

Hunter New England Population Health Communicable Diseases Report

October 2015

MERS-CoV Update

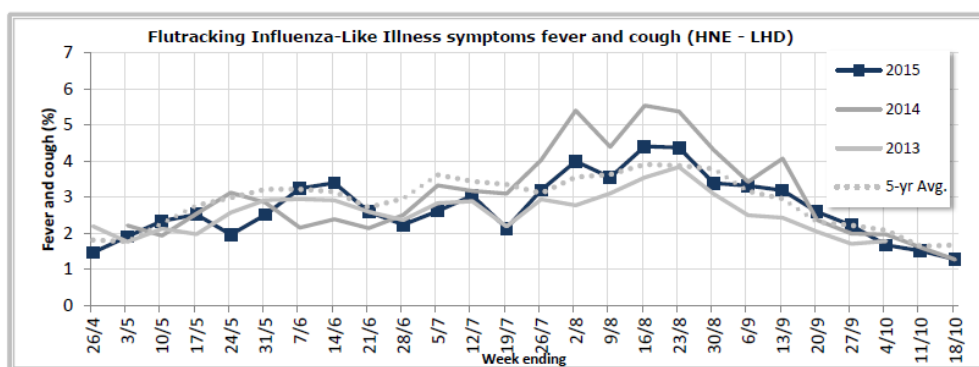
A large ongoing outbreak of MERS-CoV across two hospitals in Riyadh, Saudi Arabia has abated. Sporadic cases and household transmission continues to occur in Saudi Arabia and Jordan with 14 cases detected this month. Clinicians are urged to remain vigilant and consider MERS-CoV infection in patients who have a febrile respiratory illness and have travelled to the Middle East in the previous 14 days and contact public health immediately.

In NSW, in the post Hajj period, a total of 14 people who have travelled to the Middle East have been tested for MERS-CoV, including one person from the Hunter New England region. All tested negative, however a number of other respiratory pathogens such as influenza, parainfluenza and rhinovirus were detected.

Influenza

The influenza season in Hunter New England is now over. The community based influenza-like illness surveillance system Flutracking (Figure 1) indicates that influenza-like illness activity in the Hunter New England region has returned to baseline levels. Two respiratory outbreaks in aged care institutions have been notified to public health over the last month, with one confirmed to be an influenza outbreak.

Figure 1. Proportion of Flutracking participants with fever and cough, Hunter New England, 2013-2015



Gastroenteritis

Outbreaks of gastroenteritis in institutions continue to occur. This month, three gastrointestinal outbreaks—two in child care centres and one in an aged care facility were notified to Hunter New England Population Health. The collection of stool samples during outbreaks of gastroenteritis is essential for the detection of gastrointestinal pathogens. Ordering norovirus and rotavirus testing will ensure that samples are screened for common gastrointestinal viruses.

Shigellosis

Shigella is a highly infectious gastrointestinal pathogen that can cause outbreaks of gastroenteritis in the community. *Shigella* is not endemic in Australia and Shigellosis cases reported to Hunter New England population health are usually associated with overseas travel or MSM exposure. Stool culture is recommended for the diagnosis of Shigellosis as current molecular techniques have low discrimination.

Immunisation

No Jab No Pay is coming- Immunisation is an important health measure for children and families. The choice not to vaccinate on the grounds of vaccine objection is not supported by public health policy or medical research. From 1 January 2016, conscientious objection will be removed as a reason for vaccination exemption which means that parents with children who are not immunised and do not have a medical exemption will not be eligible for a number of family assistance payments. At this time the ACIR will also be expanded to record vaccinations for people up to 19 years of age. Click [here](#) for more information.

NSW Hepatitis B and C Strategies 2015 Mid-Year Data Report

The report demonstrates good progress in the prevention and management of Hepatitis B and C in NSW. Hepatitis B childhood vaccination coverage was 92% at 12 months and 99% of women giving birth in public or private hospitals were screened for Hepatitis B. An overall increase in the number of people living with chronic Hepatitis C who were assessed and treated in a publicly funded health service was also observed. For the full report, follow this [link](#)

Ebola Update

Ebola transmission is slowing in Sierra Leone and Guinea. Sierra Leone has now reported 0 cases for five weeks; however cases continue to be reported in Guinea. Hunter New England population health staff continue to monitor people who return from Ebola affected countries.

Table 1. Summary of selected notifiable conditions (YTD* by year), HNE 2011 – 11 October 2015

| Year to date | 2015 | 2014 | 2013 | 2012 | 2011 |
|-----------------------------|------|------|------|------|------|
| Hepatitis B- Newly acquired | 8 | 3 | 8 | 5 | 3 |
| Hepatitis C- Newly acquired | 4 | 4 | 9 | 8 | 4 |
| Shigellosis | 7 | 3 | 3 | 3 | 1 |
| Pertussis | 401 | 188 | 78 | 129 | 342 |
| Influenza | 1478 | 1634 | 160 | 475 | 407 |

*YTD Year to date for each year (reporting delays may result in changes to 2015 figures)

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