

## PUBLIC HEALTH BULLETIN

### Communicable diseases notified June 2009

Disease name	Jun-08	Jun-09	YTD	Disease name	Jun-08	Jun-09	YTD
Brucellosis	0	0	0	Measles	0	1	1
Campylobacteriosis	12	26	261	Meningococcal disease	2	2	2
Cryptosporidiosis	3	4	17	Mumps	1	1	6
Cysticercosis	0	0	0	Murine Typhus	0	0	0
Dengue fever	0	1	4	Non Seasonal influenza	0	32	32
Gastroenteritis - unknown cause	2	1	13	Paratyphoid fever	0	0	0
Giardiasis	16	18	82	Pertussis	6	13	67
Haemophilus	0	0	1	Rheumatic fever - initial attack	2	2	10
Hazardous substances injury	1	0	0	Rickettsial	0	1	1
Hepatitis A	1	1	1	Salmonellosis	9	8	62
Hepatitis B	0	0	0	Shigellosis	0	2	4
Hepatitis C	0	0	0	Tetanus	0	0	1
Hydatid disease	0	0	0	Tuberculosis - treatment of latent infection	5	2	11
Invasive pneumococcal disease	0	18	44	Tuberculosis disease - new case	1	0	9
Lead absorption	2	4	19	Tuberculosis disease - relapse or reactivation	0	1	1
Legionellosis	1	0	1	Tuberculosis infection - on preventive treatment	0	0	1
Leptospirosis	1	1	12	Typhoid fever	0	1	1
Listeriosis	0	0	0	VTEC/STEC infection	3	1	18
Malaria	0	0	1	Yersiniosis	4	1	17

#### Novel influenza A (H1N1) 09

From the week beginning 15 June 2009, Waikato DHB moved to a 'manage it' strategy in responding to novel influenza A. This is a complete reversal of all previous strategies of antiviral use, isolation and quarantine. Predictable confusion resulted, and we are most grateful for the cooperation and tolerance that has been shown by so many people.

As of 3 July 2009, the Ministry of Health's most recent guidelines are posted on the Ministry's website, Pinnacle website, Waikato DHB website and Waikato DHB intranet. Any provider having difficulty finding the right information is welcome to contact this service in or out of hours for help.

#### URGENT: Request for reduction in viral culture swabs

Waikato Hospital's Virology Laboratory is once again overloaded with viral culture swabs.

Practitioners are asked to review their swab taking decisions urgently.

Viral cultures are too slow to influence care decisions. Swabs could be helpful where:

- the differential diagnosis is unclear
- viral co-infection is possible
- symptoms are atypical
- illness is unusually severe
- new appearance of illness in an institution
- ILI in a patient with a documented history of seasonal influenza vaccination in 2009

**Until the workload is reduced, some swabs may not be processed.** If any swabs are particularly important, please telephone the Virology Laboratory or the medical officer of health to discuss.

#### Measles outbreak in Christchurch

An outbreak of morbilli affecting unimmunised or incompletely immunised school students was

identified just before the last term ended. Students travelling during the current school holidays may well carry this serious illness further afield.

At the time of writing, Christchurch has had 21 notified cases, of which 15 are confirmed, with the remainder awaiting results. The age range is 8-22 years but the majority of cases are in the 13-16 year age range.

A number of the cases were admitted to hospital, as measles is difficult to diagnose clinically until the rash appears, typically around the third day. Cough has been prominent and a number of cases were initially diagnosed as having influenza. Co-infection is suspected in at least one case.

There is another outbreak in Southland, which appears to be unrelated, in that it is known to have been brought in from overseas to an electively unimmunised community. Spread to the wider community is not known to be occurring from that outbreak.

Practitioners are asked to check immunisation history and possible morbilli exposure in young people presenting with cough and fever if the features are not characteristic of influenza. **Please notify measles on suspicion.**

#### **Primary care planning for the pandemic**

Primary care planning for managing workload when normal seasonal capacity is exceeded is being managed by a multi agency group, the Pandemic Primary Care Response Team (PPCCT).

The chair is Dr Linda Rademaker in her role as primary care liaison; all four primary health organisations are represented, as are Waikato DHB's Planning and Funding, Emergency Planning and Population Health services.

Pinnacle's GP Support general manager Maree Munro is coordinating the many tasks, and Dr Stewart Wells is leading the clinical planning.

The Ministry of Health's NZ Influenza Pandemic Action Plan, (NZIPAP) written in 2006 in response to the threat of avian influenza, remains the foundation document but the different morbidity pattern of the current pandemic strain necessitates much modification. The PPCRT is giving priority to simplicity and optimal care, and aims to support primary care to care for their patient populations as long as possible.

The NZIPAP concept of Community Based Assessment Centres (CBACs) would provide a minimum level of care only.

*The PPCRT philosophy is that primary care, if possible from the client's usual provider, is the optimum care available, and should be maintained (with back up) as long as feasible.*

However, CBAC plans are now ready for implementation should capacity be exceeded. Any practice struggling to cope should contact their Practice Liaison or their PHO to discuss what support it needs to continue.

Monitoring systems in place are very simple, and practices have been given maximum discretion in how scarce resources (particularly publicly funded drugs and viral cultures) are used. To date this approach is working particularly well.

In general, publicly funded Tamiflu® should be reserved for those with underlying disease, and for the unusually ill, provided they are able to start treatment within 48 hours of onset.

#### **Respiratory virus lab update**

The current situation is:

- RSV numbers high, similar to other years at this time.
- ~50% of all influenza swabs are positive.
- ≥ 50% of positive influenza swabs are the pandemic strain.
- The seasonal vaccine will give protection against all non pandemic strains isolated.

Dell Hood : Anita Bell : Felicity Dumble  
**Medical officers of health/public health medicine specialists**

<b>MOoH after hours</b>	<b>021 359 650</b>
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](mailto:bellan@waikatodhb.govt.nz)  
[dumblef@waikatodhb.govt.nz](mailto:dumblef@waikatodhb.govt.nz)  
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Fax number **07 838 2382**  
Notifications **07 838 2569 ext 2065**  
Notifications from outside Hamilton **0800 800 977**  
(in office hours)

<b>Health protection officer (after hours) 021 999 521</b>
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After hours help: **07 839 8899**