

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

[Invasive Meningococcal Disease](#); [Listeriosis](#); [Influenza](#); [Multi-drug resistant Shigellosis](#); [Dengue Fever](#);  
[Improving Vaccine Confidence, Demand and Uptake Workshop](#)

**Invasive Meningococcal Disease (IMD):** Five cases of IMD were notified to HNE/CC PHUs in July, including deaths in an infant (serogroup B) and elderly person (serogroup Y). Meningococcal disease occurs throughout the year with a seasonal peak which generally aligns with the end of the influenza season. NSW Health is raising awareness through social media directed at the highest risk groups, including mothers of children under 5 years and young people aged 15 to 24 years. Urgent medical attention is encouraged in the presence of [symptoms](#): sudden onset of fever with headache, neck stiffness, joint pain, and less commonly aching legs. IMD can mimic other infections and is not always accompanied by a red-purple rash.

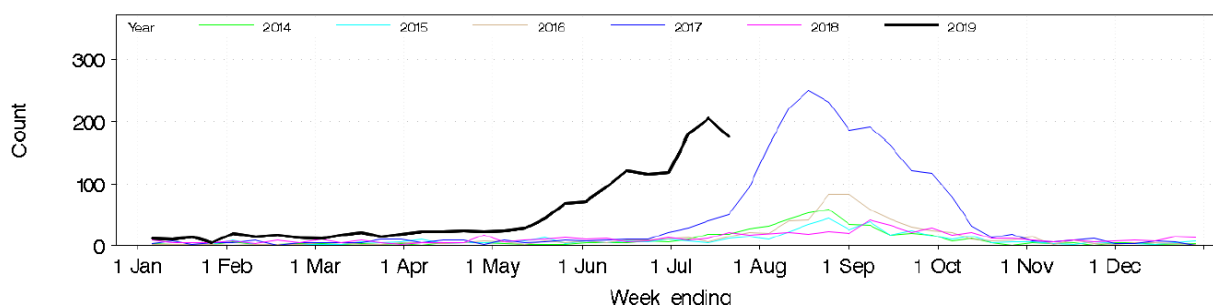


Serogroups B, C, W and Y cause almost all IMD in Australia. The National Immunisation Program provides ACWY [vaccine](#) to children at 12 months of age and to young people aged 14-19, while a vaccine against the meningococcal B serogroup is available through prescription.

**Listeriosis:** two people have died from [listeriosis](#) in Australia recently, likely from eating contaminated [smoked Australian salmon](#). GPs are asked to remind immunocompromised patients to [avoid high-risk foods](#).

**Influenza:** [influenza activity](#) remains high across NSW but is decreasing (Fig, 1) in the majority of local health districts. Multiple aged-care facilities have reported outbreaks.

Figure 1: Total weekly counts of ED visits for *influenza-like-illness* that were admitted, all ages, 1 January – 21 Jul 2019 (black line), compared with the 5 previous years (coloured lines)



**Multi-drug resistant shigellosis:** with resistance to all recommended oral antibiotics is circulating in NSW among men who have sex with men (MSM), particularly in Sydney. Out of 60 [shigellosis](#) notifications in April-May 2019, 59% were resistant to oral antibiotics; alternative treatment advice is available on the [NSW Health website](#). Genetic sequencing indicates a single outbreak, thought to be introduced by a returning traveller from overseas.

## Infectious Disease Alerts

**Dengue:** an outbreak in [Rockhampton signals the first locally acquired dengue cases in central Queensland](#), and the southernmost local cases in Australia in decades. Countries in the Western Pacific Region are [experiencing unusually high numbers of dengue cases](#) for this time of year. The risk of further spread is considered high due to a lack of immunity to the circulating types. Travellers are reminded to take measures to prevent [mosquito bites](#).

**Q fever:** is a potentially serious illness which often presents with influenza-like symptoms but which can lead to chronic fatigue, cardiac disease and other sequelae. Drought and high winds may encourage the spread of Q fever bacteria increasing the risk to those living near livestock. [NSW Health](#) is currently [promoting](#) vaccination for high-risk groups, including people in direct contact with farm animals, cat and dog breeding enterprises, and wildlife.

**Immunisation:** influenza vaccine is still available and recommended to reduce influenza risk. [Children aged from 6 months to five years](#), are eligible for a [free seasonal vaccine](#) due to their higher risk of complications from influenza, and the indirect protection this offers to older adults.

The latest immunisation information can be obtained from the HNE's [To the Point Newsletter](#) and the [NSW Health Immunisation](#) website.

### **Improving Vaccine Confidence: Demand and Uptake workshop, October 28-31, 2019**

For program managers, immunisation providers, Aboriginal and/or Torres Strait Islander health workers, policy makers, postgraduate students and researchers. Sydney workshop; [Information and Registration](#)

## **Communicable disease notifications**

**Table 1.** Summary of selected notifiable conditions (YTD\* by year), 2016 – 16 July 2019

Condition	Hunter New England# (YTD*)				Central Coast# (YTD*)			
	2019	2018	2017	2016	2019	2018	2017	2016
Cryptosporidiosis	69	54	107	67	8	22	31	56
Gonorrhoea	318	306	209	229	123	133	94	66
Syphilis	61	52	34	32	25	13	22	19
Chlamydial Infection	1776	1753	1569	1674	592	574	545	578
Meningococcal Inf'n	3*^	3	4	3	2	1	1	1
Pertussis	445	329	421	691	63	46	53	275
Ross River Virus	106	118	302	76	28	9	57	8
Salmonellosis	248	228	246	250	75	103	168	107

\*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

^As of July 30, this has increased to 5 cases

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

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