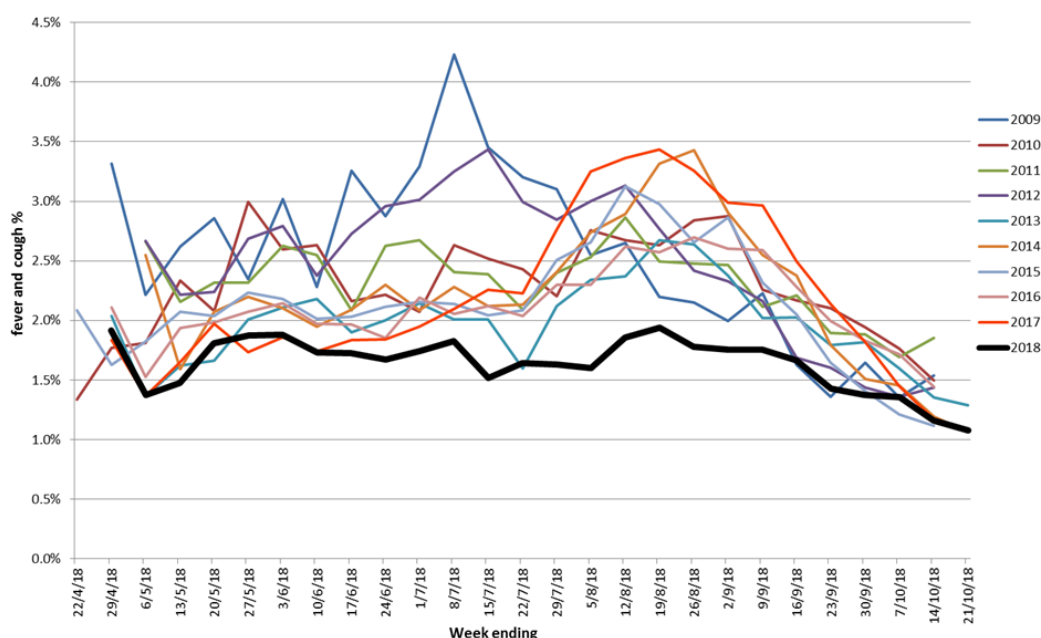


Hunter New England and Central Coast Public Health Units Communicable Diseases Report October 2018

The influenza season is over Local and global disease updates

Influenza: Influenza activity continued to decline across NSW and has dropped below the activity threshold that marks the end of the 2018 influenza season. The season began in early August and extended for nine weeks with peak activity in the week ending 9 September. Influenza activity in the community was mild overall, particularly compared to the 2017 influenza season and the previous nine years (Figure 1.). Influenza A(H1N1) was the most common strain identified and interim analyses suggest that the influenza strains used in the 2018 influenza season vaccines were well matched to the circulating strains.

Figure 1. Flutracking national weekly fever and cough incidence 2009 - 2018



Local and global disease updates

Cryptosporidium risk: the parasite cryptosporidium which can cause diarrhoea is often carried by animals including [cattle and calves](#). Scouring animals shed cryptosporidium oocysts in millions which can transmit to humans and contaminate the environment. As infection can result from a low infectious dose (<10 oocysts) farmers, people visiting farms and those handling animals are particularly at risk. With the onset of the calving season, farm workers should maintain [high hygiene standards](#) such as handwashing, no smoking or eating while working with animals, and changing work clothes when leaving the site.

Schoolies and vaccination: people heading overseas should check their vaccination status. Schoolies are likely to experience higher exposure risks to measles and meningococcal disease when overseas in crowded conditions and partying. Hence they should check currency of meningococcal ACWY and measles vaccination before travelling. Meningococcal ACWY vaccine has been offered at NSW Schools in 2017 for 11 and 12 students; in 2018 for Year 10 and 11 students; and it will be offered in 2019 to Year 10 students. Remember that it takes at least a fortnight post vaccination to achieve full protective benefit.

Buruli ulcer: cases of Buruli ulcer have been reported from the Daintree Forest and Rockhampton regions of Queensland but in Australia the focus is the Mornington and Bellarine Peninsulas of Victoria. [Buruli ulcer](#) notifications in Victoria have increased from 65 in 2013 to 277 cases in 2017 and already have reached 276 infections this year. *Mycobacterium ulcerans*, which causes destructive soft tissue infections and disease, is thought to be spread by mosquitoes and possums. If left untreated, the sores can cause extreme pain as the bacteria release a toxin that suppresses the immune system and can lead to gangrene.

Polio in Papua New Guinea: no cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported in the past week. The total number of cVDPV1 cases in 2018 stands at 18. Fly-in fly-out miners and other travellers from our region may be at risk. The following [polio management advice](#) is recommended by the Commonwealth Department of Health:

- **Australian residents planning to visit PNG for less than 4 weeks** should be up to date with their polio vaccination. For adults, this is a 3 dose primary course, with a booster within the last 10 years. For children, a 3 dose primary course with a booster at 4 years old is currently recommended. These recommended vaccines may be given before arrival in PNG.
- **Australian residents travelling to PNG intending to stay for four week or longer** should have a documented polio booster within 4 weeks to 12 months prior to the date of departure from PNG. The booster may be given before arrival in PNG, as long as it is given within 4 weeks to 12 months prior to leaving PNG.

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2014 – 16 Oct 2018

Condition	Hunter New England# (YTD* by year)					Central Coast# (YTD* by year)				
	2018	2017	2016	2015	2014	2018	2017	2016	2015	2014
Cryptosporidiosis	71	119	77	95	38	30	37	60	22	10
Gonorrhoea	438	297	311	207	215	179	168	110	76	57
Syphilis	61	45	47	45	29	4	28	30	29	33
Chlamydial Infection	2531	2205	2360	2166	2208	839	857	894	771	873
Influenza	1543	11610	2938	2523	2745	326	4091	1054	725	368
Meningococcal Inf'n	9	15	7	6	8	2	1	4	2	3
Pertussis	711	577	959	688	293	79	81	342	357	18
Ross River Virus	148	332	84	332	161	11	65	11	71	23
Salmonellosis	290	311	327	322	372	123	194	141	110	146

*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