

Hunter New England and Central Coast Public Health Units Communicable Diseases Report Aug 2017

Influenza – sustained high levels – record institutional outbreaks
Syphilis outbreak

Influenza and respiratory infection: Seasonal influenza activity remains high across NSW. Emergency Department presentations of influenza like illnesses (ILI) are significantly above normal for this time of year (Figure 1). There are early indications from FluTracking data that we have reached the peak of the influenza season (Figure 2). While influenza B activity increased this season, influenza A strains, particularly H3N2, are the predominant strains circulating.

Figure 1: Total weekly counts of NSW emergency department visits for influenza-like illness, all ages, from 1 Jan – 24 Aug, 2017 (black line), compared with each of the 5 previous years (coloured lines).

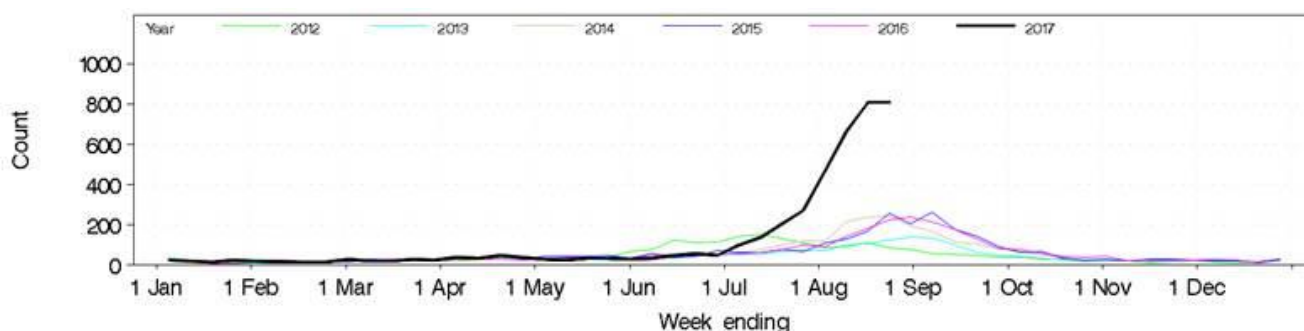
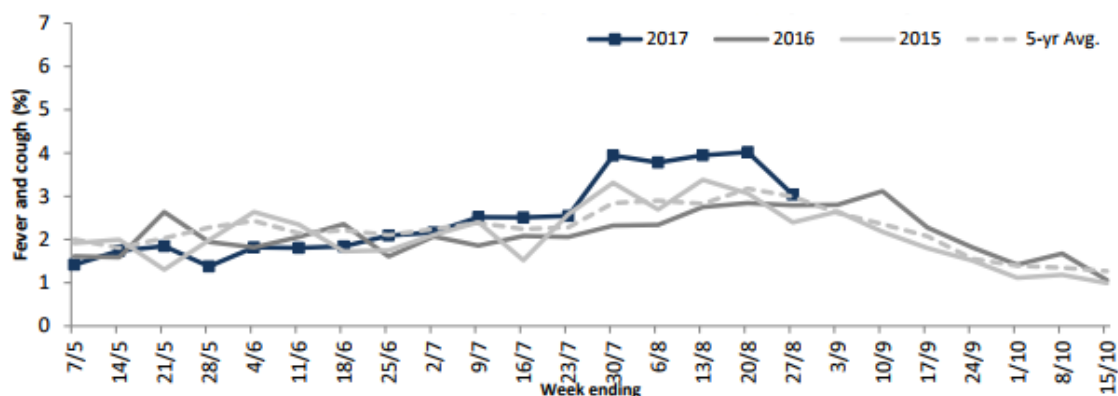


Figure 2: Influenza-Like Illness (symptoms of fever and cough) for Hunter New England LHD, 1 Jan – 27 Aug, 2017 (blue line), compared to 2015, 2016 and the 5 year average (FluTracking data).

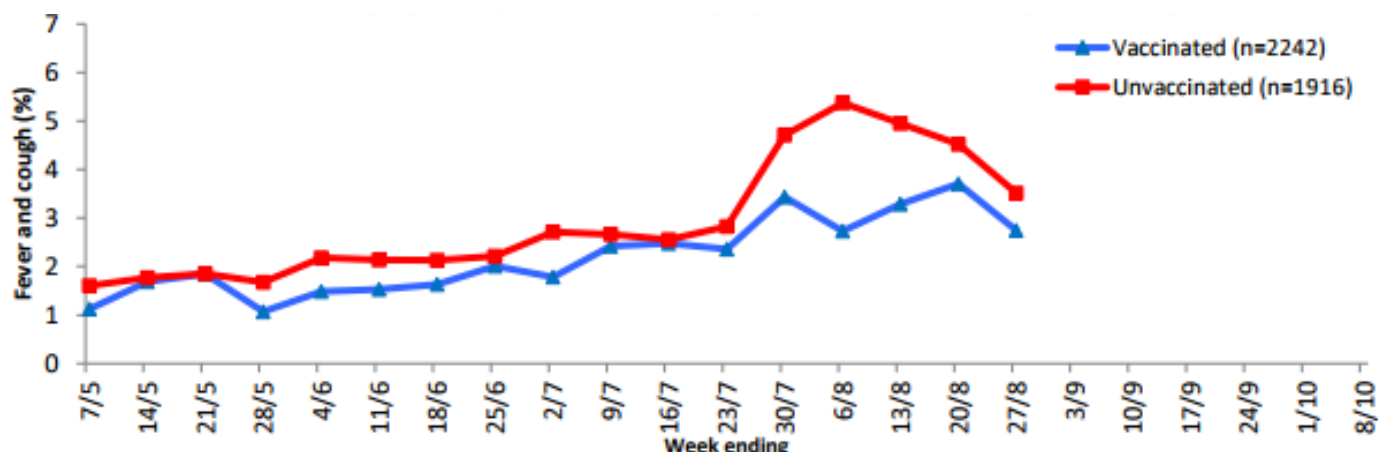


Facility based ILI outbreaks: In NSW, there have been 318 institutional flu outbreaks so far this year (up from 279 in all of 2016); in HNE there have been 59 institutional flu outbreaks, almost twice as many as last year and three times as many as 2015. The majority of these institutional outbreaks were in Aged Care Facilities.

- It is essential that clinical staff do NOT continue to work if they have developed fever and cough
- It is essential that clinical staff practice high levels of hand hygiene and maintain standard infection control precautions
- All patients with ILI symptoms must be managed with droplet precautions in advance of any test results
- Control guidelines are available on the [Hunter New England website](#).

Flutracking: The community surveillance system, FluTracking, reported fever and cough in 2.8% of vaccinated and 3.6% of unvaccinated participants from Hunter New England and Central Coast LHDs (week ending Aug 27); a decline from the previous week (3.8% for vaccinated and 4.3% for unvaccinated for the week ending Aug 20). The separation of vaccinated and unvaccinated participants reporting ILI highlights the impact of this year's vaccine (Figure 3).

Figure 3: Influenza-Like Illness (symptoms of fever and cough) by vaccination status, Hunter New England LHD, from week ending May 7 – Aug 27, 2016.



Facility based Gastro outbreaks: This year there have been 73 gastro outbreaks in facilities in HNELHD, a 26% increase from last year and a 97% increase from 2015. Aged care facilities account for 57% of these outbreaks and child care centres 42% (other = 1%). Of the 73 outbreaks, 43 have clinical specimens submitted and of these; 67% were negative, 19% were norovirus, 7% were Campylobacter, 5% rotavirus and 2% C. difficile.

- Given the highly infectious nature of viral gastroenteritis, it is imperative that a strict exclusion from work policy is implemented requiring sick workers to remain off work until 48 hours after their symptoms have ceased. This is especially important for clinical staff, carers and food handlers.
- It is important that a robust mechanism in place to ensure compliance with this policy.
- Control guidelines are available on the [Hunter New England website](#).

Zostavax®: A single dose of Zostavax® is free for all adults 70 years of age. A catch up dose will be funded for adults aged 71-79 years until 31 October 2021. A useful pre-vaccination checklist has been developed to assist immunisation providers in screening for contraindications to shingles vaccination. The checklist provides details in relation to immunosuppressive therapy contraindications. The checklist can be found along with other resources about herpes zoster on the [NSW website](#).

Syphilis: There is currently an outbreak of syphilis affecting Aboriginal and Torres Strait Islander communities in Queensland, Northern Territory, Western Australia and South Australia. While New South Wales is yet to detect increased cases, it is anticipated that the outbreak is likely to spread to communities in this State. Syphilis is a sexually transmissible infection (STI) which can have serious consequences, particularly in pregnancy, where it can result in perinatal death, premature delivery, and congenital abnormalities.

GPs are encouraged to:

- Offer syphilis testing to 16-35 year olds as part of routine STI screening, and whenever a person is diagnosed with another STI (e.g. chlamydia, gonorrhoea)
- Ensure all pregnant women receive syphilis testing early in gestation (10-12 weeks)
- Offer a second syphilis test at 24-28 weeks to pregnant women who are Aboriginal or whose baby will be identified as Aboriginal
- Seek help with syphilis testing, treatment and contact tracing from your local sexual health clinic or Sexual Health InfoLink on 1800 451 624

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2013 – 15 August 2017

	Hunter New England (YTD* by year)					Central Coast (YTD* by year)				
	2017	2016	2015	2014	2013	2017	2016	2015	2014	2013
Cryptosporidiosis	113	71	84	37	112	34	57	20	9	26
Gonorrhoea	232	256	169	175	126	107	76	61	45	69
Syphilis	31	38	34	27	26	9	24	24	27	19
Chlamydial Infection	1783	1906	1726	1789	1840	633	653	576	668	502
Influenza	2555	655	571	721	95	1439	269	207	215	32
Meningococcal Disease	5	4	2	6	7	1	2	2	2	1
Pertussis	494	752	532	164	134	68	289	162	11	27
Ross River Virus	286	73	292	132	89	43	9	68	15	15
Salmonellosis	274	283	280	340	279	173	113	95	120	86

*YTD, Year to date for each year (reporting delays may result in changes to 2017 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