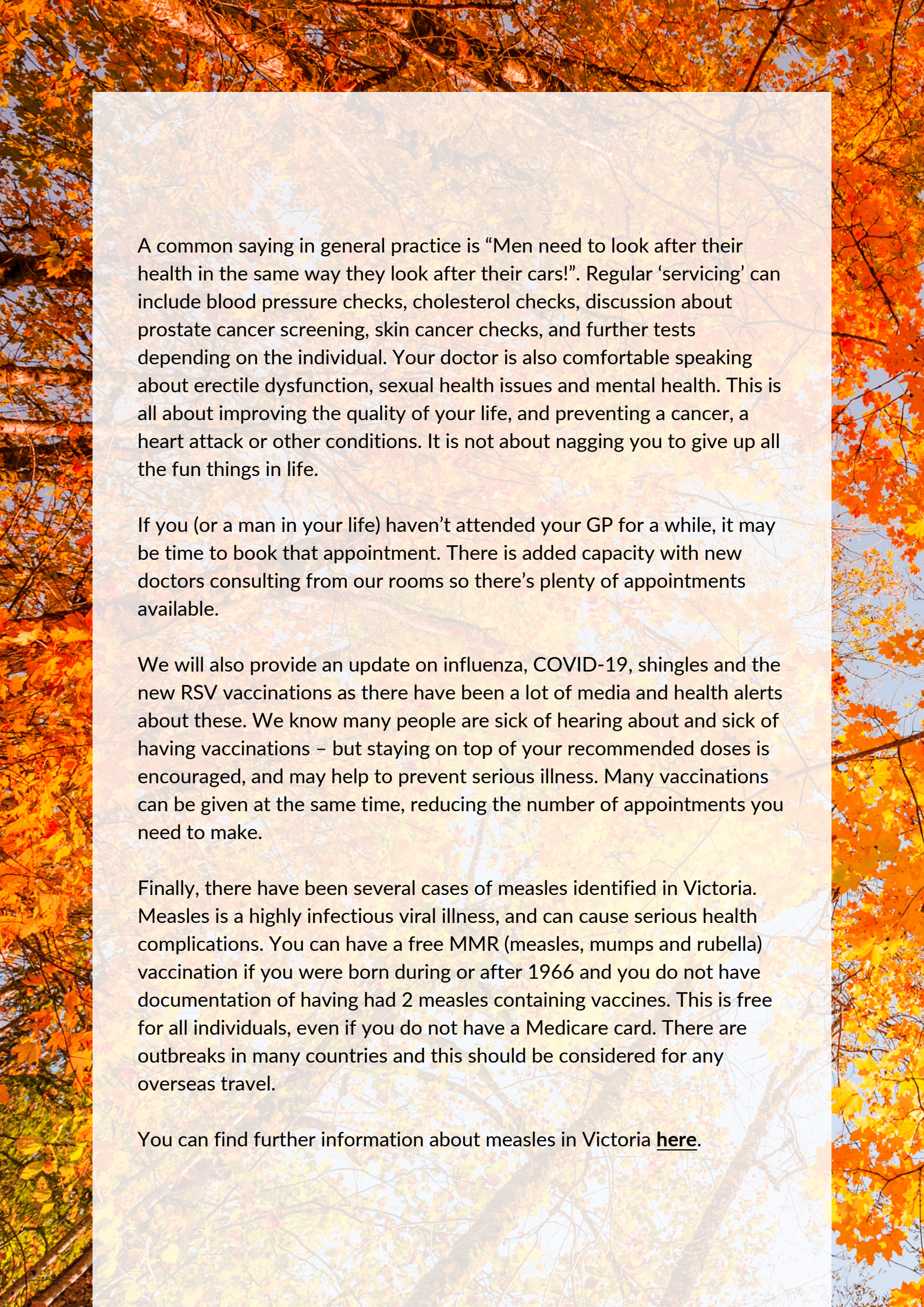
It is hard to believe that Easter is already upon us. We hope you all have a chance for some rest over this time and of course some delicious chocolates are recommended.... especially for the kids!

In this newsletter, we are delighted to introduce GP Dr Sunny Yang, who some of you have already seen, and physiotherapist and podiatrist Mr Ronnie Bateman. Ronnie has started consulting from our specialist rooms. Dr Sunny is a GP who has a broad skill set, including an interest in paediatrics (child health) as well as men's health.

Ronnie's dual training and extensive experience across multiple areas of physiotherapy and podiatry make him quite unique. This provides him with an extensive skill set and ability to manage many conditions, as well as understanding their interplay. We are excited to welcome Ronnie as an in-house physiotherapist and podiatrist, as we know many people prefer to see their doctor and their allied health practitioner in a one-stop-shop.

Each time we write a newsletter, we stop and think about what trends we have noticed, what questions people are asking, or what issues are arising in the sector that we need to highlight. This time, there is something we need to shine a light on, and that is men's health. It is an area in medicine that affects 50% of the adult population. Whilst there are many men who go to their GP regularly, we know there are also many men who feel uncomfortable discussing their health and do not attend for disease prevention check-ups.





A common saying in general practice is “Men need to look after their health in the same way they look after their cars!”. Regular ‘servicing’ can include blood pressure checks, cholesterol checks, discussion about prostate cancer screening, skin cancer checks, and further tests depending on the individual. Your doctor is also comfortable speaking about erectile dysfunction, sexual health issues and mental health. This is all about improving the quality of your life, and preventing a cancer, a heart attack or other conditions. It is not about nagging you to give up all the fun things in life.

If you (or a man in your life) haven’t attended your GP for a while, it may be time to book that appointment. There is added capacity with new doctors consulting from our rooms so there’s plenty of appointments available.

We will also provide an update on influenza, COVID-19, shingles and the new RSV vaccinations as there have been a lot of media and health alerts about these. We know many people are sick of hearing about and sick of having vaccinations – but staying on top of your recommended doses is encouraged, and may help to prevent serious illness. Many vaccinations can be given at the same time, reducing the number of appointments you need to make.

Finally, there have been several cases of measles identified in Victoria. Measles is a highly infectious viral illness, and can cause serious health complications. You can have a free MMR (measles, mumps and rubella) vaccination if you were born during or after 1966 and you do not have documentation of having had 2 measles containing vaccines. This is free for all individuals, even if you do not have a Medicare card. There are outbreaks in many countries and this should be considered for any overseas travel.

You can find further information about measles in Victoria [here](#).





## GETTING TO KNOW DR SUNNY YANG

**WELCOME DR SUNNY. WE WOULD LIKE  
TO GET TO KNOW A LITTLE ABOUT YOU.**

**Q: How did you go from growing up in New Zealand to consulting from Port Melbourne Medical?**

**A:** New Zealand was an amazing country to grow up in, however opportunities for medical school and residency were comparatively sparse.

Throughout high school and undergraduate university, most of my friends and I were swayed by the thought of studying abroad and luckily, I was accepted into the University of Melbourne.

During medical training and residency, I eventually realised my General Practice calling. I longed to practice in a specialty that valued interpersonal skills, community care, opportunities to subspecialise and importantly, distancing myself from hospital politics.

It wasn't until after the COVID-19 lockdown years that I understood the importance and satisfaction of maintaining a sustainable work-life balance. Hence my pleasure in finding an impressive clinic in a beautiful beachside suburb of Port Melbourne.

**Q: What is your favourite part of being a GP?**

**A:** My favourite part of being a GP hasn't changed since the day I started my training programme. It's having those interpersonal conversations with patients, especially on a regular basis. We share joyfulness, sadness, excitement and disappointment with patients throughout their lives, whether it be at high or low points in their lives. This is not only a great privilege but can be so rewarding beyond our written training as health professionals.

Interpersonal conversations will always be a large part of our daily consultations in general practice, which in retrospect I can understand that I underappreciated during hospital training. This is often down to the high task workload, dealing with high volumes of patients on wards and the constant need to relay information to other staff.



**Q: We know you have an area of interest in men's health. What is something that many people do not know about men's health?**

**A:** PSA (the blood marker released by the prostate) testing for prostate cancer is individualised. Unfortunately, for this reason, we do not yet have a robust PSA screening programme, unlike those for bowel and breast cancer. The best way to determine the need for PSA testing/screening and monitoring is a discussion with your GP about individual and familial risk factors, whether there are any relevant symptoms and examination findings and the pros and cons of undergoing PSA testing.

Erectile dysfunction is another relatively common issue that men may encounter over time. There can be various internal and external patient factors that contribute. Similarly, as with many aspects of medicine, a good history, including regular medications and lifestyle, examination and subsequent determination of relevant investigations, can determine the best and safest approach. There are many different treatments available, depending on the cause. It is important for men to know this is a common issue and they can feel comfortable to discuss this with their doctor.

**Q: You have also completed additional studies and hold a Diploma of Child Health. Can you expand on how this helps you on a daily basis?**

**A:** The Diploma of Child Health conducted via the Sydney Westmead Children's Hospital has been a wonderful way to supplement my paediatric training.

I was fortunate enough to complete the diploma during my paediatric rotation during my hospital years, and so it encouraged me to revise well beyond the hospital setting and prepare myself for community-based paediatric care. The course itself is designed for GPs so the focus and level of complexity is catered towards the breadth and the limitations of the GP setting.

The course has been invaluable for developing my confidence in paediatric presentations and also helps me better recognise when presentations require paediatrician input.

**Q: What do you enjoy on the weekends / free time?**

**A:** My partner and I prefer relaxed evenings and weekends. This means we either sleep in and eventually make our way to trying out a brunch venue as well as taking our dog to the beach or local dog park, then spending the rest of the day cleaning out Samoyed fur!

We are also currently going through a Marvel movie marathon (because how can anyone keep up?) otherwise our guilty pleasures include reality TV shows like MAFS and The Block.

On occasion, we do enjoy a good road trip, especially through scenic drives like around Healesville and Lake Mountain. We also took our dog to the snow in Dinner Plains for the first time which was an unforgettable experience.

**Q: We know you're a foodie and Melbourne has some great restaurants. What restaurant has been your favourite?**

**A:** I'm always on the lookout for great food and like to appreciate all cultures! I feel like I can't limit my response to just one restaurant but will have to group it into categories.

We're spoilt for choice when it comes to cafés in Melbourne of course, but one standout café has been No. 19 in Ascot Vale. They have an interesting selection of dishes with a twist. We recently enjoyed their pulled pork eggs benny with layered potatoes.

For burgers and fries, we can't look past College Dropout Burgers in Brunswick West. Disregarding the Kanye West controversy, the smash burgers and raising canes inspired box were great on flavour and freshness. The décor is also pretty amusing, with a cloud temple theme! For Japanese food, my partner and I love omakase and found Minamishima in Richmond to be an absolute highlight, from the moody traditional meets modern décor, to the no-frills beautifully presented dishes, made by Japanese chefs. We also love Japanese comfort food, like curry rice and particularly enjoy the breakfast and cakes selection at Chayo in Clayton.

**Q: You also have a Samoyed - this is a big commitment! Can you tell us about your dog?**

**A:** More than happy to talk about Cookie! He's our 4-year-old bundle of joy and has been a great source of frustration, joy and emotional support ever since we raised him. He has a cheeky personality, but loves people, other dogs (often the ones that don't like him back), squishmallows soft toys and sour dough (he can be a bit boujee sometimes). One thing that really makes me laugh is that he can be very jealous at the dog park, especially when we are petting other dogs. We've often thought about having another dog, but we don't think Cookie would be a big fan with the loss of attention.

**Q: Finally, you're a passionate Formula One follower. I know you scored tickets to this year's Melbourne Grand Prix. Which team/driver do you follow?**

**A:** The most important question! My partner kindly bought a 4-day weekend pass for my birthday this year, so for the first time, we were able to attend practice, qualifying and race day sessions. Following from last years red-flag, incident-fuelled race, I was expecting sparks to fly on Sunday. There were some great twists such as a few big retirements and a Ferrari 1-2!





I currently follow Yuki Tsunoda, who's a fiery, young Japanese driver for Visa CashApp RB F1 Team (ridiculous name, I know) currently driving alongside Australia's Daniel Ricciardo. Fortunately, Yuki had a magnificent race at the recent Grand Prix but Daniel has yet to sort out some gremlins with his confidence in the car. I wish both drivers all the success this year, with the pressure on for a potential full-time Red Bull Racing seat next year. We also can't forget Melbourne's own Oscar Piastri, who seems to have massive potential to be a driver's champion in the near future. Oscar's had a fantastic start, including at Melbourne and was hot on the tails of his teammate Lando Norris all race. Here's hoping he can get a race win this year following his sprint win last year.

**Dr Sunny will be available to provide care to patients at Port Melbourne Medical on:**

**Tuesday (8am-6pm)**

**Wednesday (8am-6pm)**

**Friday (8am-6pm)**

**Saturday (8:30am-1:30pm)**

*For current available sessions please visit PMM's booking tab via our website or the HotDoc App. We encourage patients to register with HotDoc as a fast and secure platform to manage appointments at PMM.*



## GETTING TO KNOW MR RONNIE BATEMAN

**WELCOME TO PMM RONNIE. YOUR FORMAL QUALIFICATIONS, YEARS OF EXPERIENCE AND APPROACH MAKE YOU QUITE UNIQUE AND WE'D LIKE TO DISCUSS THIS FURTHER.**

**Q: You are dual trained as both a physiotherapist and a podiatrist. Is this a common pathway that people take?**

**A:** It is rare, in that 8 years of full time study is quite an investment. The Master's degree in Musculoskeletal/Manipulative Physiotherapy required another year of full-time study. There are probably only a handful of us with the dual qualifications in the country.

**Q: Would you describe yourself firstly as a podiatrist, a physio or perhaps something else?**

**A:** First and foremost, I see myself as a musculoskeletal mechanic or musculoskeletal pain problem-solver. Whether the issue at hand is a neck-related headache, back pain that is aggravated by sitting, or foot pain that is prominent when getting out of bed, similar principles apply.

As an old-school physiotherapist, I will often make use of hands-on manual therapy, and other interventions; in addition to evidence-based exercise therapy. As a podiatrist, there are more options than simply orthotics, but I take pride in making them (old ones or new ones) comfortable and effective. Whatever the condition, I like to see my clients' progress quickly, otherwise it requires that the treatment approach changes.



**Q: You have been consulting for nearly 30 years. What has been your journey and how did you come to consult from Port Melbourne Medical's specialist rooms?**

**A:** I have been fortunate to work under great physiotherapists, who have since transitioned from role-models to life-long friends. I am also lucky to have been worked in a range of sectors (Corporate, Sport, NDIS, Council, Aged Care, WorkCover) in metropolitan Melbourne & rural/regional towns.

My journey to PMM Specialist rooms began with my clients speaking highly of their GPs, who consult from PMM, and the thorough referral information that invariably accompanied them. Now that I am here, I witness first-hand the highest standards in patient care, professionalism and infection control. The admin team and extensive support staff also make my job easier, and I assume this flows on to the patient experience too.

**Q: How do you feel your knowledge across 2 disciplines helps you when assessing people with pain?**

**A:** It definitely gives me more options to throw at lower-limb conditions, in the pursuit of optimum and timely improvement. It also saves the patient from having to seek 2 separate opinions to find answers, and in many situations my podiatry and physiotherapy skills are used in tandem.

**Q: We know you treat a wide range of conditions. For the benefit of the patients can you describe your approach and the conditions you treat?**

**A:** Neck Pain & Headache - Musculoskeletal issues usually have a movement limitation involved here. A stiff neck will appreciate hands-on therapy and massage. A compressive neck issue will respond to traction (elongation stretch). Weakness will respond to strengthening. Neck & headache issues that are more prominent in the morning, may respond better to a pillow change or a temporary neck-collar.

Lower Back Pain - Like most areas, I like to differentiate what type of back pain is the client dealing with. Is it worse after sitting for an extended period of time? Is it worse standing/walking? Does coughing/sneezing accentuate symptoms? Is it worse in the morning? The treatment is quite different depending on what type of back is presenting.

Forefoot Pain - This area of your foot is around the balls of your feet. Sometimes, softening a specific area of your insole can reduce the offending pressure. On other occasions, a soft metatarsal dome can re-distribute pressure. Bursitis, neuromas and/or plantar-plate tears can be relevant here.

Midfoot Pain - In the case of cuboid syndrome (lateral midfoot pain), mobilisation/manipulation can work quite well. Accordingly, a soft lift can be embedded in the shoe or orthotic to reproduce this therapeutic effect.

Heel Pain - Some heel pain just wants softness underneath, while other heel pain (enthesopathy or plantar-fasciitis) prefers interventions that ultimately reduce stress in this area. Calf stretches, tennis ball self-massage, foot taping and/or orthotic intervention can assist greatly here.

Ankle Pain - A healthy ankle is strong, aware (proprioception), and has unimpeded dorsi-flexion. Acute sprains are protected in the early phases from provocative movements and forces. Often, we can have acute sprains limping in and walking out with less pain on day 1. Other ankle presentations can include impingement, which means a blocking to movement. Stretching is not productive here, and instead we need to find ways to "unblock" the movement.

Shin/Leg Pain -Shin splints is quite a broad term, but usually addressing calf-length and biomechanics will result in significant improvement. Typical shin splints will improve with activity warm-up. Compartment syndromes and bone-stresses however are not as common, and usually gets worse with activity.

Knee Pain – Anterior (front of) knee pain usually involves one or more of a maltracking knee-cap, patella tendon issue, or a joint-line meniscal problem. Medial (inner) knee pain usually involves the medial ligament or meniscus. Knee assessments are usually straight-forward, and diagnosis is reached quickly. Physiotherapy & Podiatry interventions can be quite impactful here.

Hip Pain - The most common hip pain that I see is trochanteric bursitis. Here, lateral (outside) hip discomfort can be experienced with activity or just in bed when lying on the affected side. Degenerative hips however are seen time-to-time, and often involve a restriction or impingement of the knee moving toward the opposite chest.

Running & Walking Problems - In addition to physiotherapy and podiatry interventions, occasionally shoe modifications are necessary. Currently I am seeing a runner with a painful ball of the foot (sesamoid problem) and I have just made significant helpful modifications to his sneaker, whereby I have incorporated thick soft padding in the sole itself.

Post-Surgical Rehabilitation - Most orthopaedic surgery is quite successful and rehabilitation is simple and efficient. However, there are rare occasions whereby progress is not as expected. In these circumstances, my approach changes. Sometimes, we need to reduce exercise intensity or cull an exercise that aggravates the condition.

Spinal Pain - Cervical (neck) and Thoracic & Lumbar (lower-back) health from a musculo-skeletal viewpoint, often correlates with good movement. Movement restriction usually indicates pathology, and guides treatment.

Elbow Pain - Tennis elbow and golfers' elbow is not just experienced by those that play these sports.

Wrist & Hand Pain - My time at Royal Hobart Hospital in the Hands/Burns unit enlightened me in regards to hand-therapy exercises, massage and splinting.

**Q: Do people need a referral to see you?**

**A:** In the case of WorkCover, TAC and Enhanced Primary Care Plan (Team Care Arrangements), a GP referral is essential. As for private patients, your health insurance rebates will apply with or without a GP referral. If you do not have a chronic condition that is eligible for a Care Plan from your GP, and this is not a WorkCover or TAC claim, no referral is required.

**Q: How do you interact with your client's doctor to ensure optimal and cost-effective outcomes?**

**A:** Every GP (referral) will receive a feedback letter that highlights assessment findings and treatment interventions. Also, for musculoskeletal ultrasound investigation for example, it is more cost-effective via a GP referral, rather than one given by a physiotherapist.

**Q: How does it benefit patient outcomes when you are working in the same space as the doctors who consult from Port Melbourne Medical?**

**A:** I think allied-health and doctors working under the one roof is the future in healthcare. The efficiency gains and patient benefits are undoubtedly increased, as there are positive impacts on professional development, multi-disciplinary engagement, and accountability.

**Q: How are patients charged for your consults and how does private insurance work?**

**A:** Initial consultations are at least 45 minutes in duration and cost \$160. Subsequent consultations are approximately 30 minutes and are charged \$130. There are other physios and podiatrists that do charge less, but the key for me is to provide value. Private health rebates are claimed at reception, and in some cases, clients can claim both a physiotherapy and podiatry rebate. WorkCover/TAC clients are required to pay on the day, and claim the relevant rebate from the insurer/TAC after the consultation. EPC/TAC clients should be reimbursed at least \$58.30 per physiotherapy or podiatry claim, with a maximum of 5 per year.





**Q: You're a local and a father of two. Tell us about what you do when not busy at work?**

**A:** Yes, I have a tiny house in Bay Street, and have no excuse not to leave the car at home. Like half of Melbourne, AFL football watching dominates my weekends. I don't mind gardening, but possums and weeds have the edge over me at the moment. I am yet to bake the perfect loaf, but it will happen, when I convince my wife that I need an industrial dough-mixer.

**To book an appointment with Ronnie please follow the Booking tab [HERE](#)**

**Or call the clinic on 03 8686 0500.**





# OnSite Corporate FLU Vaccinations

Our nurses are very experienced in attending businesses big and small and delivering onsite flu vaccinations. This year we will vaccinate the staff at Albert Park College, The Mac.Robertson Girls' High School and Port Phillip Specialist School. You don't need to be that big to engage us for this service.

Please email us on [vaxmanager@portmelbournemedical.com.au](mailto:vaxmanager@portmelbournemedical.com.au) for further information and booking.

*\*Fees and charges apply*



## Continuity of Care

A recent study from the UK demonstrated the benefits of continuity of care. University of Cambridge and Insead Business school analysed data from 10 million consultations over more than a decade. Many other studies also found seeing the same GP was found to reduce the number of visits required, reduce hospital admissions and had lower mortality (death) rates. Much of this is due to the doctor being familiar with your medical history, as well as the relationship and trust that is built up over time. We have concerns about online script services that are available, where someone's history is unknown, and medications can interact, or blood test results may mean dose adjustments are required. In addition, many doctors working for these services have not undertaken their specialist GP training, and safety aspects of care can be missed. Whilst they can be convenient, there is no rebate, and it takes away the opportunity to discuss what blood tests are due, to have a blood pressure check, or other screening advice.







# VACCINES

## Recommendations, Updates & Common Questions

### Influenza:

Each year, the influenza virus mutates, and the seasonal immunisation is based from the Northern Hemisphere circulating strains. This means that it is required annually in order to provide protection against the current strain.

Government funded vaccines are provided for those aged 65+, children aged 6 months to less than 5 years old, pregnant women, Aboriginal and Torres Strait Islander people, and those with certain medical conditions that puts them at a higher risk. For all other people, private vaccinations are available. We expect Government stock to arrive mid-April. Private stock is now available. Those over 65 require a specific vaccination so it is recommended that they wait for the Government stock. A nurse fee may apply.

Lab confirmed influenza numbers are about 50% higher for the first 3 months of this year compared to 2023, and cases are expected to peak in June-August.

### COVID-19:

Summary of current recommendations:

- ATAGI recommends a dose of the COVID-19 vaccination for adults 75+ every 6 months.
- ATAGI recommends a dose of the COVID-19 vaccination every 12 months (and can consider every 6 months based on risk-benefit assessment) for adults age 65-74, and adults aged 18-64 with severe immunocompromise.
- Those aged 18-64 without severe immunocompromise or aged 5-17 with severe immunocompromise can consider a vaccination every 12 months.

COVID-19 vaccinations remain funded for all individuals, even without a Medicare card. They can be administered on the same day as other vaccines such as influenza.

### Shingles:

The new and more effective shingles vaccination was added to the funded vaccination schedule in November 2023. Those who are 65+ (or immunocompromised people aged 18+) are eligible for this vaccination. It comes as a 2-dose schedule, separated by 2-6 months. Supply issues continue to limit the number of people who can have this vaccination – speak to your doctor next time you are in. If you have had shingles you need to wait 1 year from the episode, and if you have had the previous brand, Zostavax, you will need to wait 5 years to have the newer shingles vaccine.

## RSV:

Respiratory Syncytial Virus (RSV) is not only hard to pronounce, but causes a lot of respiratory infections each year in both children and adults. It has only recently been added to the list of notifiable and tracked conditions, so we don't have a lot of data on the trends. RSV can cause a runny nose, cough, wheeze, fever, and difficulty breathing. There is now 1 vaccine for adults on the market for RSV, and it is registered for use in people 60+ years of age. It is recommended for all adults 75+, as well as Aboriginal and Torres Strait Islanders and other with conditions that increase their risk of more severe infection. This can be given with other vaccines such as COVID-19 and influenza. This is not funded under the National Immunisation Schedule and is not funded by Victoria at this stage. It is given as a single vaccine, and will cost \$330 per vaccine. This will be available here by mid-April and private health insurance may offer some rebates for this depending on the policy.

## Whooping cough:

Officially known as pertussis, whooping cough causes the "100-day cough" and can be deadly in babies. We are having a large rise in cases this year already, with numbers in this first quarter almost at the same level as we had for the whole of 2023. Pertussis is not tested on a routine viral nasal swab, and has to be specifically requested.

Reported cases will be lower than actual numbers, as not all people will be swabbed for this.

- Total cases reported across Australia in 2023: 2442
- Total cases reported across Australia 2024, year to date: 2432
- Total cases reported across Victoria in 2023: 377
- Total cases reported across Victoria in 2024, year to date: 277

Source: National Notifiable Disease Surveillance System

The whooping cough vaccine provides protection against whooping cough, tetanus and diphtheria. It is only funded for pregnant women from 20 weeks of pregnancy but is recommended for anyone who will be around a new baby or who wants to reduce their likelihood of becoming ill from this infection. If you need a tetanus booster due to an injury or bite, it may be an opportunity to consider having the pertussis containing option.





