



Due to feedback received earlier in the year we are trialing skin cancer clinic after hours appts Wednesday evenings 1800—2000hrs. **These have been hit and miss so unless they pick up for demand in October we will stop offering those times.**

Dr Mitchell's final surgical training module for her Professional Diploma in Skin Cancer Surgery through Bond University in Qld. was done in late Feb19. This involved more skin grafts and flaps and as part of this we started trialing a new once only treatment for solar keratoses called **Metvix**. We feel this will be a legitimate game changer for those people who work outside, as the cream is actually activated by the sun, and there is no need for time off if self-employed.

Metvix, the new cream we are stocking for severe solar keratosis since April, has had resounding positive feedback, both from patients who have undertaken the treatment, and from Dr Mitchell, when reviewing people's faces and scalps 8 weeks later.

However, as the weather warms up, we believe it will become impractical soon to ask patients to be outside for anywhere from 3—5 hours. ASM Management will confirm shortly an exact date, but **we will cease offering this treatment once the weather remains over 32C**. If we have discussed this treatment with you earlier in the year in a skin clinic, the script is still valid for 12 months, but it would seem likely from late October until late April next year we will have a break from this option for patient safety.

## PRIVATE IRON INFUSIONS

It has come to ASM Management attention, that there has been an increasingly long delays to get access to iron infusions through the Alice Springs Hospital. We have only just been informed that Dr O'Sullivan is on long-service leave, and a locum physician has taken over. She is refusing to provide this service unless patients are anaemic.

This means that referrals we might have provided to patients as far back as June/ July are being refused by this locum physician based on her "made up new rules" even though the PBS rule to prescribe the iron does not mandate the patient being anaemic. It is not clear when or if Dr O'Sullivan is returning to work.

**As a trial, we will offer iron infusions here at the clinic in the treatment room for a private fee of \$200.** Like when patients had the infusion at the hospital, the patient will have to provide the medication (which has been written on prescription by Dr Mitchell), but we will provide the IV fluids, the giving set and other equipment to drip you. As we are not a hospital facility we cannot access the Medicare code for an infusion, so the **rebate can only be equivalent to a 23, which is currently \$38.20.** It is predicted this will take 30 minutes.

There will be a new consent form created and unless already pre-signed, we will not proceed with any appointments. For some patients an infusion of 1000mg IV iron is equivalent to them taking oral iron for close to 12 - 18 months, so we believe the price is fair for the time taken.



# NEWSLETTER

EDITION 10  
**SEPT 2019**

## CLINICAL TEAM

### DOCTOR

Dr Deb Mitchell

### PRACTICE NURSE/DIABETES

### EDUCATOR

Susie Leister RN, CDE

## ADMINISTRATIVE TEAM

Practice Manager—Susie Leister

Receptionist—Lynlee Ritenour

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## WHAT'S NEW?

Winter has finished (perhaps one final week of milder weather—fingers crossed) and the weather is definitely warming up.

This year we had crazy demand for fluvax, and we have been unable to source any more current season stock. We still have about 50 doses in stock and remind people that influenza A is not just a Winter illness but basically all year round. There is increasing evidence the vaccine probably only protects people for up to 4–6 months, so for the last 3 years we offer our staff 6 monthly vaccines. If you are planning an upcoming overseas trip before next Feb 2020, consider booking a second fluvax with our nurse Susie before we run out.

Dr Mitchell has started doing occasional locum work interstate to vary up her work load, spending 2 weeks in Mt Isa back in June, and recently one week in Newman WA. This is likely to continue, including potential overseas volunteering, as well as Susie also doing the occasional Remote Area Nurse stint to maintain her skills.

We are in the process of our last AGPAL re-accreditation cycle and feel that we need to continue on with our specialised approach, better promoting the skin cancer clinics and travel medicine. Both Dr Mitchell and Susie have postgraduate qualifications for travel medicine and we are interested in seeing how the other 3 mainstream GP clinics also now promote skin cancer checks and travel medicine, yet have no extra training. **New patients to the clinic will only be able to access Dr Mitchell through one of these options.**

## RABIES AND IMPENDING VACCINE SHORTAGE

The rabies virus causes an acute progressive encephalitis (swelling, inflammation of the brain) that is invariably fatal. The incubation period is very variable from 7 days up to 25 years is the longest case recorded but is typically 1–3 months, dependent on factors such as the location of the virus entry and viral load. The pre-exposure schedule currently approved in Australia in 0,7, 28 days (3 injections), however at the end of last year the World Health Organisation (WHO) approved a two dose schedule in developing countries of 0,7 days. So even if you have left your travel consult last minute before your extended overseas trip, we are able to safely give you 2 of the pre-exposure rabies vaccines, meaning if you did suffer an exposure (lick, scratch, bite from an infected animal) you are deemed safe enough to not need the RIG which is an expensive immunoglobulin that needs to be injected into the wound, and often cannot be sourced in many overseas countries.

**IT IS BECOMING INCREASINGLY DIFFICULT FOR US AS A TRAVEL CLINIC TO SOURCE THE RABIES VACCINES—THERE IS A WORLDWIDE SHORTAGE AND IT IS SOON ANTICIPATED WE WON'T BE ABLE TO GET THEM AS EASILY AS IN THE PAST.** Please ask Lynlee to email you the rabies fact sheet if you have not seen it on our website, and have a read. If there is any chance of travel overseas in the future we are promoting patients to think of vaccinating now while you can.

## KODATEF—TAFENOQUINE



Malaria is one of the most serious, life-threatening infectious diseases. The disease is caused by infection with several species of parasites belonging to the genus Plasmodium, via the bite of an infected female anopheles mosquito.

An estimated 30 million global travelers visit malaria-endemic tropic and sub-tropic regions annually. This results in an estimated 30,000 malaria infected travelers each year.

Malaria symptoms can develop as early as 7 days after initial exposure and as late as several months or longer after departure.

Infected individuals initially present with low-grade fever, shaking chills and muscle aches. These symptoms can progress into drenching sweats, high fever and exhaustion. In untreated or partially treated individuals, malaria infection can progress to severe malaria, which is often fatal.

The main obstacles of current prophylactic drugs to prevent malaria include Plasmodium resistance, adverse side effects and non-adherence to complicated regimes or daily medication.

KODATEF is the first antimalarial agent that is active against latent hypnozoites and all blood and liver stages of the malaria life cycle. We are now stocking this drug; it will be offered in travel consults.