



Murray-Plains
Division of
General Practice

Tuesday Facts



Quality
Improvement
Council
'Yes ... we are
a QIC accredited
organisation'

Wednesday 27 April 2011 - Issue 41-10/11

UPCOMING EVENTS

APRIL

Friday 29

"Greek Festival of Flowers"
Dinner (GP family event)
Nik's Greek Tavern,
Echuca 7:00pm

MAY

Wednesday 4

NPS - Cardiovascular
Disease Risk
Small Group Meeting,
Venue TBC
Kerang 7:00pm

Tuesday 10

VMPF – Obstetrics
Kerang District Health,
Kerang 7:00pm

Tuesday 17

Regional Immunisation
Network meeting,
MPDGP Board room
Echuca 11:00am – 1:00pm

*If you would like further details
on any of these events,
please do not hesitate to
contact Daria Atkinson on
5481 1300 or email
datkinson@mpdgp.com.au*

LAST CHANCE REMINDER: 'FESTIVAL OF FLOWERS'

Friday, 29 April is MPDGP's 'Greek Festival of Flowers' GP family dinner. **Register today.** Contact Daria Atkinson on 03 5481 1300.

LEPTOSPIROSIS OUTBREAK

ABC News Online [reports](#) that an outbreak of a leptospirosis spread by mice has prompted a warning by health authorities for local farmers to cover up. Four cases of the infection, which occurs when open wounds come in contact with mouse urine, have been confirmed by the Murrumbidgee Local Health Network.

REMOTE VOCATIONAL TRAINING SCHEME

Applications for the 2012 intake of the Remote Vocational Training Scheme (RVTS) open on 5 May 2011. RVTS offers an alternative pathway to FRACGP/FARGP and FACRRM for GPs working in remote and rural locations. The curriculum is delivered via distance education and registrars are supervised remotely. Eligibility requirements for the 2012 intake remain broad and inclusive. Doctors with general registration or limited registration (area of need) may be eligible. The program specifically targets doctors working in remote and rural locations where limited support is available, such as those in solo practice. Twenty-two positions are available nationally for training commencing 30 January 2012. Registrars stay in their community throughout their training and are linked into a nationwide network of medical educators, supervisors and fellow registrars. RVTS is fully funded by the Australian Government. Further information and complete eligibility criteria is available at www.rvts.org.au or contact 02 6021 6235.

LOOKING TOWARDS THE FUTURE: GP E-HEALTH SUMMARY

The RACGP is working closely with the National e-Health Transition Authority (NEHTA) to further define the core elements of the GP health summary and its application in an electronic health record. This will provide clinicians with key health information when providing care. Health information obtained through an accurate and current health summary will ensure safe and high quality care is delivered through access to the e-health summary in an electronic health record. Software specifications need to be developed to ensure the design is technically robust. The RACGP has established a group of GPs to work with NEHTA to ensure that electronic health records are integral to the management of patient care and the treatment of patients across the health sector.

RACGP RELEASE POSITION PAPER ON THE IDENTIFICATION OF ATSI PEOPLE IN GENERAL PRACTICE

The RACGP has created a position statement, 'Identification of Aboriginal and Torres Strait Islander People in Australian general practice', which summarises processes to identify, record and report the Aboriginal and Torres Strait Islander status of patients of health services. See: <http://www.racgp.org.au/media2011/41761>.



DID YOU KNOW??

All lesions excised under item numbers 31205-31240 must be sent for histological examination. If the specimen is not sent for histological examination, item 31200 should be claimed.

Measles Alert for GPs and Emergency Departments

21 April 2011

In the past three weeks the Department of Health (DH) has been notified of six confirmed cases of **measles** in metropolitan Melbourne. Some of these cases have acquired their infection whilst travelling overseas and some are associated with exposure to travellers from overseas during a plane flight.

A number of these cases have been in the community whilst infectious, so with an average incubation period of 10 to 14 days until onset of rash, secondary cases may now be appearing.

Given this, please **THINK MEASLES** in patients presenting with a febrile rash illness.

Children or adults born during or since 1966 who do not have documented evidence of receiving 2 doses of a measles containing vaccine or documented evidence of laboratory confirmed measles are considered to be **highly susceptible** to measles.

MEASLES CASE DEFINITION

The public health definition for suspected measles is an illness characterised by:

- morbilliform **rash**; and
- **cough**; and
- **fever** present **at the time of rash onset**.

RECOMMENDATIONS

1. **THINK MEASLES** in patients who present with a febrile rash illness.
2. **Notify** any patient that you suspect could have measles **immediately** to the Communicable Disease Prevention and Control Unit on telephone **1300 651 160 (BH) or 1300 790 733 (AH)**.
3. **Take blood** for serological confirmation and a **nose and throat swab** for PCR diagnosis.
4. **Minimise transmission:**
 - Be alert for new measles cases - make sure all staff, particularly triage nurses, have a high index of suspicion for patients presenting with a febrile rash illness
 - If other patients are in the waiting room when they arrive, give the suspected case a mask and take him/her directly to a consulting room (that room should not be used for another patient for at least two hours after the consultation).
5. **In General Practice:**
 - See suspected measles patients at home if possible.
 - If not possible, make their appointment the last of the day to minimise contact with other patients in the waiting room.
 - If a patient needs to be sent to hospital, telephone ahead and let the Emergency Department or Ambulance (if applicable) staff know that you are referring a case of suspected measles.
6. **Seek advice from the Department of Health regarding the management of susceptible contacts:**
 - On DH advice, follow up all persons who have been in the waiting room **at the same time** as a case (if infection control precautions were not implemented) and **for two hours after** the visit. These people are considered to be exposed to the measles virus.

To prevent measles in susceptible contacts give:

- ❖ MMR if within 72 hours of first contact with the patient or
- ❖ Immunoglobulin if longer than 72 hours but within 6 days from contact.

7. Check vaccination records for:

- Your staff - All staff born during or since 1966 should have documentation of two doses of measles containing vaccine.
- Your patients - Ideally all patients born during or since 1966 should have received two doses of a measles-containing vaccine.
- Currently MMR vaccine is recommended on the National Immunisation Program at 12 months and 4 years of age. The vaccine is free as a catch up for children up to seven years of age only.

For further advice call Communicable Disease Prevention and Control on 1300 651 160