

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

Pertussis activity continues  
Zika update  
Meningococcal disease fatalities

### **Pertussis**

The two health districts are receiving a total of 60 – 70 pertussis notifications each week, three times the historical average. Although vaccination is no guarantee of complete protection, disease severity is generally considerably reduced. Vaccine is readily available for pregnant women, school programs and the National Immunisation Program (NIP) schedule but otherwise may be difficult to access. Suppliers have advised that significant amounts of dTpa vaccine have been released to wholesalers in the past week for the private market. Clinicians are reminded that pertussis serology is rarely helpful and a nasopharyngeal swab for PCR testing is preferred and easier to interpret results.

### **Zika virus**

Forty countries have reported locally acquired Zika infection including 4 countries in the Western Pacific region with recent cases. As dengue is often present in Pacific countries, avoiding mosquito bites is particularly important. Although fatalities have been recorded, most Zika cases are asymptomatic. The principal risk is to pregnant women and their unborn child. Women who are pregnant or who are considering pregnancy should consider delaying their travel to areas with active outbreaks of Zika. Evidence suggests sexual transmission is possible so precautions should be considered when partners return from affected countries. See the NSW Health [website](#) for details.

### **Influenza and respiratory infections**

As the Northern Hemisphere winter continues, increasing levels of influenza activity have been reported from parts of northern and eastern Europe, Japan, Korea and North China. A slight increase has been reported from North America. Severe cases of influenza A(H1N1)pdm09 (the 2009 pandemic strain) have been reported in parts of Europe. It is likely that a modest current increase of [influenza notifications in NSW](#) (predominantly A(H1N1)) relates to infection originating from overseas travellers.

Currently, picornavirus is the most commonly identified respiratory virus in NSW.

[The 2016 influenza vaccine](#) will be available late in March or April. Two quadrivalent influenza vaccines will be available under the NIP– Fluarix Tetra® for eligible individuals 3 years of age and older and FluQuadri™ Junior, for eligible children 6-35 months of age. These are the only influenza vaccines that will be provided by the NIP. Further information will be provided in the March Communicable Diseases Report.

### **Meningococcal disease**

Eight cases of invasive meningococcal disease, including two deaths, have been reported across NSW so far this year. Both deaths were associated with serogroup W infection. This serogroup is associated with an increased risk of death and appears to be more likely in older age groups (>50).

Symptoms of [meningococcal disease](#) may include sudden onset of fever, headache, neck stiffness, joint pain, a rash of red-purple spots or bruises, dislike of bright lights, leg pain, nausea and vomiting. Symptoms in young children include irritability, difficulty waking, high-pitched crying, and refusal to eat. Early antibiotic treatment is critical. Please notify public health immediately of any suspected case.

### Gastroenteritis

Increased notifications of *Salmonella Saintpaul* and *Salmonella Anatum* in February have triggered national investigations. Shigellosis notifications have also increased recently in the Hunter New England health area. Please notify public health of any suspected outbreaks and include a travel history for patients presenting with fever or gastroenteritis.

### Immunisation News

An 18 month pertussis containing vaccine (DTPa) has been introduced onto the National Immunisation Schedule for all 18 month old children and vaccination will commence in March/April 2016 when supplies are available.

### Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD\* by year), 2012 – 9 February 2016

|                              | Hunter New England |      |      |      |      | Central Coast |      |      |      |      |
|------------------------------|--------------------|------|------|------|------|---------------|------|------|------|------|
|                              | 2016               | 2015 | 2014 | 2013 | 2012 | 2016          | 2015 | 2014 | 2013 | 2012 |
| <b>Cryptosporidiosis</b>     | 18                 | 28   | 17   | 23   | 15   | 9             | 7    | 5    | 6    | 8    |
| <b>Salmonellosis</b>         | 58                 | 78   | 66   | 62   | 42   | 27            | 46   | 53   | 34   | 36   |
| <b>Chlamydia infection</b>   | 400                | 375  | 337  | 366  | 394  | 132           | 161  | 201  | 137  | 200  |
| <b>Gonorrhoea</b>            | 47                 | 30   | 37   | 16   | 38   | 11            | 20   | 18   | 12   | 11   |
| <b>Syphilis</b>              | 5                  | 5    | 8    | 4    | 3    | <5            | <5   | 7    | <5   | <5   |
| <b>Influenza</b>             | 25                 | 33   | 28   | 11   | 2    | 10            | 6    | 9    | <5   | 6    |
| <b>Meningococcal Disease</b> | 1                  | 0    | 0    | 2    | 0    | <5            | <5   | <5   | <5   | <5   |
| <b>Pertussis</b>             | 247                | 93   | 45   | 33   | 99   | 141           | 7    | 5    | 16   | 67   |
| <b>Ross River virus†</b>     | 13                 | 37   | 14   | 16   | 23   | 8             | 19   | <5   | <5   | <5   |

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

† Note, a more stringent RRV case definition was introduced in January 2016

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

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