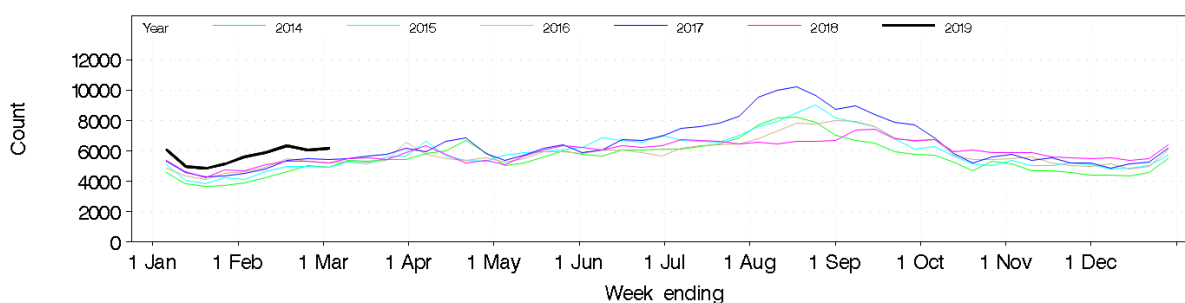


Hunter New England and Central Coast Public Health Units Communicable Diseases Report March 2019

Increased influenza activity
Carbapenemase-producing enterobacterales are now notifiable
Ongoing measles cases
Gastroenteritis in child care centres

Respiratory disease: NSW Health has issued an alert following increased influenza notifications for the time of year. Eight aged care facility outbreaks were reported in February and there have been increased visits to emergency departments compared with previous years (Figure 1.).

Figure 1: Total weekly counts of ED visits for any respiratory illness, fever and unspecified infections, 2019 (black line) to 3 March, compared with the 5 previous years (coloured lines). Source NSW Health.



Two influenza A strains predominate, A/(H1N1)pdm09 and A/(H3N2), with other respiratory viruses including RSV, picornavirus, enteroviruses, parainfluenza 2 and adenovirus also circulating. The 2019 influenza vaccine will be available under the national immunisation scheme towards the end of April but will be offered in private pharmacies earlier. An informative [influenza vaccine website](#) has been developed by NSW Health.

Table 1. Influenza vaccines available for use in 2019

Quadrivalent influenza vaccines available for use in 2019, by age

Registered age group	FluQuadri Junior 0.25 mL (Sanofi)	FluQuadri 0.50 mL (Sanofi)	Fluarix Tetra 0.50 mL (GSK)	Afluria Quad 0.50 mL (Seqirus)	Influvac Tetra 0.50 mL (Mylan)
Less than 6 months	No	No	No	No	No
6 to 35 months (less than 3 years)	Yes	No	No	No	No
3-4 years	No	Yes	Yes	No	No
5 years and older	No	Yes	Yes	Yes	No
18 years and over	No	Yes	Yes	Yes	Yes
65 years and older	No	Yes	Yes	Yes	Yes

Trivalent influenza vaccines available for use in 2019, by age

Registered age group	Fluad 0.50 mL (Seqirus)	Fluzone High Dose 0.50 mL (Sanofi)
Less than 6 months	No	No
6 to 35 months (less than 3 years)	No	No
3 to 64 years	No	No
65 years and older	Yes	Yes

Carbapenemase-producing *Enterobacterales (CPE):** in light of recent reports and a hospital outbreak, CPE have recently been added to the list of notifiable diseases under the NSW Public Health Act. CPE notifications will be made directly from the laboratory, GPs and others will not be required to report.

*Previously Enterobacteriaceae (including many genera e.g. Klebsiella, Citrobacter, Escherichia,)

Measles: 23 measles notifications have been reported in NSW since Christmas 2018 with numerous NSW Health [alerts posted](#), the disease is also circulating in other countries. Measles typically presents as fever, sore eyes and a cough followed three or four days later by a red, blotchy rash spreading from the head and neck to the rest of the body. Symptoms can begin anywhere from 7-23 days after contact. Many of the recent cases have been from overseas visitors or following contact with overseas visitors. Less typical symptoms ([modified measles](#)) have been noted primarily in patients who received immune globulin (IG) as post-exposure prophylaxis and in young infants who have some residual maternal antibody. It is usually characterized by a prolonged incubation period, mild onset, lower fever, and a sparse, discrete rash of short duration. Similar mild illness has been reported among previously vaccinated persons. Vaccination is the key to community protection and vital for people traveling overseas.

Gastroenteritis: viral gastroenteritis outbreaks affecting child care centres and aged care facilities have been reported recently. Norovirus is suspected, which spreads easily between people. People are advised to wash hands thoroughly with soap and running water for at least 10 seconds before handling and eating food; and after using the toilet, changing nappies or assisting someone with gastroenteritis. Symptoms include nausea, vomiting, diarrhoea, fever, abdominal pain, headache and muscle aches. Following exposure, symptoms can take up to three days to develop and usually last between one or two days. For assistance with outbreak management see [Guidelines for managing institutional gastroenteritis outbreaks](#).

Immunisation

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

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2015 – 12 March 2019

Condition	Hunter New England# (YTD*)					Central Coast# (YTD*)				
	2019	2018	2017	2016	2015	2019	2018	2017	2016	2015
Cryptosporidiosis	29	25	61	31	45	5	8	13	19	9
Gonorrhoea	107	122	76	72	52	35	55	40	18	28
Syphilis	13	21	14	9	8	6	4	9	6	9
Chlamydial Infection	592	596	532	647	533	223	234	275	213	209
Meningococcal Inf'n	2	0	2	1	1	0	0	1	0	0
Pertussis	227	118	155	340	146	32	9	21	187	16
Ross River Virus	26	18	141	24	91	14	1	9	2	22
Salmonellosis	106	105	106	104	116	31	51	109	39	54

*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

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