

Hunter New England and Central Coast Public Health Units
Communicable Diseases Report
August 2019

[Acute rheumatic fever; Measles; Hepatitis A; Malaria; Infectious Disease Alerts; Influenza](#)

Acute rheumatic fever: a case of acute rheumatic fever (ARF) was diagnosed by a GP this month; the fifth in HNE this year. ARF is a serious autoimmune reaction to a bacterial throat infection caused by group A Streptococcus. [Symptoms](#) include abnormal body movements or twitches, fever, sore and swollen joints, skin rashes and lumps, shortness of breath, tiredness, chest pain, or a rapid heartbeat. This heart inflammation can result in permanent damage to its valves, known as rheumatic heart disease (RHD). Children aged 5-14 years, those with a previous ARF diagnosis, and Aboriginal, Torres Strait Islander, Maori and Pacific Islander peoples are most at risk of developing ARF. NSW Health has [resources](#) to support diagnosis and notification of ARF, while RHD Australia offers a [diagnostic app](#). The Infectious Diseases team at John Hunter are happy to discuss suspected cases and diagnostic criteria, and HNE now has a paediatric cardiologist who welcomes case discussions and referrals. Prophylaxis involves penicillin injections every 3-4 weeks for at least 10 years, with [early diagnosis essential](#) to minimise heart damage and progression to RHD.

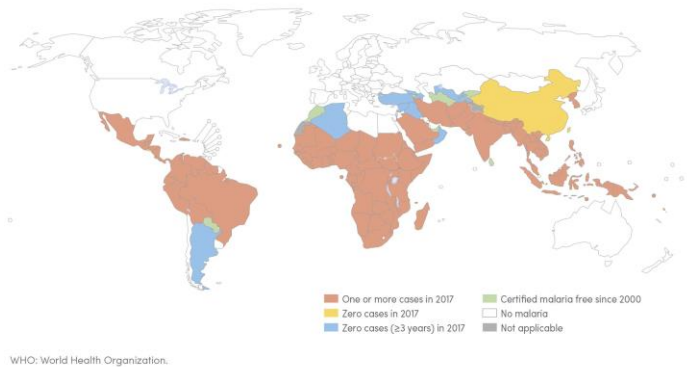
GLOBETROTTER: Global health issues, local cases

Measles: three travellers who acquired measles while travelling overseas were diagnosed in NSW this month, including one person from HNE. The cases, who had travelled to New Zealand, the Middle East and South America, had either not been immunised against measles or had incomplete vaccination. [NSW Health](#) has published details of locations and times the cases visited public places while infectious, and provides [detailed information](#) on symptoms and vaccination. The Measles, Mumps & Rubella (MMR) vaccine is free for people born after 1965. Two MMR doses provide lifelong protection, however it is safe to give a further dose if vaccination status is unknown. By April 2019, measles cases rose [globally](#) by 300% compared to the same period in 2018, with outbreaks occurring in popular destinations including the Philippines, New Zealand and Thailand.

Hepatitis A: [8 cases of hepatitis A](#) have been identified in NSW and the ACT amongst the South Korean community. While there have been over 12,000 cases in South Korea this year, not all Australian cases have recent overseas travel. The NSW Food Authority is working to determine whether the cases are linked to a food source. South Korean communities and their GPs should be alert for symptoms of [Hepatitis A](#), which include general malaise, fatigue, fever, nausea, lack of appetite and abdominal discomfort. Infection can but does not always progress to jaundice, dark urine and pale stools. While Hepatitis A does not cause long-term liver disease, deaths do occur rarely, and cases need to be vigilant with their hygiene to avoid infecting others while contagious.

Malaria: [World Mosquito Day](#) fell on August 20, and travellers heading overseas are reminded to protect themselves against the risk of vector borne diseases, including [malaria](#). One traveller brought malaria home to HNE this month, raising the 2019 total to seven. Malaria is endemic in many popular travel [destinations](#). [Malaria prophylaxis](#) is suggested for these destinations, noting that if doxycycline is

Countries with indigenous cases in 2000 and their status by 2017. Countries with zero indigenous cases over at least the past 3 consecutive years are considered to be malaria free. All countries in the WHO European Region reported zero indigenous cases in 2016 and again in 2017. In 2017, both China and El Salvador reported zero indigenous cases. Source: WHO database.



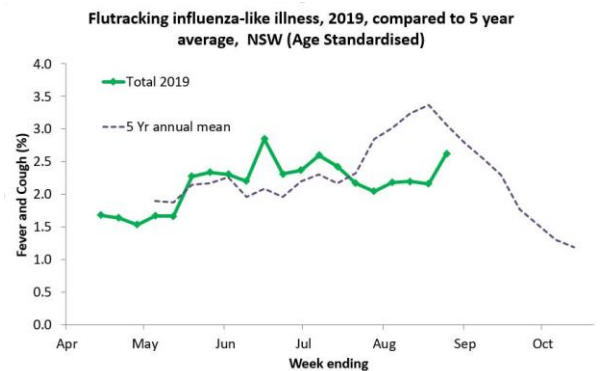
WHO: World Health Organization.

used it is required for four weeks following departure of a malaria risk area. NSW Health offers a range of [recommendations](#) to manage the risk of contracting diseases carried by mosquitos.

[Infectious Disease Alerts](#)

Influenza: [influenza activity](#) in NSW is now below the five-year average (Fig, 1). Multiple aged-care facilities have reported outbreaks.

Figure 1: Influenza-like illness is 2.6% this week (green line), compared with the 5 year annual average of 3.1% (dotted line).



Immunisation: the [herpes zoster \(shingles\)](#) vaccine will be unavailable privately until December. It is still available publically for adults aged 70-79. Current immunisation information can be obtained from the HNE's [To the Point Newsletter](#) and [NSW Health Immunisation](#) website.

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2016 – 13 August 2019

Condition	Hunter New England# (YTD*)				Central Coast# (YTD*)			
	2019	2018	2017	2016	2019	2018	2017	2016
Cryptosporidiosis	70	64	114	74	9	27	34	57
Gonorrhoea	359	361	238	265	144	151	107	76
Syphilis	69	57	39	39	27	15	24	23
Chlamydial Infection	2045	2080	1839	1974	704	666	633	654
Meningococcal Inf'n	7	4	6	5	2	2	1	2
Pertussis	496	462	511	781	70	53	68	289
Ross River Virus	118	127	310	77	28	11	59	9
Salmonellosis	263	256	279	287	83	110	173	113

*YTD, Year to date for each year (reporting delays may result in changes to 2019 figures)

Hunter New England population: 920,000 #Central Coast population: 350,000

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