



Society News

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News, Swine Flu and Tamiflu

Flu season has impacted on Emergency Departments (EDs) throughout Australasia. It 's been interesting to see how poorly public health measures have coped with a threat to our community. We are fortunate that on this occasion the disease has been so much milder than predicted. It has forced the development of protocols for use in future pandemics.

Born again recently after a long gestation, was the happy publication of the ASEM's "Directory of Australian & New Zealand EDs (4th edition) .Special thanks are extended to the Editorial team and Roche Pharmaceuticals for their contribution towards printing and postage .All ASEM members should now have received copies of this unique publication which describes the status of EDs throughout Australasia.

Also recommended is a fascinating article in the recent newsletter of ACEMs International Emergency Special Interest Group on the nascent practice of emergency medicine in the Netherlands. Readers will immediately see their ED issues as reminiscent of the early days in Australia

It can be found at www.acem.org.au/media/international/IEMSIG_May_2009_Vol_5-1.pdf. These newsletters are of general interest to all of us working in the area of emergency medicine.

An interesting blog about emergency medicine in Australia can be found at www.ozemedicine.com/blog/. It has links to a variety of clinical sources and some great articles on the use of information technology devices such as iphones in clinical practice. The ASEM website continues to develop and for those of you who haven't had a look recently please do so.

Contributions

Contributions are actively sought from all ASEM members. These could encompass talks attended, significant issues both on local or national scale, worthwhile websites and can be in any form from a letter to the editor to a more formal article. Failing that, emails to the editor would also be gratefully accepted for inclusion in the Society News.

Flu News from the Alice

Tamiflu wasn't supplied to GP's as supplies were limited in the early stages. In Alice Springs testing was taking too long as we had to fly samples out. Darwin ran out of swabs at one stage. When the WHO recommended we abandon testing we assumed all viral URTIs were H1N1. A flu clinic was set up outside the ED staffed by Public Health nurses with protocols agreed to by Public Health in Darwin, with nurses to do sick notes etc. Medical staff were called in to review the patients briefly, then rubber stamp the paperwork in batches. The flu clinic comprised greater than 25% of the work. Admissions increased, but not to the same degree(42%). The hospital responded by opening more beds with patients being placed in treatment rooms etc. All absolutely non-emergency surgery was cancelled. The deaths that occurred, all had serious co-morbidities. This protocol worked reasonably well.

Paul Helliwell

Inside this issue:

Winter Symposium 2009	2 - 3
Climate Change Related Deaths	4 - 5
ELS	6
Best Paper Prize Darwin Winter Symposium EM	7
Best Paper Prize—Qld Autumn Seminar EM	8
Nat Health Reforms	
RVEEH 2009 Eye and Ear Seminar—Melb.	9
"Unit ED"	10
State News (SA)	
Swine Flu & EDs	11
ED—Conferences	12

