



PUBLIC HEALTH BULLETIN

Communicable diseases notified March 2010

Disease name	Mar-09	Mar-10	YTD	Disease name	Mar-09	Mar-10	YTD
Campylobacteriosis	47	46	174	Murine Typhus	0	0	1
Chemical poisoning from the environment	0	0	0	Non Seasonal influenza A (H1N1)	0	0	1
Cryptosporidiosis	0	9	14	Pertussis	11	13	38
Dengue fever	0	2	2	Polio myelitis			
Gastroenteritis	3	1	9	Rheumatic fever - initial attack	0	0	2
Giardiasis	20	36	57	Rheumatic fever – recurrent attack	0	0	1
Haemophilus influenza B	0	0	2	Salmonellosis	12	11	32
Hepatitis A	0	2	3	Shigellosis	0	1	2
Hepatitis B	0	0	0	Tetanus	0	0	0
Invasive pneumococcal disease	5	2	5	Toxic Shellfish Poisoning	0	0	2
Lead absorption	2	3	4	Tuberculosis - treatment of latent infection	4	0	1
Legionellosis	0	0	2	Tuberculosis disease - new case	0	1	5
Leptospirosis	0	4	7	Tuberculosis disease - relapse or reactivation	0	0	0
Listeriosis – Perinatal	0	0	1	Tuberculosis infection - on preventive treatment	0	0	0
Malaria	0	0	1	Typhoid fever	0	0	1
Measles	0	0	0	VTEC/STEC infection	3	2	6
Meningococcal disease	0	0	0	Yersiniosis	1	3	6
Mumps	0	0	1				

Influenza vaccination and children (MoH GP letter and IMAC Information on website)

The Ministry of Health is aware of reports that some children in Australia who have received the seasonal flu vaccine have experienced febrile convulsions.

As a sensible precaution until further information is available from Australia, the New Zealand MoH recommend that doctors do not use Fluvax (made by CSL) for at risk children under five years, but use Vaxigrip (made by Sanofi) if it is available.

There have been five cases reported to CARM in New Zealand; three of the cases following Fluvax, one Celvapan and one unknown. CARM does not feel this is an unusual or atypical response rate.

Approximately 2-4% of children will have a febrile convulsion if they get a high fever, unrelated to vaccination. Paracetamol or antipyretics are not effective at reducing febrile convulsions (the convulsion occurs due to the rise in the fever not the actual fever).

If a child has a febrile convulsion after vaccination please ensure that the child is checked and do not assume that it is due to vaccination,

Fever is a common reaction to flu vaccines and is part of the immune response. Adverse events following vaccination need to be reported to CARM.

Children who are due their second dose and had a severe febrile reaction to their first vaccination need to be considered on a case by case basis.

Giardia increase

Towards the end of February and during March, Population Health noted an increase of notified Giardia cases compared to 2009. The cases were analysed to look for any common risk factors etc.

We were able to identify several household and larger friends and family outbreaks. Several of the clusters had a number of identified risk factors such as untreated water supplies (with no treatment of the supply in the home) and contact with farm animals. Since our investigations, many of these families have added or improved their water treatment systems.

For this investigation, risk factor and cluster identification were made simpler due to changes Population Health has made to questionnaires for the collection of risk factor and water supply data. These adaptations were made after clinical audit,

practised by Population Health, highlighted inconsistencies and gaps in data collection and thus risk factor identification.

Viral respiratory swab flyer

Pathlab, Waikato hospital laboratory, and Bay of Plenty and Waikato Population Health services have developed guidance for those who take respiratory swabs.

It highlights which swabs should be taken, and regarding influenza it gives guidance as to who with influenza like illness should be swabbed in the community. This will be faxed to all GP practices, but copies are available from Population Health.

Pertussis flowchart

We have recently developed a pertussis flowchart that we will be circulating to all general practices. It gives details of which test is recommended before or after two weeks of symptoms onset, and when cases should be treated with antibiotics. We hope this is a useful resource and would encourage constructive feedback.

Measles reminder

As there has been a small cluster of cases of measles in Northland and several other cases around the country (some related to the cluster), we thought it would be timely to remind you of the laboratory tests recommended for a possible measles case.

A possible case has all of the following present:

- fever or history of fever
- generalised macular-papular rash
- cough or conjunctivitis or;
- Koplick's spots

Tests

If less than seven days from rash onset: nasopharyngeal swab and throat swab for measles pcr AND blood for measles IgM and IgG.
If greater than seven days from rash onset, blood for measles IgM and IgG.

Please make sure you inform the laboratory that the swabs need be sent to the Waikato Hospital lab for measles pcr.

If you think you may have a possible case of measles, please contact Population Health at the time of diagnosis to notify us.

We can then discuss with you laboratory tests and can exclude case and contacts, where appropriate, to prevent further spread. We also support you in encouraging parents to get their children vaccinated with the MMR vaccine at 15 months and four years of age.

Medications for TB patients

We encourage all patients taking medications for latent TB infection or active TB to adhere to prescribers' instructions at all times. Patients should only discontinue treatment if it is clinically indicated and, if possible, after consultation with the prescriber (usually respiratory clinician) or a medical officer of health.

Please ensure those patients receiving rest home care on TB medication have all their TB medications listed and highlighted and that this is given to medical staff if they attend the hospital emergency department and/or are admitted to an inpatient facility. This is to prevent any unintentional interruption to treatment and thus any delay in their completion of treatment.

Guidelines for Influenza like illness outbreak in residential care institutions

Population Health has recently developed a draft document for the diagnosis and management of ILI clusters in elderly care.

It discusses the use of swabs for identification, the importance of immunisation in staff and residents for prevention, and the use of antivirals for treatment and control.

The document is still in draft and we are seeking feedback. Copies are available on the Waikato DHB intranet and internet, and from Population Health.

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

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 outside Hamilton **0800 800 977**
(In office hours)

Health protection officer (after hours) 021 999 521

After hours help **07 839 8899**