

Meningococcal update

Meningococcal is a serious illness with serious complications, including brain damage and death. Early diagnosis and treatment are essential. There are three main types of the disease. While vaccination against the meningococcal C strain will become part of the childhood immunisation schedule next year, 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.

All Australian children aged 12 months and 15 to 17 years will be eligible for the free meningococcal C vaccination program. After the first year, the 12 month and 15 year olds will continue to be eligible, but not the 16 and 17 year olds.

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 con-

sequence, 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

cont/d over



Jonas Clark (15 mths) with Abby Bear

ABBY bear fundraiser

The division is proud to support Abby Bear, a new fundraising bear produced especially for the Australian Breastfeeding Association.

Abby Bear is completely soft and very huggable. She is colour-safe, non-toxic, non-allergenic and machine washable. The cost is \$29.95 plus postage and handling. Abby bear would make a great Christmas present.

All proceeds from the sale of Abby Bear go towards the work of the ABA. Buying an Abby bear will help support breastfeeding, which greatly enhances the health of both mother and baby.

To order, please contact Ros Fleetwood on (02) 6689 9356.

We need to lobby for fair share of mental health funding

by Dr Andrew Binns

With Mental Health Week over for another year, perhaps we should consider the inadequacies of government funding to our regional mental health services.

Nationally, Australia spends just 6.5% of its health budget on mental health services compared with 10% in the UK, 11% in Canada and 11% in New Zealand (source: World Health Organisation).

Here on the Northern Rivers, the situation is even worse. The level of funding to this region is well below the State average. For the NRAHS to be funded at the State average of \$80 a person per year by 2003, the total funding required would be \$22.8 million whereas the estimates for the 2000/03 budget were \$17.9 million, or just \$62.80 a person.

These two issues put our region in a dis-

mal situation for mental health services by developed world standards. For a country whose leaders boast about our healthy economy in global terms, this is nothing short of disgraceful, but there needs to be a public outcry before anything will change.

Meanwhile our mental health workers soldier on. It is high time their efforts were given higher status and no doubt higher pay. One of the critical problems in our region is recruitment and this not only applies to psychiatrists, but also to mental health nurses and other allied health professionals. There have been increases to the area in recent times and the opening of the 25-bed mental health unit in Tweed Heads Hospital is to be welcomed, especially as it should reduce the chronic strain on the Richmond Clinic.

With a State election looming, it is time to put pressure on the Carr government. We also need to put pressure on the Federal

Government. If you would like to do something, please write to, or email, your local member:

Thomas George, State Member for Lismore
114 Keen Street, Lismore 2480

lismore@parliament.nsw.gov.au

Don Page, State Member for Ballina
PO Box 1018, Ballina 2478

ballina@parliament.nsw.gov.au

Harry Woods, State Member for Clarence
105-107 Pound Street, Grafton 2460

harry.woods@dlg.nsw.gov.au

Ian Causley, Federal Member for Page
Shop 11, The Strand Arcade, Molesworth Street, Lismore 2480

Ian.Causley.MP@aph.gov.au

Larry Anthony, Fed Member Richmond
PO Box 6996, Tweed Heads 2485

Larry.Anthony.MP@aph.gov.au

Dr Andrew Binns is the GP executive manager of liaison and promotion at the NRDGP.

Keeping the weight off long term

Anyone can lose weight just by eating less and exercising more, but keeping it off long term is another matter. This is partly because the body has a natural tendency to fight against losing weight - after losing weight your appetite can increase to try to regain the weight and your metabolism can slow down so that less fat is burned.

Is it impossible to keep that weight off long term? Not according to a study by Dr James Hill from Colorado. He developed a register of obese people who had lost more than 13.6 kilos of weight and kept it off for more than one year. That was some years ago and he now has about 3,000 people like this who have kept the weight off for more than five years.

So how have they managed to do this? Well, there are four keys to their success.

1. They eat breakfast every day.

Many people don't eat breakfast, and some think this helps them to eat less overall. Wrong! They seem to eat more. Having a low fat, high fibre breakfast is filling and seems to reduce eating later in the day.

2. They monitor themselves regularly.

This means that if they begin to stray off the rails they pick this up early and do something about it before too much damage is done.

3. They eat low fat food.

This doesn't mean replacing the fat with sugar as found in some low fat cereals or energy bars that can be full of sugar.

4. They exercise a lot.

That is, they take about 60-90 minutes of moderate intensity exercise every day. This is well

above the 30 minutes of walking a day recommended for the general population to keep healthy and not to put on too much weight in the first place. Translating this into steps taken as measured by a pedometer, we are talking about 11-12,000 steps compared with 7-9,000 for those just trying to stay healthy.

So clearly we are talking about a very highly motivated group of obese people who can manage this long term weight loss. The benefits of this weight loss however are enormous:

- Reduces risk of developing heart disease.
- Reduces risk of developing diabetes.
- Lowers the bad type of cholesterol (LDL), whilst the good heart protective cholesterol (HDL) goes up significantly.
- Lowers blood pressure.
- Lowers sugar levels in those who already have diabetes.

Side benefits include less tiredness, back pain, joint pain, sweating, breathlessness, snoring, infertility, menstrual irregularities, urinary leakage, etc. Not to mention an improved quality of life, including raised self esteem and less depression.

Men with a waist circumference greater than 102 cm and women with a waist circumference greater than 88 cm are most at risk of the complications of being obese. For those of us who are not obese, it is easier to concentrate on not becoming obese in the first place.

By incorporating these four tips into our diet and exercise routine our overall health will benefit, whether we are obese, overweight, or even within the normal weight range.

Dr Andrew Binns has a special interest in obesity issues.

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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 last year, 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 have been 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

Dept of Health Meningococcal Helpline (02) 9424 5885

Factsheet: www.health.gov.au/pubhlth/strateg/communic/factsheets/mening.htm

www.meningitis-foundation.org or call 1800 129 068 for a brochure.



Bowl cancer over!

FUNDRAISER November-March involves all lawn bowls clubs in the region to help local cancer support groups & cancer community services.

FIRST Bowl Cancer Over IS TO BE HELD IN...

KYOGLÉ Men's Bowling Club

Sunday 17 November

4.00-7.30pm (raffles, prizes, showbags)

Contacts: Jim Power 6632 1839

or Vince Bronson 6632 1435

All welcome!

Need more info? Lismore: Sara Hurren on 6622 4453 • Alstonville: Ivan Eichorn 6628 3193 • Murwillumbah: Lianne Johnston 6672 0102 • Casino: Sue Smallcombe on 666 25423 • Grafton: Ian Steele on 664 2662

Coordinators: SOCC (Supporting Our Cancer Communities)

For more information about the NRDGP and its health projects, check out our website: www.nrdgp.org.au