

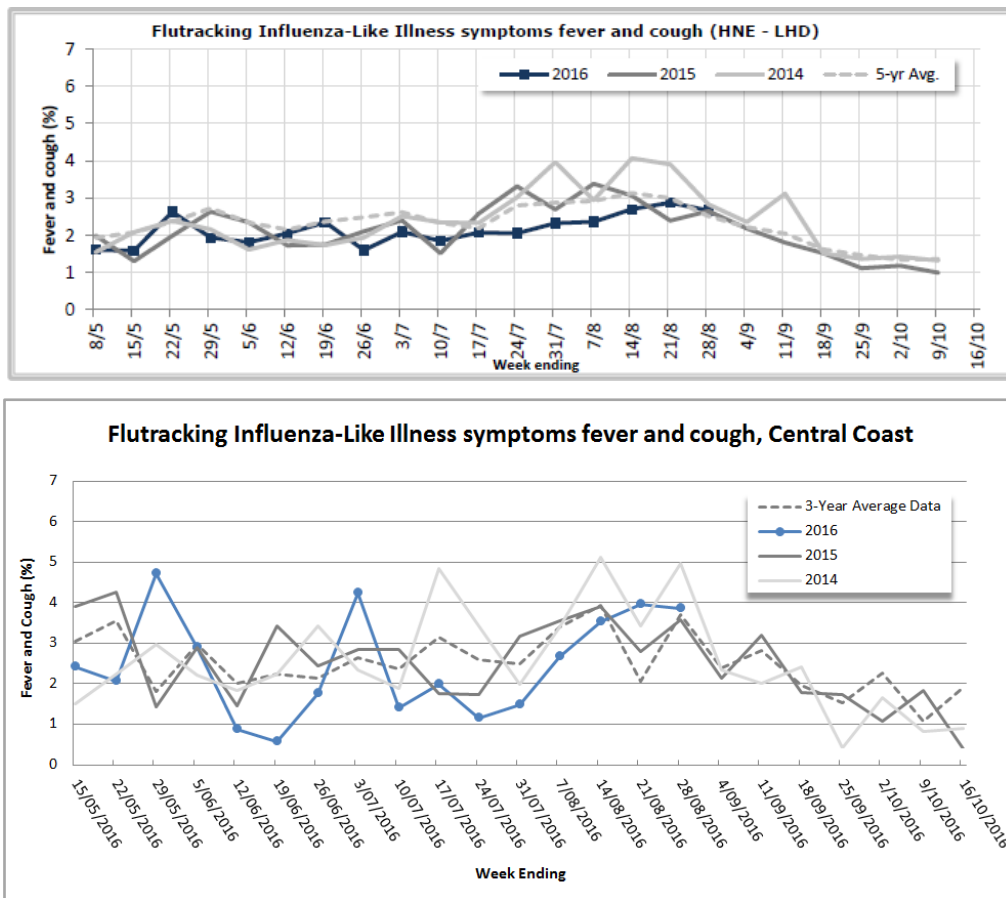
Hunter New England and Central Coast Public Health Units Communicable Diseases Report August 2016

The influenza season is underway
Increased Gastroenteritis activity continues
Annual Hajj pilgrimage

Influenza and respiratory infection

The influenza season is underway in the Hunter New England and Central Coast region. The community based influenza-like illness surveillance system Flutracking (Figure 1) indicates that influenza-like illness activity levels in the Hunter New England and Central Coast communities are at moderate levels. This activity is expected to peak over the coming weeks. Fifteen respiratory outbreaks in aged care institutions have been notified to public health over the last month, with ten confirmed to be influenza outbreaks. Parainfluenza, rhinovirus, human metapneumovirus and respiratory syncytial virus were also detected in these outbreaks.

Figure 1. Proportion of Flutracking participants with fever and cough, Hunter New England and Central Coast LHD, 2016



Caution: Number of Flutracking participants in the Central Coast LHD <1000

The majority (>98%) of influenza notifications for the Hunter New England and Central Coast LHD's in the last month have been influenza A, with the H3N2 strain being the dominant strain. 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

Viral gastroenteritis activity in the community and institutions continued across NSW in the last month. Norovirus, the most common cause of viral gastroenteritis has been identified as the most likely pathogen. Gastroenteritis activity is expected to peak in September. Seventeen gastroenteritis outbreaks- twelve in child care centres and five in aged care facilities have been notified to Hunter New England and Central Coast Public Health units in the last month. Norovirus has been identified as the cause in three of these outbreaks.

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

To date, there have been 1448 laboratory confirmed cases of MERS-CoV globally, with 608 deaths. Cases continue to be detected in Saudi Arabia. There were seven cases detected in Saudi Arabia for the month of August. This year, the annual Hajj pilgrimage is taking place from 9-14 September. Clinicians are urged to consider MERS-CoV infection in patients who have a febrile respiratory illness and have travelled to the Middle East in the previous 14 days and contact public health immediately.

Legionnaires Disease

Legionella pneumophila infections can cause serious respiratory illness. Those most at risk include the elderly, smokers and those who have pre-existing respiratory disease or who are immunocompromised. There have been four cases of Legionella pneumophila infection reported to public health in the last month. No links to common exposures were found during investigation.

Hepatitis C

HEP C UPDATE FOR GP'S WEDNESDAY 19 OCTOBER, MOREE, NSW

New treatments of hepatitis C offering cure rates greater than 90%, shorter duration of therapy and reduced toxicity were made available on the PBS from 1 March 2016. This update will provide GPs with the knowledge to engage their patients in care, perform investigations to assess for advanced liver disease and prescribe new hepatitis C treatments in consultation with a specialist. Register at:

www.ashm.org.au/courses Contact Sam Hoang T 02 8204 0740 Sam.hoang@ashm.org.au for further information.

Immunisation News

Getting ready for the Australian Immunisation Register (AIR)

From **1 September 2016** the Australian Childhood Immunisation Register (ACIR) becomes the Australian Immunisation Register (AIR). Vaccinations administered to all ages will be registered on the AIR. If your facility, public or private does not currently have access to online ACIR now is the time to act. Any facility with a provider number can obtain access to the ACIR. If your facility doesn't have a provider number, click [here](#) for the online form and details. If you have a provider number, request access through the [ACIR site](#)

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2012 – 14 July 2016

	Hunter New England (YTD* by year)					Central Coast (YTD* by year)				
	2016	2015	2014	2013	2012	2016	2015	2014	2013	2012
Hepatitis C – Unspecified	297	257	271	231	208	108	91	137	108	103
Hepatitis C – Newly acquired	6	7	10	8	11	<5	<5	<5	<5	<5
Cryptosporidiosis	72	84	37	114	72	57	20	9	26	30
Giardiasis	313	296	271	194	164	105	79	77	63	52
Shigellosis	10	5	<5	<5	<5	17	<5	<5	<5	<5
Influenza	1072	1110	1427	142	773	263	207	215	32	101
Meningococcal Disease	5	<5	6	8	<5	<5	<5	<5	<5	<5
Pertussis	770	563	182	144	401	293	162	11	27	141
Legionellosis	12	<5	6	6	8	<5	<5	<5	<5	<5
Salmonellosis	291	287	349	293	212	113	95	120	86	88

*YTD Year to date for each year (reporting delays may result in changes to 2016 figures)

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

Hunter New England Wallsend Office 4924 6477 Tamworth Office 6764 8000
Central Coast Public Health Unit Gosford Office 4320 9730

This [Communicable Disease Report](#) and previous editions are available on the internet

Public Health contact HNELHD-PHENquiries@hnehealth.nsw.gov.au