

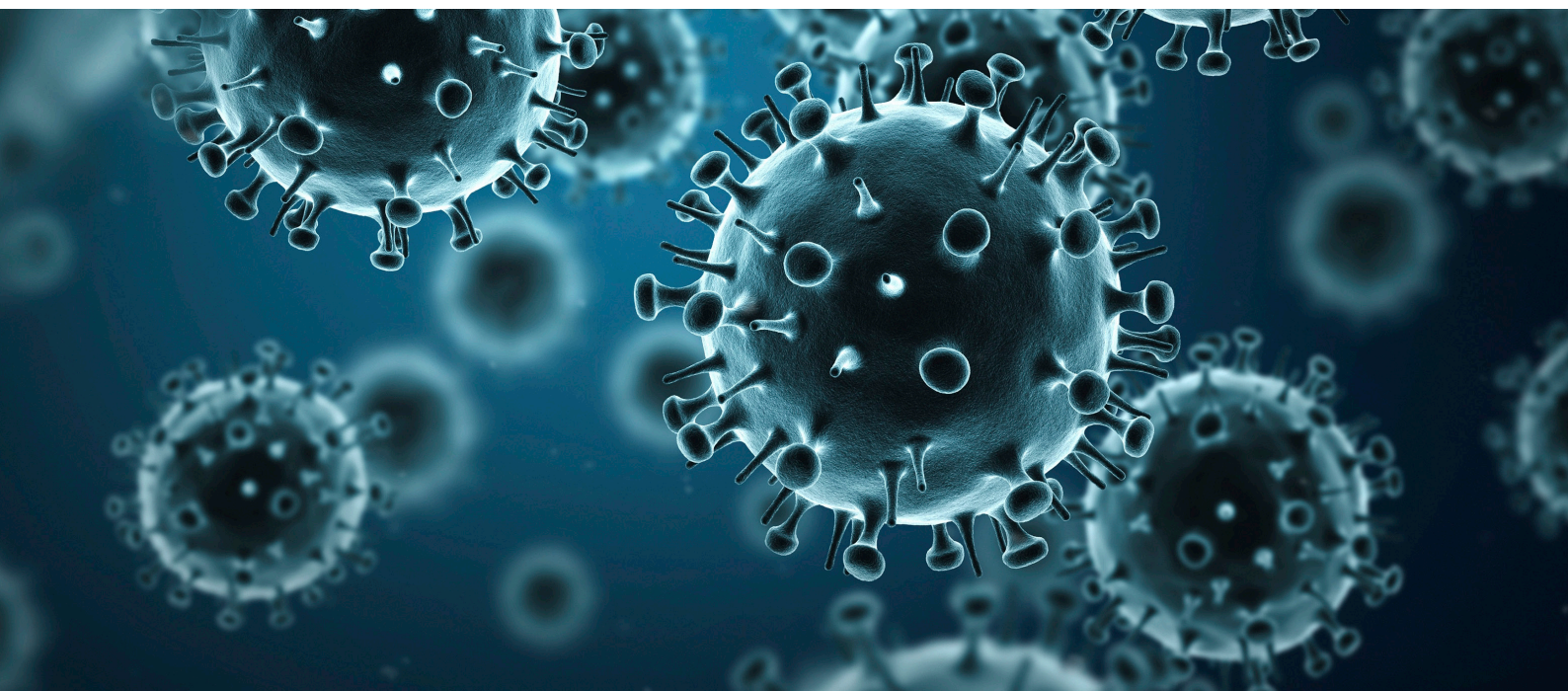
QML Pathology Newsletter

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ISSUE 3, 2015



Influenza 2015

The 2015 Influenza season has received extensive attention within the medical community due to the increased number of laboratory confirmed cases. As a consequence, vaccination and the virus strains contained in specific vaccines is a current discussion topic. Several Queensland media outlets have broadcast this increase in laboratory-confirmed influenza cases and identified the absence of one Influenza B Strain (B/Brisbane/60/2008) in the seasonal trivalent vaccine^{1,2}.

There are two types of inactivated influenza vaccines available in Australia: the three component Trivalent Influenza Vaccine (TIV) and the four component Quadrivalent Influenza Vaccine (QIV). The National Immunisation Program is distributing government-purchased TIV in 2015. QIV is not available through the National Immunisation Program this year, but is available for purchase in the private market³.

The 2015 southern hemisphere TIV included vaccination against the following virus strains⁴

- A (H1N1): an A/California/7/2009 (H1N1) - like virus
- A (H3N2): an A/Switzerland/9715293/2013 (H3N2) - like virus, and
- B: a B/Phuket/3073/2013 (Yamagata lineage) - like virus.

The southern hemisphere QIV includes the above strains and the B/Brisbane/60/2008 (Victoria lineage)-like virus.

The effectiveness of the influenza vaccination depends on the degree of similarity between the virus circulating and those available in a specific vaccine. The Australian Government Department of Health has confirmed that 'QIV are expected to be at least as effective as trivalent influenza vaccines based on non-inferior immunogenicity for the three shared influenza virus strains. QIV may offer additional benefit through protection against the additional influenza B strain³. Most Influenza seasons are dominated by Influenza A strain, with Influenza B being the dominant strain every 4-5 years. In Queensland this season has been markedly dominated by an Influenza B strain.

The Australian 2015 Influenza season has seen increased activity of Influenza B (Yamagata lineage) viruses with lesser co-circulation of Influenza A (H3N2). Nationally, Influenza A (H1N1) pdm09 has circulated at lower levels than the Influenza A (H3N2). The seasonal epidemic curve appears to demonstrate increased influenza activity compared to recent years.

The Queensland Statewide Weekly Influenza Surveillance Report – Reporting Period: 1 January to 30 August 2015⁴ reviews state-specific notifications of Influenza in the year to date. This data demonstrates the dominance of Influenza B in Queensland, and the typing. {see Table 1}

	2015 Year to Date*	Recent Week (24 – 30 August)
All Influenza Notifications	18,600	2,933
Influenza A _†	5,955	706
A(H1N1)pdm09 _‡	123	3
A/H3N2	955	55
Subtype unavailable	4,877	648
Influenza B	12,645	2,227
Type unavailable	0	0
Influenza Hospitalisations _§	976 (ICU: 88)	109 (ICU: 8)

Table 1: Queensland Statewide Weekly Influenza Surveillance Report – Reporting Period: 1 January to 30 August 2015: Summary⁴

- * Includes recent week
- † Subtype counts/proportions may be subject to change as further laboratory results become available
- ‡ World Health Organization (WHO) standard abbreviation for the influenza strain associated with the 2009 pandemic, also known as A/California/7/2009 (H1N1)
- § Queensland public hospitals only
- || New admissions to ICU during the recent week

As witnessed from this data, A (H3N2) and B are clearly prevalent in Queensland Influenza cases across 2015. The Australian Government Department of Health Influenza Surveillance Report noted that all Influenza A and B virus isolates tested from this calendar year (to 31st August 2015), retain susceptibility to the neuraminidase inhibitors oseltamivir and zanamivir by a phenotypic testing method⁵. In Queensland, year-to-date the Influenza B isolates that have been further characterised indicate that 73% have been B/Phuket (Yamagata lineage) and 27% B/Brisbane (Victorian Lineage). However, results for isolates from the recent two months have shown an increase in proportion of B/Brisbane (Victorian lineage) relative to B/Phuket (Yamagata lineage)⁴. As the characterisation of the strains is still ongoing it will be interesting to see if B/Brisbane (Victorian Lineage) was the predominant strain of Influenza B this season in QLD⁵.

The National Notifiable Diseases Surveillance System reports to the end of August, there were 58,160 laboratory confirmed notifications of influenza were recorded⁶. {See Table 2}

Statistics support an increase in laboratory confirmed Influenza during the Australian 2015 season.{See Table 3}. This may in part be attributable to the late arrival of the trivalent and quadrivalent vaccines to Australia. This is further qualified when comparing the International Influenza Surveillance across the Southern and Northern hemisphere. The WHO has confirmed that the Southern hemisphere, up to 27 July 2015, had a remarked increase of Influenza activity compared to the continued low levels in the Northern hemisphere⁷.

The Australian Government Department of Health continues to promote their National Immunisation Program (NIP). Changes to the 2015 NIP included³:

- Eligibility for NIP-funded vaccine has been extended to include persons who identify as Aboriginal and/or Torres Strait Islander and are aged 6 months to less than 5 years.
- The recommended age for children requiring 2 doses in the first year they receive influenza vaccine has been changed from less than 10 years to less than 9 years, consistent with other international recommendations.
- Quadrivalent influenza vaccines (as mentioned at the beginning of this article) are available for use in 2015.
- The Australian National Immunisation Program is funded for individuals who belong in groups deemed ‘at-risk’ of suffering from possible influenza complications. The Australian Government Department of Health identify the following ‘at-risk’ groups to be³:
 - Pregnant women
 - Persons aged 65 years and older
 - Persons who identify as Aboriginal and/or Torres Strait Islander and are aged 6 months to less than 5 years, or 15 years and older
 - Persons aged 6 months and older with specified medical conditions that put them at an increased risk of influenza complications

The Australian Government Department of Health recommends vaccination against Influenza annually, ‘even if a person has been vaccinated in any previous year with an influenza vaccine that contains the same strains’³. The data reported in this article from the Australian Government Department of Health, the WHO Collaborating Centre for Reference & Research of

Influenza and Queensland Health has qualified the increase episodes of Influenza for 2015 and the need for persons to be fully vaccinated against all circulating strains in the community.

Table 2: Number of notifications of Influenza (laboratory confirmed), Australia, in the period of 1991 to 2014 and year-to-date notifications for 2015 (As of 8/9/15)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL TOTAL
1992	0	0	0	0	0	0	1	0	0	0	0	0	1
1993	0	0	0	1	0	0	0	0	0	0	0	0	1
1996	0	0	0	0	0	0	1	0	1	0	0	0	2
1997	0	0	0	0	0	10	18	13	2	2	0	0	45
1998	0	0	0	0	0	1	0	2	0	0	0	0	3
1999	0	0	1	1	0	3	4	1	1	0	0	0	11
2000	0	0	0	0	0	0	1	3	3	1	0	1	9
2001	18	12	17	7	17	34	184	490	326	117	55	19	1296
2002	43	38	46	45	158	532	999	1176	431	131	31	33	3663
2003	32	20	46	53	34	42	195	1547	1275	175	43	28	3490
2004	36	33	37	34	41	70	90	262	719	415	208	118	2063
2005	147	118	88	128	137	509	1034	1346	638	248	106	66	4563
2006	54	54	73	69	107	232	553	1090	663	208	141	76	3320
2007	109	107	132	126	127	324	2543	5170	1238	406	171	133	10586
2008	111	148	171	183	252	275	661	2624	3191	1033	335	189	9173
2009	182	125	164	272	2559	12300	29840	11121	1626	407	256	171	59026
2010	153	141	173	253	215	319	739	2441	4978	2163	953	941	13470
2011	900	848	918	657	888	2598	5666	7695	4156	1727	739	442	27234
2012	306	356	610	575	1166	5593	13930	14272	4694	1402	1021	648	44573
2013	717	741	862	635	776	1087	2909	7702	6428	2961	1991	1503	28312
2014	1426	1146	1263	1068	1324	2200	9926	26823	16311	3822	1306	1141	67756
2015	1250	1342	1971	2219	2482	5007	13194	33387	3516				64368

Table 3: Number of notifications of Influenza (laboratory confirmed) received from State and Territory health authorities in the period of 2001 to 2014 and year-to-date notifications for 2015 (as of 8/9/15)

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST
2001	14	250	95	394	136	0	177	230	1296
2002	19	1013	53	1142	291	7	594	544	3663
2003	8	863	151	888	313	7	645	615	3490
2004	1	937	39	616	75	3	205	187	2063
2005	43	1416	61	1690	277	19	594	465	4565
2006	80	678	41	1751	89	47	421	213	3320
2007	391	2061	183	4624	280	415	1594	1038	10586
2008	244	1854	200	3697	474	385	1299	1020	9173
2009	1265	12847	1979	18339	10763	1313	6996	5524	59026
2010	95	1606	479	3215	4257	107	2086	1625	13470
2011	270	5783	597	10408	4740	363	3209	1864	27234
2012	667	8000	443	16851	6286	1093	5993	5240	44573
2013	551	8402	481	5511	4825	297	5850	2395	28312
2014	1261	20883	810	17931	11041	674	9903	5253	67756
2015	939	19369	250	20768	10659	876	7514	3993	69368

References

1. ABC news 'Brisbane flu 'making a resurgence this year'; 18,000 cases of influenza reported, Queensland Health says' 01 September 2015 www.abc.net.au.
2. The New Daily 'Gold Coast hit by 'significant flu epidemic' 19 August 2015 www.thenewdaily.com.au
3. Australian Government Department of Health 'Clinical advice for immunisation providers regarding the administration of 2015 seasonal influenza vaccines' February 2015 www.health.gov.au
4. Queensland Government Department of Health 'Statewide Weekly Influenza Surveillance Report' Reporting Period: 1 January to 30 August 2015 www.health.qld.gov.au
5. Australian Government Department of Health Australian Influenza Surveillance Report 1 August to 14 August 2015 www.health.gov.au
6. Australian Government Department of Health National Notifiable Diseases Surveillance System www.health.gov.au
7. World Health Organisation Influenza Update 24 August 2015 Update number 244 www.who.int/influenza



Vaccines | QML Pathology
Experts in Cold Chain Storage and Vaccine Distribution

Flu Season 2016 Are you prepared?

Don't Miss Out!
Register now to secure
pre-season pricing!



Complete and return this form to register for pre-season pricing deals

Surgery Name: _____ Contact Name: _____

Email: _____

Address: _____

State: _____ Post Code: _____

Phone: _____ Fax: _____

Fax: (07) 3121 4944 Tel: (07) 3121 4523 VaccCustServ@qml.com.au

Diagnosis of Diabetes Mellitus

Item Number 66841

Testing instructions for Diabetes Mellitus

INTRODUCTION

Diabetes is the fastest growing chronic disease in Australia. Trends indicate that by 2031 there will be up to 700,000 people with Type 2 Diabetes – a staggering 160 new cases diagnosed each day, at a rate of one diagnosis every nine minutes.

With diabetes rates tripling in the past 20 years, and expected to triple again over the next two decades, it will cause a five-fold escalation in the cost of diabetes - more than any other health condition.¹

To test your patient for diabetes mellitus, please follow the instructions below:

Initial test - random or fasting blood, serum or plasma glucose.

BLOOD GLUCOSE	
<5.5 mmol/L	Current diabetes is unlikely. No follow-up is indicated.
5.5-6.9 mmol/L	Current diabetes is possible. Follow up with HbA1c (i) Or, if preferred, Oral Glucose Tolerance Test (ii).
>6.9 mmol/L	Current diabetes is likely. If the patient has symptoms, diabetes is confirmed. If patient is asymptomatic, confirm with a repeat blood glucose test.

(i) - HbA1c.

No pretest preparation is required.

Sample may be collected at any time of day.

HBA1C	
<6.1% (<43 mmol/mol)	Current diabetes is excluded provided no anomaly of haemoglobin or red cell life span is present.
6.1 - 6.4% (43-47 mmol/mol)	High risk for future diabetes.
>6.4% (>47 mmol/mol)	Diabetes is likely. If patient has symptoms, diabetes is confirmed. If patient is asymptomatic, confirm with a repeat HbA1c.

CHANGES TO SCREENING OF HBA1C

Medicare funding remains available to monitor patients with known diabetes (up to four tests per year). The request form must indicate the patient is an established diabetic. If this is not specified the patient may incur an out-of-pocket expense.

HbA1c testing now complements blood glucose measurements in patient diagnosis.

CONTRAINDICATIONS

The diagnostic and monitoring use of HbA1c may be misleading in patients with:

- Change in red blood cell survival
- Chronic kidney disease
- Recent blood loss or transfusion
- Haemolytic anaemia or iron deficiency
- Presence of haemoglobin variant

HbA1c offers no diagnostic role in testing for gestational diabetes.

Patients with Cushing syndrome or chronic medical conditions (chronic inflammatory states) may have a reversible impairment of glucose tolerance.

(ii) - Oral glucose tolerance test

75g oral glucose load is administered after an overnight fast. A blood sample is collected 2 hours after the glucose load. QML Pathology also collects a sample 1 hour post glucose load to confirm normal absorption of the glucose, however this sample plays no diagnostic role in the non-pregnant state.

ORAL GLUCOSE TOLERANCE TEST		
Fasting Glucose	2 hr Glucose	
<6.1 mmol/L	<7.8 mmol/L	Normal glucose tolerance indicated
6.1 - 6.9 mmol/L	<7.8 mmol/L	Impaired fasting glycaemia indicated
<7.0 mmol/L	7.8 - 11.0 mmol/L	Impaired glucose tolerance indicated
>6.9	>11.0 mmol/L	Diabetes confirmed

If requesting a glucose tolerance test on a pregnant patient, it is important that the request form should indicate her gestational state.

¹Reference: Diabetes Queensland

Management of Diabetes Mellitus



QML Pathology provides a cumulative diabetic summary report which identifies the required patient tests for the management of diabetes mellitus.

QML Pathology.
Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) v/a QML Pathology APA No. 000042 Accreditation No: 2184
11 Riverview Place, Metropex on Gateway, Murarrie Qld 4172 Ph (07) 3121 4444

Pathology Report

Run ID: 17463-1
Area: LAB

DR L TEST
QML MURARRIE LAB
11 RIVERVIEW PLACE
MURARRIE QLD 4172

Laboratories:

Ballina	(02) 6686 6424	Ipswich	(07) 3413 3000
Brisbane	(07) 3121 4444	Kingaroy	(07) 4162 1499
Buderim	(07) 5441 0200	Mackay	(07) 4951 2999
Bundaberg	(07) 4152 8411	Redcliffe	(07) 3049 4444
Calms	(07) 4051 8944	Rockhampton	(07) 4921 2155
Emerald	(07) 4982 0306	Southport	(07) 5668 4444
Gladstone	(07) 4972 2877	Toowoomba	(07) 4638 9149
Gympie	(07) 5482 1511	Townsville	(07) 4795 6400
Hervey Bay	(07) 4124 8645	Tugun	(07) 5598 0822

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **BLOGGS, JOE**
Sex Male Age 57 Years DOB 01/01/58
Report For DR L TEST

HOWDY DOODY LANE, TESTING 1234

Requested 04/08/15
Collected 04/08/15 13:43
Printed 07/08/15 14:29

CUMULATIVE DIABETIC SUMMARY REPORT

	17/09/14	09/03/15	04/06/15	04/08/15	
Date	17/09/14	09/03/15	04/06/15	04/08/15	
Time	14:17	14:20	14:22	13:43	
Lab No	98924265	96892426	95451512	95451511	
	FASTING	FASTING	FASTING	FASTING	
Gluc	11.2	7.9	9.1	11.2	mmol/L (3.0-6.0)
HbA1c Fraction	7.0	7.8	7.0	7.2	%
SI units	53	62	53	53	mmol/mol
Total Chol	3.6		3.1	3.1	mmol/L
Triglycerides	1.0		1.0	1.0	mmol/L
HDL	0.88		0.80	0.80	mmol/L (above 0.9)
LDL	1.98		1.59	1.59	mmol/L (below 2.0)
Total/HDL ratio	4.1		3.9	3.9	
Alb/Creat ratio	1.7	0.3		0.2	g/mol
1,5-AG		26.9	29.5	29.4	mg/L (10.7-32.0)

Current General Practice Management of Type 2 Diabetes recommends that HbA1c should be measured on an as needed basis according to diabetes control and other risk factors such as race. HbA1c need not be measured more than 4 times a year.
Clinical Care Guidelines for Type 1 Diabetes recommends HbA1c levels being performed every 3 to 4 months.
The current Medicare Schedule will pay for 4 HbA1c tests annually in established diabetes.

Pathology Report

BIOCHEMISTRY 04/08/15 Dr Appleton or Dr Chang BRI TST-9545151 Pg 1/1
Date of Service For Clinical Enquiries Perf. Branch Quote

Please request the following tests on a QML Pathology request form:

- Glucose
- HbA1c
- Lipids, chol & trigs
- HDL
- LDL
- Urinary microalbumin
- 1,5-AG

Current General Practice Management of Type 2 Diabetes recommends that HbA1c should be measured on an as needed basis according to diabetes control and other risk factors such as race. HbA1c need not be measured more than 4 times a year.

Register to receive the cumulative diabetic summary report in two easy steps.

1. Contact either your

Medical Liaison Officer

or

Data Entry Doctor Maintenance via qml_bridocmaintenance@qml.com.au or 07 3121 4683

2. Request the "SERDIA" report to be added to your doctor code



Gestational Diabetes

An update on the diagnosis of Gestational Diabetes Mellitus

INTRODUCTION

Gestational diabetes mellitus (GDM) is the term applied when a degree of glucose intolerance is first recognised during pregnancy. Patients diagnosed with GDM will include a small number of women with underlying type 2 (and rarely type 1) diabetes, whose first test is performed during pregnancy. However, the majority will represent women whose glucose tolerance is normal prior to conception and whose tolerance will return to normal within 6-8 weeks of delivery.

Untreated, GDM is associated with increased perinatal mortality and morbidity, macrosomia, neonatal hypoglycaemia, a higher risk of respiratory distress, and other associated conditions. In the long term, there is mounting evidence to suggest GDM creates an increased risk of obesity and diabetes in the child, and that the treatment of GDM can lower these risks.

There are few short term risks for the mother, but the diagnosis does indicate an increased risk of GDM in subsequent pregnancies and the possible development of type 2 diabetes in later life.

CURRENT RECOMMENDATIONS FOR THE DIAGNOSIS OF GDM

The diagnosis of GDM has been modified extensively. This is in line with recommendations from the International Association of Diabetes in Pregnancy Study Groups (IADPSG) and the World Health Organisation (WHO), and is endorsed by the Australasian Diabetes in Pregnancy Society (ADIPS), the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the Royal College of Pathologists of Australasia (RCPA).

TESTING METHOD

All pregnant women should undergo a 75-gram two-hour oral glucose tolerance test (OGTT). The one-hour Glucose Challenge Test is no longer recommended. The three day high carbohydrate diet is no longer required and women should maintain a normal diet until 10 hours before the OGTT, and then fast.

TIMING OF TESTING

All women previously not known to have pre pregnancy diabetes or hyperglycaemia in pregnancy should undergo a 75g OGTT at 24-28 weeks gestation.

Women with risk factors (*see below*) for hyperglycaemia in pregnancy should be tested with first antenatal bloods or at the first antenatal visit. If the glucose tolerance is normal, a repeat OGTT should be performed at 24-28 weeks.

RISK FACTORS FOR HYPERGLYCAEMIA IN PREGNANCY

- Previous hyperglycaemia in pregnancy
- Previously elevated blood glucose level
- Maternal age ≥ 40 years
- Ethnicity: Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, non-white African
- Family history DM
- Pre-pregnancy BMI >30 kg/m²
- Previous macrosomia (baby with birth weight >4500 g or >90 th centile)

THE REVISED DIAGNOSTIC CRITERIA FOR HYPERGLYCAEMIA IN PREGNANCY

The diagnosis of GDM should be based on any one of the following values:

Fasting plasma glucose	5.1 – 6.9 mmol/L
1-h post 75 g oral glucose load	> 9.9 mmol/L
2-h post 75 g oral glucose load	8.5 – 11 mmol/L

The diagnosis of DM in pregnancy should be based on any one of the following values (2006 WHO criteria for DM):

Fasting plasma glucose	> 6.9 mmol/L
2-h plasma glucose post 75 g oral glucose load	> 11.0 mmol/L

The WHO has recommended that hyperglycaemia first detected at any time during pregnancy should be classified as either diabetes mellitus in pregnancy or gestational diabetes mellitus. Women with diabetes mellitus in pregnancy are at higher risk of major pregnancy complications. They require urgent medical attention, including evaluation for other complications of undiagnosed diabetes.

Unless clinically contraindicated, women diagnosed with GDM, and some women with DM, should have a 75g 2-hour OGTT, preferably at 6-12 weeks post-partum.



¹⁴C-Urea Breath Test

- ✓ Safe, non-invasive collection process, simple to perform
- ✓ Get results fast - 24 hour turnaround

INTRODUCTION

The ¹⁴C-Urea Breath Test considered to be the 'gold standard' non-invasive diagnostic method for detection of the presence of current infection with *H. pylori* in the stomach. The ¹⁴C-Urea Breath Test offers highly accurate (positive predictive value 100%, negative predictive value 98%) and reliable diagnosis of *H. pylori* infection. It is useful both for initial diagnosis and for post-treatment follow-up to demonstrate *H. pylori* eradication. QML Pathology is now offering this test bulk billed at all our collection centres.

HELICOBACTER PYLORI

The successful treatment and eradication of *H. pylori* infection will:

- Relieve symptoms of gastritis
- Reduce risk of ulcer recurrence
- Reduce risk of developing gastric cancer

HOW THE TEST WORKS

If *H. pylori* is present in the stomach, it produces large quantities of urease which protects the organism against the acidic conditions in the stomach. The ¹⁴C-Urea Breath Test detects and quantifies the amount of urease in the stomach.

The urease produced by *H. pylori* breaks down the ¹⁴C-Urea in the test capsule into carbon dioxide and ammonia. The labelled carbon dioxide is then measured in exhaled air. If there is no urease present, labelled carbon dioxide is not detected, indicating the absence of *H. pylori* infection.

PATIENT PREPARATION

The patient should fast for 6 hours prior to taking the test. The patient must discontinue the following medications prior to testing as they may cause false-negative results:

Antibiotics and bismuth-containing products	1 month prior to testing
Cyto-protective medicines, e.g., sucralfate	2 weeks prior to testing
Proton pump inhibitors	1 week prior to testing

Although the radiation dose is extremely small, the test has not been sufficiently tested in children or pregnant females and should not be performed in these groups.

INDICATIONS FOR ORDERING

H. pylori infection is significantly underdiagnosed as the majority of individuals with uncomplicated infection are asymptomatic. Testing is currently recommended in the following circumstances:

- patients with known or suspected *H. pylori* infection, gastritis, peptic ulcer disease or gastric malignancy
- patients with epigastric pain, discomfort or non-ulcer dyspepsia
- patients experiencing unexplained anorexia, weight loss, nausea or vomiting
- patients receiving or about to receive long-term proton pump inhibitor therapy
- 4-6 weeks after treatment in all patients treated for *H. pylori* infection to confirm eradication of infection
- first degree relatives of patients with gastric cancer.

HOW TO ORDER

Request '¹⁴C Urea Breath Test' on a QML Pathology request form.

TURNAROUND TIME

Metro – 48 hours

Regional – Up to 7 days

COST

Bulk billed subject to Medicare guidelines and criteria.

FURTHER INFORMATION

For any further enquiries regarding this test, please contact QML Pathology on **(07) 3121 4420**.

Remember to make your **histology samples** count!

By participating in the QML Pathology Surgical Skin Audit, you're already one step closer to earning valuable CPD and QI points.

To ensure all your histology samples are included, please follow the simple steps below, so you can acquire points as quickly as possible.

1

If you're already registered, skip to step two. Otherwise please fill out the registration below.

2



Send your sample to QML Pathology using the green Audit Request Form NOT the blue Pathology Request Form.

3



Important: Mandatory for the back of the form to be completed. For more information, see contact details below.

4



Submit 80 samples. This can be done once over the triennium, OR every calendar year*.

5



Receive CPD points. Upon completion, you'll be eligible for 40 Cat 1 (RACGP QI&CPD) or 30 PRPD points (ACRRM).

*Only RACGP QI&CPD points can be earned every calendar year. ACRRM PRPD points can be earned once over the triennium (2014 - 2016). Samples submitted prior to your registration cannot be included.

For enquiries, please contact the education department

07 3121 4565 | education@qml.com.au



Surgical Skin Audit Registration Form

Please complete registration details & return via courier, fax (07) 3121 4478 or email education@qml.com.au



DOCTOR INFORMATION

Last Name: _____ First Name: _____

QML Dr. Code (if known): _____ RACGP QI&CPD/ACRRM No.: _____

HAVE YOU INCLUDED YOUR RACGP QI&CPD/ACRRM NUMBER?

PRACTICE INFORMATION

Practice Name / Address: _____

Practice Email Address: _____

**Dr David Jardine**

After 20 years at PASH (Princess Alexandra Sexual Health), David is now in specialist

practice as a sexual health physician. He graduated from the University of Edinburgh in 1984, migrated in 1991, and is a Fellow of the Australasian Chapter of Sexual Health Medicine (2006). David likes treating genital warts & STIs, and talking about herpes and sex. He is consulting at QML Specialist Centre, Level 1, 10 Endeavour Boulevard, North Lakes and is available on 0402 793 497 for advice and referrals.

P: 1300 739 783.

www.sexualhealthdoctor.com.au

**Dr Tom Xinyi**

Zhou
MBBS (QLD)
BPHARM FRACP

Tom Zhou

completed his

Medical Degree at the University of Queensland in 2003. He completed his physician training at Princess Alexandra Hospital in 2008, and subsequently undertook advanced training in Gastroenterology at Townsville and Royal Brisbane and Women's Hospital, which included extensive training in general gastroenterology, inflammatory bowel disease and liver diseases. Tom has obtained fellowship of the Royal Australasian College of Physicians and completed a hepatology fellowship at Princess Alexandra Hospital. Tom continues to provide high quality services to his patients in general gastroenterology and liver diseases as part of the Digestive Disease Queensland group.

P: 3861 4866 or F: 3861 4897

**Dr. Nicholas Kemp MBBS,
FRACGP, DRACOG, FACRRM**

Nick graduated in 1981 and worked mostly in rural QLD. Suffering from a recurrence of varicose veins following surgical stripping Nick developed an interest in newly emerging non surgical techniques. Nick has been practicing Sclerotherapy for over 6 years and holds a Diploma in Procedural Phlebology. He returned with his family to Brisbane in 2012 to set up a dedicated clinic called The Leg Vein Doctor and has recently moved to new premises in Auchenflower. Please contact for an info pack or referrals can be made by Medical Objects.

465 Milton Road,
Auchenflower 4066

P: 3720 9912

E: info@thelegveindocor.com

www.thelegveindocor.com

**Sherene Devlin**

Nurse Practitioner
specialising
in Chronic
Inflammatory Skin
Conditions such

as Psoriasis, Eczema/Dermatitis, Vitiligo and Acne.

Sherene has had over 14 years' experience with Chronic Disease Management in Primary Health Care both in General Practice and Dermatology. Sherene is the first Nurse Practitioner who specialises in Psoriasis Management in Australia. The new clinic will be offering bulk billed Narrowband UVB for inflammatory skin conditions in Ipswich.

Skin Flare Solutions

P: 3060 9000

**Dr David Sharp
MBBS FRACS**

David is a Queensland trained Plastic and Reconstructive

surgeon. He obtained Fellowship of the Royal Australasian College of Surgeons after undertaking eight years of specialist training in General Surgery and Plastic Surgery. After completing a Bachelor of Psychology and undertaking a Bachelor of Science, David completed a Bachelor of Medicine/Bachelor of Surgery at the University of Queensland, followed by a further 10 years of surgical training. David has special interests in reconstructive surgery, skin cancer and melanoma surgery, aesthetic and cosmetic surgery, breast surgery and microsurgery.

P: 3852 3211

info@artisanplasticsurgery.com.au.

www.artisanplasticsurgery.com.au



**Dr Katherine
(Kate) Gray,
Urological
Surgeon, MBBS
FRACS (Urol)**

Dr Gray has returned to full time urology practice after the birth of her first daughter, Sofia. Kate provides consultation and operative management of all adult urological conditions. Further an "in rooms" cystoscopy service is provided, to the significant benefit of her patients, as haematuria, bladder cancer, voiding dysfunction and other urological evaluations requiring cystoscopy are completed without the need for hospital admission.

P: 3830 3350 F: 3830 3399

Medical objects referrals available

Urgent Appointments: Please contact rooms.



BRISBANE SPECIALIST SUITES

Brisbane Specialist Suites is a multidisciplinary specialist practice for children, adolescents, adults and families. We provide high quality psychotherapy and other evidence-based treatments to support recovery and wellbeing.

Dr Catherine Llewellyn is a Child, Adolescent, Adult and Addiction Psychiatrist specialising in the treatment of all psychiatric disorders including eating disorders and obesity.

Ms Leisa Tanner is an Individual & Family Therapist.

We offer consultation via Skype for regional patients.

Brisbane Specialist Suites,
L8/ 87 Wickham Terrace,
Spring Hill QLD 4000

P: 3831 8700 F: 3831 8777
www.brisbanespecialistsuites.com.au



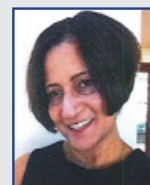
Dr Vidhya Gupta

Dr Gupta is a privately practising Gynaecologist who has set up her private practice in

Sunnybank. Dr Gupta is trained Fellow from Royal college of Obstetrician and Gynaecologist of Australia and New Zealand. During her training in Australia Dr Gupta has worked in different hospitals both regional and tertiary in Queensland including Nambour, Caboolture, Gold Coast, Redlands and Mater Mother's Hospital. Dr Gupta is committed to provide individualized, expert and compassionate care to women in a warm and friendly environment. She can also speak Hindi & Urdu fluently.

Times Square Building Suite
G18 250 McCullough Street
Sunnybank QLD 4109

To arrange an appointment:
P: 3216 9715 F: 3216 9730
E: guptagynaecologys@gmail.com
www.vidhyagupta.com



Dr Lata Sharma MD, MReproMed, FRANZCOG

In addition to being a full time clinician Dr Sharma has

been actively involved in teaching & training IMG's, GP Diploma Obstetrics Trainees, and RANZCOG Specialist Trainees. Her special interests include Management of Menstrual Disorders & Fibroids, Management of Chronic Pelvic Pain, Management of Abnormal Pap Smears, Management of Urinary Incontinence & Prolapse, Management of Infertility, Laparoscopic & Hysteroscopic Surgery and General Gynaecological Surgery.

For appointment please call consulting suites at
Brisbane Private Hospital,
259 Wickham Terrace.
P: 3834 6620 F: 38314900



The Doctors' Noticeboard is a free service for medical practitioners.

If you wish to place a notice, please email no more than 75 words to info@qml.com.au

Infectious Diseases Report

GEOGRAPHIC DISTRIBUTION - AUG 2015

ORGANISM	Regions (as per key below)															TOTAL			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	AUG	JUL	JUN	MAY
Adenovirus (not typed)	5	27	10	2			24		16	10	67	29	4	2	7	203	126	62	56
Adenovirus (typing pending)		8	7	1			4		4	5	4	5			1	39	21	7	7
Barmah Forest virus		3					1									4	1	5	12
Bordetella pertussis	48	321	138	26			188		204	70	562	209	127	58	68	2019	147	103	107
Brucella species	2			1			2				1		1			7	2	3	1
Campylobacter jejuni																0	0	0	0
Chlamydia pneumoniae																0		1	1
Chlamydia trachomatis, not typed	55	98	45	22	5		123	1	63	33	175	62	18	51	28	779	841	600	834
Coxiella burnetii	1						1		1	2		1	3			9	11	8	9
Cryptococcus species												1				1	1	1	1
Cytomegalovirus (CMV)		1	4	3			5		7		14	5	1	2		42	61	50	57
Enterovirus - not typed																0	0	1	1
Entamoeba histolytica											1					1	0	0	0
Epstein-Barr virus (EBV)	4	29	7	2			13		17	3	33	16	12	8	3	147	152	82	122
Flavivirus unspecified	1										1					2	2	9	15
Hepatitis A virus							1			1				1		3	3	1	2
Hepatitis B virus	11	9	9	3	1		19		6	6	59	2	2		2	129	129	119	151
Hepatitis C virus	23	53	23	4	3	1	53		30	9	110	36	9	12	22	388	403	280	375
Hepatitis D virus																0	0	0	1
Hepatitis E virus											1					1	0	1	1
Herpes simplex Type 1	18	51	19	9	1		50		53	12	99	46	9	14	14	395	426	307	421
Herpes simplex Type 2	15	52	12	7	1		27		21	4	48	31	7	9	3	237	216	165	229
Herpes simplex virus - not typed																0		0	0
HIV-1	3	2					6				2	1				14	11	4	6
HTLV-1																0		0	1
Human Metapneumovirus	3	53	19	2			50		42	19	119	35	9		6	357	134	52	32
Influenza A virus	29	163	54	14	2	4	160	4	134	48	281	99	28	31	10	1061	324	105	115
Influenza B virus	22	466	291	38	14	1	626	1	643	121	1093	500	130	36	52	4034	1117	215	134
Legionella pneumophila (all serogroups)											4					4	12	6	9
Legionella species		2									3				1	6	22	9	14
Leptospira species	1		1							1						3	5	2	3
Measles virus		1					4									5	0	0	0
Mumps virus																0	2	3	2
Mycoplasma pneumoniae	5	65	34	2	1		46		45	17	115	38	21	6	15	410	1115	840	1139
Neisseria gonorrhoeae	12	13	1				6	1	2	2	15	4				56	64	50	54
Parainfluenza virus	3	53	30	5	3		42	1	45	18	87	35	17	18	15	372	193	92	76
Parvovirus							1		1		4	5			1	12	18	10	12
Pneumocystis carinii																0	5	0	1
Respiratory Syncytial virus	5	45	19	1	2		34	2	29	10	48	26	16	1	5	243	274	233	357
Rhinovirus (all types)	16	77	42	4	3		98		79	23	162	99	21	17	12	653	496	248	360
Rickettsia - Spotted Fever Group	1			1								2				4	1	5	4
Ross River virus	1	7	1	3			5		9	4	14	8	2	7	4	65	70	69	219
Rubella virus																0	0	1	0
Salmonella paratyphi A																0	0	0	0
Salmonella paratyphi B																0	0	0	0
Salmonella typhi		1									1	1				3	3	1	2
Streptococcus Group A	8	7	2	1	1		11	82	11	8	25	10	12	6	4	188	168	113	143
Toxoplasma gondii	1	3	1				2		3	1	3				1	15	18	9	17
Treponema pallidum	37	12	7	1	9		44		9	9	35	3	3	16	5	190	232	150	187
Trichomonas vaginalis	14	3	2				2	1	1	1	5			6		35	33	34	33
Varicella Zoster virus	10	60	21	10			28		43	10	60	43	4	10	11	310	320	256	303
Yersinia enterocolitica																0	0	0	0
TOTAL	354	1685	799	162	46	6	1676	93	1518	447	3251	1352	456	311	290	12446	7179	4312	5626

REGIONS:

1 Cairns
2 Gold Coast/Tweed
3 Ipswich

4 Mackay
5 Mount Isa
6 New England
7 North Brisbane

8 Northern Territory
9 Redcliffe
10 Rockhampton
11 South Brisbane

12 Sunshine Coast
13 Toowoomba
14 Townsville
15 Wide Bay/Burnett

FURTHER HISTORICAL CLINICAL DATA CAN BE OBTAINED BY CONTACTING MARKETING ON INFO@QML.COM.AU.