

Previous Pandemics

Bubonic Plague (Black Death)



Bubonic Plague in the 14th century was the most devastating pandemic recorded in human history. It is also commonly known as the Black Death or the Pestilence. It led to the death of an estimated 75-200 million people in Europe and Asia. It peaked in Europe from 1347 to 1351.

The bacterium *Yersinia pestis*, which results in several forms of plague (septicemic, pneumonic and, the most common, bubonic), is believed to have been the cause. It is an extraordinarily virulent, rod-shaped bacterium. It disables the immune system by injecting toxins into defence cells, such as macrophages, that detect bacterial infections. Once these cells are knocked out, the bacteria can multiply unhindered.

Bubonic plague, the disease's most common form, refers to tell-tale buboes – painfully swollen lymph nodes – that appear around the groin, armpit, or neck. The skin sores become black, leading to its nickname as 'Black Death'. Initial symptoms of this early stage include vomiting, nausea, and fever.

Pneumonic plague, the most infectious type, is an advanced stage that moves into the lungs. During this stage, the disease is passed directly, person to person, through airborne particles coughed from an infected person's lungs.

If untreated, bubonic and pneumonic plague can progress to septicemic plague, infecting the

bloodstream. If left untreated, pneumonic and septicemic plague kills almost 100 percent of those it infects.

Three well-known pandemics occurred before the cause of plague was discovered. The first crisis was the Plague of Justinian, which began in 542 AD. Named after the Byzantine emperor Justinian I, this pandemic killed up to 10 000 people a day in Constantinople (modern-day Istanbul in Turkey), according to ancient historians. It is estimated that half of Europe's population (almost 100 million people) was wiped out before the plague subsided in the 700s.

The most serious plague outbreak was the so-called Black Death, a multi-century pandemic that swept through Asia and Europe.

It was believed to have originated in China in 1334, spreading along trade routes and reaching Europe via Sicilian ports in the late 1340s. It was most likely carried by fleas living on black rats that travelled throughout the Mediterranean Basin on ships.

This plague killed an estimated 25 million people, almost a third of Europe's population. The Black Death lingered on for centuries, particularly in cities. Outbreaks included the Great Plague of London (1665-66), in which 70 000 residents died.

The cause of plague wasn't discovered until the most recent global outbreak, which started in China in 1860 and didn't officially end until 1959. This pandemic caused about 10 million deaths. Plague was brought to North America by ships in the early 1900s.

The high rate of fatality during these pandemics meant that the dead were often buried in quickly-dug mass graves. From the teeth of

some of these victims, scientists discovered that the strain from the Justinian Plague was related to, but distinct from, other strains of the plague.

The plague created a number of religious, social and economic upheavals, and had a profound effect on the course of European history. It is estimated to have killed 30-60 per cent of Europe's population. In total, the plague may have reduced the world population from an estimated 475 million to 350-375 million in the 14th century. It took 200 years for Europe's

population to recover to its previous level, and some regions (such as Florence) only recovered by the 19th century.

The plague still exists today, and can be fatal in spite of effective antibiotics. While it is extremely rare, there are an average of seven cases of plague reported each year. Outbreaks of the plague recurred until the early 20th century.

It is hard to assess the death rate of plague in developing countries, as relatively few cases are diagnosed and reported to health authorities.

SARS (Severe Acute Respiratory Syndrome)

Coronaviruses are a family of viruses that range from the common cold to Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Corona viruses circulate in animals and some can transmit from animals to humans.

SARS coronavirus (SARS-CoV) was identified in 2003. It is thought to be an animal virus – probably from bats – that spread to other animals (civets) and first infected humans in the Guangdong province of southern China in 2002.

Within months, SARS had spread to 26 countries in Europe, and to North and South America, and Asia.

By the time the global SARS outbreak was contained, the virus had spread to over 8000 people worldwide and killed almost 800. Since then, a small number of cases have occurred as a result of laboratory accidents or, possibly, through animal-to-human transmission in China.

Symptoms are influenza-like, and include fever, malaise, myalgia, headache, diarrhoea, and shivering (rigors). No individual symptom or cluster of symptoms has proven to be specific for a diagnosis of SARS. Fever is the most frequently reported symptom. It is sometimes ab-

sent on initial measurement, especially in elderly and immune-suppressed patients.

Cough (initially dry), shortness of breath, and diarrhoea are present in the first and/or second week of illness. Severe cases often evolve rapidly, progressing to respiratory distress and requiring intensive care.

Transmission of SARS-CoV is primarily from person to person. It appears to have occurred mainly during the second week of illness, which corresponds to the peak of virus excretion in respiratory secretions and stool, and when cases with severe disease start to deteriorate clinically.

Most cases of human-to-human transmission occurred in the health-care setting, in the absence of adequate infection control precautions. Implementation of appropriate infection control practices brought the global outbreak to an end

Currently, no areas of the world are reporting transmission of SARS. Since the end of the global epidemic in July 2003, SARS has re-appeared four times – three times from laboratory accidents in Singapore and Taipei, and once in southern China, where the source of infection remains undetermined though there is some evidence of animal-to-human transmission.



Meeting cancelled

In view of the rapid spread of the COVID-19 coronavirus, the LNAA executive decided to cancel the March and possibly the May meeting. A decision about the May meeting will be held closer to the scheduled date of the meeting.

This issue of *IN TOUCH* is being published a month early in enlarged format. Where email addresses are known, it is being distributed electronically. Hard copies are being printed in slightly varied format.

From the President

This year started with so much excitement and promise, with the World Health Organisation (WHO) announcing the International Year of the Nurse and Midwife, to focus on the amazing work done by this dedicated cohort, in the year celebrating the 200th anniversary of the birth of Florence Nightingale. It's difficult to believe that in a few short weeks the same organisation would be announcing a worldwide pandemic, thus thrusting nurses and health-care workers into uncharted waters, testing the resilience, skills and bravery of all our members.

We've been supported by our Federal and State governments. The SA government released the following initiatives to support current working nurses as this pandemic escalates.

- The rapid upskilling of existing nurses into areas of focus, like the course being offered to SA Health staff on the ventilated patient, to provide relief and replacement for our ICU nurses.
- The fast tracking of recruitment.
- Supporting student nurses to assist, within limited scope of practice, with the influx of COVID-19 patients.
- Investigating the ability of part-time nurses and casuals to increase their hours as indicated.
- Developing innovative models of care, that are dynamic and flexible, and can be adapted as needs and situations change.

The Department of Health has created a free on-line 30-minute training tool, COVID-19 infection control. If you haven't already completed this training, I urge you to get online and do so. It's not just CPD points; it will assist you to keep yourself and those you love safe. It can be found as a link on our *Facebook* page, or at health.gov.au/resources/apps-and-tools/covid-19-infection-control-training. AUSMED is also offering this course free. It's a great beginning, keeping in mind that things are changing on a daily basis and it's important to keep abreast of this and work to your workplace guidelines and procedures.

We've also been supported by our community by the creation of dedicated health-care worker

shopping times.

McDonalds and Hungry Jacks are offering health-care workers free coffee or drink, without the need to make a purchase. A *Facebook* page – Adopt a health care worker – has been created. All this creates an environment of acknowledgement and community, whilst maintaining our physical distancing.

The other day I got a free coffee on the way to work. When I got to work, one of the cleaners I speak to every day said she'd seen me on the Adopt a health-care worker page and wanted to adopt me. Wow! We've ended up adopting each other. Each day we check in and make sure we're OK. Both of us have families with challenges, and may not be able to provide a lot, but if she needs something I can supply (such as toilet paper or soap), I'm there. Even just her beautiful, encouraging and knowing smile in the morning is enough to start the challenges of the day with hope.

These are challenging and confronting times. But stay strong in the knowledge that God has a plan.

'For I know the plans I have for you', says the LORD. 'They are plans for good and not disaster, to give you a future and a hope.' Jeremiah 29:11

Our March meeting, like so many other events, was cancelled. It was a difficult decision at the time, taken by a forward thinking and compassionate committee. It has since been validated by government directions restricting the meeting of people. LNAA will remain a presence of support and information (and a little giggle) on our *Facebook* page:

@lutherannursesassociationaustralia

It is an interactive site, encouraging conversation and community. And while our meetings will not be going ahead for the short term, we will get through this pandemic, and come together in prayer. As soon as we can hold a meeting, I will update you on the date and topic. The celebration will be epic!!

Stay safe! Stay at home! Wash your hands! Know that God is with you!

Megan Materne



Angel of the Crimea

Next month, on 12 May, the world will observe the 200th anniversary of the birth of Florence Nightingale, who is broadly recognised as the pioneer of modern nursing. In recognition of this, the World Health Organisation has designated 2020 as the ‘Year of the Nurse and Midwife’. The date is observed each year as International Nurses Day, to mark the contribution nurses make to society.

Florence was born in the town in Italy from which she was given her name, the daughter of a wealthy English landowner.

She was raised on the family estate at Lea Hurst, in England. Florence was a clever, but retiring girl, who was well educated. Her father provided her with a classical education that included studies in German, French, and Italian, as well as Latin, classical Greek, Shakespearian literature, mathematics and philosophy.

From an early age, she showed an interest in and an aptitude for caring for the sick. She was deeply spiritual, and wrote about receiving a ‘calling’ from God as a teenager that inspired her decision to pursue nursing. At the time, her parents were horrified, as nursing was associated with low social status, alcoholism, and even prostitution.

In 1846, Florence visited Kaiserwerth in Germany, where Lutheran Pastor Theodor Fliedner had established a training course for deaconess-

nurses – the forerunners of today’s Pastoral Care Nurses. She regarded the experience as a turning point in her life, and she later returned there for nursing studies. The mother house there became her spiritual home, and today one of Düsseldorf’s hospitals is named after her.

She began nursing training in 1850, and three years later, became the superintendent of a London-based Institution for ‘Sick Gentlewomen in Distressed Circumstances’.

Nightingale came to prominence while serving as a manager and trainer of nurses during the Crimean War. In 1854, news reports began carrying alarming headlines of the deplorable and dangerous conditions in British field hospitals near Istanbul (then Constantinople). In 1854, her friendship with the UK War Secretary, Sidney Herbert, led to her getting permission to take 38 volunteers to the Crimea to treat wounded soldiers.

They were shocked by what they found: severe

overcrowding, poor food supplies, shoddy management and filthy quarters that were a breeding ground for infectious diseases such as cholera, typhoid, and dysentery. Nightingale called it the 'Kingdom of Hell'. Male British officials initially refused to allow the women to work in the hospital, only relenting when a new wave of battle casualties flooded the ward.

Nightingale and her nurses went to work, thoroughly scrubbing the facilities, insisting on regular bathing of patients and frequently changed, fresh linens from a newly established laundry. She solicited donations from Britain to buy desperately

needed bandages and soap, and criticised the poor ventilation and sewage system. She brought as much fresh air into the facility as possible, something that would influence the building of future hospitals around the world. Within six months of her changes, the hospital's mortality rate had dropped from its high of 42.7 per cent to two per cent.

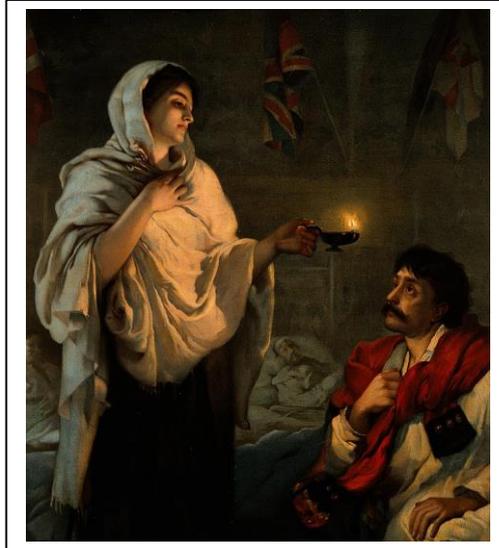
Nightingale also introduced new approaches to the emotional and psychological side of patient care, with her nurses helping soldiers write letters home. She used to walk around the ward at night with a lantern to check on her charges, leading to her becoming widely known as 'The Lady with the Lamp'. It was this that gave nursing a favourable reputation.

Upon her return home from the Crimean War, Nightingale quickly put her fame to use. At the behest of Queen Victoria and Prince Albert, she wrote an extensive study, using her records to highlight the deadly toll of poor hygiene and sanitary conditions in British Army hospitals and military camps. This led to a massive reorganisation of the British War Office.

Using donations and a large gift from the Government for her service in Crimea, Nightingale established the Nightingale Training School for Nurses, at London's St Thomas' Hospital, in 1860, followed two years later by a

school for midwives. Women flocked to the schools, as previous notions of nursing as a lowly occupation faded away. Each nurse received one year of training and course-work followed by a two-year stint in hospital wards. Many of the graduates took her maxim of hygiene and care to medical facilities around the world.

Despite increasing ill health from diseases she had contracted during the war which left her bed-ridden, Nightingale wrote extensively. Two of her works – *Notes on Hospitals* and *Notes on Nursing: What it Is and What it is Not* – laid out her theories



for future generations of health-care professionals. They include practical advice on key topics, including the need for fresh air and ventilation, dietary rules, how to compassionately (but honestly) care for the desperately ill, and good sanitation and hygiene, including the dictum: 'Every nurse ought to be careful to wash her hands very frequently during the day'.

Much of Nightingale's writing was concerned with medical knowledge. Some of her tracts were written in simple English so they could be understood by those with poor literary skills. She was also a pioneer in data visualisation, effectively using graphics to present statistical data. Much of her writing, including her extensive work on religion, was only published posthumously.

Nightingale's accomplishments soon went beyond the hospitals, to Britain's overcrowded slums and filthy workhouses, where the sick poor (including children), the mentally ill and those with incurable illnesses were housed together. She worked with social reformers and urban planners on pioneering studies that shed light on the crushing medical, emotional and financial burdens of Britain's poor.

She advised philanthropist William Rathbone on the development of a new district nursing model, that saw trained nurses sent out to >>



Beatitudes for nurses

- Blessed are nurses who treat others with dignity and respect, seeing them as the image of God. They humbly learn from others – even the lowly – and willingly teach others. They will grow in understanding and knowledge. (Philippians 2:3)
- Blessed are nurses who do not mourn the lack of time, but make the most of time with their patients. Their gentle words comfort those who suffer. They, too, shall be comforted. (Ephesians 5:15, 16)
- Blessed are nurses who consider new ideas for better patient care. As they advocate for their patients, they shall obtain mercy. (Isaiah 43:19)
- Blessed are nurses who consistently strive for excellence, despite the challenges they face. They will be satisfied with their profession. (Philippians 4:8, 9)
- Blessed are those who support and forgive one another, helping one another to learn from mistakes. They, too, will be forgiven. (Matthew 6:14)
- Blessed are nurses who maintain personal integrity, resisting temptation to take short cuts that would endanger patients. As they seek consistency in all they do, they shall receive the respect and trust of their patients and colleagues. (1 Peter 3:8-12)
- Blessed are nurses who help one another and work as a team. They resolve conflicts quickly and fairly. They value each other's contributions to the team. They shall be called servants of God. (Matthew 25:40)
- Blessed are you when you take courage, persisting in quality care even when you are misunderstood or under-valued by others. Rejoice and be glad, for great is your reward in heaven. (Matthew 5:11)

Contributed

Angel of the Crimea

serve people in both hospitals and private homes. Her work and writings on public health played a key role in the passage of legislation that put health-care decisions in the hands of local officials, rather than a centralised bureaucracy.

Florence Nightingale continued her advocacy work until her death at her home in London on 13 August, 1910, at the age of 90. Her influence on the medical world is still felt today.

To this day, she is broadly acknowledged and revered as the pioneer of modern nursing.

The Florence Nightingale Museum on the site in London of the original Nightingale Training School for Nurses, houses more than 2000 artifacts commemorating the life and career of the 'Angel of the Crimea'.



Under **S-T-R-E-S-S**

Nursing can be a high-stress profession at the best of times. The current coronavirus pandemic is creating exceptional stress for many people, including nurses.

The following is adapted from an article that was written some time ago by Dr Wesley Sime, of the Department of Occupational Stress Management at the University of Nebraska, USA.

- Take care of yourself ... like you take care of a new car! 
- Look at the bright side of life! After a storm in life, notice the rainbow in the sky! 
- Don't buy a cow to get a glass of milk! Don't make big deals out of everything! Simplify life! Take on a little bit at a time! 
- Retire from the Supreme Court! Get out of the world affairs judgment business!
- Avoid leaping contests with kangaroos! Don't compete with everybody doing everything! Refuse to compare yourself to others! Set your own standards! 
- Don't tie tin cans to dogs' tails! Respect the feelings of others! Be nice to everyone, whenever possible! 
- Look at crises realistically! They may occur to prompt you to a change for something better.
- When crises do occur, take a big, deep breath and blow out every bit of unnecessary tension! Then remember ... it's only money! 
- Remember you are not alone! Allow your family and friends, and your pastor, to be your support network! Talk to them when things hurt! 
- Plan for your next crisis! Some stressors keep coming back repeatedly. So next time anticipate the crisis and manage it calmly! 
- Remember the Serenity Prayer: 'God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference'. 

Newsbrief

Last month, the LCA Parish Nurse Trust Fund topped \$10 000. The fund is largely built up by memorial donations, which are acknowledged in *IN TOUCH*. Donors send a sympathy card to the bereaved family, with a memorial slip inserted. The memorial gift is forwarded to the LCA Pastoral Care Nursing Ministry Manager, with details of the person being memorialised. Each year, half the interest income is transferred to the LCA Parish Nurse Education Fund. For a memorial slip, contact: robert.wiebusch@lca.org.au

This year's Lutheran Parish Nurses International study tour to Alice Springs, scheduled for July, has been cancelled. Next year's tour to Washington DC and Williamsburg, USA, is scheduled for 15-21 September 2021. Registration information will be available shortly. The 2022 tour is scheduled for Madang in Papua New Guinea, but the possibility of combining this with a tour to Alice Springs is being explored.

The current coronavirus pandemic has highlighted the important role Pastoral Care Nurses can play, especially in the face of crises. Many here in Australia as well as overseas are keeping in constant phone contact with vulnerable older people in their congregation and community. Some are organising making face masks. An *Introduction to Pastoral Care Nursing* course is available by Distance Education. For more information or a registration form, contact: robert.wiebusch@la.org.au

**† LCA PARISH NURSE TRUST
FUND MEMORIALS**

**Rev Neil Alfred Hampel
22/07/1935-01/03/2020**

**Rev Paul Eugene Albers Died 19-
03-2020**

Program



Venue for regular meetings: LCA/SA District Office, 137 Archer Street, North Adelaide

Meetings for the remainder of 2020 are subject to confirmation

25 May 7.30pm **Don't rush to crush** – Ela Platos

27 Jul 7.30pm **Forum: Hate the sin, love the sinner**

28 Sep 7.30pm **Eye bank: giving the gift of sight**

30 Nov 7.30pm **The role of a cancer nurse**

LNAA Facebook page: @lutherannursesassociationaustralia.

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IN TOUCH

IN TOUCH is published six times a year. News items, letters, articles, jokes, and suggestions for topics, are welcome. **Editor:** Robert Wiebusch, Unit 200, 1215 Grand Junction Rd, Hope Valley, SA 5090

☎ 08 8336 3936. Email: robert.wiebusch@lca.org.au. Deadline for next issue: **15 May 2020**.

Membership renewal for the 2019-20 financial year are now overdue

Membership renewal for the 2019-20 financial year is now due. Kindly return the form below, together with your cheque, to the LNAA Treasurer, Mrs Vicki Minge. Funds can be transferred electronically, using the following information: BSB: **704942** Account number: **155449** Account name: **Lutheran Nurses Association of Australia**. If you transfer funds electronically, please advise the Treasurer. Your name or postcode may be given as a reference. This should be included when notifying the treasurer.

LNAA MEMBERSHIP RENEWAL FORM 2019–2020

NAME: _____ **DATE:** _____

ADDRESS: _____

EMAIL ADDRESS; _____

TELEPHONE: () _____ **NURSING STATUS:** _____

My membership fee of \$25.

I arranged electronic transfer of my membership fee of \$25 on: _____

Reference: _____

In future, please send me electronic copies of *IN TOUCH*

SIGNATURE: _____

LNAA TREASURER: Vicki Minge, 16 Douglas St, Lockleys, SA 5032 pvminge@hotmail.com