

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

Influenza activity likely to rise in the next few weeks
Information for overseas travellers: Hajj, Olympics, Paralympics
Gonorrhoea, Hepatitis C and HIV information

Influenza and respiratory infection

In the northern hemisphere, influenza activity continues to decrease with influenza B virus the predominant strain. In the southern hemisphere, influenza activity has started to increase in South America and South Africa, but remains low throughout Oceania. However; there are indications that the influenza season is approaching. Currently in NSW, influenza A(H3N2) and influenza A(H1N1)pdm2009 strains is circulating at similar levels. Newcastle data show the majority of strains are influenza A (H1N1).

Picornavirus and RSV remain the most commonly identified respiratory viruses. Data from selected NSW laboratories show respiratory viruses are ten-fold more prevalent than influenza and in HNE the proportion of respiratory viruses is 40 fold more common than influenza. It is likely that perceived 'influenza-vaccine failures' are the result of infection with respiratory viruses other than influenza

Figure 1. Total weekly counts of ED visits for influenza-like illness from January – 19 June 2016 (black line) compared with the five previous years.

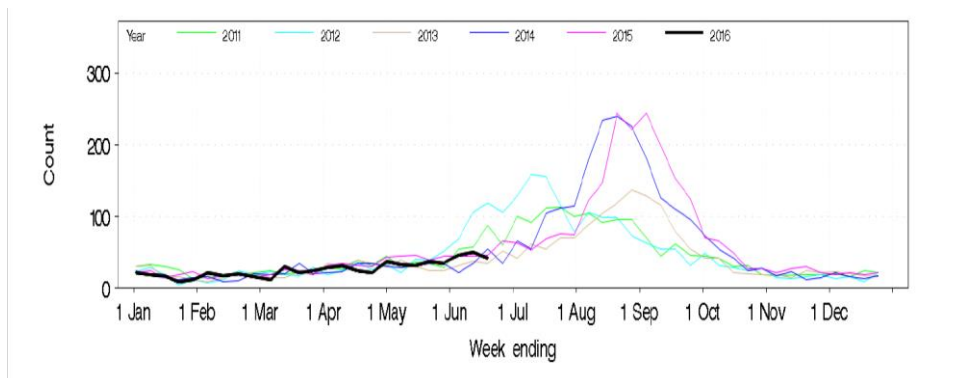
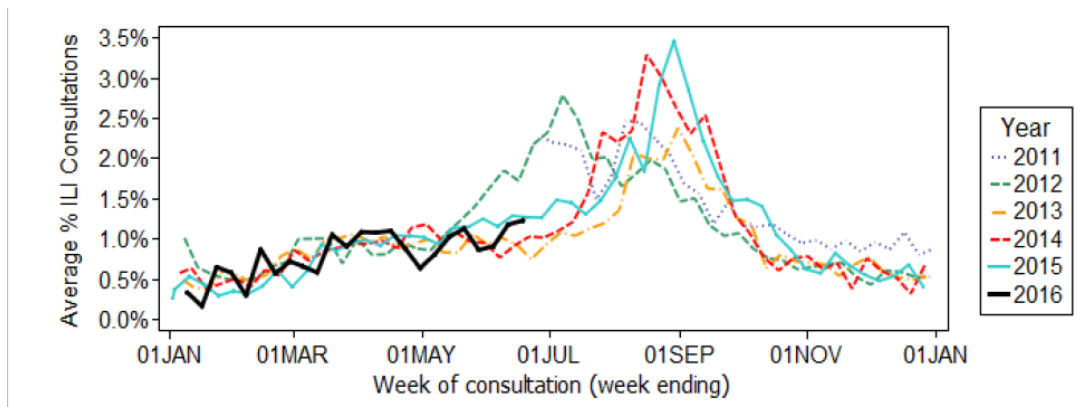


Figure 2. Average rate of influenza-like presentations to sentinel general practices by week of consultation 2011-2016 (year to date)



Source: NSW Ministry of Health

Pertussis: activity is finally decreasing, with NSW receiving less than 150 notifications/week for the first time this year.

Advice for people travelling overseas

[NSW Health](#) and [WHO](#) have issued advice for travellers to the Hajj, Olympics and Paralympic Games. Appropriate vaccinations and risk avoidance are important preventative measures. In Saudi Arabia the concern is for MERS CoV infection, also meningitis and contagious diseases associated with large gatherings. In [Brazil and South America](#), avoiding mosquito bites is particularly important as Zika is a risk. As Zika infection has been associated with sexual transmission, travellers should consider safe-sex practices on return.

Zika virus outbreak and neurological disorders

Since the beginning of 2015, 55 countries and territories have reported active [Zika virus](#) transmission, the majority (40%) in the Americas. In the last month, two countries have reported local transmission for the first time – Argentina and Indonesia (Java). Further expansion of Zika infection is anticipated in countries with competent mosquito vectors, especially *Aedes aegypti*.

Cryptosporidiosis

The Central Coast Local Health District has experienced a significant increase in notifications of cryptosporidiosis. Cryptosporidiosis is sometimes associated with swimming in contaminated pools, and CCPHU has undertaken environmental investigations of five public pools year-to-date. To avoid spreading cryptosporidiosis, confirmed cases should:

- Not swim for at least two weeks after diarrhoea has stopped
- Not share towels or linen for at least two weeks after diarrhoea has stopped
- Not handle or prepare food for others for at least 48 hours until after diarrhoea has stopped

Invasive meningococcal disease

Two cases of invasive meningococcal disease (IMD) were notified in NSW this reporting week with one death. One case was caused by serogroup W and the other by serogroup Y. A total of 21 cases of IMD have been reported so far in 2016, including four people who died from their infection. In the same period of 2015 there were 13 cases notified. Cases in 2016 have occurred in adults and children (age range, 0 to 88 years). Meningococcal serogroup information is available for 19 of the cases in 2016, with seven cases caused by serogroup B, seven by serogroup W, four by serogroup Y, and one by serogroup C. This represents a changing pattern of disease and increased mortality. Features of the disease are described on the [NSW website](#).

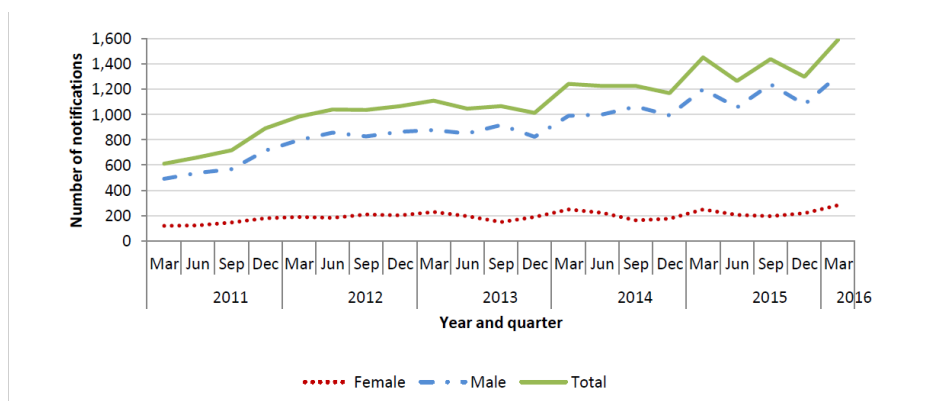
HIV

In the first quarter of 2016 there were 84 NSW residents notified with newly diagnosed HIV infection a 9% reduction in notifications compared to the quarter 1 average for 2010-2015 (n=92). Overall 93% (78) were males and 7% (6) were females, a similar proportion to previous years. HIV risk exposure was reported as male-to-male sex for 81% (68) of newly diagnosed people, heterosexual exposure was 12% (10) and injecting drug use, 1% (1).

Gonorrhoea

The number of gonorrhoea notifications in NSW continues to increase (Figure 3). In the first quarter of 2016 there were 1,593 notifications, an increase of 10% on the same period for 2015. It is thought that transmission is mostly associated with male-to-male sex with 82% of notifications being in men. Over half of notifications were from inner Sydney.

Figure 3. NSW gonorrhoea notifications by gender and quarter, 1 January 2011 to 31 March 2016



Recent changes to hepatitis C treatment and management

Since March 2016 new 'direct acting antiviral' medications for the treatment of hepatitis C infection were listed under the PBS. These medications include: Harvoni (Sofosbuvir/Ledipasvir)- Genotype 1 Sofosbuvir/Ribavirin – Genotype 2 Sofosbuvir/Daclastavir – Genotypes 1 and 3 Viekira Pak/RBV – Genotype 1. All treatment regimens have a predicted sustained virological response of 85 – 90%. GPs are eligible to prescribe these medications (in consultation with a specialist) for non-cirrhotic or uncomplicated patients; or may continue to refer their patients to the Viral Hepatitis Service. The Viral Hepatitis Stream has updated the [HealthPathways site](#) to include information GPs require to assist them with managing and treating hepatitis C patients. [National Consensus Guidelines](#) have also been developed.

'Lets Talk About Antibiotics' and updated antibiograms

Updated cumulative antibiograms (with commentaries) for HNE public hospitals and associated sectors are provided on the latest posting of the [Pathology North Antimicrobial Stewardship Resource site](#). Cumulative antibiograms summarise the collective susceptibility of specific bacterial isolates against various antibiotics. The reports include 2015 analyses of local bloodstream infections, community and healthcare –associated infections, with occurrence of key bacterial antibiotic resistances such as events due to MRSA, VRE or antibiotic resistant Gram negatives (*E. coli* and similar).

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.

New immunisation register: From 1 September 2016 the Australian Childhood Immunisation Register (ACIR) becomes the Australian Immunisation Register (AIR). Vaccinations administered to all ages will be registered on AIR. If your facility does not have access to online ACIR, act now. Any facility with a provider number can obtain access to ACIR, if you don't have a provider number click [here for the online form](#).

If you have a provider number, request access through [the ACIR site](#) and follow these directions:

How to access ACIR Google 'Request for ACIR' Fill in the boxes

A letter will be sent to the address linked to your provider number, you will need to save the password.

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2012 – 14 June 2016

	Hunter New England (YTD* by year)					Central Coast (YTD* by year)				
	2016	2015	2014	2013	2012	2016	2015	2014	2013	2012
Chlamydia infection	1515	1340	1404	1461	1499	509	458	540	428	560
Cryptosporidiosis	60	79	34	103	59	55	19	8	24	23
Gonorrhoea	191	145	132	83	143	53	55	36	59	25
Influenza	213	172	108	42	46	80	52	53	9	40
Meningococcal Disease	3	2	4	4	1	<5	<5	<5	<5	<5
Pertussis	638	402	108	109	332	272	113	9	24	127
Ross River virus†	67	267	108	71	118	7	62	11	14	15
Salmonellosis	233	236	299	239	173	101	89	108	75	71
Syphilis	24	23	20	23	13	6	21	22	15	11

*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

Population Health contact details (note, 1300 066 055 will find your local PHU)
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This [Communicable Disease Report](#) and previous editions are available on the internet

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