

Hunter New England and Central Coast Public Health Units Communicable Diseases Report May 2016

Influenza activity typical for the time of year
No Jab No Pay information

Influenza and respiratory infection

In the Northern Hemisphere, influenza activity is in decline. The influenza B virus and to a lesser extent, H1N1pdm2009 (the 2009 pandemic strain) predominated this season.

Between 100-150 influenza notifications are being received each week in NSW, which is in keeping with the seasonal trend for this time of year as seen in ED presentations (Figure 1). Laboratory surveillance indicates approximately 80% of influenza strains are influenza A and 20% are influenza B. Of those typed, 80% of the influenza A are H1N1 and 20% are the H3N2 strain (two influenza B strains, H1N1 and H3N2 are included in the current quadrivalent vaccine, although vaccine efficacy has yet to be determined).

Picornavirus and RSV are still the most commonly identified respiratory viruses in NSW laboratories. RSV is associated with bronchiolitis in children and is starting to decline (Figure 2).

Figure 1. Total weekly counts of ED visits for influenza-like illness from January – 29 May 2016 (black line) compared with the five previous years.

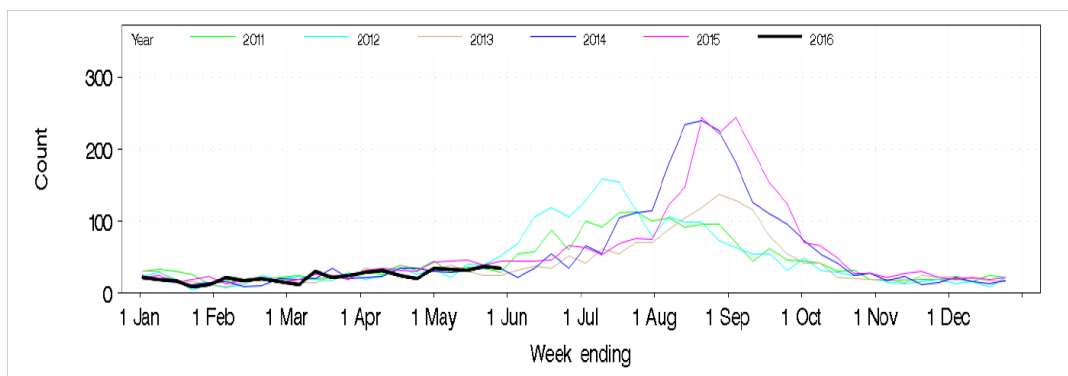
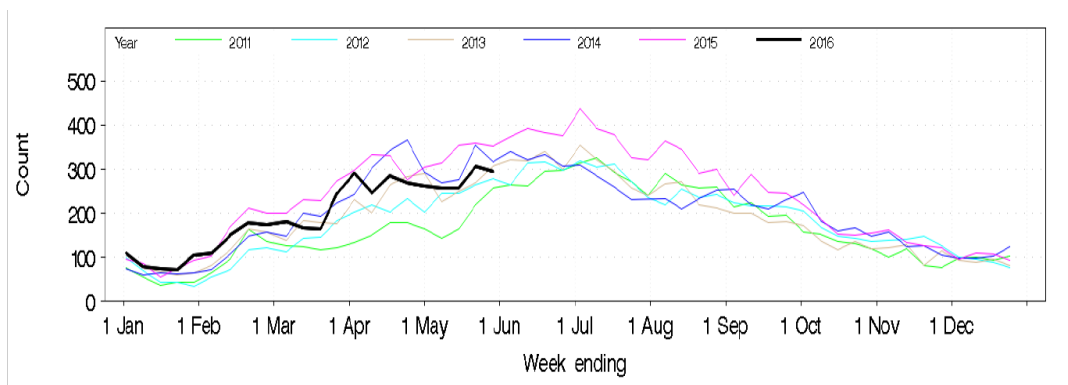


Figure 2. Total weekly counts of ED presentations for bronchiolitis from January - 15 May 2016 (black line) compared with the five previous years



Source: NSW Ministry of Health

With the start of winter, influenza-specific community surveillance systems have been initiated (eGPS, ASPREN, FluTracking*) and FLUCAN which monitors hospitalisations. None are showing any significant activity. *FluTracking is a national online health surveillance system to detect epidemics of influenza. FluTracking takes about 10 seconds a week to complete, to join go to <http://www.flutracking.net/>

Disease outbreaks in institutions: in April, HNE Population Health received notification of 14 gastroenteritis outbreaks and one respiratory outbreak in institutions (child care centres, residential aged facilities and hospital wards). [Outbreak management resources](#) are available on the HNE website.

Pertussis: activity remains high with over 150 notifications being received each week across NSW.

Legionnaire's Disease: three cases of [Legionnaire's Disease](#) have been notified to HNEPH in the past month. Despite extensive investigations no environmental source has been identified.

Immunisation News

Two quadrivalent influenza vaccines are available under the National Immunisation Program– Fluarix Tetra® for eligible individuals 3 years of age and older and FluQuadri™ Junior, for eligible children 6-35 months of age. The [National Influenza Vaccination Program](#) offers free vaccine to people over 65 years of age, Aboriginal and Torres Strait Islander children aged 6 months to 5 years and those over 15 years of age, pregnant women and people with medical conditions predisposing to severe influenza.

No Jab No Pay: The onus of updating children's and teenagers' immunisation records places a real burden on clinics. GPs may find information to assist on the HNE "[To The Point](#)" website.

A Guide to DTPa & dTpa vaccine: has been sent to GPs and is available on the [NSW Health website](#).

Guidelines for the Management of Perinatal Infections: are now available from the [ASID website](#). This complimentary publication provides a guide to assessment and investigation of 14 infections affecting pregnancy and the perinatal period.

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2012 – 15 May 2016

	Hunter New England (YTD* by year)					Central Coast (YTD* by year)				
	2016	2015	2014	2013	2012	2016	2015	2014	2013	2012
Chlamydia infection	1298	1122	1184	1236	1279	400	374	461	360	475
Cryptosporidiosis	57	74	31	98	54	51	19	8	20	23
Gonorrhoea	162	125	115	70	120	39	50	35	44	21
Influenza	184	119	82	32	10	61	34	17	7	14
Meningococcal Disease	2	2	3	2	0	<5	<5	<5	<5	<5
Pertussis	579	341	89	106	305	259	84	7	24	106
Ross River virus†	56	250	86	51	102	7	59	10	13	14
Salmonellosis	206	210	263	200	158	77	85	95	67	71
Syphilis	17	20	18	20	11	6	21	21	11	8

*YTD Year to date for each year (reporting delays may result in changes to 2016 figures)

† Note, a more stringent RRV case definition was introduced in January 2016

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This [Communicable Disease Report](#) and previous editions are available on the internet

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