

GP Community Briefs

Keeping you up to date with the activities of the Northern Rivers Division of General Practice

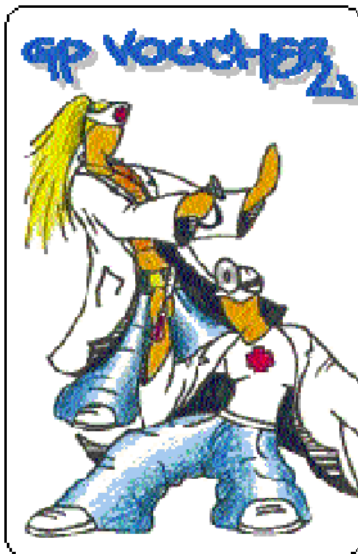
February 2004

Voucher improves young people's access to GPs

Young people in the pilot areas of Byron Bay, Lismore and Ballina aged between 14-25 years can see a GP for free (bulk billed) in a project being run by the division.

"Some young people in our area simply cannot afford to pay for a GP consultation," says Byron Bay GP, Rob Trigger, manager of the division's youth health project.

"In needs assessments conducted in the Northern Rivers area in the past, both young people and local youth workers have highlighted the decline in bulk billing practices as one contributing factor to young people's under-use of GPs."



The GP voucher scheme is helping to address this barrier and has already been accessed by about 80 young people.

Young people who consent to being part of the project have access to vouchers that entitle them to a bulk-billed consultation with a participating GP. Local youth workers in each area act as the point of referral, providing the vouchers to young people who they believe have a financial barrier to access.

"As GPs, we are well placed to play a major role in the improvement of adolescent health and we would encourage young people to avail of the opportunity to see a GP without having to worry about the cost," Dr Trigger said.

THE GP VOUCHERS ARE AVAILABLE FROM THE FOLLOWING YOUTH SERVICES:

LISMORE area:

- Anna Tonkin, school health nurse (Kadina & Lismore high schools) at Goonellabah Community Health on 6625 0111;
- Deanna Bowen at Community Mental Health on 6620 2967;
- Tammie Day at Reconnect on 6622 8344;
- Joanne McNally at Community Connections on 6622 3143.

BALLINA area:

- Eric Belling or Suzie Riggs at Community Mental Health on 6686 8977;
- Peter Moore at Ballina Youth Service on 6686 7776;
- Marlene Hitchens at JPET on 6686 6555.

BYRON area:

- Max Kitto at Reconnect on 6680 8372;
- Ken Lee or Robbie Curtin at Community Mental Health on 6684 1677;
- Eva Roberts or Rebecca Ingham at Byron Bay Youth House on 6685 7264;
- Maggie Brown, Simon Du Bois, Michael Prigmore or Juliet Allen at Byron Youth Service, JPET on 6685 7777;
- Fiona Poole at Youth Activity Centre on 6685 5775.

The youth worker will also help young people apply for their own Medicare card if they don't have one.

If you would like more information about the project, please phone project officer Anita Mansfield at the division on 6622 4453.

New doc for Wardell



Patient Bernadette Perry is pictured with Dr Meredith Betts, who recently started working in the GP clinic at the open access space in Wardell.

Dr Meredith Betts has recently started practice in Wardell. Dr Betts also has a diploma in child health.

Dr Betts and a practice nurse are available every Thursday in the Wardell Community Access Space on Sinclair Street. The space is facilitated through Ballina Shire Council and also includes community development activities.

The Wardell practice was established by the division last year with the aid of State government funding to help establish GP services in a number of small community centres.

Funded under the State Government's GP entity scheme, both Wardell and Nimbin were identified as communities that would benefit from the scheme and a general practice also opened in Nimbin last year.

The GP entity project is a result of a collaborative partnership between the division, the Northern Rivers Area Health Service, Ballina and Lismore councils, and the community.



For parents with children from newborn to around one year of age who are having difficulties, or require further support with feeding (breast, weaning, bottle, solids); unsettled behaviour and related sleeping patterns; adjustment to parenthood issues for the family; postnatal distress; or parentcraft issues.

**FOR A REFERRAL
SEE YOUR GP, OR CHILD & FAMILY HEALTH NURSE.**

Meningococcal C funding extended

The Commonwealth has extended the funding for meningococcal C vaccine for 1-5 year olds until the end of June 2004. The vaccine is available at GP practices and community vaccination health centres. The division is advising parents and guardians to vaccinate their children in this age group before June. After June the vaccine will only be funded for 1 year olds.

FACT SHEET Meningococcal disease and vaccination

What is meningococcal?

Meningococcal is a serious illness with serious complications, including brain damage and death. Early diagnosis and treatment is essential. There are three main types of the disease. While vaccination against the meningococcal C strain is now part of the childhood immunisation schedule, parents still need to be aware of the early signs of meningococcal infection as the vaccine does not protect against type B, which is more common (but less deadly) in Australia.

Transmission

About 10% of the community carries the meningococcal bacterium in the back of the throat and nose without coming to harm, so it is thought not all of the germs are dangerous.

Humans are the only natural host and the organism cannot survive outside the body for any length of time. Smokers and those living in crowded conditions such as a dormitory increase their likelihood of being carriers. The incidence of disease varies with the seasons, usually appearing in winter and spring.

Meningococcal is transferred through droplet transmission, such as sneezing and saliva, so household contacts of a sufferer have a higher risk of contraction. As a consequence, contacts over the previous seven days are usually given a protective

course of antibiotic. This treatment also reduces the chance that these contacts in turn will spread the germ further. However, the risk of catching the disease from a sufferer is still fairly low and most cases are unrelated to each other.

Symptoms

Meningococcal disease develops quite rapidly, with people becoming very sick within a matter of hours. Fever, rash and vomiting are common in young adults and children, but young adults may also exhibit headache, drowsiness or confusion-coma, neck stiffness or joint or muscle pain, and dislike of bright lights. Children may also be fretful, refuse feeds, and have difficulty waking, pale or blotchy skin, and a high pitched moaning cry.

While the rash is an important symptom of the disease, it is not always present in the early stages. It may look like blood under the skin, and may go pale with pressure, and look different to the more common viral rashes.

Recognising the symptoms early is vital as early antibiotic treatment is essential.

Complications

Meningococcal meningitis infects the soft covering of the brain and can cause brain damage. In meningococcal septicaemia the organism is carried by the blood to many parts of the body that may include major organs, skin, connective tissues and joints. Both can cause death.

Hearing loss is the most common complication of meningococcal disease (4-6%) with half these cases having severe hearing loss in both ears. Hearing loss is more common in children than adults.

Limb amputations, retardation and hydrocephalus (abnormal fluid on the brain) affect less than 1% of survivors.

Benefits of vaccination

The UK vaccination program introduced

in November 1999 has resulted in a dramatic decrease in the number of people contracting strain C, so we know the vaccine is effective. Type C is less common in Australia; of 679 meningococcal infections nationwide in 2003, only 32% (217) overall were type C infections, but type C remains the most serious form of the disease. Death rates in 1999 were 14.9% with type C infection and 6.4% with meningococcal B infection.

Local figures

Between Grafton and the Queensland border, there are an average of seven to eight cases of meningococcal infection a year. Between January and October 2002 there were five reported cases. This region has had no deaths resulting from meningococcal for the last eight years.

Meningococcal B is the most common strain of the virus in NSW with 75% of meningococcal cases being strain B. Meningococcal C affects 5% of people in NSW. We do not know the strains of the other 20% of cases.

Vaccine side effects

The meningococcal C vaccine has similar side effects to those already in the childhood immunisation schedule.

Redness, swelling and tenderness or pain at the injection site are common side effects for all ages.

Toddlers and infants may also experience fever, crying, irritability, drowsiness, impaired sleeping, loss of appetite, diarrhoea and vomiting.

Vaccine effectiveness

- 92% in toddlers
- 97% in teenagers

More information

<http://www.health.gov.au/pubhlth/strateg/communic/factsheets/mening.htm>
Meningitis Foundation 1800 129 068.
<http://www.meningitis-foundation.org>



FEEDBACK: We value your feedback. If you would like to make the division aware of any ideas for possible health projects, or if you have comments on any of our current projects, please call us on 6622 4453, or email media@nrdgp.org.au. Thank you.