

# BESTER McKAY FAMILY DOCTORS LTD

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NEWSLETTER - OCTOBER 2019

## MEASLES

New Zealand, along with many other countries in the world, is experiencing a measles outbreak.

Helpful dates to work out what you had:

- Prior to 1969 measles was common, and anyone born before 1969 (now 50 yrs or older) is assumed to have immunity, so there is no concern.
- In 1960/1970 measles vaccination was introduced (single measles, also called Morbilli or English Measles).
- In 1990 MMR (Mumps, Measles and Rubella) vaccination was introduced.

We are inundated with phone calls, and would be grateful if you would check your Plunket book *before* phoning us. If you have a record of 2 measles vaccinations you are fine. Either:

- Measles/Morbilli from 1969 - 1990,
- or MMR after 1990.

Despite the publicity, the supply of MMR vaccine is limited.

- The priority is to vaccinate children on time according to the vaccination schedule - at 15 months and 4 years, or those who have missed vaccination.
- Infants aged 12-15 months who are travelling to Auckland should be vaccinated 2 weeks in advance.

- Infants aged 6-15 months travelling overseas to a country with an outbreak, should be vaccinated 2 weeks in advance.
- Children not living in areas of outbreaks in NZ, and not travelling, will be immunised at 15 months

Symptoms of measles include fever, cough, runny nose, sore and watery "pink eyes" and a rash. If you think you or your child has measles, *please do not come to the practice*. Please phone us first, or Healthline 0800 611 116.

The latest updates from the Ministry of Health can be found at:

<https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/measles/2019-measles-outbreak-information>

A good source of information about measles is available at:

<https://www.immune.org.nz/diseases/measles>

## STAFF UPDATE:

Dr McKay remains on leave. He is grateful for all your good wishes for his recovery. We are pleased to report that he is making progress. We are grateful to Dr Paula Turley, Anna Davidson (Nurse Practitioner), Dr Jacqui Walker, Dr Ross Fieldes and the nursing and

reception teams for helping us provide continuity of service. We understand that you may not always get to see the person you prefer to see, or may need to wait longer for appointments, and assure you we are working hard to ensure that you are still able to receive quality medical care.

### **SEASONAL HAYFEVER** **(also called ALLERGIC RHINITIS)**

We welcome Spring with lengthening days and warmth, but it also heralds the hayfever season! Allergic rhinitis is caused by dust mite, pets, moulds, and at this time of the year by pollens. Spring symptoms are caused by tree pollen, and Summer symptoms by grass and weed pollens. Symptoms include recurrent runny, stuffy, itchy nose with frequent sneezing, as well as itchy eyes, blocked sinuses and throat and ear symptoms. It is a common trigger for asthma, and can aggravate existing asthma. Allergic rhinitis is common - 1 in 5 people suffer from it, and of these 50% have symptoms for over 4 months of the year, and 20% have it for 9 months of the year. It is common!

It is helpful to identify your triggers, and to avoid them.

- Pets are best kept out of the bedroom, or outside.
- Dust mite can be managed with mite proof covers for pillows, duvets and mattresses, frequent wet dusting and vacuuming with a good quality vacuum cleaner, and bedding and

soft toys should be washed or aired often.

- Pollen counts are highest outside in the morning, on windy days and after a thunderstorm. At these times it is best to stay indoors with windows closed.

#### Helpful treatments include:

- Anti-histamines for sneezing, itching and runny nose. Available from the pharmacy or on prescription.
- Anti-inflammatory (corticosteroid) nasal sprays to reduce nasal/sinus inflammation - they have to be used continually - Available from the pharmacy or on prescription.
- Saline washes for the nose and sinuses to remove pollen and soothe membranes. Available from the pharmacy
- Decongestant nasal sprays and eye drops are helpful for short-term use, but longer use can cause a rebound increase in symptoms.
- For those with symptoms over a long period of time, it is recommended to start early, and take anti-histamines and nasal steroids throughout the season. It can take a few weeks before they reach their full effect.

Please see us if you need assistance.

Helpful information can be found at:

<http://www.allergy.org.nz/A-Z+Allergies/allergic+rhinitis+hay+fever.html>