

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

Measles and pertussis
Summer diseases
Beat the heat

Measles: There were 18 measles notifications in NSW for all 2018 but already since Christmas 11 cases have been reported. [Measles](#) is highly contagious with a [reproductive number](#) of 12-18 (cf. influenza, 2-3), a high hospitalisation rate and potentially serious sequelae. Many recent cases have involved overseas travellers who have visited busy tourist areas. Key prevention measures include:

- Promote vaccination and check whether travellers have had two measles containing vaccines, particularly before departure
- Inform staff/colleagues, display [travel and measles posters](#)
- Be vigilant, especially with recent travellers and [immediately isolate](#) suspect cases
- [Notify the public health unit immediately a case is suspected](#)
- Tests: PCR on nose, throat, first pass urine and serology on blood

Pertussis: about 40 notifications of laboratory confirmed pertussis are being received weekly at HNEPH. Stories abound of repeat visits to the doctor before a diagnosis is established so it is likely many more cases are present in the community. Note that a nasopharyngeal swab or aspirate for *B pertussis* PCR is the preferred diagnostic method (not serology). Testing asymptomatic contacts of pertussis cases is not recommended. Waning immunity is one of the contributing factors to the periodic pertussis epidemics which usually occur every 3-4 years. [Prevention and management information](#) is available on the NSW Health website.

Influenza: an unusually high number of notifications have been received at HNEPH over the summer period with about 20 confirmed cases being reported weekly, approximately 2.5 times more than historical data. Additionally, other respiratory viruses are circulating which could impose a burden on children returning from school holidays, particularly those with a history of asthma.

Summer and disease

Foodborne disease: outbreaks tend to occur over the summer months due to group gatherings for BBQs and outdoor banquets and higher ambient temperatures facilitating bacterial growth in poorly refrigerated foods. Salmonella is the most likely agent with campylobacter also possible. These illnesses are often associated with temperature abuse and often involve undercooked eggs or raw poultry meat that cross-contaminates chopping boards and other surfaces where cooked food and salads are placed. A foodborne disease outbreak affecting large groups or at least two or more households should be reported to the public health unit. Advice for [preventing foodborne disease](#):

- Wash your hands
- Separate raw and cooked foods
- Cook food thoroughly
- Keep food at safe temperatures (cold (<5C) or hot (>60C))

Flying fox and microbat exposures: extreme temperatures can be lethal for flying foxes, which are distressed by extreme hot weather and likely to drop from roost sites and pose a hazard to humans attempting rescue. Bats are reservoirs of the [Australian bat lyssavirus \(ABLV\)](#), a potentially lethal

zoonotic virus and any contact should be reported to Public Health to determine the need for prophylaxis. In the past month, 3 rescued flying foxes in the HNE area have returned positive ABLV results.

Arboviral diseases: Barmah Forest and Ross River virus infections are more common in summer months due to conditions that favour mosquito proliferation. Currently, neither disease or [mosquito surveillance](#) is suggesting a particularly severe season, however, mosquito [bite-prevention](#) is always the best policy.

Amoebic meningitis: although extremely rare, infection is usually fatal. Amoebae can be found in natural and unchlorinated water sources especially in rural areas where exposure to tank, dam and bore water is more likely. Amoebae multiply in warm conditions and usually enter the body through water being forced up the nose e.g. diving into creek water. [Amoebic meningitis](#) has also been reported following squirting stagnant garden hose water.

Beat the heat: NSW Health has developed a comprehensive '[Beat the Heat](#)' resource with information to assist in recognising signs of heat stress and prevention advice.

Health alerts: are posted on the [NSW Health website](#).

Immunisation:

Cold Chain and vaccine management this summer:

- Do not overstock vaccine fridges
- Ensure your facility has the ability to continue temperature monitoring during a power outage
- Do the min/max thermometer and data loggers have battery back-up?
- Are staff trained to download temperature data and respond to temperature breaches?

For the latest information follow the [monthly immunisation newsletters](#).

Communicable disease notifications

Table 1. Summary of selected notifiable conditions, total number by year 2015 – 2018

	Hunter New England [#] (YTD* by year)				Central Coast [#] (YTD* by year)			
	2018	2017	2016	2015	2018	2017	2016	2015
Cryptosporidiosis	97	147	164	181	36	45	64	30
Gonorrhoea	548	394	384	258	213	209	129	98
Syphilis	91	65	71	56	8	38	42	37
Chlamydial Infection	3203	2936	2953	2874	1052	1028	1040	901
Influenza	1817	11963	3267	2627	390	4116	1080	738
Meningococcal Inf'n	11	16	9	10	2	1	4	2
Pertussis	1174	660	1240	1321	132	95	378	748
Ross River Virus	179	360	120	388	17	71	13	73
Salmonellosis	423	403	419	427	144	223	185	129

*YTD, Year to date for each year (reporting delays may result in changes to 2018 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