



NEWSLETTER

SEPTEMBER

2023

Rotary



Health Education and Wellness
Rotary Action Group

September 2023

Greetings from a cold wet and windy Cape Town.

Our goal is to keep you informed of HEWRAG's activities and resources and to provide opportunities to learn about other projects, events, and activities related to our areas of interest: Health Fairs & Medical Missions; Oral Health & Nutrition, Cervical Cancer Prevention & Treatment, TB prevention & treatment, Autism Awareness & Education and our latest area Prostate Cancer Prevention and Treatment.

We recently held our AGM at the RI convention in Melbourne together with a very informative session where we heard the latest news on the various projects being undertaken by some of our members.

We had a booth in the house of friendship which was very successful and where we recruited lots of new members and met many existing members for the first time. (see pics below)

At the convention we met the members of PROST! – prostate cancer support group based in Perth, WA and their chairman Jeff Leach who expressed interest in becoming a new area of emphasis of HEWRAG, this was agreed by the Board at our last meeting and we welcomed Jeff onto our Board.

The goal of the Health Education and Wellness Rotary Action Group is to promote good health and wellness through healthy lifestyle choices and disease prevention.

The emphasis is on building awareness, promoting education, and providing information to help achieve and maintain good health and to utilize effective prevention in an integrated way. Rotary members are encouraged to promote the action group in their districts and especially in their clubs

If you have a project, event, or interest in one of our areas of emphasis, we invite you to look to us as a well-informed and experienced source of support and information. If you would like a HEWRAG program or exhibit for your District Conference, Zone Institute, or another Rotary event, please contact us.

Please join us for our upcoming Zoom meeting on 29th September at 2pm GMT

Meeting ID: 586 381 5005

Passcode: 758974

<https://us02web.zoom.us/j/5863815005?pwd=Ri9JRHVJdnhtTytGMmRyVU5MRjhVUT09>

Stay safe and well
Josie Norfolk
Chair Hewrag



Health Education and Wellness
Rotary Action Group

FRIENDSHIP

HOURS OF OPERATION

Saturday, 27 May	09:00 – 18:00
Sunday, 28 May	09:00 – 18:00
Monday, 29 May	09:00 – 18:00
Tuesday, 30 May	09:00 – 18:00
Wednesday, 31 May	09:00 – 14:00



Josie, Sheila & Karen in the
House of Friendship



Jane Little at the House of Friendship



Karen talking about her CPR project



HEWRAG SECRETARY KAREN & DR RICHARD GODFREY CHATTING TO VISITORS AT THE BOOTH

SHEILA TALKING ABOUT THE TUTU DESKS



**OUR CADRE KARL DEIKMAN GIVING
AN UPDATE ON CERVICAL CANCER
TREATMENT AND PREVENTION**



KAREN & KARL CHATTING TO SOME NEW MEMBERS



Inside the House of Friendship the HEWRAG booth



The walkway around the Convention Center in Melbourne



The Melbourne Convention Center

United to End Cervical Cancer in Egypt, the latest Program of Scale

An initiative to reduce the number of cases while raising awareness and improving women's access to preventive care, is the recipient of Rotary's third annual Programs of Scale award. Rotary International President Jennifer Jones announced the grant at the global network's annual convention in Melbourne, Australia.

The four-year program in and around Cairo will vaccinate more than 30,000 girls ages 9-15, provide cancer screenings for 10,000 women, and launch a public awareness campaign to reach 4 million people.

Cervical cancer is considered one of the most preventable cancers. It's caused primarily by the human papillomavirus (HPV), the most common viral infection of the reproductive tract. Ninety percent of deaths from cervical cancer occur in low- and middle-income countries, where cancer screenings and routine HPV vaccinations aren't available and cultural misconceptions may deter women from seeking care.

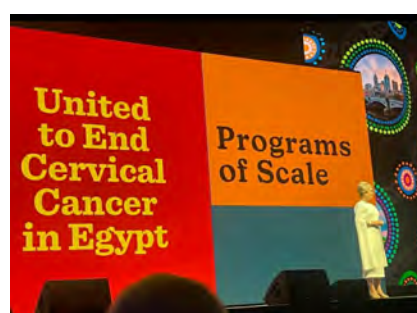
A 2021 report from the World Health Organization showed that less than 10% of women in Egypt had cervical cancer screenings in the previous five years and, of those diagnosed with the disease, more than half die from it.

"By increasing awareness and promoting preventive care for cervical cancer, we can save lives and create healthier communities in Egypt," said Amal El-Sisi, a professor of paediatrics at Cairo University and a member of the Rotary Club of El Tahrir. "As we gather data for the first time on the HPV and cervical cancer burden in the greater Cairo area, we are gaining crucial insights into the overall prevalence in Egypt."

In addition to increasing awareness of cervical cancer and improving medical services for women, the program will make progress toward the goals set by WHO's Cervical Cancer Elimination Initiative. This global effort aims to vaccinate 90% of girls, screen 70% of women, and treat 90% of women who have precancerous or cancerous cells. It aims to meet those targets by 2030.

United to End Cervical Cancer in Egypt was initiated by the Rotary Club of El Tahrir, supported by HEWRAG and Rotary clubs in and around Cairo and modelled after a presidential initiative on breast cancer that increased women's visits to clinics and now offers routine breast health services. It has assembled a coalition of partners that include the Egyptian Ministry of Health and Population, the Egyptian Society for Colposcopy and Cervical Pathology, and the Sona3 El Khair Foundation.

The Rotary Foundation awards one US\$2 million Programs of Scale grant each year to an evidence-based program that aligns with at least one of Rotary's causes and is ready to be expanded to create larger-scale change. The programs are sponsored by Rotary members in collaboration with local communities and partner organizations that offer expertise and support.



How can we stop child deaths from diarrhoea?

Diarrheal diseases are both 'preventable and treatable', as the WHO says, because we already know how to deal with many of the risk factors that may lead to diarrhoea and, if diarrhoea cannot be avoided; we know how to treat it.

The table below lists the range of interventions available for the treatment of diarrhoea we have today.

Some of these interventions, such as ORS, breastfeeding and improvements in sanitation broadly target all-causes of diarrhoea, whereas, vaccination and antibiotic use are specifically directed against the causative agents of the disease.

Water, sanitation and hygiene (WASH) interventions are the best way to prevent diarrheal diseases. Hand washing with soap, better water quality and better sanitation have been shown to reduce the risk of diarrheal infections by 47%, 17% and 36%, respectively.⁶

Educating mothers about the importance of breastfeeding is also important. Breastfeeding allows for the transfer of maternal immunity to the child – in developing countries infants that are not breastfed are six times more likely to die from infectious diseases, such as those causing to diarrhoea, in the first 2 months of their lives.⁷

Another way to prevent diarrheal diseases is vaccination. Until relatively recently, there were few vaccines available to prevent diarrheal diseases. Cholera vaccine has been licensed since 1991 but it is primarily given to travellers and used as an outbreak control measure. This is because targeted immunization combined with other sanitary measures is more cost-effective than immunizing every individual with a vaccine that only provides a few years of protection.

In 2006, however, new vaccines against rotavirus – the leading cause of childhood diarrhoea as the list shows – have been introduced. The most recent studies show that, while the effectiveness of the new rotavirus vaccines vary across different countries, it works well in protecting children against rotavirus disease.

When preventative measures fail, several options for the treatment of diarrheal diseases are available, including nutritional interventions and antibiotic use when necessary. But the single best treatment for diarrheal diseases is a surprisingly simple mixture of water, salt and sugar otherwise known as the oral rehydration solution.

The estimates of ORS effectiveness vary by source, with some suggesting that the current use of ORS helps to prevent 69% of diarrheal deaths and, if its coverage would be increased close to 100%, 93% of diarrheal deaths could be prevented.¹¹

Potential of interventions to prevent the burden of diarrheal diseases in childhood

1. Handwashing with soap - 48% risk reduction
2. Improved water quality - 17% risk reduction
3. Excreta disposal (improved sanitation) - 36% risk reduction
4. Breastfeeding education - 43% increase in exclusive breastfeeding rates at day 1, 30% increase until 1 month, and 90% increase from 1-6 months
5. Preventive zinc supplementation - 13% reduction in diarrhoea incidence, but no effect on mortality
6. Therapeutic zinc supplementation 46% reduction in all-cause mortality and 23% reduction in hospitalization due to diarrhoea
7. Rotavirus vaccines - 74% effectiveness against very severe rotavirus infection; 61% against severe; 47% reduction in hospitalization
8. Cholera vaccines - 52% effective against cholera infection
9. Oral rehydration solution (ORS) 69% reduction in diarrhoea-specific mortality
10. Dietary management for diarrhoea - 47% reduction in diarrhoea treatment failure and 47% reduction in treatment failure
11. Antibiotics for cholera - 63% reduction in clinical failure rates
12. Antibiotics for Shigella - 82% reduction in clinical failure rates
13. Antibiotics for cryptosporidiosis - 52% reduction in clinical failure rates
14. Community-based interventions (home visits and healthcare promotion) - 160% increase in ORS use and 80% increase in zinc use. 9% increase in seeking care for diarrhoea and 75% reduction in inappropriate antibiotic use

International Overdose Awareness Day 2023

31st August, is International Overdose Awareness Day. In 2019, 600,000 deaths were attributed to drug use with 25% related to opioids. Opioids have analgesic and sedative effects and are commonly used for the management of pain.

The term “opioids” includes compounds that are extracted from the poppy plant (*Papaver somniferum*) as well as semisynthetic and synthetic compounds with similar properties that can interact with opioid receptors in the brain. Opioids have analgesic and sedative effects, and such medicines as morphine, codeine and fentanyl are commonly used for the management of pain.

After intake, opioids can cause euphoria, which is one of the main reasons why they are taken for non-medical reasons. Opioids include heroin, morphine, codeine, fentanyl, methadone, tramadol, and other similar substances. Due to their pharmacological effects, they can cause difficulties with breathing, and opioid overdose can lead to death.

The characteristic feature of dependence is a strong internal drive to use opioids, which manifests itself by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences.

Worldwide, about 296 million people (or 5.8% of the global population aged 15–64 years) used drugs at least once in 2021. Among them, about 60 million people used opioids. About 39.5 million people lived with drug use disorders in 2021(2). Most people dependent on opioids used illicitly cultivated and manufactured heroin, but the proportion of those using prescription opioids is growing.

Opioid overdose

Opioid use can lead to death due to the effects of opioids on the part of the brain which regulates breathing. An opioid overdose can be identified by a combination of three signs and symptoms:

- pinpoint pupils
- unconsciousness
- difficulties with breathing.

Worldwide, about 600 000 deaths were attributable to drug use in 2019. Close to 80% of these deaths are related to opioids, with about 25% of those deaths caused by opioid overdose. According to WHO estimates, approximately 125 000 people died of opioid overdose in 2019. Opioid overdoses that do not lead to death are several times more common than fatal overdoses.

The number of opioid overdoses has increased in recent years in several countries, in part due to the increased availability of opioids used in the management of chronic pain, and also due to increasing use of highly potent opioids appearing on the illicit drug market. In the United States of America (USA) the number of people dying from drug overdose amounted to 70 630 in 2019, and approximately half of these deaths involved synthetic opioids.

During the COVID-19 pandemic, a further substantial increase in drug overdose deaths was reported in the USA, primarily driven by rapid increases in overdose deaths involving synthetic opioids.

Fentanyl is a potent synthetic opioid that is used as a pain reliever and as an anaesthetic. It is approximately 50–100 times more potent than morphine

There is evidence that drug dealers may be adding fentanyl to increase the potency of their products (such as heroin) and selling fentanyl as counterfeit tablets, created to look like authentic prescription medications. Therefore, many users who test positive for fentanyl and its analogues do not realize that they took the substance.

Risk factors for opioid overdose

There are a number of risk factors for opioid overdose. These include:

- having an opioid use disorder;
- taking opioids by injection;
- resumption of opioid use after an extended period of abstinence (e.g. following detoxification, release from incarceration, cessation of treatment);
- using prescription opioids without medical supervision;
- high prescribed dosage of opioids (more than 100 mg of morphine or equivalent daily).
- using opioids in combination with alcohol and/or other substances or medicines that suppress respiratory function such as benzodiazepines, barbiturates, anaesthetics or some pain medications; and
- having concurrent medical conditions such as HIV, liver or lung diseases or mental health conditions.

Prevention of opioid overdose

Beyond approaches to reducing drug use in general in the community, there are specific measures to prevent opioid overdose. These include:

- increasing the availability of opioid dependence treatment, including for those dependent on prescription opioids;
- reducing and preventing irrational or inappropriate opioid prescribing;
- monitoring opioid prescribing and dispensing; and
- limiting inappropriate over-the-counter sales of opioids.

The gap between recommendations and practice is significant. Only half of countries provide access to effective treatment options for opioid dependence and less than 10% of people worldwide in need of such treatment are receiving it.

Emergency responses to opioid overdose

- Death following opioid overdose is preventable if the person receives basic life support and the timely administration of the drug naloxone. Naloxone is an antidote to opioids that will reverse the effects of an opioid overdose if administered in time. Naloxone has virtually no effect in people who have not taken opioids.
- Access to naloxone is generally limited to health professionals. In many countries there is still limited availability of naloxone even in medical settings, including in ambulances.

Here's an idea that could work.

In 2016, under the framework of the WHO/UNODC Programme on Drug Dependence Treatment and Care, the “Stop Overdose Safely (S-O-S)” Initiative was launched, to provide training on recognizing the risk of overdose and providing emergency care in the event of an overdose. As part of this Initiative, a multi-site study on community management of opioid overdose was implemented in Kazakhstan, Kyrgyzstan, Tajikistan, and Ukraine in 2019-2020. About 40 000 kits of naloxone were distributed, more than 14 000 people were trained as part of the project and around 90% of those participants who witnessed an overdose reported using naloxone. In almost all instances, it was recorded that the person with overdose survived. Evaluation of the project showed that it was widely accepted by stakeholders, ranging from people who use drugs through to health and law enforcement officials .

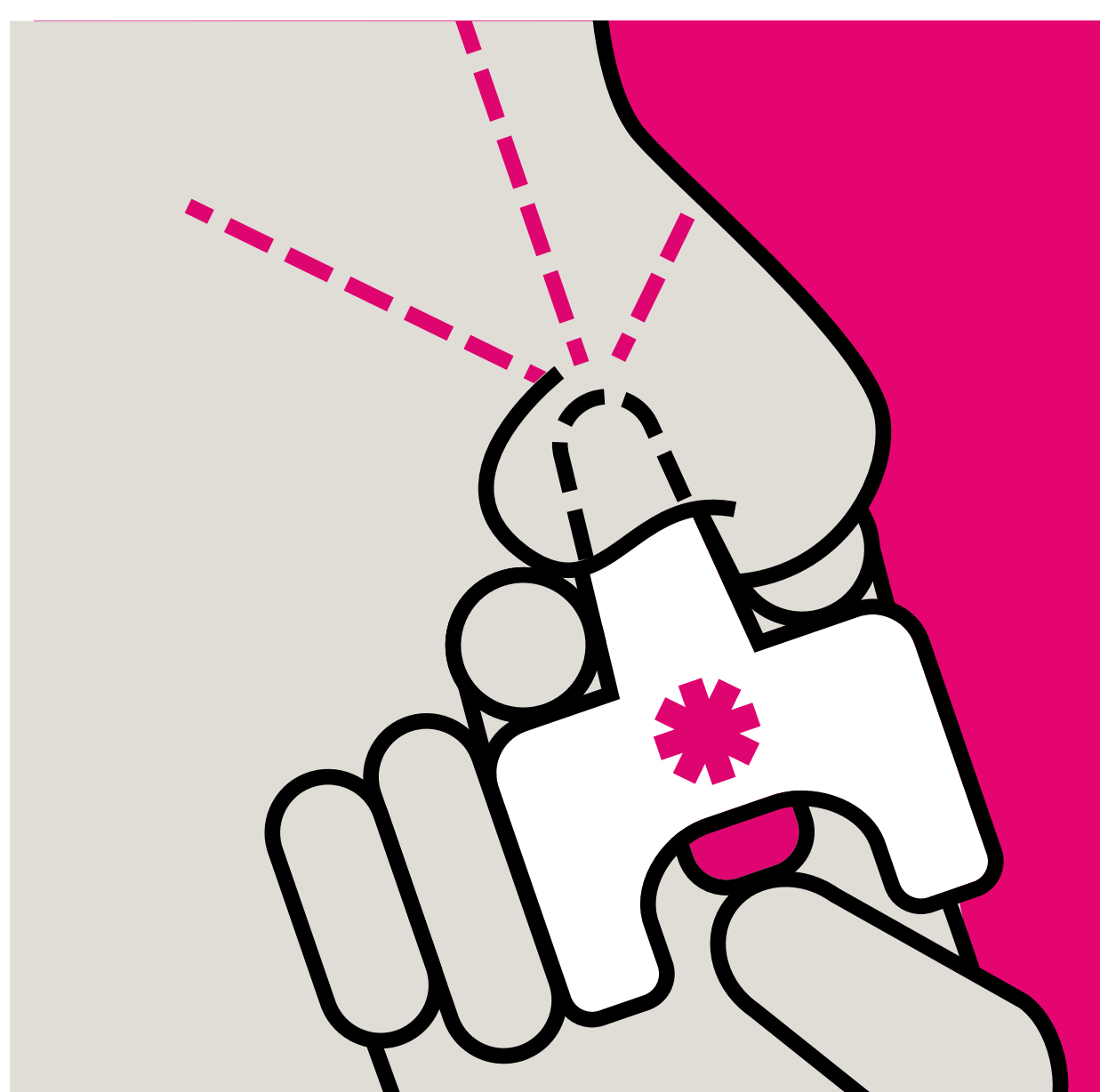


WHAT TO DO IN CASE OF A SUSPECTED OPIOID EMERGENCY



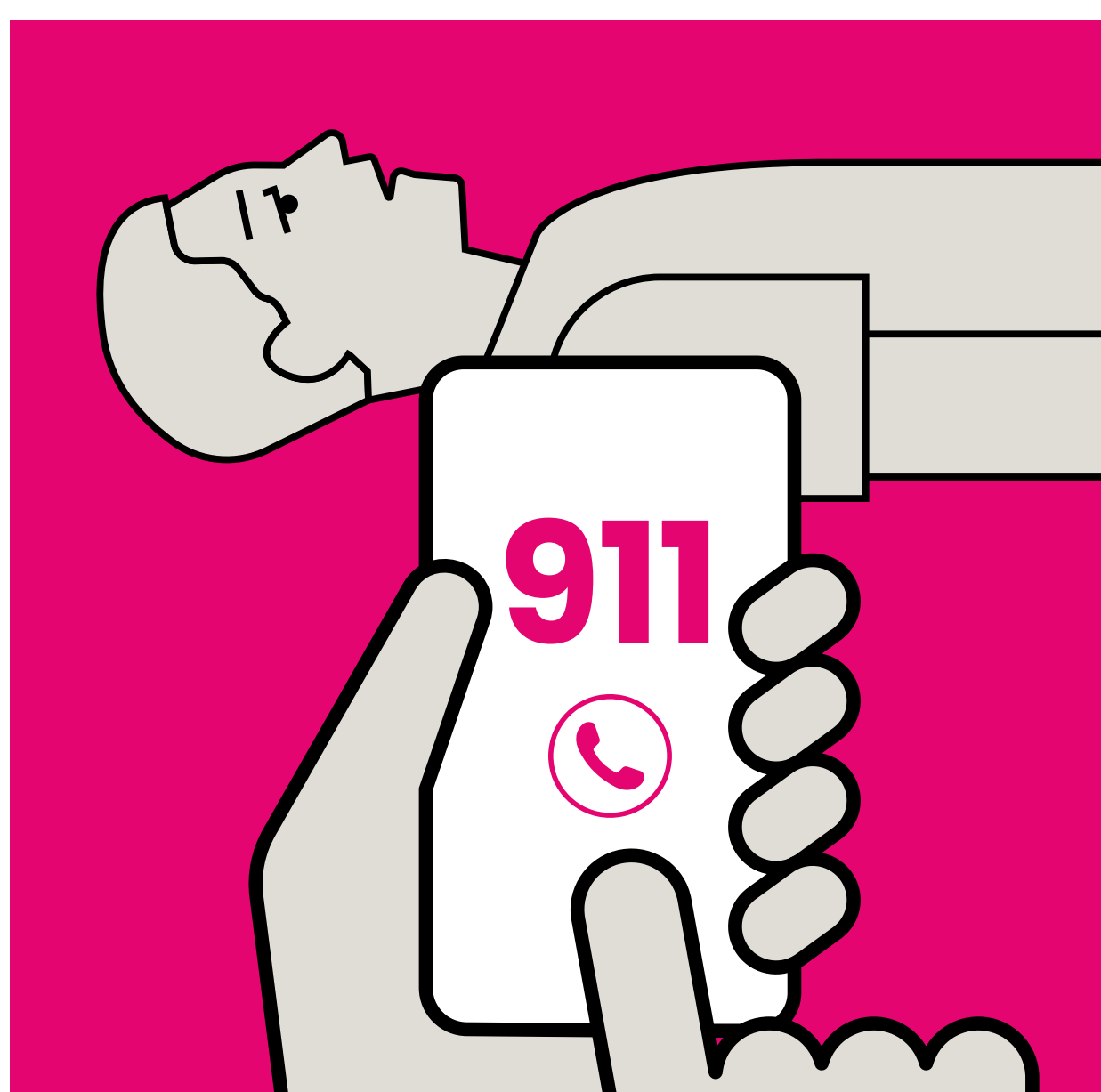
LAY

- **Check for slowed breathing or unresponsiveness.**
- Lay the person on their back and tilt the head up.



SPRAY

- **Insert device into either nostril** and press plunger firmly.



STAY

- **Call 911 immediately** and continue to administer doses as needed.

SCAN TO
LEARN MORE



FACTS ABOUT NARCAN®

NASAL SPRAY

Opioid emergencies can happen anytime, anywhere.

NARCAN® Nasal Spray is available for over-the-counter purchase at most retailers nationwide.

Easy to use. No swabs or injections needed.

WHEN TO USE

NARCAN® Nasal Spray is designed to rapidly reverse the effects of a life-threatening opioid emergency.

- ✱ Use to “revive” someone during an overdose from many prescription pain medications or street drugs such as heroin
- ✱ Safe to use even if opioids are not present

SIGNS & SYMPTOMS

- ✱ Will not wake up or respond to a loud voice or rubbing firmly on the middle of their chest
- ✱ Breathing is very slow, uneven, or has stopped
- ✱ Center part of eye is very small, sometimes called “pinpoint pupils”
- ✱ Fingernails and lips turning blue or purple

For opioid emergencies, call 911.

For questions on NARCAN® Nasal Spray, call 1-844-4NARCAN (1-844-462-7226) or go to **NARCAN.com**

HOW TO USE

Emergency Treatment of Opioid Overdose

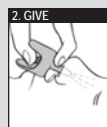
IMPORTANT:

- For use in the nose only
- Do not test nasal spray device before use
- 1 nasal spray device contains 1 dose of medicine
- Each device sprays 1 time only



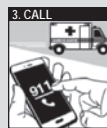
STEP 1: CHECK IF YOU SUSPECT AN OVERDOSE

- CHECK for a suspected overdose: the person will not wake up or is very sleepy or not breathing well.
- Yell “Wake up!”
- Shake the person gently.
- If the person is not awake, go to Step 2.



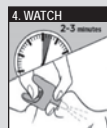
STEP 2: GIVE 1ST DOSE IN THE NOSE

- HOLD the nasal spray device with your thumb on the bottom of the plunger.
- INSERT the nozzle into either NOSTRIL.
- PRESS the plunger firmly to give the 1st dose.
- 1 nasal spray device contains 1 dose.



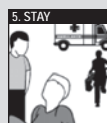
STEP 3: CALL

- CALL 911 immediately after giving the 1st dose.



STEP 4: WATCH & GIVE

- WAIT 2-3 minutes after the 1st dose to give the medicine time to work.
- If the person wakes up: go to Step 5.
- If the person does not wake up:
 - CONTINUE TO GIVE doses every 2-3 minutes until the person wakes up.
 - It is safe to keep giving doses.



STEP 5: STAY

- STAY until ambulance arrives: even if the person wakes up.
- GIVE another dose if the person becomes very sleepy again.
- You may need to give all the doses in the pack.

FAQS

For more information,
visit [NARCAN.com](https://www.narcant.com)



What are the possible side effects of NARCAN® Nasal Spray?

When using this product some people may experience symptoms when they wake up, such as shaking, sweating, nausea, or feeling angry. This is to be expected.

How should NARCAN® Nasal Spray be stored?

At room temperature or refrigerated: between 36°F to 77°F (2°C to 25°C). Do not freeze. Avoid excessive heat above 104°F (40°C). Protect from light.

Please adhere to the expiration date as printed on the package.

What are the benefits to NARCAN® Nasal Spray being available over the counter?

Broader access to a lifesaving medication, no prescription required. NARCAN® Nasal Spray, available over the counter, provides the same product in original prescription strength with the same ability to save a life.

How does NARCAN® Nasal Spray come packaged?

Individually in sealed blisters containing two single-dose nasal spray devices. *Do not use if the blister is open or torn, or if the device appears damaged.*

Who can purchase NARCAN® Nasal Spray?

Anyone can purchase NARCAN® Nasal Spray. No age limit, prescription, or ID required.

Most opioid emergencies happen at home and in front of a loved one, and around 91% of opioid related deaths were found to be accidental.

NARCAN® Nasal Spray gives everyone the ability to help save a life.



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POST POLIO TREATMENT IN INDIA

NEW DELHI — India is getting close to marking its third year without a new recorded polio case, setting the stage for the country to be officially declared polio-free in January. While much has been done to immunize infants against the disease, millions of people are living with polio, unable to live a normal life.

But one surgeon is working to change that.

At one of New Delhi's oldest hospitals, in the only designated polio ward in all of India, patients like Abida Khatoon have only one goal.

"I can stand and walk," Khatoon said. "I just need a little help, and soon I won't need that as well. Soon, I will be able to walk on my own."

It took two months of surgery and rehabilitation at St. Stephen's Hospital for Khatoon to achieve her life-long dream of being able to walk.

She and other young women in this eight-bed ward credit Dr. Mathew Varghese, an orthopaedic surgeon who has devoted his entire career to restoring mobility and dignity to those left crippled by the poliovirus that invades the brain and spinal cord, causing paralysis.

"All these girls have been crawling, except for this one, all the others have been crawling," Varghese said. "The other muscles are very weak. They have never had the opportunity to stand on their two feet. For the first time in their lives - like this girl is paralyzed at six months -- she has never been able to stand on her two feet."

As India gets closer to officially being declared polio-free, the effect of the massive immunization effort can be seen in the hospital, with Varghese now mostly treating people in their early twenties as opposed to young children some two decades ago.

In 1990, New Delhi alone saw 3,000 new polio cases. Now that number is zero. The trend is reflected here at this polio ward, where at its peak it saw 600 patients annually. Now that number is down to fewer than 200.

Rotary International has been on the frontline of India's polio eradication efforts and helps fund reconstructive surgeries at St. Stephen's. Former Rotary President Rajendra Saboo saw the need to give polio patients a second chance at a normal life during a trip to a village in the northern Indian state of Uttar Pradesh.

"Then another child came, also crawling," said Saboo. "And I said 'what is happening to these children?' They seem to have been struck by polio. And the villagers said, 'no, no, no, just forget them, they are dust.'"

But Rotary and Varghese did not forget them. Patients hear about the ward and travel to New Delhi from across India in hopes of correcting bent legs and feet. No one is turned away.

After weeks in the hospital, 19-year-old Abida Khatoon is getting ready to go home to her village in Uttar Pradesh.

"If I had only met Dr. Varghese earlier, I wouldn't have had as much hardship in life," she said. "My hands wouldn't be so calloused [from using them to get around]. Because of him, I am doing better," she said tearfully.

But Khartoon is not the only one brought to tears. When asked what this surgeon's dream is - the answer was simple.

"My dream," he asked, trying to choke back his own tears. "This ward should be empty. No polio."



1 in 8 male Rotarians will be affected by prostate cancer.

Of the 980,000 male Rotarians, 1 in 8 (or 122,500) will be affected by prostate cancer, but this only represents 8.75% of the number of new cases each year.

JEFF LEACH
Chairman of PROST

The Prostate Cancer Foundation of Australia (PCFA) was founded by the Rotary Club of Lane Cove in 1996 to raise funds for research and address the suffering caused by a dire lack of information and support for Australian men.

Since then the PCFA has become a broad-based community organisation and the peak national body for prostate cancer with representatives of Rotary on the governing Boards.

Because of Rotary enormous progress has been made to improve the length and the quality of life for men living with prostate cancer. But there is still much to do and Rotary's support is still needed:

Research – prostate cancer is the most common cancer in Australia, yet it has relatively low research funding. Every year more than 24,000 men will receive a prostate cancer diagnosis (66 every day) and every year 3,500 will die (10 every day). Since 2008, PCFA has funded more than \$50 million in Australian-based research, but for every grant they give at least two good projects are shelved because the overall pool of funding isn't great enough. And yet all of these projects offer viable pathways for obliterating Australia's leading cause of cancer and protecting the health of our population as we age.

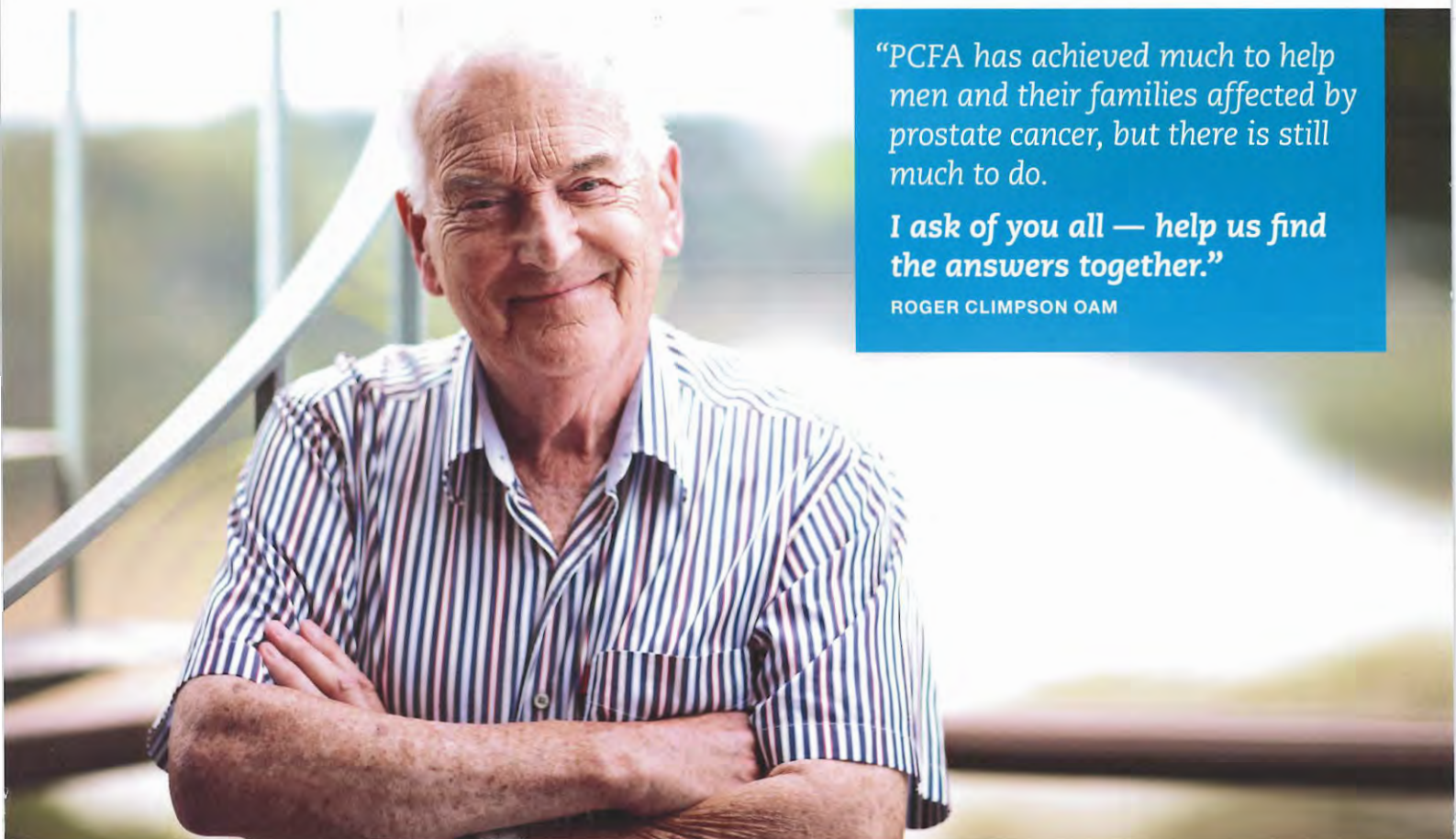
Awareness – understanding of the disease and the requirement for testing is still lacking in the broader community.

Support – funding is vital to offer continuity of care and to grown the PCFA specialist nursing program so thousands of men and their families can be supported at every point during their cancer journey.



Members of the HEWRAG board with Jeff Leach chatting about the Red Sock Project from RC Townsville Sunrise members

1 in 8 Male Rotarians will be affected by prostate cancer



"PCFA has achieved much to help men and their families affected by prostate cancer, but there is still much to do.

I ask of you all — help us find the answers together."

ROGER CLIMPSON OAM

Rotary & Prostate Cancer Foundation of Australia (PCFA) —

In 1996, television personality Roger Climpson OAM and fellow club members of the Rotary Club of Lane Cove founded the Prostate Cancer Research Foundation — now Prostate Cancer Foundation of Australia (PCFA).

Why — To raise funds for research and to address the suffering caused by a dire lack of information and support for tens of thousands of Australian men affected by the disease.

Since then — PCFA has become a broad-based community organisation and the peak national body for prostate cancer with representatives of Rotary joining PCFA National and State Boards.

Because of Rotary — Enormous progress has been made to improve the length and quality of life for men living with prostate cancer.

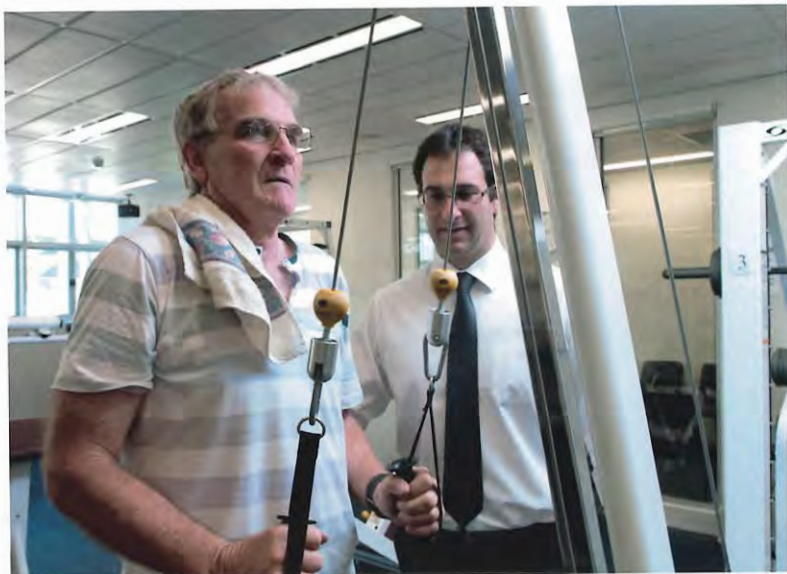
Why we need Rotary's support

Research — Prostate cancer kills more men than breast cancer kills women, yet it has relatively low research funding.

Awareness — Understanding of the disease is still lacking amongst the broader community. Your club can help us expand the number of PCFA Ambassador awareness talks across Australia.

Support — Funding is vital to offer continuity of care and grow our specialist nursing program so thousands of men and families can be supported at every point during their cancer journey.





THE IMPACT OF YOUR DONATIONS

PCFA's research program has supported some of the best young talent in the country. Their world first, cutting edge research has impacted not only on the quality of life of men in Australia but also internationally.

Prof Daniel Galvão one of our first young investigators, was funded by PCFA in 2007. Today, a full professor and director, he mentors numerous young researchers that are part of his team.

Having established the evidence that shows the benefit of exercise in the prevention and management of cancer treatment side-effects and survival, Prof Galvão is seeking to include exercise in the clinical management of prostate cancer.

How your Rotary club can help

Fundraising

- 01 **Donate to PCFA**
Call us on 1800 220 099 or visit pcfa.org.au
- 02 **Organise a fundraising event —**
How about a golf day, trivia night, luncheon or gala dinner?
Call or email your local PCFA contact for fundraising ideas and PCFA merchandise
- 03 **Host a Big Aussie Barbie in September during Prostate Cancer Awareness Month**
Sign-up at bigaussiebarbie.com.au or call us on 1800 220 099

Awareness

- 04 **Book one of our free Ambassador speakers to present at your next event or meeting**
Call or email your local PCFA contact for more information
- 05 **Order our free information brochure 'What you need to know about prostate cancer' and share with your fellow club members**
Call us on 1800 220 099 or visit pcfa.org.au



"We are proud of our Rotarian roots. Your club is an intrinsic part of the local community and we would be delighted if you joined us in our pursuit of a healthier, happier future for all Australian men."

JIM HUGHES AM

National Chairman, Prostate Cancer Foundation of Australia



YOUR LOCAL PCFA CONTACT:

NSW & ACT

Cassandra Birch
(02) 9438 7050
cassandra.birch@pcfa.org.au

VIC & TAS

John Strachan
(03) 9948 2080
john.strachan@pcfa.org.au

QLD

Megan Cairney
(07) 3166 2141
megan.cairney@pcfa.org.au

SA & NT

Karyn Foster
(08) 8231 6339
karyn.foster@pcfa.org.au

WA

Cate Harman
(08) 9381 7444
cate.harman@pcfa.org.au

Prostate cancer in Australia

- The most commonly diagnosed cancer in men
- 20,000 men are diagnosed with prostate cancer every year
- 3,300 will die because of it
- More men die of prostate cancer than women die of breast cancer

TOWARDS ELIMINATION OF CERVIX CANCER IN GUATEMALA

A cervix cancer screening Rotary global grant in partnership with the Guatemalan NGO Asociacion Companero Para Chirugia (ACPC) is having amazing results. Guatemala has one of the highest rates of cervix cancer in Latin America with 20/100,000 women contracting this disease yearly. Approximately one in every 50 women will contract it in their lifetime and with a limited health care system most will die of it. It is also probably much higher as many never reach the healthcare system to be documented. We have found this in a marginalized group of women living on the city dump where 24% needed treatment.

In January 2022 the global grant 2001428 was initiated to solidify prevention of cervix cancer in 5 states by screening 5000 women, educating 49 nurses in 5 states, equipping 7 Ministry of Health nursing stations with examining tables, medical lamps, and thermocoagulators, and equipping the NGO mobile team with thermocoagulators. We have recently expanded the project to buy a hand held culposcope that uses artificial intelligence to diagnose an abnormal VIA exam. This increases the accuracy from a 60% detection rate to 90%.

In only 18 months these targets have not only been achieved but greatly exceeded, reflecting the enthusiasm at all levels of the government, the community and the women themselves This gives us the hope that we can employ this model for the entire country . We have now screened 8,861 women, set up clinics in 6 states, educated and certified 65 healthcare staff and have 5 months to go.

There are a number of factors that have contributed to the success of this project.

First the partnership, 5 rotary clubs and districts - Calgary the international host ,Heritage Park, Port Moody, Canada, Woodlands California USA and Rotario La Reforma , Guatemala- the host club with support from Rotary International and the most amazing NGO ACPC.

This NGO has been running mobile screening clinics with VIA for several years. The grant has enhanced their efforts providing funding for training camps providing them with supplies, equipment, and especially 9 thermocoagulators. The heating probe used to destroy the cancerous tissue is powered by a lap top sized instrument as compared to the 200 pound tanks of compressed CO2 required for cryo ablation. This allows them to be much more efficient in reaching remote communities. It also equips the rural nursing stations with the thermocoagulators so they could see and treat in real time a patient with an abnormal VIA. Without the ability to immediately treat a patient, largely removes the incentive for the nurse to screen.

Many of the patients come in from remote mountain towns for emergency care and the opportunity to attend a mobile clinic is not practical. As well this NGO has hired and trained local health promoters that have graduated from high school. They educate the

local women how to prevent cervix cancer as well as menstrual hygiene. To date 2506 women have attended these sessions. Without this strategy, reaching the women who largely speak only one of 24 Mayan dialects would not be possible.

Our project will finish in January 2024 likely with an estimated 10,000 women screened. It is sustainable as a result of the education provided for the rural families, the training and certifying the healthcare team and providing relatively inexpensive equipment in each nursing station allowing a “see and treat” model of prevention.

The results have been so encouraging that we are planning a phase 2 Global Grant. This will expand the program to 11 states. It will screen 25,000 women, educate 150 more healthcare persons, educate 10,000 women and girls on sexual health and vaccinate thousands of girls. It will routinely include mobile colposcope assessment on travelling missions and utilize HPV testing for remote and difficult to reach women. Hopefully this will be ready for June 2024.



The Rotary way forward in supporting India's program for elimination of TB by 2025

Call to Action by PM Narendra Modi".

India has the highest burden of incident tuberculosis (TB) cases and deaths globally & declared TB capital of the world. Home to one in four people with TB worldwide, it is extremely important for India to accelerate & dovetail its effort for TB Elimination program.

Rotary in India has entered into a formal partnership/agreement with the Ministry of Health & Family Welfare & International TB Union to supplement the efforts of the Government to achieve the target of elimination of TB by 2025. With a well-structured body developed for the Polio eradication program by Rotary, same can be utilized to enhance the TB Elimination program.

The following activities can be undertaken with local health authorities by Rotary clubs.

1. Provide nutritional support to the TB patients from the underserved community for 6-9 months.
2. Organize awareness rallies & celebrate the "World TB Day" on 24th March and International Lung day on 25th September.
3. Help promote Diversity (Gender sensitization), Equity (same for all income groups) & inclusion (De stigmatization) in treatment of TB patients.
4. Create awareness among school children & college students about the signs and symptoms about the disease.
5. Distribute leaflets in the community which illustrate signs and symptoms about the onset of TB and the proper coughing/spitting etiquette.
6. Mobile diagnostic units to be used for conducting health screening and TB detection camps in industrial units, for far flung rural communities etc.
7. Set up TB Hut to provide comprehensive services for TB patients (Test, treat, prevent, build) all under one roof.

Lets together sign up and pledge support to the Ministry of Health & Family Welfare to make their village, district, state, and country TB FREE and create hope in the world with Rotary.

Rtn. Dr. Rita Kalra

Townsville Central Rotary Club in Queensland, Australia, champions insulin pumps for children



When Townsville Central Rotarian Enzo Craperi's daughter Nicole was four years old, she was diagnosed with Type 1 diabetes.

Type 1 diabetes, once known as 'juvenile diabetes', is a condition where the pancreas makes little or no insulin, the hormone that allows sugar (glucose) to enter the body's cells to produce energy.

"I vividly remember the trauma Nicole went through and that my wife, Kathy, and I went through having to prick her finger between six and eight times a day to check her blood sugar levels," Enzo said.

Fast forward three decades and Enzo and the Rotary Club of Townsville Central are spearheading a campaign to raise funds for insulin pumps (IP), the current gold-standard care for paediatric Type 1 diabetes.

"A diabetes diagnosis has lifelong health implications and learning how to manage it at a young age is so important, which is why the insulin pump is so valuable for children," Enzo said. "It just lets them be kids again." One of the recipients of the first pumps was Townsville primary schooler McKayla Bliesner.



McKayla with her mum, Renee Bliesner

McKayla's mum, Renee, said that before the donation of the pump the family's life had been 'turned upside down' trying to manage McKayla's diabetes.

"It was a heartbreaking and challenging time for us and, especially, for McKayla," Renee said.

"She'd just turned five, had been diagnosed with a lifelong condition and was starting school.

"It became a real family effort to manage her diagnosis with my partner, McKayla's grandparents, and me all on a roster to visit the school to give her insulin at every meal break.

"I just want to thank Rotary for making this possible for us, it has been so heart-warming and comforting to know that there are people in our community looking out for children diagnosed with diabetes."

The IP delivers continuous and customised doses of rapid-acting insulin 24 hours a day eliminating the need for regular finger-prick tests.

Townsville University Hospital paediatric endocrinologist Dr Jason Yates said 'pump therapy' improved outcomes for children with diabetes and their families.

"Pump therapy can be quite difficult for families to access, largely due to the cost of the technology," he said.

"Being able to take cost out of the equation and improve access to this life-changing technology is so important.

"The pumps can make a huge difference and lead to much better health outcomes and less complications in the long term.

"That's why Rotary's efforts to fundraise and purchase these insulin pumps have been so invaluable for families staring down a diabetes diagnosis," Dr Yates said.

President Brendan Porter said the club's fundraising efforts, a successful RAWCS grant and support from Port of Townsville Rotary, Ross River Rotary, Inner Wheel and the Townsville Hospital Past Nurses Association had enabled the club to buy 14 IPs for local children.



Striking a deal with manufacturer Medtronic, the club can buy the pumps for around \$7,000, a discount of 15 per cent.

Clubs interested in supporting the IP project can contact Brendan at brendan.porter@rotary9560.org.

A great initiative from Rotarians of action and passion!

Enzo, we're sure Nicole is super proud of you!

SCHOOL HEALTH FAIRS

Organizing a school health fair is a great way to educate students of all ages about important health topics.

Here is some relevant information that can be covered in a school health fair:

1. Dental Health & Nutrition: Provide information on proper dental care, including brushing and flossing techniques, and the importance of a balanced diet for good oral health.
2. Eye Testing: Arrange for eye screenings or provide information on the importance of regular eye exams and tips for maintaining good eye health.
3. Virus's & Bacteria: Educate students about common viruses and bacteria, how they spread, and preventive measures such as vaccinations and proper hygiene practices.
4. Vaccinations: Highlight the importance of vaccinations for various diseases, such as measles, polio, hepatitis, and provide information on vaccination schedules.
5. HIV & Malaria: Raise awareness about HIV/AIDS and malaria, including transmission, prevention, and available treatment options.
6. Water, Sewerage, Vermin, Refuse: Discuss the importance of clean water and sanitation, proper waste disposal, and the prevention of vermin infestations to maintain a healthy environment.
7. Healthy Relationships: Promote healthy relationships by providing information on communication skills, consent, respect, and recognizing signs of unhealthy relationships.
8. Antibiotic Use & Abuse: Educate students about the appropriate use of antibiotics, the consequences of antibiotic resistance, and the importance of completing prescribed courses of medication.
9. Smoking, Drug Addiction & Alcohol Abuse: Raise awareness about the dangers of smoking, drug addiction, and alcohol abuse, and provide information on the resources available for prevention and treatment.

10. Healthy Exercise, CPR, First Aid, Lifesaving: Encourage regular physical activity, teach basic first aid skills, and provide information on life-saving techniques such as cardiopulmonary resuscitation (CPR).
11. TB, HIV & AIDS: Educate students about tuberculosis (TB) and the prevention and treatment of HIV and AIDS.

By covering these topics, you can provide relevant information for all age groups and empower students to make healthier choices in their lives. Remember, it's important to tailor the information to suit the age and developmental level of the students.

To find more information and tips on organizing a health fair in your local school, you can visit the website www.hewrag.com or contact the chairperson directly at hewrag@gmail.com or josie@beachroad.co.za.



What are children dying from and what can we do about it?

15,000 children under five years old die every day. To reduce this figure we need to understand what children are dying from, and what interventions are available to stop this.

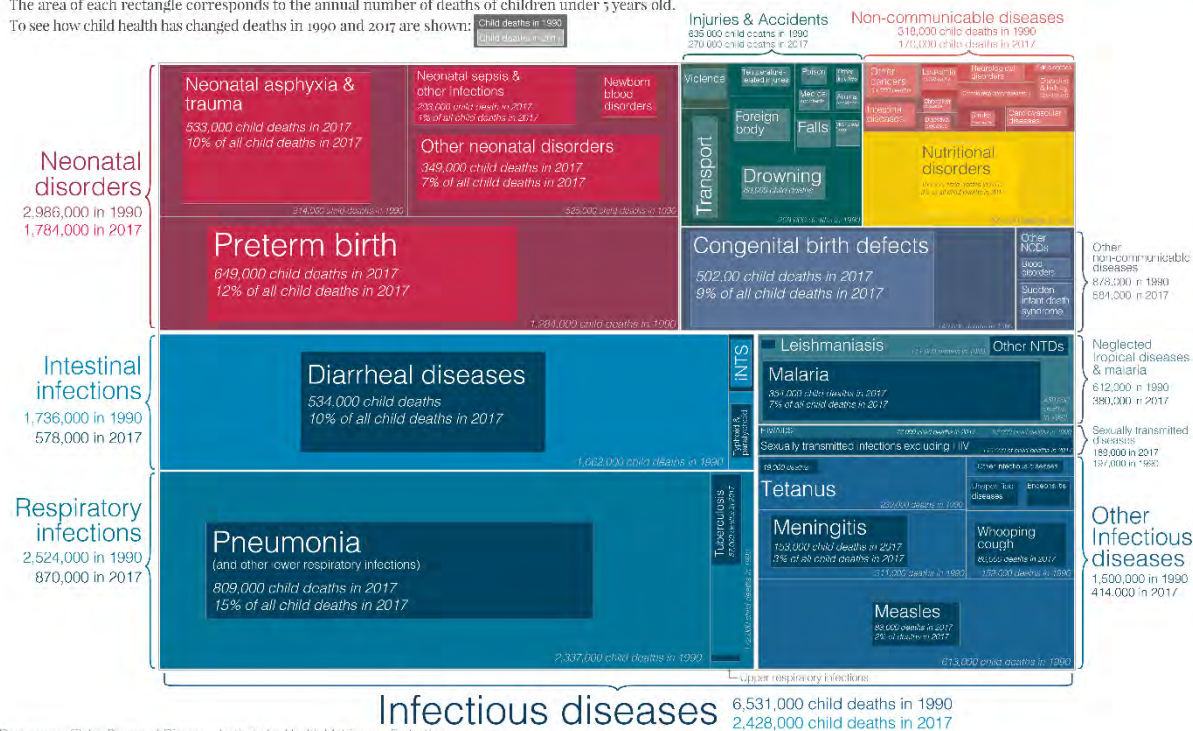
Here we look at the number of children dying by each cause – from pneumonia to diarrheal diseases, malaria and malnutrition. We also present the range of interventions that are available to prevent children from dying.

What do children die from? And how have the causes of child death changed since 1990?

Our World
in Data

The area of each rectangle corresponds to the annual number of deaths of children under 5 years old.

To see how child health has changed deaths in 1990 and 2017 are shown:



Data source: Global Burden of Disease – Institute for Health Metrics and Evaluation, OurWorldinData.org – Research and data to make progress against the world's largest problems. Licensed under CC BY by the author Bernadeta Dadonaite.

In the chart presented here we see the major causes of death of children under 5 in 2017 compared to 1990. This type of chart is called a tree map, where the area of each box represents the total number of child deaths for each specific cause. The total coloured area represents the total number of child deaths in 1990: 11.8 million children died back then, according to the Institute for Health Metrics and Evaluation.

As the tree map shows, the boxes representing the numbers for child deaths in 2017 are almost always smaller – reflecting the fact that deaths from almost all causes have fallen significantly.

There are two major exceptions: the number of deaths from AIDS and the deaths caused by invasive non-typhoidal salmonella (iNTS) has increased. Although those numbers were higher in 2017 than 1990, the deaths from both causes have been decreasing since their peak in 2005.



While the total number of child deaths has more than halved from 11.8 million in 1990 to 5.4 million in 2017, the major causes of child deaths have largely remained the same.

15% of all child deaths in 2017 – Pneumonia and other lower respiratory diseases

Almost every seventh child who died in 2017 died of a lower respiratory infection (LRI), which has remained the leading cause of mortality over the past three decades. Pneumonia is the leading LRI. It is caused primarily by bacterial infection.

12% of deaths – Preterm births and neonatal disorders

When we talk about child mortality we usually refer to mortality of children under the age of 5. But of all children who die, most do not come close to their fifth birthday: the younger a child is, the higher the risk of mortality. Three times as many children die in the first year of their lives than in the next four years. And the majority of children who die in their first year die in the neonatal period, the first 27 days after birth. Premature birth (being born before the 37th week of gestation) is one of the major determinants of neonatal mortality and therefore complications arising from preterm birth are usually grouped with the neonatal disorders, as we did in our chart.

Children born prematurely are at high risk of having birth injuries, underdeveloped organs, and contracting infectious diseases.

10% of deaths – Diarrheal diseases

Every tenth child that died in 2017 died because of some diarrheal disease – rotavirus infection, cholera, shigellosis and other infectious diseases that result in diarrhoea. The World Health Organisation (WHO) says that diarrheal diseases are *“both treatable and preventable”*

The fact that diarrheal diseases are the third leading cause of child mortality is simply inexcusable. An increased coverage of oral rehydration therapy – an incredibly simple treatment for diarrhea – could help to prevent many of these deaths.

9% of deaths – Congenital defects

While classed separately from neonatal disorders, congenital birth defects are significant contributors to infant mortality as well. Congenital defects are defined as physical or genetic abnormalities present at birth and include neural tube defects, heart defects, Down syndrome, microcephaly and others.

45% of deaths – Infectious diseases

Infectious diseases have always been one of the major causes of child deaths, but the success of vaccination campaigns and antibiotic availability has done a great deal to reduce mortality from infectious diseases. Measles vaccination is a perfect example: the number of measles cases has shrunk by 86% since 1990. The WHO has estimated that between 2000 and 2017 measles vaccination has prevented 21.1 million deaths across Africa.

Today we also have vaccines available for tuberculosis, meningitis, hepatitis, and whooping cough. The best way to protect children against malaria today is to provide insecticide treated bednets, but a new malaria vaccine implementation program is also underway.



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The goal of the Health Education and Wellness Rotary Action Group is to promote good health and wellness through healthy lifestyle choices and disease prevention.

The emphasis is on building awareness, promoting education, and providing information to help achieve and maintain good health and to utilize effective prevention in an integrated way.

Rotary members are encouraged to promote the action group in their districts and especially in their clubs.

The Health Education and Wellness Rotary Action Group operates in accordance with Rotary International policy but is not an agency of or controlled by Rotary International

