

## PUBLIC HEALTH BULLETIN

### Communicable diseases notified November 2009

Disease name	Nov-08	Nov-09	YTD	Disease name	Nov 08	Nov-09	YTD
Campylobacteriosis	55	82	568	Murine Typhus	0	0	1
Chemical poisoning from the environment	0	0	1	Non Seasonal influenza	0	1	179
Cryptosporidiosis	15	15	105	Paratyphoid fever	0	0	2
Dengue fever	1	1	6	Pertussis	13	34	205
Gastroenteritis / foodborne intoxication	0	0	1	Poliomyelitis	0	0	1
Gastroenteritis - unknown cause	7	1	22	Rheumatic fever - initial attack	3	1	17
Giardiasis	10	9	140	Rheumatic fever – recurrent attack	0	0	3
Haemophilus Influenza B	0	0	3	Rickettsial	0	0	1
Hepatitis A	0	0	3	Salmonellosis	6	5	92
Hepatitis B	0	1	1	Shigellosis	1	0	7
Invasive pneumococcal disease	4	7	79	Tetanus	0	0	1
Lead absorption	0	0	23	Tuberculosis - treatment of latent infection	0	0	13
Legionellosis	1	0	1	Tuberculosis disease - new case	1	1	15
Leptospirosis	2	1	9	Tuberculosis disease - relapse or reactivation	0	1	2
Listeriosis – Perinatal	0	0	4	Tuberculosis infection - on preventive treatment	0	0	1
Malaria	0	0	3	Typhoid fever	0	0	1
Measles	0	0	1	VTEC/STEC infection	1	0	27
Meningococcal disease	1	1	9	Yersiniosis	0	2	24
Mumps	0	0	6				

#### A big thank you and Happy Christmas to you all

Population Health would like to thank you all for your help and encouragement over the past year, in particular during the pandemic and measles outbreak. We look forward to working with you in the future.

#### Leptospirosis

Population Health has seen a slight increase in leptospirosis cases notified over the last few weeks. All are male and several have been hospitalised. There are no obvious clusters.

The illness is characterised by fever, headache, chills, myalgia and less frequently meningitis, jaundice or renal insufficiency. Just a reminder to think of the diagnosis, in particular:

- meat processing workers
- farmers (particularly dairy farmers)
- service workers to these sectors

- vets, both on-farm and in the meat plant, who can come in contact with a range of infected bodily fluids; and
- meat inspectors, who under current meat hygiene regulations are required to handle kidneys with their bare hands.

Anyone associated with these industries or who work in rural areas, particularly those whose work brings them in contact with water (plumbers, drain layers, telecommunications workers laying cables) can be infected by leptospirosis. Sewage workers have always been at risk from leptospirosis and continue to be at risk.

Leptospirosis is transmitted from animal to human. The infection most commonly enters through cuts, breaks or cracks in the skin, but it can also be ingested – for example by people putting their hands to their mouth.

People can even be infected by wiping their mouth on a towel previously used to dry hands following the 'cleaning out' of a cow after calving.

Working with contaminated soil in a garden or on a farm is another possible means of transmission.

If the patient is within first seven days of symptoms, take a baseline 10ml serum sample to be tested in parallel with a convalescent sample (MAT). Also take blood (5ml EDTA) and CSF, if available, for PCR.

If they are post seven days from symptom onset, take a 10ml serum blood sample and 20mL urine for PCR.

Seroconversion can take 4-6 weeks, so a late convalescent serum sample is often required.

A four-fold or greater increase in titre demonstrates seroconversion and is indicative of recent or current infection.

Treatment is generally oral doxycycline, but for more severe disease can be treated with IV penicillin.

Leptospirosis is controlled with vaccination in some animals, but it can be difficult to eradicate. Control measures therefore focus on isolating the hazard and minimising risk. In situations such as meat processing plants the use of personal protective equipment (PPE) is recommended.

### **Pertussis vaccination and antibiotics**

In the Waikato and New Zealand, we are in the midst of a large increase in pertussis notifications.

The Ministry of Health has sent a recent fax to GPs, practice nurses and other health professionals encouraging them to get immunised against pertussis, in order to protect themselves and their patients from the disease.

Also asking them to focus on on-time pertussis immunisation for babies at six weeks, three and five months with recalls for those overdue. Boosters are required at four years and 11 years of age.

Erythromycin (14 day course) is the antibiotic of choice for the prevention of the disease spread. It is not generally used for treatment, as it needs to be given in the first few days of illness to work.

Erythromycin should only be prescribed within the first three weeks of illness to prevent transmission, after three weeks the bacteria is no longer transmitted. It is not necessary to give more than one course.

It should also be prescribed to all members of a household were there is a child aged under one (not the case) to eradicate the spread of the disease and thus protect the vulnerable child.

Exclusion of those in a high risk group i.e. working with children, attending childcare and school or a health care worker is recommended. They should only be excluded if they are within three weeks of onset of symptoms.

They should be excluded for five days if started on antibiotics or if not on antibiotics until three weeks from onset of symptoms.

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 07 838 2569**

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(In office hours)

**Health protection officer (after hours) 021 999 521**

After hours help **07 839 8899**