

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

Introduction of the meningococcal W childhood vaccine
Ross River virus activity decreases
Heatwave conditions increases bat exposure risk

Influenza and respiratory infection

Monitoring global influenza activity provides information on what may transpire in Australia. Additionally, influenza surveillance helps to understand the risk for travellers to the northern hemisphere during the northern winter particularly as they may return with the virus and infect others.

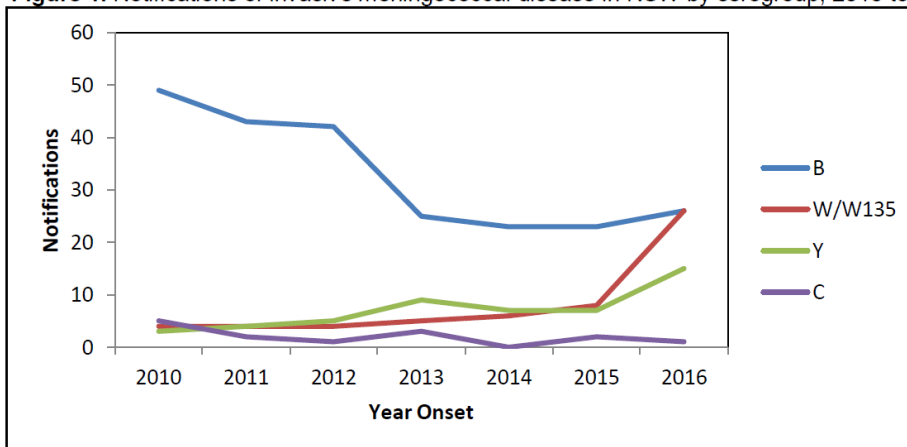
Influenza activity continues to be raised in the temperate zone of the northern hemisphere although many countries, especially in East Asia and Europe, appear to have already peaked and are reporting decreasing trends. Worldwide, influenza A(H3N2) virus is predominant. The majority of influenza viruses characterised so far are similar antigenically to the reference viruses contained in vaccines for use in the 2016-2017 northern hemisphere influenza season. In Australia, influenza vaccine should be available in pharmacies from the middle of March and from the NSW Health Vaccine Distribution Centre about mid-April. This vaccine will contain the same influenza A(H3N2) component that was used in the northern hemisphere vaccine, with only a minor change to the A(H1N1) component.

Introduction of the funded meningococcal ACWY vaccine

The meningococcal ACWY vaccine will be offered to year 11 and 12 students starting in May. This is in response to a recent [increase in serogroup W infections in Australia](#). A helpful video description of the current situation targeted at GPs can be found on the [NSW Health website](#).

Once sufficient supply is received for the school program, GPs will be notified of vaccine ordering arrangements to cover teenagers who are unable to be vaccinated at school. Note that the serogroup C vaccine should continue to be given to infants at 12 months of age and is free under the childhood vaccination scheme. Vaccination for serogroup B is available on the private market.

Figure 1. Notifications of invasive meningococcal disease in NSW by serogroup, 2010 to 2016.



Notifications where no serogroup was available are not included in this graph.

Graph from NSW Health

Mosquitoes and arbovirus infection: Hot and dry conditions across the inland have slowed the Ross River virus (RRV) outbreak with declining mosquito numbers and no new RRV isolates in mosquito traps since mid-January. The forecast for dry conditions and above average inland temperatures over the next quarter suggests that mosquito numbers are unlikely to rise again this season. RRV notifications have been high this year, particularly from southern NSW and Victoria which has recorded over 1000 notifications since 1 January 2017. There have been 55 notifications of imported dengue cases in NSW so far this year. People are reminded of the importance of [protection against mosquito bites](#) especially when travelling.

Bat and Australian Bat Lyssavirus exposures: Recent heatwave conditions across the eastern states have led to mass mortalities amongst flying foxes with many thousands dying and others found on the ground or caught on fences in a distressed condition. In one incident 30 rescuers were bitten or scratched and required post-exposure prophylaxis. Only trained bat handlers who are fully vaccinated against rabies and wearing full personal protective equipment should consider rescuing bats or flying foxes. All bat exposures should be referred to the PHU to determine need for post-exposure prophylaxis.

Skin infections: Summer and autumn is the peak time for [boils, abscesses and other skin infections](#). Treating, clearing and preventing recurrence of skin infections is challenging particularly those caused by [community acquired methicillin resistant *Staphylococcus aureus*](#) which is now becoming increasingly prevalent. Consider collecting specimens for culture prior to commencing empirical therapy. Incision and drainage remains the primary treatment for boils and abscesses. The PHU is able to provide advice on the management of disease clusters.

Communicable disease notifications

Table 1. Summary of selected notifiable conditions (YTD* by year), 2013 – 14 February 2017

| | Hunter New England (YTD* by year) | | | | | Central Coast (YTD* by year) | | | | |
|------------------------------|-----------------------------------|------|------|------|------|------------------------------|------|------|------|------|
| | 2017 | 2016 | 2015 | 2014 | 2013 | 2017 | 2016 | 2015 | 2014 | 2013 |
| Cryptosporidiosis | 21 | 18 | 22 | 16 | 18 | 7 | 14 | 8 | 5 | 6 |
| Gonorrhoea | 48 | 31 | 25 | 31 | 13 | 24 | 15 | 21 | 18 | 13 |
| Syphilis | 3 | 7 | 5 | 8 | 4 | 1 | 1 | 7 | 8 | 4 |
| Chlamydial Infection | 278 | 325 | 306 | 256 | 300 | 190 | 176 | 164 | 203 | 140 |
| Influenza | 46 | 19 | 29 | 24 | 9 | 22 | 14 | 7 | 9 | 1 |
| Meningococcal Disease | 2 | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 |
| Pertussis | 101 | 213 | 79 | 38 | 25 | 16 | 155 | 7 | 5 | 16 |
| Ross River Virus | 53 | 10 | 27 | 14 | 12 | 4 | 2 | 18 | 2 | 3 |
| Salmonellosis | 58 | 49 | 66 | 59 | 46 | 87** | 29 | 47 | 53 | 34 |

*YTD, Year to date for each year (reporting delays may result in changes to 2017 figures) **Note: 72 salmonellosis cases were reported from an outbreak at a Central Coast food premise. Notifications have now returned to historical levels.

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