

April 2010

PUBLIC HEALTH BULLETIN

Communicable diseases notified April 2010

Disease name	Apr-09	Apr-10	YTD	Disease name	Apr-09	Apr-10	YTD
Campylobacteriosis	29	42	216	Murine Typhus	0	0	1
Chemical poisoning from the environment	0	0	0	Non Seasonal influenza A (H1N1)	0	0	1
Cryptosporidiosis	3	5	19	Pertussis	8	5	43
Dengue fever	0	0	2	Polioyelitis	0	0	0
Gastroenteritis	5	0	9	Rheumatic fever - initial attack	2	3	5
Giardiasis	12	18	75	Rheumatic fever – recurrent attack	0	0	1
Haemophilus Influenza B	0	0	2	Ross River virus infection	0	1	1
Hepatitis A	0	0	3	Salmonellosis	12	8	40
Hepatitis B	0	0	0	Shigellosis	1	0	2
Invasive pneumococcal disease	7	6	11	Tetanus	1	0	0
Lead absorption	5	1	5	Toxic Shellfish Poisoning	0	0	2
Legionellosis	0	0	2	Tuberculosis - treatment of latent infection	5	1	2
Leptospirosis	0	2	9	Tuberculosis disease - new case	0	0	4
Listeriosis – Perinatal	0	0	1	Tuberculosis disease - relapse or reactivation	0	1	1
Malaria	1	0	1	Tuberculosis infection - on preventive treatment	0	0	0
Measles	0	0	0	Typhoid fever	0	0	1
Meningococcal disease	0	1	1	VTEC/STEC infection	2	2	8
Mumps	3	0	1	Yersiniosis	4	0	6

Influenza 2009

Below is a the summary of new ESR report available at http://www.surv.esr.cri.nz/virology/influenza_annual_report.php

During the 2009 winter season, 10,860 consultations for ILI were reported from a national sentinel network of 101 general practices.

It is estimated that ILI resulting in a visit to a GP affected over 116,335 New Zealanders (2.7% of total population) during the season, compared with an estimated 50,550 in 2008 (1.0% of total population).

The influenza activity peaked in July and the overall level of ILI in 2009 was the highest compared with the 1997-2008 period.

The ILI consultation rates varied greatly between health districts with the highest rates being reported from the South Auckland and Wellington district health board areas.

In 2009, the majority of the viruses were influenza A (99.9%) surpassing the influenza B viruses (0.1%).

Among all typed and sub-typed viruses, pandemic A(H1N1) 09 viruses (77.6%) and seasonal A(H1N1) (20.0%) viruses were two main co-predominant strains co-circulating during the season.

All pandemic A(H1N1) 09 viruses tested showed they were sensitive against oseltamivir whereas all

seasonal A(H1N1) viruses tested were resistant to oseltamivir.

Significant antigenic shift for A(H1N1) and significant antigenic drift for A(H3N2) and B was observed among circulating influenza viruses, resulting in three vaccine components being updated for 2010.

0800 KICK THE HABIT



Population Health has teamed up with the Waikato Rugby Union this season to increase the number of Waikato residents making quit attempts.

The partnership will promote a new initiative called 'Kick the habit' which involves a free call number (0800 KICK THE HABIT) that links callers to a smoking cessation provider in their area.

Callers can also report a retailer selling cigarettes to minors and are told that cessation support can also be found at their local GP or pharmacy.

0800KICKTHEHABIT aims to increase accessibility to cessation providers, particularly in rural areas. The 0800 number will be promoted at Waikato Stadium, through work undertaken by

rugby development officers and throughout the Waikato.

Three Waikato players will be fronting the advertising campaign which will run during the 2010 Waikato season.

There are nine providers throughout the Waikato who can provide nicotine replacement therapy and ongoing support free to the community.

The Waikato DHB website www.waikatodhb.govt.nz lists the smoking cessation providers for each area.

Callers to the 0800 number are asked to choose their nearest location from a recorded list, and are then connected to the appropriate provider. After hours callers are able to leave a message with the provider.

All these services are free to the client.

Further information and 'Kick the habit' posters are available from Jen Steele at Population Health at the phone numbers listed below, or via email: jen.steele@waikatodhb.health.nz

Meningococcal disease

Just a reminder that we are coming into meningococcal season, and although numbers have declined over the last couple of years, we will still expect to have approximately 9-10 cases a year in the Waikato. Please be reminded of the signs and symptoms and remember if it is part of the differential diagnosis when seeing a patient to give a stat dose of penicillin before transferring to hospital.

Population Health follows up all cases and contacts regarding information, antibiotic prophylaxis for contacts and, if required, vaccinations.

Booster seats: the higher you sit, the safer the fit

Adult seat belts don't fit children properly until they're 148cm tall, which is why SafeKids NZ is saying it's so important for preschool and school-aged kids to stay in an appropriate child restraint or booster seat.

In addition, the back seat is safest for kids.

For children aged 0-14 years, one of the leading causes of injury involves children as passengers in motor vehicles, with about 16 deaths a year and the equivalent of one classroom full (26) of children admitted to hospital a month.

Studies show booster seats for pre-school and school-aged kids can reduce the risk of hospitalisation and death by up to 59%. Correct installation is also important. When used correctly, child car restraints reduce the risk of death for infants by up to 70%, for toddlers by up to 54% , and the need for hospitalisation for children four years and under by up to 69% .

See www.safekids.org.nz for further information.

Antivirals

This year the Ministry has changed the guidelines and processes for prescribing antivirals for influenza accessed from the national reserve.

GPs can prescribe antiviral where it is clinically indicated¹ without the need for a separate public health authorisation process from the national reserve supply.

Pharmacies will then dispense to the patient free antivirals and will claim for this via their own processes. GPs however should only be prescribing these antivirals to those with ILI where tamiflu will make a difference.

In particular, those with severe disease or chronic conditions, or those who are obese or pregnant. Remember it should not be prescribed if the patient has had symptoms for more than 72 hours. If the GP wishes to prescribe antiviral medication for people outside of this guide, they need to mark on the script "not for national reserve supply". It is not necessary to take a swab prior to prescribing tamiflu. Please see recently circulated Respiratory Viral Swab 2010 flier for guidance regarding who should be swabbed.

1 Appendix 1: Policy on Eligibility, Access and Supply of National Reserve Antivirals as of 16 April 2010. Guidance on the Diagnosis and Management of Pandemic Influenza. H1N1, Version 5 Ministry of Health which is available at www.moh.govt.nz and www.waikatodhb.health.nz

Hand Foot and Mouth

There have been several queries lately regarding exclusion criteria for children at early childcare centres who have hand foot and mouth.

The Ministry of Health guidance regarding infectious diseases at childcare (recently revised April 2010) states that children should be excluded "while the child is feeling unwell. Unnecessary if the child is unwell".

Hand Foot and Mouth is a common, usually mild viral infection. The illness usually begins with fever, and spots (blisters) appear a few days after this. The incubation period is approximately 2-3 days. It is spread by direct contact with fluids from the nose and throat or from the faeces of an infected person. Transmission to others is generally in the early stages of the illness; however it can be shed in the faeces for up to two weeks. No active treatment is available.

Good infection control should prevent spread, including good hand hygiene, individual face and hand cloths, cleaning of toys and surfaces etc.

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

