

## Hunter New England Population Health Communicable Diseases Report

December 2015

### Pertussis

Pertussis activity continues to be high throughout Australia. At the beginning of December, 1102 notifications had been received by HNEPH compared with 392 for the same period in 2014 and we are currently receiving 50-70 new notifications each week. A comprehensive review including vaccination and testing advice was provided in the [November CD Report](#). Vaccination in the 3<sup>rd</sup> trimester of **each** pregnancy provides protection for the neonate.

### Human Parechovirus

[Human parechovirus \(HPeV\)](#) has been detected in a number of neonates and young infants admitted to NSW hospitals since October, including in Hunter New England. HPeV should be considered in neonates or young infants with sepsis-like illness and fever  $>38.0^{\circ}\text{C}$  and irritability, rash, distended abdomen, diarrhoea, tachycardia, tachypnoea, encephalitis, hepatitis or myoclonic jerks. Children under 3 months of age are most likely to develop severe disease, but older infants may also be at risk. Testing in NSW is available through Pathology North. The preferred specimens are CSF and stool. **Note that HPeV is not detected by the enterovirus PCR and must be specifically requested. HPEV is not notifiable in NSW.**

### Bats and Lyssavirus

Despite ongoing media alerts and public health advice there are continued reports of human contact with bats. All bats should be considered a possible risk of infection from the rabies-like virus, [Australian Bat Lyssavirus \(ABLV\)](#). In 2015, eight bats have tested positive for ABLV including bats handled by large numbers of people. In hot conditions bats frequently drop from their perches and may be encountered in a distressed state. Only bat carers who are fully immunized against rabies should handle bats and then only when wearing stout gloves.

### Summer, mosquitoes and arboviral disease

Warm conditions and outdoor activities provide ideal opportunities for infection with mosquito-borne viruses such as Barmah Forest and Ross River virus (RRV). At the beginning of December, HNEPH had received 338 RRV notifications compared with 197 for the same period in 2014. The only [prevention](#) is to avoid bites.

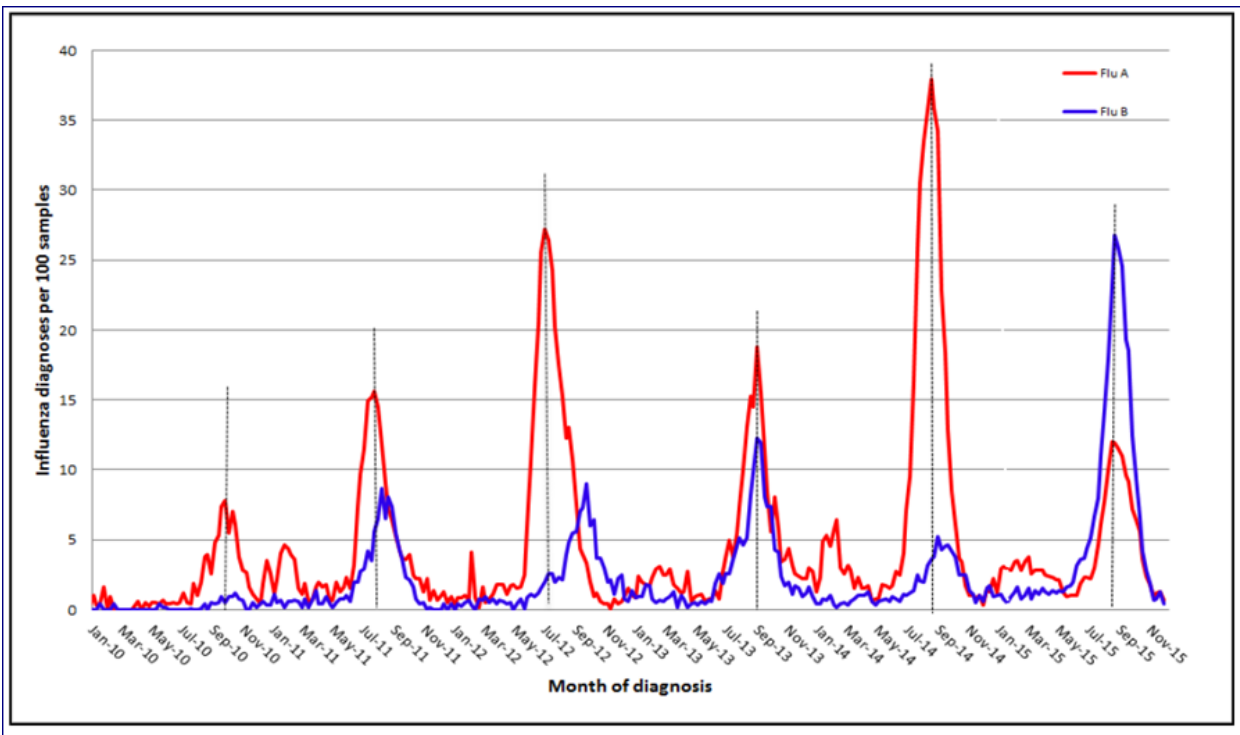
## Cryptosporidiosis

There have been increased notifications of the diarrhoeal disease [cryptosporidiosis](#) throughout NSW. At the beginning of December, HNEPH had received 144 notifications compared with 56 for the same period in 2014. Animals are the primary reservoir and strict hand hygiene should be maintained around pets and farm animals. Anyone with diarrhoea, especially children, should avoid public swimming pools for 14 days after symptoms have resolved to prevent community transmission.

## Influenza summary 2015

2015 was an unusual year for influenza with influenza B predominating. A [full report](#) is available from NSW Health.

Figure 1. Percent of laboratory tests positive for influenza A and B reported by NSW sentinel laboratories



(NSW Ministry of Health, November Influenza Report)

The majority of influenza vaccines being produced in 2016 will be quadrivalent and include two B components.

A/California/7/2009 (H1N1)pdm09-like virus;  
A/Hong Kong/4801/2014 (H3N2)-like virus;  
B/Brisbane/60/2008-like virus (Victoria lineage)  
B/Phuket/3073/2013-like virus

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