



# North & West Queensland Primary Health Care E-Newsletter

27 August 2010

## INFORMATION AND ALERTS

### **ALERT – MEASLES CASES IN QUEENSLAND**

Queensland Health is alerting all general practitioners to be on the look out for the symptoms of measles. Measles cases have been identified in Mackay, Southeast Queensland and Northern NSW. Alert attached.

### **GPS TO DRIVE AUSTRALIAN LUNG CENSUS**

General Practitioners are being urged to assess the lung health of 50,000 adults as part of the largest single screening of lung function to be undertaken in Australia. The Lung Census will be conducted from 4 -15 October 2010 to support and promote Global Test Your Lungs Day (14 October) and the Year of the Lung. GPs can find out more about the Lung Census and register to take part in this landmark initiative by visiting [www.lungcensus.com.au](http://www.lungcensus.com.au).

### **MENTORS REQUIRED URGENTLY**

The John Flynn Placement Program urgently needs 50 GP Mentors to provide clinical mentoring for students keen for rural and remote experience. Information attached.

## WORKSHOPS

### **RURAL & REMOTE MENTAL HEALTH CONFERENCE—ONLY 37 PLACES LEFT**

The Rural & Remote Mental Health Conference will have special relevance as all political parties have renewed their commitments to mental health services in Australia. The Conference will be held at the Novotel Brighton le Sands, Sydney from 28th - 30th September. The program has an impressive lineup of presenters, you can view the full details on the website: [www.anzmf.asn.au/rmh10/ProgramRural2010.htm](http://www.anzmf.asn.au/rmh10/ProgramRural2010.htm)

### **PARTNERS IN RESPIRATORY HEALTH**

Symposium to be held in Canberra on 23-24 September. For information call 02 4340 8822 or [www.aarea.com.au](http://www.aarea.com.au)

### **ABORIGINAL & TORRES STRAIT ISLANDER HEALTHCARE 2000**

Conference implementing a 'strength-based' approach to healthcare is being held on 23-24 November, 2010 in Sydney. Conference information: <http://www.indigenoushealthcare.com/>

## WEBCASTS & PODCASTS

### **PODCAST ON YOUTH MENTAL HEALTH**

Titled "Youth Mental Health: Is anybody listening", panel members include Australian of the Year 2010 Prof. Pat McGorry AO and Prof. Ian Hickie AM.

[www.anu.edu.au/discoveranu/content/podcasts/youth\\_mental\\_health\\_is\\_anybody\\_listening/](http://www.anu.edu.au/discoveranu/content/podcasts/youth_mental_health_is_anybody_listening/)

### **CHILD AND ADOLESCENT HEALTH UPDATE WEBCAST**

Live Webcast is being conducted on Saturday 11 September. Information Flyer attached

## FEATURE ARTICLE: 'Doctors need a mental health break'

### Primary health care excellence in north and west Queensland

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# North & West Queensland Primary Health Care Feature Article

## Doctors need a mental health break

Doctors' mental health is being pushed to breaking point by long working hours, not taking holidays and the stress of medicolegal matters, an Australian study has found.

Almost one in three doctors has significant levels of psychiatric morbidity and one in seven doctors is drinking too much, a survey of 3000 doctors from all specialities has shown.

The findings, in the *MJA* (193:161), showed that the main factors linked to psychiatric morbidity were having a current medicolegal matter, followed by not having had a holiday in the previous year and working more than 60 hours a week.

Younger doctors were more prone to psychiatric morbidity, as were doctors working in general practice and doctors in training.

The study also found that 15% of doctors had hazardous levels of alcohol use, and this was more common in male doctors, Australian medical graduates, solo practitioners and among doctors who had not met their CME requirements.

Personality traits of neuroticism and introversion related to levels of psychiatric morbidity, while extroversion was related to hazardous alcohol use.

The study authors say doctors need to learn how to cope with the stress of medicolegal processes such as lawsuits, inquiries, and understand how these may affect their work and health.

"Doctors should [also] reflect on their hours of work and need for holidays," they suggest.

(Article courtesy Michael Woodhead; 6minutes.com.au)

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Funded by Australian Government Department of Health & Ageing, Office of Aboriginal & Torres Strait Islander Health and Queensland Health

## URGENT PUBLIC HEALTH ALERT (all GP Divisions) Queensland Health

Queensland Health is alerting all general practitioners to be on the look out for the symptoms of **measles**. One case of measles in a young adult has recently been identified in a mine worker at the Moranbah North mine, inland from Mackay. This person attended a training session with around 150 mineworkers/contractors on Saturday 14 August while infectious. Many of the exposed workers are 'fly in, fly out' type workers who could present to GPs anywhere across Queensland. A measles case has also recently been identified in southeast Queensland and is under investigation, and there have been several recent cases in northern NSW.

The following guidelines are for the management of measles in general practice.

- Check that the symptoms satisfy all of the clinical criteria:
  - generalised maculopapular rash; and
  - fever of at least 38 degrees still present at the time of rash onset; and
  - cough or coryza or conjunctivitis or Koplik spots.
- If the case satisfies all of the clinical criteria, organise the appropriate laboratory test depending on the number of days after rash onset (ensure that the lab staff do a home visit). Mark request form as URGENT.
  - 0-3 days after rash onset: urine and throat or nasopharyngeal swab for PCR
  - 3-7 days after rash onset: urine and throat or nasopharyngeal swab for PCR and/or blood for IgM
  - more than 7 days after rash onset: blood for IgM
- Patients with prodromal symptoms who have had known contact with a confirmed case should also be tested (urine and throat or nasopharyngeal swab for PCR).
- **Notify your local public health unit immediately on clinical suspicion of measles.**
- Note that if the case does not satisfy the above clinical criteria, measles is unlikely and testing is not required. Note also that the rash usually begins on the face, before spreading to the rest of the body. Please contact your public health unit if you would like to discuss any particular case.

Measles transmission can occur in medical settings. When a patient with suspected measles attends a medical facility, **contacts (other patients/staff at the facility) are at risk of acquiring the infection**. The following recommendations will minimise the risk of transmission within facilities.

- Triage patients with fever and rash to a room that can be left vacant for 2 hours after consultation. **Where possible, examine cases of suspected measles at home.**
- Ensure practice staff in contact with the suspected case are vaccinated with 2 x MMRs or have a confirmed history of measles.

If a patient with suspected measles attends a facility the following actions should be undertaken.

- **People in a room at the same time as the case, and those in the room in the two hours after the case has left, are at risk of developing measles and are to be treated as contacts. Identify susceptible contacts so that MMR or immunoglobulin can be administered promptly should measles be confirmed.** Discuss with your public health unit.
- Ensure that all suspected cases, including those who have been exposed to another case and may be in prodrome with or without a rash, attending the facility are identified and assessed promptly.
- Advise anyone with suspected measles and/or their parents/guardians of the need for the person to stay at home and restrict visitors until at least four days after appearance of the rash.

Please provide opportunistic vaccination for all patients attending your practice born since 1966 who do not have documented evidence of two doses of MMR vaccine. All staff in your practice born since 1966 should also have documented evidence of two doses of MMR vaccine.

A fact sheet for the public about measles is available from Queensland Health  
[http://access.health.qld.gov.au/hid/infectionsandoparasites/viralinfections/measles\\_fs.asp](http://access.health.qld.gov.au/hid/infectionsandoparasites/viralinfections/measles_fs.asp)

**Dr Frank Beard**  
**Acting Senior Director, Communicable Diseases Branch**  
**20.08.10**

## 50 GP MENTORS URGENTLY NEEDED

***Can you mentor a John Flynn student for 2 weeks per year over 4 years?  
(Timing of placements by mutual agreement)***

**The John Flynn Placement Program (JFPP)** — managed by the Australian College of Rural and Remote Medicine (ACRRM) — is an Australian Government funded initiative to attract more doctors to rural and remote Australian communities. Students who develop bonds and friendships within a community are more likely to return to that or to a similar community as future qualified medical practitioners.

***50 additional RA 2 to 5 doctors are needed this year to provide clinical mentoring for JFPP students, keen for rural and remote experience.***

### **GP Rewards**

- satisfaction of passing on your expertise and understanding of rural/remote medicine
- opportunity to play a vital role in addressing the rural medical crisis
- \$300 (+GST) per week per student
- ACRRM PDP and RACGP QA&CPD points for teaching medical students

### **Invaluable Practice Managers**

- alert doctors to the importance of the JFPP and support their participation
- refer the ACRRM JFPP team to local community organisations, for student support
- are welcome to apply to participate as Community Contacts @ \$175 per week during placements

### **Unique Community Placement Program**

- responsibility is shared between the mentor and a community representative, who supports the student socially during placements
- the program is focused on student enjoyment of your community and the opportunity to develop a bond with its people
- placements are not designed to provide the same level of clinical training as university accredited clinical attachments

### **To find out more**

Email ACRRM [jfpp@acrrm.org.au](mailto:jfpp@acrrm.org.au), or click [here](#) to fill out an application form. More information on Mentoring is available on our [website](#).

***Be part of training the next generation of rural doctors***



### **John Flynn Placement Program Team**

Australian College of Rural and Remote Medicine

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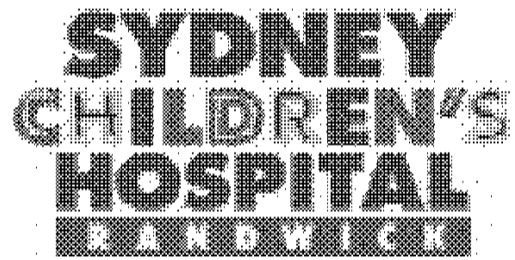
PRIVATE & CONFIDENTIAL The information contained in this e-mail and their attached files, including replies and forwarded copies, is confidential and intended solely for the addressee(s) and may be legally privileged or prohibited from disclosure and unauthorised use. If you are not the intended recipient, any form of reproduction, dissemination, copying, disclosure, modification, distribution and/or publication or any action taken or omitted to be taken in reliance upon this message or its attachments is prohibited. All liability for viruses is excluded to the fullest extent permitted by law.

Dear Dr Lesley Stainkey,

# The Child & Adolescent Health Update 2010

Saturday, 8.30am-6.30pm,  
11<sup>th</sup> Sep, 2010, Sydney Time

## Live Webcast



Expression of Interest

Join us from your clinic or home computer!

Hypertension in Adolescents-An Emerging Health Problem Relevant to GPs	Dr Gad Kainer, Paediatric Nephrologist, Department of Nephrology, Sydney Children's
Suicide Prevention	Dr Michael Dudley, Child & Adolescent Psychiatrist, SCH, Chair of Suicide Prevention Australia
Medications in Lactation	Assoc Prof Noel Cranswick, Paediatrician and Pharmacologist, Royal Children's Hospital, Melb
Evidence Based Approach to Febrile Child	
STIs in Teenagers	Dr Melissa Kang, Adolescent Medicine Specialist, Westmead Children's Hospital, "Dolly Doctor"
Contraception across the age groups-practical advice for GPs	Dr Deborah Bateson, Medical Director Family Planning Australia
Cyberbullying-Important advice for GPs	Susan Mclean, Cybersafety Expert, La Trobe Uni
Young People and Ecstasy Consumption-What GPs need to know	Paul Dillon, Drug and Alcohol Research and Training Australia
Anxiety and Depression in Young People-Advice from the Couch	Dr Michael Carr-Gregg, Adolescent Psychologist, Beyondblue Ambassador
Body Image and Eating Disorders-The Importance of Early Detection	Prof Stephen Touyz, Psychologist, Co-Director, Peter Beumont Centre for Eating Disorders
Paediatric CPR Update	Dr Arjun Rao, Emergency Physician, Sydney Children's Hospital
Adrenalin Autoinjectors-A Practical Session with Both	Dr Bryn Wainstein, Paediatric Immunologist Department of Immunology, Sydney Children's
Cutting and Self Harm	Anthony Hillin, Psychologist, Statewide School-Link Coordinator, NSW Institute of Psychiatry
The Sick Child- A Video Ward Round of Important Clinical Presentations	Dr Joseph DeZordi, Paediatrician, Princess Margaret Hospital, Perth
Developments in Maternal Immunisation- Pertussis, Swine flu, cocooning	Dr Kristine McCartney, Paediatrician, National Centre of Immunisation Research
Bedwetting in Teenagers	Dr David Lillystone, Paediatrician, Hornsby Hospital
Management of Premenstrual pain and other symptoms in adolescent girls	Prof Michael Bennet, Adolescent Gynaecologist

Sponsors: Bayer-Schering, CSL, Ferring, GSK, iNova, Cityfertility, MSD, Nutricia, Novartis, Schering Plough, Sanofi-Aventis

**If you are interested in participating in this webcast please fax this back to us on 1300 797 792 and we will send you the enrolment details as soon as they become available.**

**First Name:.....Surname.....**

**Email address:.....@.....**

**Phone:.....**