

PUBLIC HEALTH BULLETIN

Communicable diseases notified July 2009

Disease name	Jul-08	Jul-09	YTD	Disease name	Jul-08	Jul-09	YTD
Brucellosis				Meningococcal disease	3	2	4
Campylobacteriosis	38	33	294	Mumps	0	1	6
Cryptosporidiosis	1	5	22	Murine Typhus	0	1	6
Cysticercosis				Non Seasonal influenza	0	120	152
Dengue fever	0	0	4	Paratyphoid fever	0	1	1
Gastroenteritis / foodborne intoxication	0	1	1	Pertussis	5	24	91
Gastroenteritis - unknown cause	3	2	15	Poliomyelitis	0	1	1
Giardiasis	7	16	98	Rheumatic fever - initial attack	0	2	12
Haemophilus Influenza B	0	0	1	Rheumatic fever - recurrent attack	1	0	0
Hazardous substances injury				Rickettsial	0	0	1
Hepatitis A	0	0	1	Salmonellosis	6	7	68
Hepatitis B				Shigellosis	1	0	4
Hepatitis C				Tetanus	0	0	1
Hydatid disease				Tuberculosis - treatment of latent infection	3	2	13
Invasive pneumococcal disease	0	11	55	Tuberculosis disease - new case	2	1	10
Lead absorption	1	0	19	Tuberculosis disease - relapse or reactivation	1	0	1
Legionellosis	0	0	1	Tuberculosis infection - on preventive treatment	0	0	1
Leptospirosis	0	0	1	Typhoid fever	0	0	1
Listeriosis				VTEC/STEC infection	1	0	17
Malaria	0	1	2	Yersiniosis	2	2	17
Measles	0	1	2				

Introducing Dr Richard Wall

Richard Wall joined the Population Health Service as a Public Health Medicine Registrar on 01 July. He has just completed his Masters in Public Health and will be spending a year in the PHS to gain experience.

Measles

With the measles outbreak in Canterbury and new cases in Auckland, it may not be long before we begin to see cases here in Waikato. A fax has been sent to all GPs and practice nurses reminding them to contact a medical officer of health if they have a case of possible measles and of the testing required.

If <7 days from onset of rash, please take a nasopharyngeal and throat swab for measles PCR AND blood for measles IgM and IgG serology.

If >7 days from onset of rash please take blood for measles IgM and IgG serology.

Please encourage all those not fully immunised to complete their course of MMR.

Measles is an acute viral illness. Early symptoms include fever, runny nose, cough, loss of appetite, and conjunctivitis. Characteristic white Koplik's spots may occur in the oral mucosa. After 3 to 5 days a rash appears at the hairline, moves to the face and upper neck, then proceeds down the body and usually lasts 4-6 days. Measles is often a serious disease, with up to 30% of reported cases experiencing one or more complications.

The infectious period for measles is from four days prior to and for four days after the onset of the rash.

One in one thousand (0.1%) of measles patients die. Complications include: ear infections (7 %) and pneumonia (6%). Acute encephalitis develops in 1 in 1000 cases, of whom 15% die and more than one third are left with permanent neurological damage. Approximately 1 in 100,000 cases will develop subacute sclerosing panencephalitis (SSPE) which is always fatal.

Measles during pregnancy increases the risk of premature labour, miscarriage, and low-birth-weight infants, although birth defects have not been linked to measles exposure.

Measles can be especially severe in persons with compromised immune systems and immunisation for household contacts is important to protect them.

Each case of measles is likely to infect a further 12-18 non immune persons. The only method of prevention is vaccination. In order to prevent transmission of measles around 95% of the community must be immune.

Influenza

Waikato continues to have a reducing incidence of all forms of influenza, and the seasonal influenza surveillance confirms that the incidence has fallen nationally for the last two weeks of surveillance. However, rates remain high in Wellington and in many parts of the South Island. The pandemic strain continues to be the main strain isolated. No oseltamivir resistance has to date been isolated in New Zealand pandemic strain cases. Seasonal influenza is uniformly resistant.

Planning and oversight of the primary care response to the influenza pandemic has been carried out by the multi agency Pandemic Primary Care Response Team, which has representatives from all 4 PHOs, Pinnacle GP Network, and from within Waikato DHB, Planning and Funding, Community Services, Purchasing and Distribution, Emergency Planning, Communications and Population Health. The group is chaired by the Primary Care Liaison, Dr Linda Rademaker. It is this group which is tracking the primary care response via the workload monitoring emails, laboratory test workload oversight and tracking the use of oseltamivir.

The current general practice workload monitoring will continue for the meantime but is now reduced to weekly. This is because of the predicted "second wave", which in 1918 came quite soon after the initial less severe outbreak of illness. The 1918 second wave came in early summer and brought illness of greater severity but just how applicable this is to New Zealand in 2009 is uncertain.

Laboratory testing for influenza

Waikato Hospital's Virology Laboratory reports that the majority of their influenza related specimens are now coming from the community. There should be less value in testing community cases now that the overall incidence has dropped considerably, and practitioners are asked not to test unnecessarily, even though the laboratory has cleared its backlog.

However, in light of a possible 'second wave', the Population Health Service and Virology Laboratory would still appreciate receiving viral culture swabs from individuals with classical influenza like illness and no alternative diagnosis during times of low incidence. Swabs should be taken only from those presenting early in the illness to maximise the probability of growing the virus.

Respiratory Syncytial Virus (RSV) outbreak

Detection of RSV from nasopharyngeal aspirates from infants is currently at a high level, suggesting that this virus is circulating widely. This is largely a disease of children under 12 months, and although most specimens are being tested to exclude co-infection with an influenza virus, only two cases so far have been shown to have dual infection.

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

MOoH 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
dumblef@waikatodhb.govt.nz
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
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After hours help: **07 839 8899**