

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

We are in the tail of the influenza season
The list of countries affected by Zika expands
Four human Brucellosis cases reported within the last two months in HNE

Meningococcal disease

There have been over 150 cases across Australia of invasive meningococcal disease (IMD) this year. One case of invasive meningococcal disease was reported in both the Hunter New England (HNE) public health unit and Central Coast (CC) public health unit in August. The serogroup responsible for the HNE IMD case was W and the CC case Y. There has been an increase in notifications of invasive meningococcal disease, serogroup W, in Australia since 2013. This serogroup is associated with an increased risk of death with the national case fatality rate of 10% for 2012-2015, 2 times higher than for the other IMD serogroups combined for the same period. Twenty percent of IMD cases in this reported period had an atypical presentation, including septic arthritis, pneumonia and epiglottitis/pharyngitis and gastrointestinal symptoms.

Zika

Over seventy countries have been affected by the Zika virus including Singapore, Thailand and some areas of the United States of America. A full list of countries affected can be found on the Department of Health website in addition to guidance on advice and management of returned travellers (<http://www.health.gov.au/internet/main/publishing.nsf/content/ohp-zika-health-practitioners.htm>). Although rare fatalities have been recorded, most Zika cases are asymptomatic. The principal risk is to pregnant women and their unborn children. There is now international consensus that Zika virus infection is a cause of microcephaly and Guillain-Barré Syndrome (GBS). Evidence suggests sexual transmission is possible so precautions should be considered when partners return from affected countries. Zika can be passed from a person with Zika; before their symptoms start, while they have symptoms, and after their symptoms end. Studies are underway to find out how long Zika stays in the semen and vaginal fluids of people who have Zika, and how long it can be passed to sexual partners.

Overseas acquired measles cases

Measles is still common in many developing countries – particularly in parts of Africa and Asia. Overseas acquired measles cases continue to occur in Australia. Recent cases have travelled to family-friendly destinations including Bali. It is recommended that all persons born during or since 1966 who are >18months of age should have documented evidence of 2 doses of measles-containing vaccine. MMR vaccine can be given to children from nine months of age, but it is recommended that the 1st dose be repeated if it was given at <12months of age.

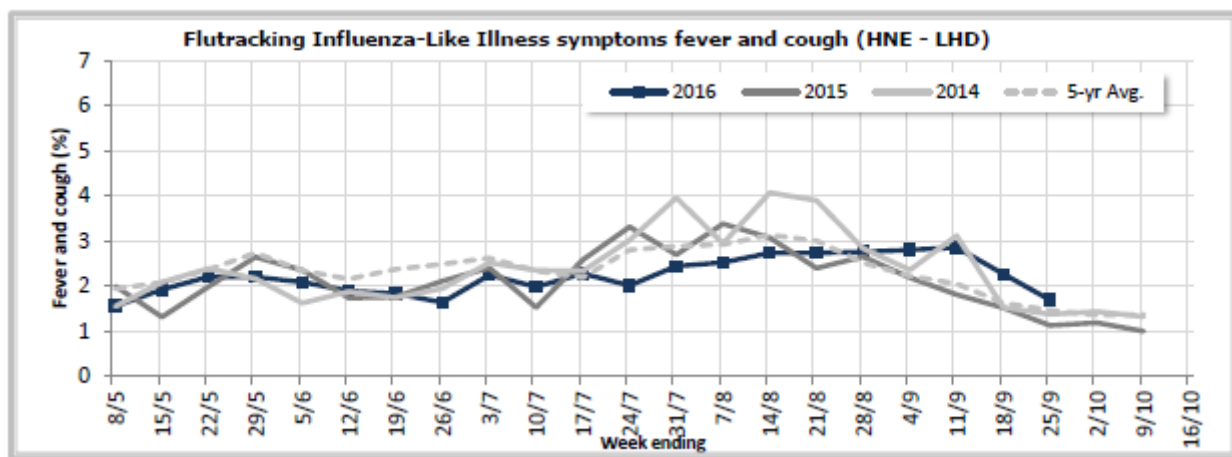
Gastroenteritis

The gastroenteritis season continued this month. Six gastrointestinal outbreaks – four in child care centres and two in aged care facilities have been notified to Hunter New England Population Health in the last month with one confirmed to be due to norovirus. There are three new norovirus strains currently circulating in NSW; Kawasaki 308 (GII.17), New Orleans 2009/Sydney 2012 (GII.P4/GII.4) and GII.P16/Sydney 2012 (GII.P16/GII.4).

Influenza and respiratory infection

Seasonal influenza activity has steadily decreased across New South Wales and is past the peak of activity for this year. Hospital ILI surveillance indicates that activity peaked at the end of August. Community based surveillance, Flutracking, suggests that influenza-like-illness activity levels in the Hunter New England communities are now at low levels (Figure 1). Influenza A (H3N2) remains the dominant circulating influenza strain across the State. Respiratory outbreaks continue to impact aged care institutions with ten facilities reporting respiratory outbreaks in the Hunter New England region in September, with six confirmed to be influenza outbreaks.

Figure 1. Proportion of Flutracking participants with fever and cough, Hunter New England, 2016



The preferred specimen for diagnosis of influenza and respiratory viruses is a separate nose and throat swab collected with a viral transport medium swab set. Request an influenza PCR or a respiratory multiplex PCR (which includes influenza, RSV and rhinovirus). A respiratory multiplex PCR is not fully covered by Medicare and will incur an additional cost to the patient.

Coronavirus (MERS-CoV)

To date, there have been 1806 laboratory confirmed cases of MERS-CoV globally, with 643 deaths. Cases continue to be detected in Saudi Arabia, with other countries including Austria reporting recent cases in visitors from Saudi Arabia. Since September 2012, 27 countries have reported cases of MERS-CoV.

Brucellosis

Four cases of human Brucellosis cases have been notified to the HNE Public Health Unit in the last two months. All four cases were males from the New England region who had recently engaged in pig shooting or hunting. Symptoms of Brucellosis in humans are similar to that of other zoonotic illnesses and include, but are not limited to, fever, headache, weakness, profuse sweating, chills, arthralgia and myalgia. A tool for the diagnosis and management of brucellosis is available [here](#). If you suspect a patient may have Brucellosis, contact Public Health for further information and advice.

Immunisation News

Getting ready for the Australian Immunisation Register (AIR)

From 30 September 2016 the Australian Childhood Immunisation Register (ACIR) becomes the Australian Immunisation Register (AIR). Vaccinations administered to all ages will be registered on the AIR. If your facility, public or private does not currently have access to online ACIR now is the time to act. Any facility with a provider number can obtain access to the ACIR. If your facility doesn't have a provider number, click [here](#) for the online form and details. If you have a provider number, request access through the [ACIR site](#)

The HIV test is positive! Now what...? (An update on the HIV Support Program)

HIV Testing is recommended for people in high risk groups and for people with clinical presentations that might be due to underlying HIV infection. The [HIV Testing Table](#) guides testing of people such as men who have sex with men, pregnant women and anyone diagnosed with another sexually transmissible infection; while [Clinical indicator conditions](#) such as unexplained weight loss or oral candidiasis should also trigger HIV testing.

Diagnosing HIV infection and starting treatment as early as possible, provides the best health outcomes for the patient and dramatically reduces the risk of onward transmission.

You may make an HIV diagnosis only once in your career, so Health Protection NSW has established the HIV Support Program (HSP) to provide expert advice for doctors at the time that the new HIV diagnosis is made.

A positive HIV test prompts a notification from the laboratory via the NSW Health HIV Surveillance team to your local HIV expert who will call you to offer support with giving the diagnosis to the patient. Assistance will also be given so that you can provide the patient with 5 key support services considered essential around the time of HIV diagnosis: rapid linkage to specialist HIV care and access to treatment, psychosocial support, counselling about prevention of transmission of HIV, support for partner notification and linkage to specialist and community support services.

You can also request support directly from the HSP by calling a NSW Health HIV surveillance officer on (02) 9391 9195.

A range of resources for diagnosing doctors as well as newly diagnosed patients are available on the [NSW Health Ending HIV webpage](#).

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2012 – 11 September 2016

	Hunter New England (YTD* by year)					Central Coast (YTD* by year)				
	2016	2015	2014	2013	2012	2016	2015	2014	2013	2012
Hepatitis C – Unspecified	329	288	301	263	226	157	175	201	174	154
Hepatitis C – Newly acquired	6	8	10	8	13	<5	<5	<5	<5	<5
Cryptosporidiosis	75	90	38	119	72	58	30	11	30	31
Giardiasis	331	312	297	211	170	113	128	116	80	69
Shigellosis	11	6	<5	<5	<5	18	7	9	5	<5
Influenza	2172	2006	2358	269	984	887	739	378	80	133
Meningococcal Disease	6	<5	6	9	<5	<5	<5	<5	<5	<5
Pertussis	825	607	230	162	429	318	743	25	42	232
Legionellosis	12	5	6	7	8	<5	<5	<5	<5	<5
Salmonellosis	303	305	358	301	226	123	140	183	127	132

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

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