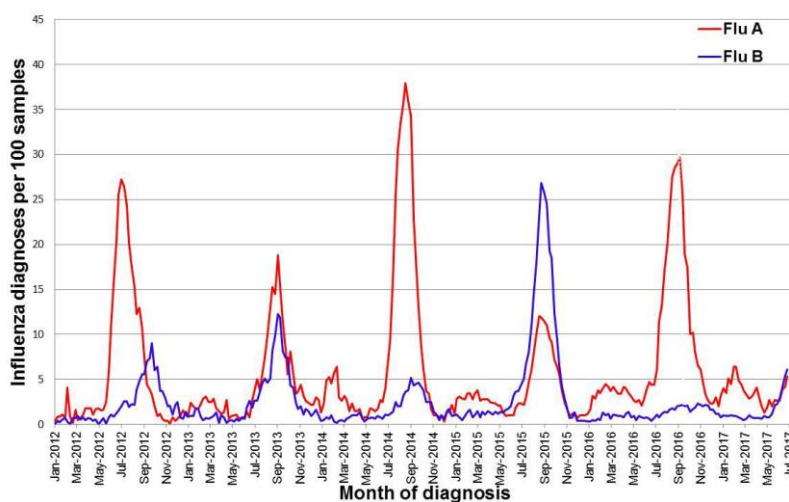


Hunter New England and Central Coast Public Health Units Communicable Diseases Report June 2017

Influenza activity increasing, vaccine available
HIV statistics show no reduction in heterosexual rates

Influenza and respiratory infection: Influenza activity is slowly increasing in Australia with surveillance indicators suggesting the season is about to commence. Impact on emergency departments and hospitalisations associated with influenza are within the usual range for this time of year. High numbers of influenza notifications (Table 1.) are likely a result of increased testing. The proportion of influenza B cases is increasing (Figure 1.) making vaccination particularly beneficial as the quadrivalent vaccine contains two influenza B components. It is not too late for vaccination.

Figure 1. Percentage of positive laboratory tests by week, January 2012 - 25 June 2017, NSW



The community surveillance system [FluTracking](#) which monitors 26,000 people each week throughout the country, indicates levels of fever and cough of 1.7% for vaccinated and 2.0% for unvaccinated participants. Locally, 1.9% of vaccinated and 2.5% of unvaccinated participants reported fever and cough symptoms.

Under the [National Immunisation Program](#) influenza vaccine is available at no charge for:

- All people over 65 years of age
- All Aboriginal and Torres Strait Islanders between 6 months and 5 years, and >15 years of age
- Pregnant women
- People over 6 months with certain medical conditions

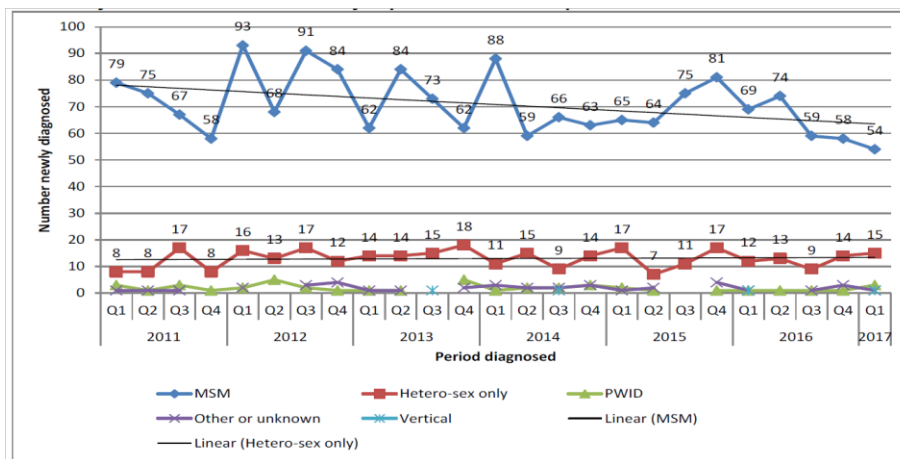
Further influenza vaccination information can be obtained from the [NCIRS website](#).

Locally, laboratory surveillance indicates picornavirus and respiratory syncytial virus (RSV) and then influenza are the predominant circulating respiratory viruses along with a range of other viruses.

HIV: In NSW for the first quarter of 2017, there were 74 newly diagnosed HIV cases, 20% fewer than the average for quarter 1 in 2011-2016 (n=92). The decrease is attributed to a decline in diagnoses among gay and bisexual men and is the lowest number of notifications in this group since the early 1980s. Considering increased HIV testing among priority populations, HIV transmission in gay and bisexual men appears to be declining; however, there has not been a fall in the number of diagnoses with evidence of late HIV diagnosis or a reduction in cases amongst heterosexual people.

These results indicate that there are still people with undiagnosed HIV infection, and testing and infection control measures need to continue. Earlier diagnosis through more frequent testing, higher treatment coverage and increased use of HIV pre-exposure prophylaxis (PrEP) are all contributing to reducing HIV transmission. More information can be found at [First Quarter HIV Data Report 2017](#).

Figure 2. NSW residents with newly diagnosed HIV infection from 1 January 2011 to 31 March 2017



Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 8 May 2017

Gastroenteritis: HNEPH has recently investigated norovirus outbreaks with very high attack rates. Genotyping from one outbreak identified GII.P16/GII.2 norovirus, a recombinant strain that emerged in late 2016, which is highly infectious in a naïve population. Norovirus is easily spread through person to person contact, airborne particles from vomit or faeces or indirectly through contact with contaminated surfaces. Good hand hygiene practices are important in preventing spread.

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2013 – 13 June 2017

	Hunter New England (YTD* by year)					Central Coast (YTD* by year)				
	2017	2016	2015	2014	2013	2017	2016	2015	2014	2013
Cryptosporidiosis	104	58	77	33	99	27	55	19	8	22
Gonorrhoea	183	175	133	122	77	82	53	54	36	55
Syphilis	28	24	23	19	21	8	18	21	22	15
Chlamydial Infection	1284	1394	1231	1309	1353	468	487	424	509	400
Influenza	328	196	140	95	36	88	81	43	32	9
Meningococcal Disease	3	3	2	3	3	1	0	2	2	1
Pertussis	349	621	368	98	108	45	268	100	8	24
Ross River Virus	256	63	261	98	62	36	8	60	10	14
Salmonellosis	221	221	223	279	222	163	96	87	106	72

*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)

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