

DocTalk

Vaccines can help save lives, prevent disability

Vaccines guard you against serious diseases such as Hepatitis B, so do not overlook them



Lim Poh Lian

Thirty years ago, the 41st World Health Assembly committed the World Health Organisation to an audacious goal: eradicating polio by the year 2000.

The massive global polio eradication campaign worked to a great extent because there was a cheap, effective vaccine.

There were just 22 polio cases last year, down from 350,000 cases 30 years ago.

Polio could be the second human infectious disease to be eradicated in history, after small pox.

As long as one person with an active polio infection remains on the face of the earth, polio could come roaring back, with its life-altering effects of paralysis. We have come far in the global effort to eradicate polio, but the last stretch is often the hardest.

Nevertheless, vaccines have helped to save many lives and prevent disability. Yet, many people do not bother to get vaccinated against infectious diseases.

I am not just talking about vaccines against seasonal influenza, but those you can get to guard you against more serious diseases such as Hepatitis B, which can cause liver cancer, and human papillomavirus (HPV), which causes cervical cancer.

After all, if you could protect your

child from getting cancer, wouldn't you?

VACCINES TO PREVENT CANCER

The heartache of hearing about lives cut short by cancer or the suffering and pain associated with cancer as one grapples with the side effects of chemotherapy, radiation and surgery will make one try to spare one's loved ones from all these.

And if you could prevent cancer with three simple shots, would you not do so? Most people would say yes.

The Hepatitis B vaccine was the first successful vaccine to bring down the number of people who were diagnosed with liver cancer.

The first Hepatitis B vaccine was licensed in 1981, but a decade later, only 1 per cent of the world's population had been vaccinated against the disease.

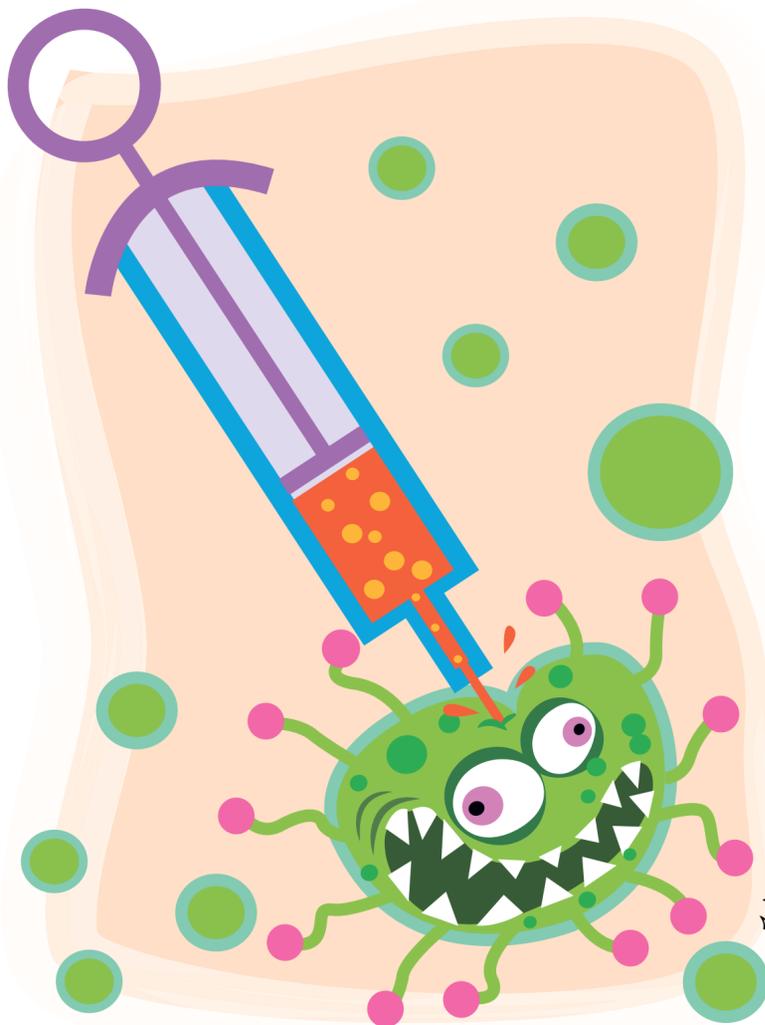
Fortunately, by 2014, Hepatitis B vaccination had been implemented in 184 countries.

When infants get infected with Hepatitis B, up to 90 per cent of them become chronic carriers, compared with 5 to 10 per cent of those who get infected as adults.

Importantly, by vaccinating everyone at birth against Hepatitis B, not only are they spared the infection and its complications, but they also will not be able to spread the disease to others.

Countries which have successfully implemented Hepatitis B vaccination have seen a whopping 60 to 80 per cent drop in acute and chronic infections.

Singapore is one of them. Whole generations will be spared the ordeal of suffering from liver cancer as a result of Hepatitis B.



Thankfully, we now also have another successful cancer vaccine, which is against cervical cancer.

I still remember my first cervical cancer patient.

It was September 1991 and I was barely two months into my internship at a hospital in Boston.

Walking into her room to check on her, I was struck by how gracious she was, even as death loomed near. She was a doctor and only 34.

HPV causes cervical cancer in women and is spread through sexual contact. An estimated 266,000 women died of the cancer in 2012.

The first HPV4 vaccine was licensed in the United States in 2006. It provided protection against the two virus strains that

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cause 70 per cent of cervical cancers as well as another two strains causing genital warts.

Then, in 2014, the US approved HPV9, which covered five additional cancer-causing strains. This means that it can protect against 90 per cent of cervical cancer cases.

This vaccine was launched in Singapore last year, but the uptake here has remained low.

While people in Singapore stay away, foreigners have come for it. We have seen women flying in from Beijing and Shanghai to get the HPV9 vaccine because it was not yet available in China.

THE POWER OF HERD IMMUNITY
Interestingly, when a vaccine is so

effective that people do not see the disease and fear it, complacency can set in.

At the same Boston hospital where I was at, there was a 1992 case which brought home the importance of getting vaccinated.

A 60-year-old American man had returned from an overseas trip with a fever, cough, conjunctivitis and a runny nose. He looked miserable and his blood tests confirmed that he had measles.

Born in the generation before childhood vaccines became routine, he had managed to dodge the bullet... until then.

His care was presented at the hospital's teaching grand rounds because all the resident doctors there had never seen a patient with measles before.

Fast-forward to today, measles has unfortunately made a resurgence in many countries and continues to be a problem in Singapore.

In 2016, there were 118 local cases of measles here, 45 of which happened in babies under a year old.

Vaccinations for measles, mumps and rubella are not given until a child is 12 months of age, so young infants in particular need the protection of herd immunity. So, we all have a part to play in getting vaccinated against key diseases.

We have a saying in public health: "An outbreak averted makes no headlines."

For the generations who saw people affected by polio, taking three to four doses of oral vaccine to prevent life-long paralysis was a no-brainer.

My father contracted polio when he was four years old. He took years to regain strength in his legs and walked with a limp all his life.

For subsequent generations who have not seen polio, this brilliant medical breakthrough can feel like an inconvenience or an imposition.

Nevertheless, the bottom line is that vaccines work. They protect by getting our immune systems ready for specific organisms before the actual infection hits us.

If vaccine uptake is good enough, even those who are too young or too sick to be vaccinated can be protected through herd immunity.

We all care about our health and the recommendations of the health authorities and clinicians make a difference. So, let us work together to improve immunisation rates for the protection of all in our community and the world.

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Book a consultation or get blood test results through app

Felicia Choo

These days, patients can book appointments with doctors or have video medical consultations with doctors using apps.

Patients can also get their blood test results on their mobile phones, after this feature was added in July to the MaNaDr app, owned by healthcare firm Mobile Health, which was set up by a group of local doctors.

MaNaDr, which roughly means where (is the) doctor in Malay, allows doctors to send digitised versions of blood test results to patients within a day instead of their having to wait at least three days to collect a physical copy at the clinic.

Launched in October last year, MaNaDr also has features like appointment booking and teleconsultation. It is one of many apps rolled out here in the last few years that offer more convenient access to doctors and pharmacists.

For example, the MyDoc app offers teleconsultations, electronic Medical Certificates and digitised health screening reports.

Doctor Anywhere offers video consults with healthcare providers for medical, aesthetics or newborn care and advice while Speedoc gives users 24/7 access to a doctor at the location of their choice.

Having more ways to connect with patients has been a boon for doctors, said Dr Rachel Teoh of Punggol Ripples Family Clinic. Her clinic started using the MaNaDr app in February this year, and the appointment booking and teleconsult features have proven the most popular with its patients.

The booking service has halved the average waiting time for users to an hour.

However, some patients booked multiple consults and deprived others of slots, or made last-minute cancellations. To deal with this, Dr Teoh started charging a \$5 booking



Dr Rachel Teoh (at right) and patient Ferlene Tan showing features of the MaNaDr app on their phones. The app is one of many offering more convenient access to doctors and pharmacists here. ST PHOTO: SYAMIL SAPARI

fee in May. This led to a fall in bookings through the app from half of her daily average of 45 patients to one-fifth of them.

"I guess it takes a while for the community to warm up to this idea to pay a booking fee to see the doctor," said Dr Teoh. "It's quite commonly done, even when you take Grab or Uber."

Ms Ferlene Tan, 43, is one patient who does not mind the booking fee. "I believe this is the way to go for the future because there have been improvements in the waiting time," said the senior IT consultant.

As for teleconsultations, Dr Teoh said that most patients who take up this option are follow-up cases who had seen her in person for their first consultation.

The charges for a teleconsult range from \$5 to \$20, depending on the duration of the consultation and the complexity of the case, she added. A typical face-to-face consultation costs between \$25 and \$40.

Another GP, Dr Alvina Nam of Clinic@Costa in Bayshore Road, does not charge patients for booking consultations through the MaNaDr app but plans to when they are

more comfortable with the idea.

Since she started using the app last year, around 70 per cent of the 40 to 60 patients who visit her in a day book their appointments.

Those who book consults wait less than half an hour, compared with more than one hour for those without a booking, said Dr Nam.

"Since adopting the MaNaDr system, we clear out the waiting area - which is small - and patients walk in closer to their appointment times," she added.

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Obesity linked to increased risk of colorectal cancer in women

Women who are overweight or obese have up to twice the risk of developing colorectal cancer before the age of 50 as women who have what is considered a normal body mass index (BMI), according to a research led by Washington University School of Medicine in St Louis.

The study included data from 85,256 women aged 25 to 44 in the Nurses' Health Study II, which

began in 1989. The researchers have collected detailed information on body weight throughout the life course, family and endoscopy histories, and lifestyle factors at study baseline and every two to four years. Up to 2011, doctors diagnosed 114 colorectal cancer cases under the age of 50.

Compared with women with the lowest BMIs, 18.5-22.9kg per sq m,

women with the highest BMIs, greater than 30, had almost twice the risk of early-onset colorectal cancer.

"Our findings really highlight the importance of maintaining a healthy weight, beginning in early adulthood for the prevention of early-onset colorectal cancer," said co-senior author and cancer epidemiologist Yin Cao, an assistant

professor of surgery in the Division of Public Health Sciences at Washington University.

"We hypothesised that the obesity epidemic may partially contribute to this national and global concern in early-onset colorectal cancer rates, but we were surprised by the strength of the link and the contribution of obesity and weight change since early adulthood."

The researchers emphasised that this is an association study, which does not establish that increasing weight is a cause of early-onset colorectal cancer.

More studies are needed to uncover the best ways to identify young people at high risk of colorectal cancer at younger ages.

In the United States, overall rates of new colorectal cancer cases and

deaths from the disease have decreased steadily since 1980, largely owing to recommended colonoscopy screening starting at age 50. But for reasons that remain unknown, new cases of, and deaths due to, both colon and rectal cancers have been increasing for younger adults aged 20 to 49.

The American Cancer Society recently lowered the recommended age at which most people should undergo a first screening colonoscopy.

The new guidelines recommend screening beginning at age 45, down from the previous recommendation of age 50. XINHUA

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