

Hunter New England and Central Coast Public Health Units Communicable Diseases Report April 2017

Influenza vaccine now available
Measles outbreak in western Sydney
Increased gonorrhoea activity in NSW

Influenza and respiratory infection: Influenza activity continues to decrease in the northern hemisphere and is at inter-seasonal levels in the southern hemisphere. Worldwide, influenza A(H3N2) and B viruses were predominant, with an increased proportion of influenza B viruses detected in recent weeks. In NSW, the predominant strain is also influenza A(H3N2) with occasional influenza B (both Victoria and Yamagata strains). Although influenza notifications are higher than for the same period in previous years (Table 1) this may represent increased testing as emergency department presentations do not reflect unusual activity. Shortly, more targeted influenza surveillance systems like FluTracking will be activated which provides more accurate data. You can assist in influenza surveillance by joining 26,000 Australians who answer a 10 second survey on flu symptoms each week. Go to www.flutracking.net for more information.

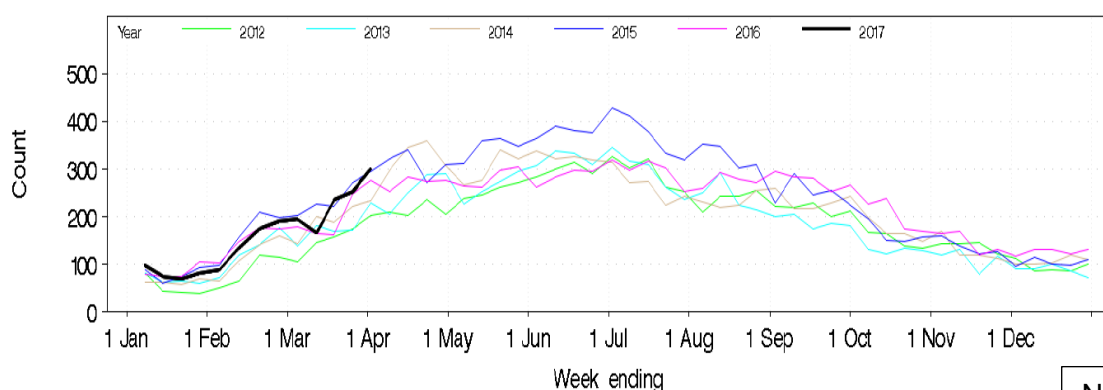
Under the [National Immunisation Program](#) (NIP) free influenza vaccine is available for:

- All people over 65 years of age
- All Aboriginal and Torres Strait Islanders between 6 months and 5 years, and >15 years of age
- Pregnant women
- People over 6 months with certain medical conditions

The 2017 influenza vaccine is now available in pharmacies and is able to be ordered from the [State Vaccination Centre](#) for GP clinics and Aged Care Facilities.

Laboratory surveillance indicates that picornavirus is the most frequently detected respiratory virus with increasing respiratory syncytial virus (RSV) infection, the cause of bronchiolitis in children.

Figure 1. Total weekly counts of ED visits for bronchiolitis, 2017 (black line) compared to previous years.



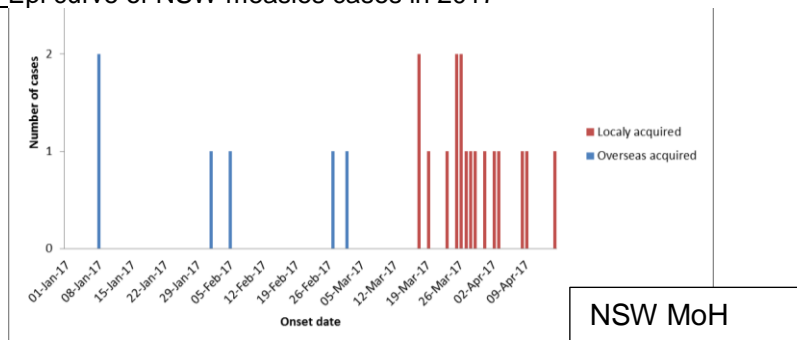
NSW MoH

Measles: There have been 23 confirmed measles cases reported from the Sydney area this year. Initial cases were acquired overseas but now local transmission is occurring amongst unvaccinated people. [Measles is highly infectious](#) and spread by the respiratory route. Approximately 40% of cases require hospitalisation. Measles was common before 1966, so most people born before then are immune.

People born during or since 1966 who have never had measles or who have not had two doses of measles containing vaccine should seek immediate vaccination.

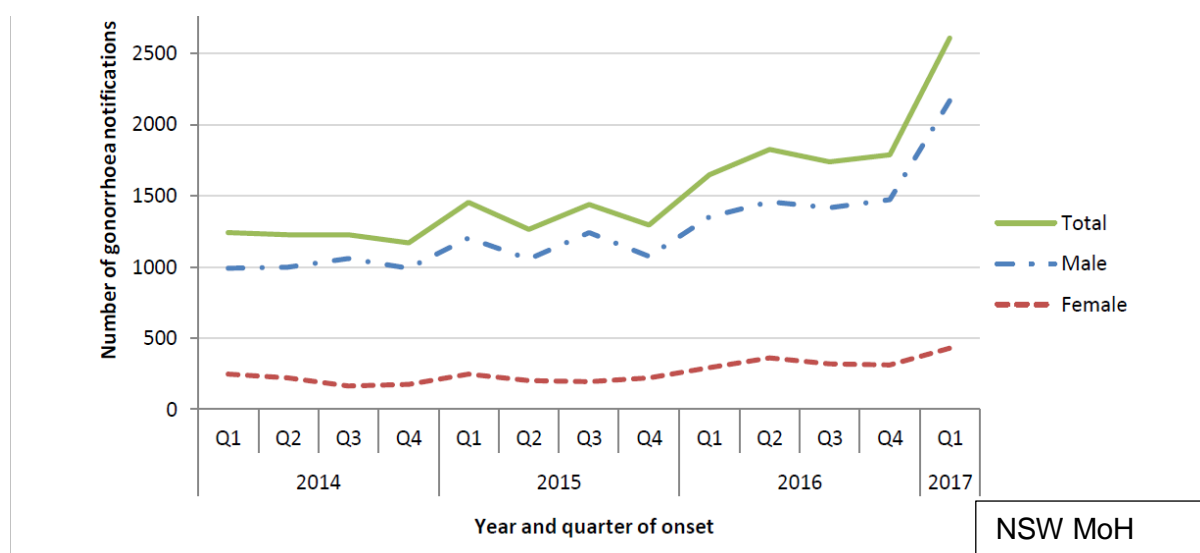
Please notify the PHU immediately if you treat a patient with suspected measles.

Figure 2. Epi curve of NSW measles cases in 2017



Gonorrhoea: Asymptomatic [gonococcal infection](#) can be overlooked and recent increases in notifications likely represents the benefits of a campaign to encourage screening of at-risk groups, particularly gay and bisexual men. Laboratory denominator (testing) data in NSW shows that there was an increase in the number of tests performed in 2016 compared to previous years.

Figure 4. Gonorrhoea notifications, NSW Jan 2014 - March 2017



Immunisation – pregnancy and secondary school children:

Two vaccines are recommended during pregnancy. Influenza vaccine can be given at any time during pregnancy and pertussis containing vaccine (dTpa Boostrix) is recommended at week 28 -32 but can be given later if necessary. Both vaccines confer protection to the newborn and are funded under the NIP. The meningococcal vaccine, Menactra (A,C,W,Y) will be provided under the NIP for year 11 and 12 students commencing in May, 2017. Menactra is expected to be available in General Practice from about mid-June 2017 for students who miss vaccination at school or people of equivalent age in the workforce or studying at another educational facility.

Antibiotic susceptibility data: [cumulative antibiograms for key pathogens](#) in urine and non-urine specimens from Hunter, New England and Lower Mid-north coast regions are now available on line. Courtesy, Pathology North, Microbiology.

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2013 – 12 April 2017

	Hunter New England (YTD* by year)					Central Coast (YTD* by year)				
	2017	2016	2015	2014	2013	2017	2016	2015	2014	2013
Cryptosporidiosis	82	42	59	28	75	17	36	15	7	13
Gonorrhoea	119	102	90	78	42	58	30	42	26	28
Syphilis	15	12	13	12	14	7	7	17	15	7
Chlamydial Infection	821	908	763	814	849	332	303	284	345	259
Influenza	205	98	82	56	24	49	49	23	15	5
Meningococcal Disease	2	2	1	0	2	1	0	0	2	0
Pertussis	223	453	237	75	64	31	219	45	6	20
Ross River Virus	188	37	174	35	26	8	6	46	8	6
Salmonellosis	154	153	158	175	130	134	56	65	82	51

*YTD, Year to date for each year (reporting delays may result in changes to 2017 figures)

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