

PUBLIC HEALTH BULLETIN

Communicable diseases notified February 2009

Disease name	Feb-08	Feb-09	YTD	Disease name	Feb-08	Feb-09	YTD
Brucellosis	0	0	0	Meningococcal disease	0	0	0
Campylobacteriosis	44	65	129	Mumps	2	0	0
Cryptosporidiosis	1	1	5	Murine Typhus	0	0	0
Cysticercosis	0	0	0	Paratyphoid fever	1	0	0
Dengue fever	0	0	2	Pertussis	8	12	24
Gastroenteritis - unknown cause	1	0	2	Rheumatic fever - initial attack	1	2	5
Giardiasis	5	14	23	Rheumatic fever - recurrent attack	0	0	0
Hazardous substances injury	0	0	0	Salmonellosis	12	12	24
Hepatitis A	1	0	0	Shigellosis	0	1	1
Hepatitis B	1	0	0	Tuberculosis - treatment of latent infection	1	0	0
Hepatitis C	0	0	0	Tuberculosis disease - new case	0	4	6
Invasive pneumococcal disease	0	4	10	Tuberculosis disease - relapse or reactivation	0	0	0
Lead absorption	0	4	4	Typhoid fever	0	0	0
Legionellosis	0	0	1	VTEC/STEC infection	3	6	10
Leptospirosis	0	0	3	Yersiniosis	1	5	8
Listeriosis	1	0	0	TOTAL	83	130	257

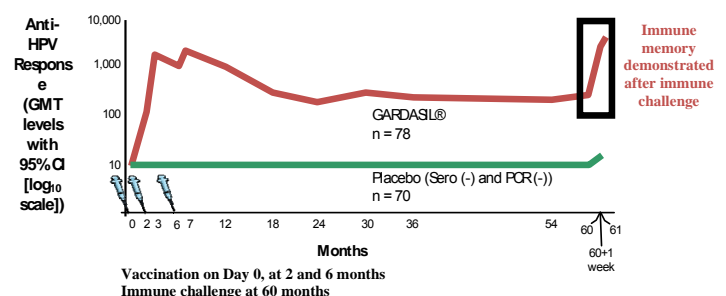
Duration of HPV vaccine effectiveness

There has been some confusion regarding this, which is in part due to the wording on the school consent form.

Ongoing clinical studies show that after five years, protection remains high and suggest that protection will last much longer. 'Immune memory' has also been demonstrated which is indicative of long-lasting, possibly even life-long immunity, although further studies will be required in the long-term to confirm this. At this stage it is expected that a booster will not be required.

HPV affects an estimated 80% of sexually active women with the peak incidence of infection occurring in women between 16-20 years old.

Figure: Sixteen responses in 16-23-year-old females through five years of follow-up and evidence of anamnestic (immune memory) response to immune challenge



Elevated blood lead levels at work and home

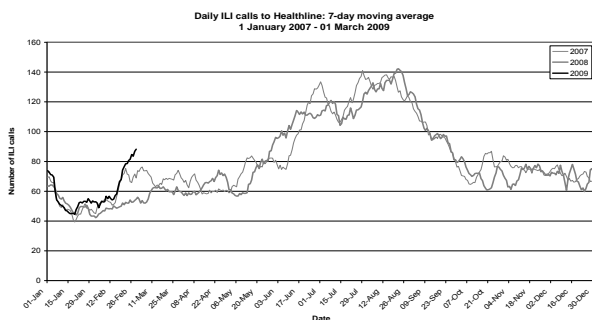
The direct laboratory notification of elevated blood lead levels is based on the notification level for the

general population. This level, $>0.47 \mu\text{mol/l}$, reflects the low levels of exposure now known to have an adverse impact on children's neurological development. This effect is not discernable at the individual level but has been demonstrated in population studies. Although the acceptable lead levels for the general population have fallen dramatically since this developmental impact of relatively low level exposure was identified, the notifiable level for workers occupationally exposed to lead remains much higher ($2.62 \mu\text{M/l}$). The Department of Labour reports that this notification level is under review.

This situation has resulted in confusion for notifiers, and public health services. Although it has been the practice of this service not to record results between $0.48\text{-}2.62 \mu\text{mol/l}$ if the case is known to have workplace exposure to lead, on the advice of the Ministry of Health, all notified cases with levels $\geq 0.48 \mu\text{M/l}$ will now be recorded as elevated blood lead levels, effective immediately. The minimum public health follow-up will entail telephone contact to check if there is known occupational exposure, and if so, ensure there is no additional non-occupational exposure or contamination of the home environment from the workplace. If notifiers are aware that the client works with lead, it would be of assistance if this could be recorded.

Influenza: Brisbane strains

It was noted in the NZDoctor that "a potentially deadly influenza strain, known as the Brisbane H3N2 strain, killed six children in four Australian states in 2008. The 'Brisbane strain' is the talk of Europe this winter and medical authorities have warned it could be the most deadly influenza virus they have seen for 20 years". This year's vaccine offers protection against the Brisbane strain. It is possible that rates of influenza may be higher this year based on local and international current trends.



The bold line shows daily influenza-like illness calls to Healthline in this year.

We recommend vaccine for the eligible population and health professionals, for their own protection, and to reduce transmission to their patients. Good personal hygiene is also recommended; covering

your mouth when coughing and sneezing, using tissues and washing your hands.

Giardia

This year we have seen a slight increase in Giardia notifications during February. There is no obvious common source. All those in a high risk group, such as a food handler, a health care worker or a worker or attendee at an early childcare centre, should be excluded until free of symptoms for 48 hours. All cases should refrain from swimming until symptom-free for two weeks.

Pertussis

The increase is continuing and sustained (see January 2009). Please recommend vaccination to all children as per immunisation schedule.

Please remember that antibiotics are not for treatment, but to prevent transmission of the bacteria from the case to contacts. They should only be prescribed to a case if the disease is diagnosed within three weeks of onset of symptoms. After three weeks the case is not longer infectious and therefore does not require antibiotics. We have seen several cases recently of antibiotics prescribed when the case has had symptoms for over two months.

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 Services **07 838 2569**.

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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.