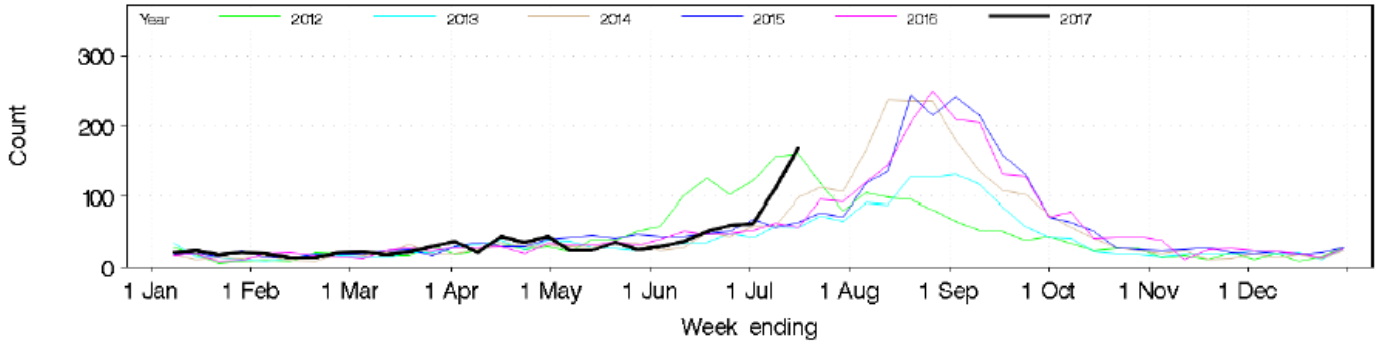
Hunter New England and Central Coast Public Health Units
Communicable Diseases Report
July 2017

Influenza activity increasing; vaccine available
Infectious measles case visiting Sydney

Influenza and respiratory infection: Influenza activity continued to increase across NSW in July. There have been several outbreaks within inpatient wards and aged care facilities. Emergency department presentations of influenza like illnesses (ILI) were above normal for this time of year in NSW, reflecting the early start to the 2017 season (Figure 1). The peak of the influenza season is typically seen 5-8 weeks after the start of the season.

Figure 1: Total weekly counts of NSW emergency department visits for influenza-like illness, all ages, from 1 January – 16 July, 2017 (black line), compared with each of the 5 previous years (coloured lines).



The community surveillance system, FluTracking, also reported higher levels of fever and cough amongst its participants; 2.0% for vaccinated and 2.3% for unvaccinated participants (Australia-wide) and 2.3% of vaccinated and 2.9% of unvaccinated participants (locally).

Laboratory surveillance in the Hunter New England Local Health District indicates picornavirus, influenza and respiratory syncytial virus (RSV) as the predominant respiratory viruses circulating. Influenza A sub-types, particularly A(H3N2), are the predominant influenza strains circulating.

- It is not too late for vaccination; information on influenza vaccination can be obtained from the National Immunisation Program and NCIRS websites
- Health staff who have not yet had their annual influenza vaccine are recommended to do so as soon as possible
- It is essential that clinical staff do NOT continue to work if they have developed fever and cough
- It is essential that clinical staff practice high levels of hand hygiene and maintain standard precautions
- All patients with ILI symptoms must be managed with droplet precautions in advance of any test results
- Inpatients who develop ILI symptoms require testing as soon as practicable
- Please note; pathology specimen kits have recently changes – see this location for more information https://aimed.net.au/category/health-pathology-nsw/

Facility based outbreaks of ILI continue to increase locally. Control guidelines for residential care facilities (respiratory and gastrointestinal outbreaks) are available on the Hunter New England website; including a new Flu-Info Kit; this shorter (16 pages) version of the guidelines contain the essentials for outbreak management in institutions. Outbreak coordinators are reminded to:

- Isolate symptomatic residents
- Collect viral swabs
- Commence a line list
- Communicate with staff about enhanced infection control
- Identify and report new cases
- Notify Public Health

Measles: A student from overseas recently visited Melbourne (12-15 July) and Sydney (15-19 July) whilst infectious. There were multiple exposure opportunities at the Sydney airport and across the Sydney Central Business District. Physicians are asked to:

- Suspect measles in any patient with rash and fever who is not immunised (or under-immunised) and reported travel to Sydney in the 21 days before onset.
- Review immunisation records of overseas immigrants to ensure they are fully vaccinated for measles according to Australian guidelines (many countries still comply with a single dose schedule which confers immunity in 85-95% of individuals, compared to 97% for individuals receiving two doses).

Norovirus: Hunter New England Public Health continues to investigate outbreaks of suspected viral gastroenteritis. In 2016, three new norovirus strains were identified in NSW; Kawasaki 308, New Orleans 2009/Sydney 2012 and GII.P16/Sydney 2012. The original Sydney 2012 strain, identified by researchers at UNSW, has caused 6 pandemics since 1995. The recombinant strain (GII.P16/Sydney 2012) emerged in October 2014 and is causing outbreaks around the world, including Australia. It was recently identified in an outbreak investigated by HNELHD as noted in the last CD report. These three new strains are likely to cause increased activity again this year. To date, there have been 40 gastro outbreaks in institutions in Hunter New England and Central Coast Local Health Districts. In 2015, prior to the emergence of the 3 new norovirus strains in NSW, there were 27 gastro outbreaks recorded over the same period (Jan –Jun). Person-person transmission of norovirus, including within households, is common.

- Good hand hygiene and thorough cleaning of contaminated surfaces are the key measures for preventing secondary transmission.

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2013 – 18 July 2017

	Hunter New England (YTD* by year)					**Central Coast** (YTD* by year)				
	2017	**2016**	**2015**	**2014**	**2013**	**2017**	**2016**	**2015**	**2014**	**2013**
Cryptosporidiosis	107	66	83	35	106	31	56	20	8	26
Gonorrhoea	209	229	155	146	96	96	66	57	40	62
Syphilis	30	30	28	23	22	8	20	24	22	16
Chlamydial Infection	1561	1674	1505	1608	1623	550	580	503	592	455
Influenza	677	284	252	194	51	347	110	84	83	11
Meningococcal Disease	4	3	2	4	5	1	1	2	2	1
Pertussis	422	690	453	121	119	53	275	130	10	24
Ross River Virus	280	72	271	120	76	41	8	64	12	14
Salmonellosis	243	251	256	308	260	167	108	92	112	79

***YTD, Year to date for each year (reporting delays may result in changes to 2017 figures)

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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