Waikato District Health Board

January 2009

PUBLIC HEALTH BULLETIN

Communicable Diseases notified January 2009

Disease name	Jan-08	Jan-09	YTD	Disease name	Jan-08	Jan-09	YTD
Brucellosis	0	0	0	Meningococcal disease	0	0	0
Campylobacteriosis	59	64	64	Mumps	1	0	0
Cryptosporidiosis	3	4	4	Murine Typhus	0	0	0
Cysticercosis	0	0	0	Paratyphoid fever	0	0	0
Dengue fever	0	2	2	Pertussis	3	12	12
Gastroenteritis - unknown cause	5	2	2	Rheumatic fever - initial attack	0	3	3
Giardiasis	10	9	9	Rheumatic fever - recurrent attack	3	0	0
Hazardous substances injury	0	0	0	Salmonellosis	29	13	13
Hepatitis A	1	0	0	Shigellosis	0	0	0
Hepatitis B	0	0	0	Tuberculosis - treatment of latent infection	0	0	0
Hepatitis C	0	0	0	Tuberculosis disease - new case	2	2	2
Invasive pneumococcal disease	0	6	6	Tuberculosis disease - relapse or reactivation	2	0	0
Lead absorption	2	0	0	Typhoid fever	0	0	0
Legionellosis	0	1	1	VTEC/STEC infection	0	4	4
Leptospirosis	2	4	4	Yersiniosis	1	4	4
Listeriosis	1	0	0	TOTAL	124	130	130

HPV vaccine school-based campaign starts in March

Most Waikato intermediate and secondary schools will be offering the HPV vaccine, commencing early March. Whilst the expectation is that eligible young women attending school will be vaccinated as part of the school campaign this is still a matter of choice for the young woman and her family.

General practice can claim for all HPV vaccinations given to young women in the eligible age band which is girls aged 12-18 years born on or after 1 January 1990.

Former timber workers sought

The Ministry of Health asked Allen & Clarke Policy and Regulatory Specialists Ltd to look into what exposures to PCP took place in the New Zealand timber industry, review the evidence on the health conditions associated with exposure to PCP and interview a range of experts and interested parties. They will then make recommendations regarding support services that might be available to and/or required by former timber workers.

Allen & Clarke is asking former timber workers who were exposed to PCP to register their interest in being consulted on the shape of the future service.

Ring Mr Allen direct on (04) 890 7310, or email pcpss@allenandclarke.co.nz. The formal terms of reference for the project are available on Allen & Clarke's website at www.allenandclarke.co.nz

Changes to death certification and cremation

On 25 January, 2009 changes to the Burials and Cremations Act 1964 and the Cremations Regulations 1973 came into force. The main reason for the change was to remove inconsistencies with

the Coroners' Act 2006 and the Births, Deaths Marriages and Relationships Registration Act 1995.

Changes important for medical practitioners are:

- A medical practitioner may now write a death certificate for a patient he/she did not care for in life, provided that there is good documentation of the patient's last illness, and sufficient evidence available to the certifying doctor for him/her to be satisfied that there is no reason for the death to be referred to a Coroner (new sections 46B and 46C of the Burial and Cremation Act 1964).
- A medical practitioner may complete a request for cremation even if he/she did not care for the patient in their last illness; again only if there is sufficient documentation and evidence available to allow the practitioner to satisfy him/herself that there is no reason to prevent the final disposal of the body. The signatory MUST still see the body after death (Regulation 7 of the Cremation Regulations and form B of the Regulations).
- A medical practitioner MAY sign a death certificate for any person over 70 years, whose death is expected but is precipitated by an accident such as a fall. Such cases must still be referred to the Coroner (new section 46C of the Burial and Cremation Act 1964).

These changes place an even greater responsibility on practitioners to act with integrity, and to seek advice if they are uncertain.

If the uncertainties cannot be resolved with advice, the certificate should not be issued. Coroners, medical referees and during working hours the Ministry of Health can provide advice.

Prepare for the influenza season

During the 2009 influenza season, New Zealand may be in for higher numbers of cases than we have seen in the last three years, according to current indicators. Thus it is important influenza immunisation is recommended to all those who are eligible.

A National Influenza Strategy Group (NISG) study has shown the single most important factor in a person agreeing to an influenza immunisation is the recommendation from their health professional. The findings showed 52 per cent of those most at risk of influenza who had chosen vaccination had been motivated by a heath professional.

You can reduce hospitalisations and deaths from influenza disease by making a recommendation to all patients 65 years and over, and those with a chronic condition, that having an influenza immunisation is good advice, the vaccine is free to them and available soon.

Health care workers also need to be proactive and propose influenza immunisation both to the at-risk groups as well as to be immunised themselves. This provides protection for them, reduces transmission and improves uptake – your actions can make a difference.

Vaccine strains for 2009
* A(H1N1): an A/ Brisbane/59/2007 (H1N1)-like strain
* A(H3N2): an A/Brisbane/10/2007 (H3N2)-like strain
* B: a B/Florida/4/2006-like strain

www.influenza.org.nz

Measles overseas and here

Measles cases have been rare over recent years due to the introduction of measles and subsequently MMR vaccine. However, measles is still circulating overseas and is a potential threat here in the Waikato.

Since November 2006, Switzerland has seen 3400 cases of measles, with one death, 250 hospitalisations and 500 complications that included 143 cases of pneumonia and eight cases of encephalitis. Six people have died in Europe from measles in recent years.

Queensland Health released a warning to Brisbane residents in early February 2009 after two young adults were diagnosed with measles.

Cases have been reported in New Zealand in February following the return of travelers from countries where measles is circulating.

The measles rash is similar to many other rashes which may result in a diagnosis of measles when it is not. It is therefore important to check their immunisation status and always confirm the diagnosis with a serological blood test.

Measles is notifiable and a confirmed case requires public health action that may include measures such as vaccinating vulnerable populations and excluding children who are unimmunised contacts from school for up to three weeks.

Pertussis increase

Over the last few months, there has been an increase in cases of pertussis notified both in Waikato and nationally. This is to be expected, as with most other developed countries, we should see a three to four year periodicity of pertussis increases.

Waikato reached a peak of 473 cases in 2004, but fell to 71 in 2007. In 2008, there was a total of 84

notified cases. However recent monthly totals are beginning to increase. In recent years, the burden of disease is predominantly in those aged over 15 years.

We recommend that all children should be up to date with vaccinations. Even if a child has had pertussis they should continue their course of pertussis immunisations.

Some important points of note for diagnosis, treatment and contact management include[1 2]:

- NOTIFICATION – all cases of pertussis, including suspect cases, must be notified to Population Health Services.
- SYMPTOMS – The whoop, typically seen in infants and younger children is not generally seen in the adult population. Symptoms include an irritating, prolonged, paroxysmal cough, which may end in vomiting or gasping for breath.
- LAB TESTING – a nasal swab should be taken to isolate Bordetella pertussis for diagnosis. Serology can be used, but is less sensitive or specific
- Antibiotics for those with PERTUSSIS **– Should only be given to those who have been coughing for less than three weeks.** Historically, a 14 day course of erythromycin was the preferred treatment, although, this is under review nationally. A recent Cochrane review[3] found that azithromycin for three to five days, or clarithromycin or erythromycin for seven days were as effective as erythromycin for 10 to 14 days. Trimethoprim/sulfamethoxazole (co-trimoxazole) for seven days was also effective. Suggested antibiotic is therefore erythromycin for seven days as others are not yet recommended for prophylaxis in New Zealand. Remember antibiotics do not alter the clinical course, but are effective in eradicating carriage.
- SPREAD OF INFECTION – droplet spread by direct contact with respiratory secretions. Pertussis is infectious from the catarrhal stage to three weeks after the onset of paroxysmal cough in a patient who has not been treated with antibiotics. When treated with erythromycin, the period of infectivity lasts until five days of the seven-day course has been completed. If the case has been coughing for over three weeks antibiotics should not be given and exclusion is unnecessary.
- CONTACTS – check immunisation status and encourage immunisation of children under the age of seven years. If there are household contacts under the age of one-year-old, offer a seven-day course of erythromycin to all household members, to protect the health of the under one-year-old, even if the infant is immunised for age. Only do this if within three weeks of onset of symptoms.

The goal of the current immunisation programme is to reduce disease in those who are most vulnerable ie the very young.

For any further assistance or queries, please contact this office (see contact details below).

Dell Hood : Anita Bell : Felicity Dumble

Medical officers of health/public health medicine specialists

MOH after hours 021 359 650
If there is no answer, please contact Waikato Hospital's switchboard and ask for the on-call MOoH. During office hours, please call Population Health Service.

Email: bellan@waikatodhb.govt.nz
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hoodd@waikatodhb.govt.nz

Fax number **07 838 2382**
Notifications **07 838 2569 ext 2065**
Notifications from outside Hamilton **0800 800 977**
(in office hours)

Health protection officer (after hours) 021 999 521

After hours help: 07 839 8899

This bulletin is published by Waikato District Health Board's Population Health Services.

[1] ESR, (1993). Communicable Disease Control Manual. New Zealand, Ministry of Health
[2] Ministry of Health, (2006). Immunisation Handbook 2006. New Zealand, Ministry of Health
[3] Antibiotics for whooping cough. Antulnaiji et al Cochrane Database Syst Rev. 2007 Jul 18;(3):CD004404