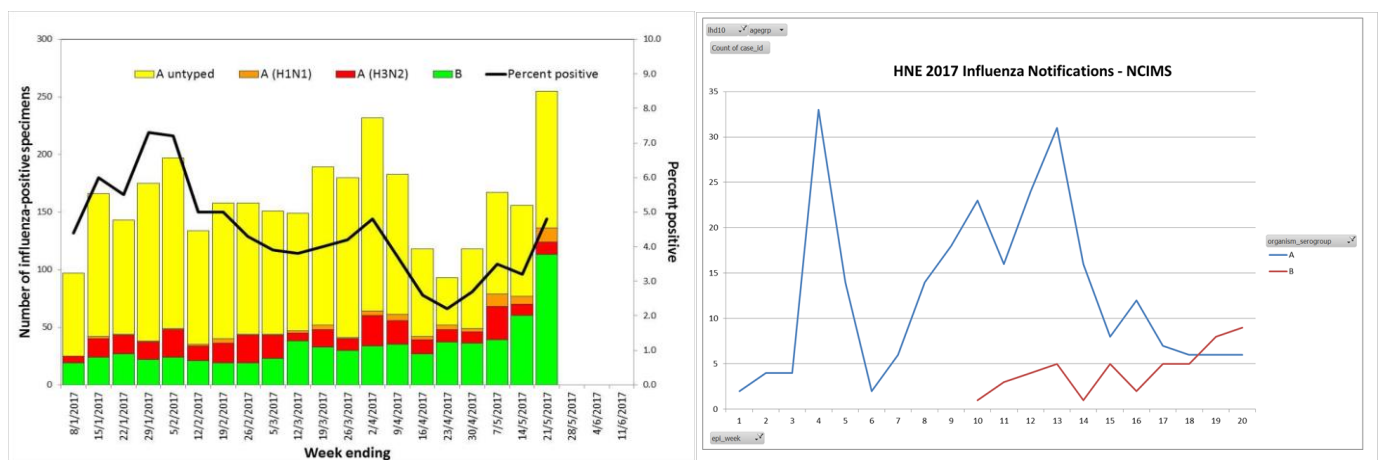


Hunter New England and Central Coast Public Health Units Communicable Diseases Report May 2017

Influenza activity increasing, vaccine now available
Updated meningococcal and adult vaccine factsheets

Influenza and respiratory infection: Influenza activity is at low inter-seasonal levels in the northern hemisphere with influenza A (H3N2) and, more recently, influenza B viruses predominant. In Australia there has been a slight increase in influenza activity, as expected with the cooler weather, and also a recent trend towards influenza B (Figures 1, 2).

Figure 1 Influenza notifications by week, NSW. Figure 2. Influenza notifications by week, HNE (Source, NSW Health)



The community surveillance system [FluTracking](#) which monitors 26,000 people weekly, indicates levels of fever and cough slightly lower than for the same period last year with 1.6% of vaccinated and 2.2% of unvaccinated participants reporting symptoms.

Under the [National Immunisation Program](#) free influenza vaccine is available 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](#).

Laboratory surveillance indicates that picornavirus and respiratory syncytial virus (RSV) are the predominant circulating respiratory viruses.

Mumps: There have been 50 notifications of mumps in NSW this year compared to 10 in the same period in 2016. Cases do not appear to have been associated with a known outbreak and have occurred throughout the state with the greatest proportion occurring in the Sydney region and among people aged 20

to 40 years. The increase in cases may be reflective of increased circulation of the virus in Australia and the region, with mumps outbreaks reported in two Pacific nations this week.

Mumps is an acute viral disease with symptoms including fever, loss of appetite, tiredness and headaches followed by swelling and tenderness of the salivary glands. Complications are rare but can be serious and include encephalitis and meningitis, orchitis, spontaneous abortion and hearing loss. The mumps virus is transmitted through contact with respiratory secretions, usually through the airborne route but also through direct contact with the saliva of an infected person.

Under the Childhood Immunisation Program, MMR vaccine is given at 12 and 18 months of age.

Immunisation

[Meningococcal vaccines, updated factsheet](#): In NSW, there have been 24 cases of invasive meningococcal disease (including two deaths) up until 6 May. Thirteen cases were serogroup B, two serogroup C, three serogroup W, three serogroup Y and three were not able to be typed. The updated factsheet provides current information on the available vaccine options.

[Adult vaccines](#): an updated factsheet is now available describing all adult vaccines available under the Australian National Immunisation Program.

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2013 – 16 May 2017

	Hunter New England (YTD* by year)					Central Coast (YTD* by year)				
	2017	2016	2015	2014	2013	2017	2016	2015	2014	2013
Cryptosporidiosis	95	54	74	31	91	21	52	18	8	19
Gonorrhoea	160	154	117	107	63	73	38	49	34	41
Syphilis	24	17	18	17	18	8	14	19	20	9
Chlamydial Infection	1097	1186	996	1068	1116	419	394	353	434	343
Influenza	273	174	111	76	31	65	61	29	16	6
Meningococcal Disease	3	2	2	2	2	1	0	0	2	1
Pertussis	294	560	310	85	97	40	252	72	7	24
Ross River Virus	224	51	238	68	37	20	7	56	10	12
Salmonellosis	198	196	201	237	186	149	75	80	94	64

*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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