

Hunter New England and Central Coast Public Health Units
Communicable Diseases Report
November 2018

Mosquito-borne diseases
Pertussis
Gonorrhoea and syphilis

Respiratory disease: Although the influenza season is officially over, about 20 laboratory confirmed notifications are being received each week (mainly influenza A) but additional laboratory-confirmed cases occur in the community and go unreported. Other respiratory viruses are circulating including picornavirus, enterovirus, parainfluenza and human metapneumovirus.

The recent dust storm and bushfires are a reminder that high [airborne particulate levels](#) can trigger asthma attacks as can [thunderstorms](#) so asthmatics should review their asthma action plans.

Disease updates

Travellers to Bali and Indonesia. There have been reports of Japanese Encephalitis (JE) in Bali. Advice from the Commonwealth Department of Health recommends vaccination for travelers spending one month or more in endemic areas in Asia and Papua New Guinea during the transmission season. The risk is probably negligible during short trips to urban areas, see the [JE section in the Australian Immunisation Handbook](#). Other mosquito transmitted diseases also occur in these countries emphasising the need for [mosquito bite prevention](#).

Mosquito-borne diseases: summer brings increased mosquito activity. NSW Health runs a comprehensive [arboviral surveillance program](#) involving mosquito trapping and virus detection. The incidence of Ross River and Barmah Forest virus infections increases over hotter months, especially with people spending more time outside. Symptoms usually develop in around 7 - 10 days often with muscle and joint aches and pains, a general feeling of being unwell and rash. As there is no vaccine or treatment, [avoiding mosquito bites](#) is the only means of prevention. Currently there is low mosquito activity but heavy rains in coastal NSW at the end of November coupled with high tides (with more high tides forecast over the next 3 months) provide ideal conditions for mosquito breeding.

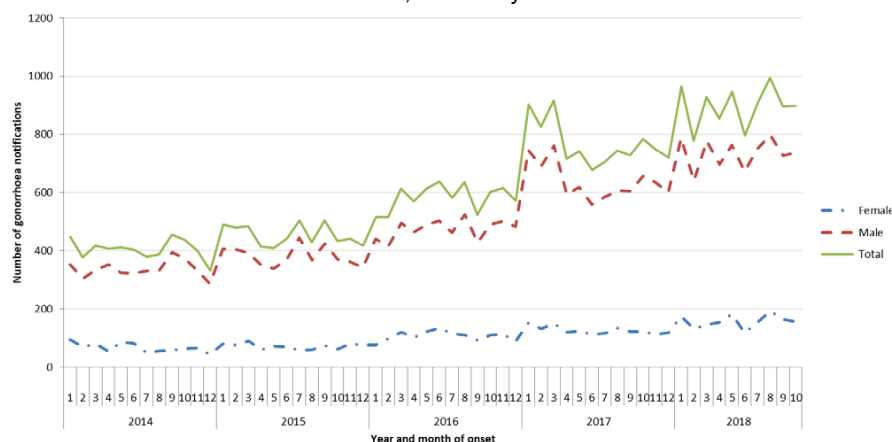
Pertussis: notifications are about 50% higher this year than for the same period in 2017 which has prompted [NSW Health to issue an alert](#) to GPs. [Pertussis](#) can affect all ages including people who have already suffered from the disease and those with waning immunity. Babies and infants may be severely affected unless protected by timely vaccination (including family members) and basic infection control practices such as hand washing, isolation and cough etiquette. Antibiotics are used to reduce whooping cough transmission if taken in the early stages but do not affect the duration of the illness. Child vaccination is covered under the Childhood Immunisation Schedule with a booster recommended for certain adults:

- Women in the third trimester of pregnancy, preferably at 28 weeks.
- Other adult household members, grandparents and carers of infants under 12 months of age.
- Adults working with young children, especially health care and child care workers.

Gonorrhoea: notifications have continued to increase in NSW (Figure 1). Last year, 9,173 gonorrhoea notifications were received, a 31% increase compared to 2016 but already (10 Nov) 9,296 gonorrhoea notifications have been received. Transmission is thought to be mainly associated with male-to-male

sex, with 83% of notifications in 2017 being in men, although this may also reflect success by the sexual health service and NGOs to improve screening. An increasing number of women have been diagnosed since 2016, suggesting that heterosexual transmission is increasing. People are often asymptomatic particularly women and those with gonorrhoea of the throat or rectum.

Figure 1. Gonorrhoea notifications for NSW, 1 January 2014 to 31 October 2018



Source: NSW Notifiable Conditions Information Management System

Syphilis: there is an ongoing [outbreak of infectious syphilis](#) affecting young Aboriginal and Torres Strait Islander people, predominately aged between 15 and 29 years, living in northern Australia. The outbreak began in northern Queensland in January 2011 and has extended to the Northern Territory, the Kimberley region of Western Australia and parts of South Australia in 2016.

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2014 – 13 Nov 2018

Condition	Hunter New England# (YTD* by year)					Central Coast# (YTD* by year)				
	2018	2017	2016	2015	2014	2018	2017	2016	2015	2014
Cryptosporidiosis	74	125	85	108	42	32	38	60	25	10
Gonorrhoea	478	324	340	223	229	192	176	113	82	62
Syphilis	65	53	56	50	32	4	29	32	33	34
Chlamydial Infection	2763	2463	2562	2429	2427	922	900	933	808	919
Influenza	1674	11869	3155	2596	2791	347	4098	1060	729	373
Meningococcal Inf'n	10	15	7	7	8	2	1	4	2	3
Pertussis	869	598	1092	854	335	99	82	350	443	19
Ross River Virus	168	345	89	353	173	14	65	11	71	24
Salmonellosis	314	345	351	352	399	130	198	148	113	150

*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