GP Connect

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An Australian Government Initiative

26 October 2023

Shingrix vaccine for Herpes Zoster – what GPs need to know

Dr. Andrew McLean-Tooke*, Clinical Immunologist, Sir Charles Gairdner Hospital; Dr. Timothy Ford, General Paediatrician and Paediatric Infectious Diseases Physician, Medical Lead for WA Vaccine Safety Surveillance System (WAVSS).

From 1 November 2023, Shingrix will replace Zostavax on the National Immunisation Program (NIP) schedule. In this article, Dr. McLean-Tooke and Dr. Ford discuss the change, Shingrix effectiveness and safety, and ongoing recommendations for vaccination.

Key points:

- Herpes zoster is a painful condition with potentially severe complications.
- Shingrix is a recombinant vaccine which is safe to use in immunocompromised adults.
- Shingrix is a two-dose vaccine schedule given by intramuscular injection.
- Shingrix is highly effective and provides long-lasting protection.
- From 1 November 2023, two doses of Shingrix will be funded on the NIP for specific patient groups.
- Allow 12 months between herpes zoster episode or Zostavax dose and giving Shingrix.

Herpes Zoster

Herpes Zoster (HZ), also known as shingles, results from reactivation of latent varicella zoster virus from sensory nerve roots. It is estimated that one in three people will develop HZ during their lifetime. HZ can occur at any age, with rates rising sharply from the age of 50, but may be seen in younger patients, especially if immunocompromised.

HZ is characterised by a unilateral rash, evolving from a maculopapular rash to one of vesicles that ulcerate and crust over the course of seven to ten days. Prodromal symptoms may include itching, burning and pain along the distribution of the involved dermatome.

The most common complication of HZ is postherpetic neuralgia, defined as pain persisting longer than three months after rash onset. Risk of postherpetic neuralgia increases with age, affecting up to 30 per cent of patients over 80 years with HZ.

The pain associated with postherpetic neuralgia can be severe and is almost invariably associated with significant quality of life impairment. Herpes zoster ophthalmicus, due to involvement of ophthalmic branch of the trigeminal nerve, results in direct ocular involvement in 50 per cent of cases, and is sight-threatening in 50 per cent of these cases.

Zoster vaccines

Zostavax, the live attenuated zoster vaccine, which has been on the NIP since 2016, has contributed to a decrease in HZ cases in Australia. The major drawback for this vaccine is that it is contraindicated in patients with moderate to severe immunocompromise, and therefore is not suitable for a large proportion of patients at increased risk of HZ.

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Shingrix vaccine for Herpes Zoster – what GPs need to know (cont)

Inadvertent administration to immunocompromised patients has caused disseminated disease, including fatalities.

An adjuvanted recombinant zoster vaccine, Shingrix, has been registered for use in Australia since 2018, but not previously funded through the NIP. Since this is a recombinant protein vaccine rather than live vaccine, it can be safely given to immunocompromised patients.

Vaccine effectiveness and safety

Studies have shown the two-dose Shingrix schedule is highly effective, with patients over 50 years having greater than 90 per cent protection from HZ and postherpetic neuralgia. This benefit appears to be maintained long term with protection remaining over 70 per cent at 10 years following vaccination. High levels of protection (greater than 61 per cent) against HZ and post herpetic neuralgia are still seen in severely immunocompromised adults.

Shingrix causes moderately high rates of local and systemic reactions with the commonest being local reaction site injections including pain, redness and swelling. Systemic reactions include fatigue, myalgia, headache, and gastrointestinal symptoms. Both local and systemic reactions typically resolve in one to three days.

Vaccine recommendations

Shingrix is approved for immunocompetent patients aged over 50 years, and in immunocompromised patients over 18. As of 1 November 2023, Shingrix will replace Zostavax on the NIP. Two doses will be funded on the NIP for non-Indigenous individuals aged over 65 years, Aboriginal and Torres Strait Islander individuals aged over 50 years, and immunocompromised individuals aged over 18 years with conditions at 'high risk' of HZ infection, such as stem cell transplant, organ transplant, haematological malignancy and advanced or untreated HIV.

Shingrix is given intramuscularly in two doses, two to six months apart. The optimal time for administration of Shingrix following a previous episode of HZ or recent Zostavax vaccine administration is unclear, and it is suggested patients should wait 12 months before receiving Shingrix.

Additional resources

- NCIRS fact sheets – Zoster vaccines
- National Immunisation Program – Shingles program advice for vaccination providers
- The Australian Immunisation Handbook – Zoster (herpes zoster)

***Acknowledgement:** Dr McLean-Tooke has previously received speaker fees from GSK for educational talks related to the Shingrix vaccine.

Supporttng patients through panic – the vital role of GPs in managing panic disorder

Amber MacLeod, Clinical Psychologist Registrar, Centre for Clinical Interventions (CCI)

Understanding panic disorder
Panic disorder is a challenging condition characterised by recurrent panic attacks. The cycle of panic is self-perpetuating, as patients with panic disorder are acutely attuned to bodily sensations that could be perceived as threatening. The experience of such symptoms (e.g. palpitations and breathlessness) triggers anxiety, further amplifying these sensations and often culminating in a full-blown panic attack. Such episodes reinforce the perception that certain bodily sensations are dangerous, fuelling anticipatory anxiety about future attacks and sustaining hypervigilance for physical symptoms. Panic disorder profoundly impairs physical, social, and occupational functioning, as individuals alter their behaviour to avoid feared bodily sensations and panic attacks.

The role of GPs in identifying and responding to panic disorder
GPs play a vital role in identifying and managing panic disorder, as patients often mistake their panic symptoms for medical emergencies, prompting them to seek medical attention. Recognising panic disorder can be challenging. However, some key signs to look out for include:

- **Recurrent panic attacks:** Frequent and sudden episodes of extreme anxiety or panic, characterised by physical symptoms such as rapid heart rate, sweating, trembling, and shortness of breath.
- **Fear of future attacks:** Persistent concern about experiencing additional panic attacks.
- **Behavioural changes:** Avoidance of situations or places which may trigger panic attacks.
- **Impact on daily life:** Significant disruption of daily functioning and overall quality of life.

The assessment of panic requires perception and empathy in communication with patients. GPs should carefully rule out any genuine medical conditions, while simultaneously providing reassurance. A GPs confidence in excluding organic causes enhances their capacity to provide effective reassurance. Once panic disorder has been identified as a potential cause, GPs can employ three key reassurance strategies:

- **Validation:** Listen to patients' fears and concerns. Let them express their worries and acknowledge that their symptoms are real and uncomfortable.
- **Normalisation:** Explain the body's 'fight-or-flight response' to help them understand that the physical sensations they experience during panic attacks are their body's natural response to stress. Clarify that these symptoms are temporary and not dangerous.
- **Instil hope for recovery:** Let patients know that evidence-based treatment options exist. Provide referrals to appropriate mental health services.

Psychological therapy for panic disorder
Cognitive behavioural therapy (CBT) is the foremost treatment for panic disorder. CBT helps individuals to identify and challenge negative thought patterns and to gradually expose themselves to feared situations or sensations. CBT has excellent treatment efficacy, with around 80 per cent of clients being panic-free at the end of treatment. Its effects are longer lasting than medication. Group interventions for panic disorder also have compelling evidence and are as effective as individual therapy.

The Centre for Clinical Interventions (CCI) is a state-wide specialised clinical psychology service dedicated to developing and providing free effective evidence-based psychological interventions. One of CCI's recent innovations is a group CBT program for panic disorder. CCI's panic disorder group includes:

- Learning about symptoms and maintaining factors of panic disorder.
- Cognitive strategies for challenging unhelpful thoughts.
- Exposure-based strategies to assist clients in learning to tolerate the physical sensations associated with panic and face situations where they fear they might have a panic attack.

Group program criteria
- Aged 18 and over
- Primary diagnosis of panic disorder
- Current Medicare card
- Able to attend clinic in Northbridge (rural patients may be eligible for individual telehealth treatment).

Supporting patients through panic – the vital role of GPs in managing panic disorder(cont)

Program structure

- Six, two-hour sessions, held weekly
- Follow-up session one month after completion
- Six-eight clients per group.

How to refer

Complete the referral form found on the CCI website. For inquiries or to discuss potential referrals, call 9227 4399.

Hospital Liaison GP Updates

Ensuring timely review by Royal Perth Hospital Breast Clinic

Including imaging and pathology results with Royal Perth Hospital (RPH) Breast Clinic referrals can expedite your patient's care, but what tests do you need to arrange? A complete work up of breast lumps prior to surgical review includes the triple assessment:

- Physical examination
- Mammogram and ultrasound of breasts and axilla are required for baseline imaging of suspected breast cancers
- Core biopsy of the breast lesion(s) is preferred to fine needle aspiration.

Referrals should include mammogram, ultrasound and pathology reports including receptor status (if available). If you are unable to attach reports, please paste results into the body of the referral AND include investigation date(s) and facilities where investigations were performed.

Patients with all required imaging and pathology results provided on referral can bypass breast physician assessment and be booked directly with a breast surgeon to facilitate earlier treatment. Patients who require biopsy or further investigations are triaged to the breast physician clinic for triple assessment completion before the breast physician can refer patients who need surgical treatment to a breast surgeon.

Please refer to the HealthPathways WA Breast Symptoms Pathway for more information.

The RPH Breast Clinic aims to see patients with diagnosed or suspected of breast cancer within two to four weeks of receipt of referral from Central Referral Service, and also provides services for screen-detected breast cancers in collaboration with the screening clinics.

Dr Jacquie Garton-Smith
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Generally available: Monday and Thursday

Update to Perth Children's Hospital allergy services

As many GPs will be aware, there is significant demand for paediatric allergy services across the state, with referrals increasing to the Perth Children's Hospital (PCH) Immunology Service. This has resulted in extended waiting times of up to three years for the regular follow-up of older children, creating uncertainty for families on the timing of reviews.

This is in addition to a new referral wait list that exceeds 2,000 patients with non-urgent referrals currently waiting up to 24 months for their first appointment.

To provide more timely access for children that are newly referred, PCH is developing a shared care arrangement with primary care providers to help review our school aged patients. This will involve children with stable food allergies being discharged back to their GP with a clear plan for re-referral at critical time points, such as the commencement of primary school, high-school, and at 15 years of age. GPs will be encouraged to contact PCH or refer patients back sooner if concerns arise prior to their scheduled review.

GPs are asked to continue to see these patients on a yearly basis for an updated action plan and adrenaline autoinjector scripts and to refer patient's back to PCH for ongoing care as outlined in their discharge letters.

Discharge letters will be sent to families and their nominated GP at time of discharge as well as to My Health Record with additional information and updated contact details.

PCH remains committed to providing high quality care and are here to support GPs and our patients. This model is expected to be implemented in late Nov 2023.

Email paediatric.immunology@health.wa.gov.au if you have questions regarding patient care or the updated model of care.

Dr Maree Creighton
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Available: Tuesday 9am-12pm and Wednesday 12pm-5pm

Clinical Updates

Changes to South and East Metropolitan Health Service Rheumatology Service

To streamline care closer to home and ultimately improve patient access, the joint South and East Rheumatology Service will transition to independent services delivered by South Metropolitan Health Service (SMHS) at Fiona Stanley and Rockingham Hospitals and East Metropolitan Health Service (EMHS) at Royal Perth and Armadale Hospitals.

The existing suite of outpatient rheumatology services will be provided at both SMHS and EMHS except for the Giant Cell Arteritis Specialist Clinic which will continue to be provided at Royal Perth Hospital.

- For continuity of service, rheumatology patients who have already been seen at or have an appointment already booked at a hospital will continue to access care at that site. Over time, rheumatology patients who would prefer to move their care to a site which is closer to home will be given the option of transfer to the other site.

- Patients residing in a different catchment from the hospital which accepted the original rheumatology referral who have neither been seen nor allocated an appointment will be contacted to confirm they still need an appointment and that if so, informed their referral will be reallocated to a hospital closer to their home, and placed on the waiting list based on their original referral date.
    - Patients will be asked to confirm they still require a rheumatology appointment and given the opportunity to raise any concerns to their referral transfer.
    - Sites will consider retaining patients with extenuating circumstances on a case-by-case basis e.g. high volume of appointments for multiple specialties at a particular site.
    - If there is no response to the letter within six weeks, the referral will be closed, and both the patient and their GP will be notified as per current WA Health procedure.

For patients whose rheumatology referral is allocated to a new site, the patient's nominated GP will be notified. A phone number will be provided in letters for patients or GPs who have any concerns regarding these transitional arrangements to make contact. Going forward, rheumatology referrals sent to the Central Referral Service will be allocated to sites based on catchment and service capabilities.

WA Virtual Emergency Department - Phase 1: Perth metropolitan area

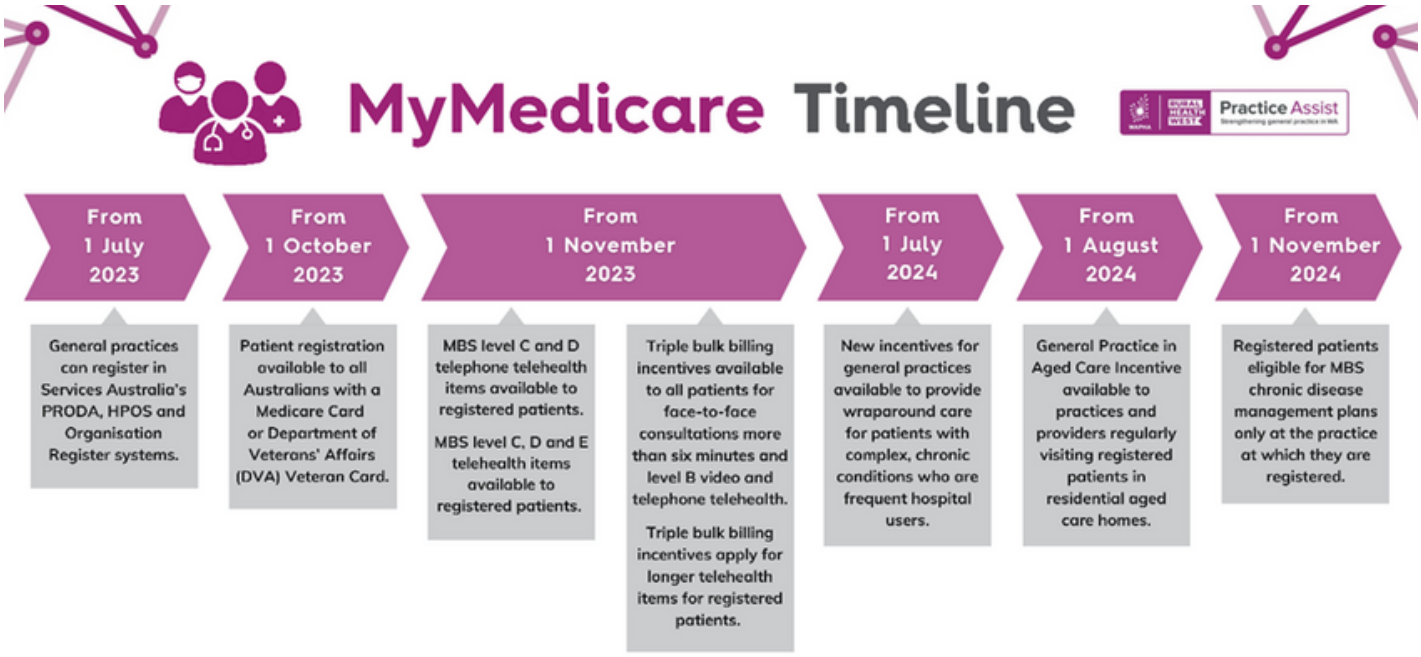
The WA Virtual Emergency Department (WAVED) will give patients the option of being seen virtually in the comfort of their own home through a virtual consultation with a specialist emergency clinician, rather than waiting in an emergency department (ED). This partnership between the WA Department of Health, Health Service Providers and St John Ambulance WA will provide patients with clinically appropriate alternative care options and help reduce visits to the ED.

WAVED is located at the St John Ambulance WA Belmont State Operations Centre and comprises a team of medical, nursing, and clerical staff who are working alongside St John staff.

WAVED was launched on 11 September 2023 as a proof of concept and will be implemented in a phased approach. Residents of aged care homes in the Perth metropolitan area are being prioritised for the first phase of WAVED. Over time, the service will be further expanded to enable direct referrals from aged care providers and GPs.

Find out more here

MyMedicare Update



The new MyMedicare voluntary patient registration model is designed to provide continuity of care through formalising the relationship between patients, their general practice, ,GP and primary care teams. MyMedicare aims to:

- Strengthen the role of general practice in the Australian health system
- Improve access to care via telehealth, supports GP services to aged care and supports patients who are frequent hospital users
- Encourage continuity of care for patients.
- Support practices to have better information about which patients see them as their usual practice, making it easier to tailor services to fit their needs.

What should a GP register at a MyMedicare Practice?

MyMedicare can support general practices to:

- Provide a a mechanism to enhance services to patients whose needs may not be met though a solely fee-for-service system, including older people, First Nations people, those who are homeless or have chronic and complex conditions
- Formalise the long-term doctor-patient relationship
- Shift from episodic care to longitudinal, preventive, multidisciplinary-based models of care
- Recognise GPs as best placed to provide care that is patient and community centred.

More information:

- Benefits of being a MyMedicare general practice and a linked healthcare provider and how you can register
- Benefits to patients of MyMedicare and how patients can register
- Fact sheets, frequently asked questions, brochures, and the patient registration form

The Practice Assist website has a toolkit of information on MyMedicare aimed at supporting general practice.

WA Primary Health Alliance Primary Care Navigators and QI Coaches are also available to support practices through Practice Assist. Phone 1800 2 ASSIST (1800 2 277 478) or 08 6278 7900 and via email practiceassist@wapha.org.au.

Strengthening GP care for Indigenous Australians

Following a 2019 review, the Practice Incentives Program – Indigenous Health Initiative has been updated and improved to boost quality of care and outcomes for Indigenous people living with chronic health and mental health conditions through:

- Making some GP Mental Health Care Plan Medicare items eligible for outcome payments.
- Shifting payment amounts to incentivise follow up care for patients, rather than registration.
- Updating eligibility for outcome payments to patients under the age of 15.
- Giving GP practices a 12-month rolling window to provide the required number of services.

Initial changes began in the new year, with the updated payment structure transitioning in 2023 and 2024 to give practices time to adjust to the changes.

More information is available on the Australian Government Department of Health and Aged Care website

Caring for older people in warmer weather

High temperatures are often experienced across Australia every summer and older people living in the community may be at risk of heat stress, particularly those who live alone without regular contact from others.

The Australian Government Department of Health and Aged Care has developed checklists to prepare for extreme weather events if you work with patients on Home Care Packages or the Commonwealth Home Support Programme or in residential aged care homes. Access the resources here

Updated Dementia in Australia report

The updated Australian Institute of Health and Welfare Dementia in Australia report provides the latest statistics on dementia and its impacts on the community, including mortality, hospitalisations and prescriptions under the Pharmaceutical Benefits Scheme, and aged care assessments. To learn more, visit the AIHW website.

New dementia services and support finder

In partnership with My Community Directory, WA Primary Health Alliance has established a Dementia Community Services and Support Finder to help patients find information for themselves and loved ones when the early signs of dementia present. This online resource provides dementia specific information including a service finder to assist in accessing services and planning care during the dementia journey.

Bundles of promotional cards which include a QR code to access the website are available for your practice. Contact caroline.vafeas@wapha.org.au to place your order.

To find out more at My Community Directory

Free Persistent Pain Program for Rockingham patients

The 360 Health + Community Persistent Pain Program acknowledges that effective chronic pain management extends beyond medical interventions. To equip people with the comprehensive tools they need to lead fulfilling lives despite their chronic pain, the program combines medical care with community support, education, lifestyle modifications, mental health services, and community engagement.

Over the course of 12 months, dieticians, exercise physiologists, credentialed diabetes educators, pharmacists, and psychologists pool their knowledge and experience to offer group and individual services to support clients to gain valuable insights and strategies to self-manage their condition, all at no cost.

To refer your Rockingham patients, call 1300 706 922 email to info@360.org.au.

New WA Health resources: Aboriginal 0-4 Koorlongka Kids immunisation

The Koorlongka Kids Immunisation resources are designed to support GPs in conversations with parents and carers about immunising Aboriginal children aged zero to four years of age.

The 'LOVE them, CARE for them, IMMUNISE them' brochure contains artwork by a local Aboriginal artist embedded with educational messaging, and a personal story courtesy of Immunisation Foundation of Australia. The flyer includes a magnet which providers can fill in to remind parents of their child's vaccination due dates between birth to four years of age.

For more information on how to place an order, go to Immunisation provider information and resources (health.wa.gov.au).

Australian Immunisation Handbook includes new chapter on COVID-19

The latest information and recommendations about COVID-19 vaccines and vaccination have now been added to the Australian Immunisation Handbook.

The new COVID-19 chapter will serve as a primary reference for accurate information on COVID-19 vaccines and will be kept up to date to remain aligned with Australian Technical Advisory Group on Immunisation (ATAGI) recommendations.

The chapter will replace the 'ATAGI clinical guidance for COVID-19 vaccine providers' webpage.

As with all new Handbook chapters, this chapter will undergo a public consultation, and National Health and Medical Research Council approval will be sought.

Access the COVID-19 chapter of the Handbook here

Offering bowel cancer screening to your patients just got easier - bulk order kits to issue to eligible patients

Encouraging your patients aged 50 to 74 to screen for bowel cancer just got easier, with the National Bowel Cancer Screening Program now enabling health care providers to bulk order program kits and issue them to eligible patients.

Health care providers can help people who have never screened or are overdue for screening to take that positive next step, with patients more likely to do the test after discussion with a trusted health care professional.

All kits handed to patients must be issued via the National Cancer Screening Register to ensure patients get their results.

Learn how to get started with the alternative access to kits model.

New Urgent Care Services HealthPathway

HealthPathways WA have released a new Urgent Care Services HealthPathway, with information for clinicians to help patients access care at a location convenient to them and reduce pressure on hospital emergency departments.

The pathway features services that provide treatment for urgent, but not life-threatening, illnesses and injuries requiring same-day assessment outside of an emergency department setting, including WA Primary Health Alliance's (WAPHA) newly commissioned Medicare Urgent Care Clinics.

Work on the Urgent Care Services page commenced in August 2023 and was developed with assistance from the WAPHA GP Urgent Care Programs team. HealthPathways WA also has pages relating to After Hours Care and Acute Care in the Community. Find out more: HealthPathways WA Urgent Care Services Pathway request a login: waproject.healthpathways.org.au/Home.aspx

GP Education and events

Online IAR-DST training session for GPs –Complete two workshops in one online session

The online Initial Assessment and Referral Decision Support Tool (IAR-DST) is designed to be used alongside a comprehensive, holistic mental health assessment to gather information and guide referrals.

WAPHA is providing GPs in Western Australia with paid IAR-DST training covering Decision Support Tool Workshop 1 and 2 in a single, two hour session. GPs and GP registrars who attend the two workshops in the one online session will be remunerated $300* and CPD hours are available. CPD hours and payment apply only upon successful completion of both workshops and the follow-up training outcome surveys.

Date: Thursday 9 Novemeber 2023
Time: 6pm - 8pm

Find out more and register here

For further information, visit WAPHA's IAR-DST webpage.

*With the exception of GPs who are already being paid for their time by a Commonwealth funded service (for example, Adult Mental Health Centre or Aboriginal Medical Centre) or they attend Workshop Two out of hours.

Talking about suicide in general practice - online workshops

The Black Dog Talking About Suicide in General Practice online workshops will help increase skills and confidence for general practitioners in:

- Recognising presentations where suicide risk is high.
- Undertaking a detailed risk assessment.
- Management planning using a collaborative, team-based approach.

Three sessions are available in November:

- Tuesday, 21 November, 6.30-9.30pm.
- Saturday, 25 November, 1.00-4.00pm.
- Thursday, 30 November, 4.30-7.30pm.

Find out more and register here

Immunisations: Overseas encounters and catch-ups

WA Primary Health Alliance is pleased to host and present this third webinar in the series with Michele Cusack from Services Australia. This webinar is aimed at all immunisation providers and Aboriginal health practitioners, and will cover overseas vaccination records, catch-up plans and encounter recording in AIR.

Date: Thursday 30 Novemeber 2023
Time: 5pm - 6pm

Find out more and register here

Shingles update

Join the Immunisation Coalition for an update on shingles epidemiology, changes to the National Immunisation Program schedule, and current trends in Australian vaccination rates.

Date: Wednesday 15 Novemeber 2023
Time: 3pm - 4pm

Find our more and register here