

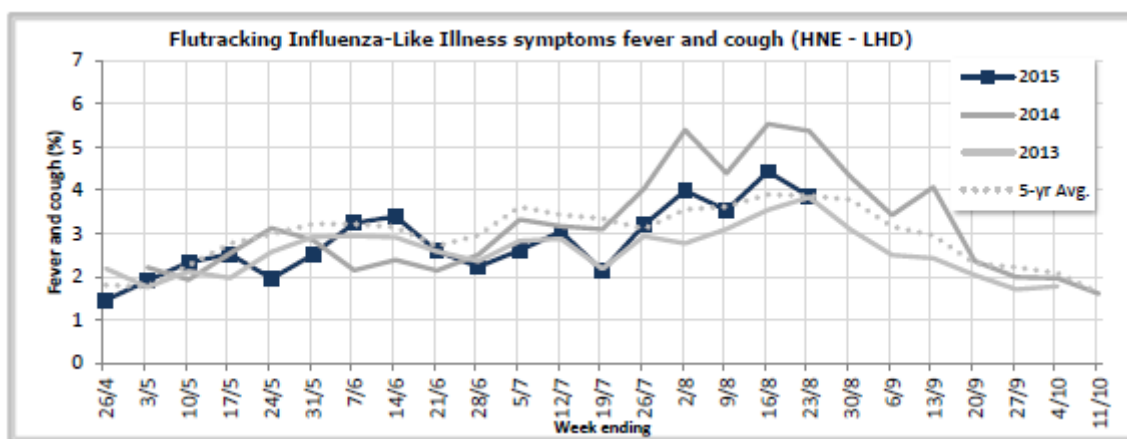
Hunter New England Population Health Communicable Diseases Report

August 2015

Influenza

The influenza season in Hunter New England continues. The community based influenza-like illness surveillance system Flutracking (Figure 1) indicates that influenza-like illness activity levels in the Hunter New England are at moderate levels, which is consistent with hospital and laboratory data. The influenza season is expected to peak in late August. Thirteen respiratory outbreaks in aged care institutions have been notified to public health over the last month, with seven confirmed to be influenza outbreaks.

Figure 1. Proportion of Flutracking participants with fever and cough, Hunter New England, 2013-2015



The majority (81%) of influenza notifications in the last month continue to be influenza B strains, predominantly affecting children <17 years of age. A Eurosurveillance report describing the influenza B phenomenon early in the NSW flu season can be found [here](#). A number of other respiratory illnesses such as Respiratory Syncytial Virus, Rhinovirus and Human Metapneumovirus continued to circulate in the Hunter New England region during August.

The preferred specimen for diagnosis of influenza and respiratory viruses is a separate nose and throat swab collected with a viral transport medium swab set. Request an influenza PCR or a respiratory multiplex PCR (which includes influenza, RSV and rhinovirus).

Gastroenteritis

The gastroenteritis season also continues. Six gastrointestinal outbreaks- three in aged care facilities, two in child care centres and one in a hospital have been notified to Hunter New England Population Health in the last month. No pathogens have been identified in these outbreaks to date but the clinical illness is consistent with norovirus.

Hepatitis B

Newly acquired and chronic Hepatitis B cases are notified to public health. Approximately 5,894 Hunter New England residents live with chronic Hepatitis B but only a small proportion are currently receiving treatment. Opportunistically screening and referring high risk patients such as pregnant women for treatment is recommended by ASHM. Further information on the diagnosis and management of Hepatitis B patients can be found on the [ASHM website](#)

Immunisation

The influenza vaccine is now free for Aboriginal and Torres Strait Islander children aged six months to five years and for pregnant women. It can be given at any time during the pregnancy. Important changes have been made to the Immunisation Handbook 10th ed. An overview of the changes can be found on the HNE website at Authorised RN education update PowerPoint - [latest slides from August 2015](#)

MERS Co-V Update

Riyadh: A large MERS-CoV outbreak is currently affecting two hospitals in Riyadh, Saudi Arabia. A total of 101 newly confirmed cases have been detected in Riyadh since the beginning of August, with 30 deaths. The Hunter New England Local Health District is currently reviewing its preparedness to respond in the event of an imported case. Updates on the evolving situation can be found on the [WHO website](#)

South Korea: The MERS Co-V outbreak in South Korea has abated, with no new cases since 4 July. A total of 186 laboratory confirmed cases were recorded for this outbreak with 36 deaths.

Ebola Update

Low level transmission of Ebola continues to occur in Sierra Leone and Guinea. Hunter New England public health staff continue to monitor people who return from Ebola affected countries.

Table 1. Summary of selected notifiable conditions (YTD* by year), HNE 2011 – 9 August 2015

Year to date	2015	2014	2013	2012	2011
Hepatitis A	3	1	0	0	1
Hepatitis B- Unspecified	38	44	44	32	46
Hepatitis C- Unspecified	242	257	221	191	189
Pneumococcal Disease	35	50	44	47	37
Pertussis	533	168	141	400	508
Influenza	784	1011	116	661	713

*YTD Year to date for each year (reporting delays may result in changes to 2015 figures)

Population Health contact details (note, 1300 066 055 will find your local PHU)

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