

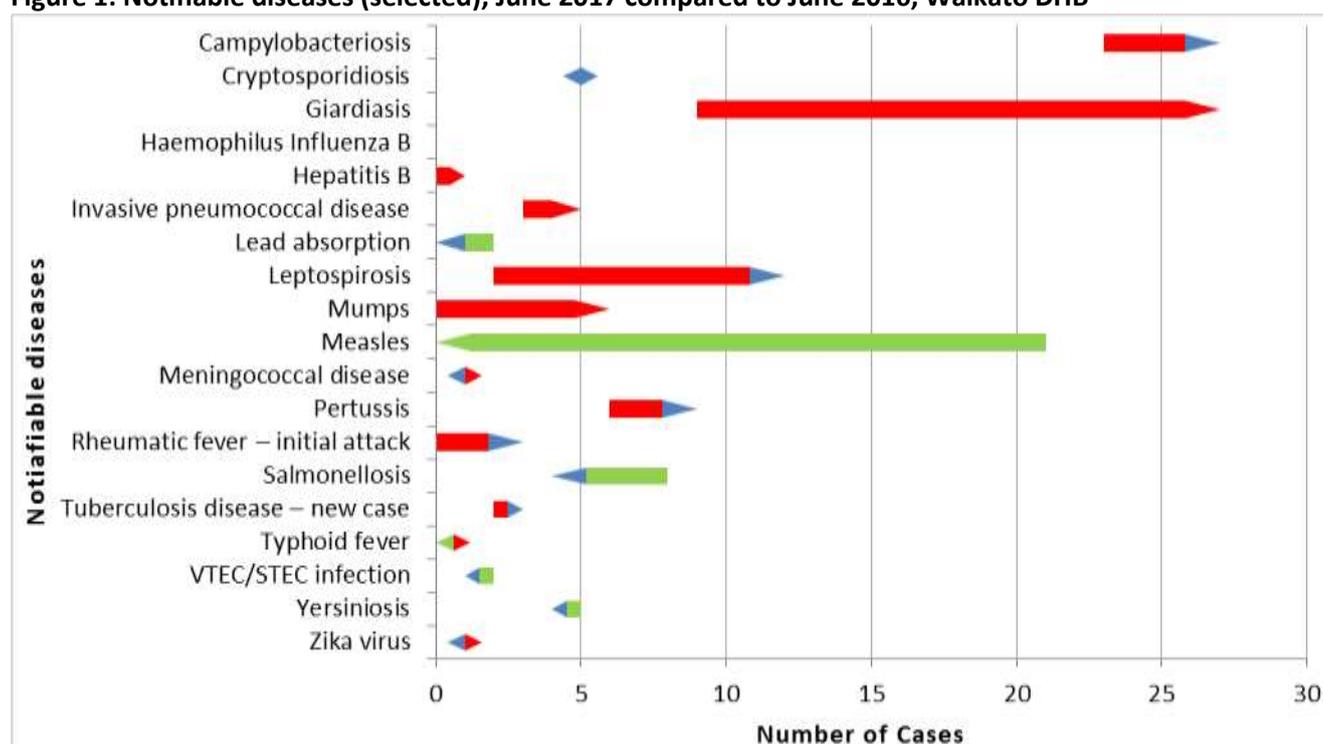
July 2017

**PUBLIC HEALTH BULLETIN**

**Communicable diseases notified June 2017**

Disease name	June 2016	June 2017	YTD	Disease name	June 2016	June 2017	YTD
Campylobacteriosis	23	27	214	Measles	21	0	0
Cryptosporidiosis	5	5	23	Meningococcal disease	1	1	5
Dengue fever	5	0	4	Mumps	0	6	15
Gastroenteritis – unknown cause	0	0	1	Murine Typhus	1	0	0
Gastroenteritis – Foodborne intoxication	1	1	3	Pertussis	6	9	41
Giardiasis	9	27	100	Rheumatic fever - initial attack	0	3	12
Hepatitis A	0	0	2	Rheumatic fever – recurrent attack	0	0	1
Hepatitis B	0	1	3	Salmonellosis	8	4	62
Invasive pneumococcal disease	3	5	18	Shigellosis	1	0	2
Lead absorption	2	0	7	Tuberculosis disease - new case	2	3	11
Latent Tuberculosis	7	5	26	Tuberculosis disease – relapse or reactivation	0	1	1
Legionellosis	1	0	2	Typhoid fever	0	0	2
Leprosy	0	1	1	VTEC/STEC infection	2	1	24
Leptospirosis	2	12	33	Yersiniosis	5	4	25
Listeriosis	0	0	1	Zika virus	1	1	1
Malaria	0	0	2				

**Figure 1: Notifiable diseases (selected), June 2017 compared to June 2016, Waikato DHB**



### **Giardiasis**

Giardiasis notifications are significantly increased this year. There is no identified common source in cases, and they are geographically spread and affecting many age groups (normally the highest incidence is in <5 year olds). Please consider a potential diagnosis of Giardia when reviewing patients with appropriate symptoms and recreational water contact - <https://www.health.govt.nz/system/files/documents/publications/cd-manual-giardiasis-may2012.pdf>

### **Leptospirosis**

Leptospirosis notifications are continuing to rise this year compared to recent years. There have been 33 cases notified in Waikato in the six months from 1 January 2017 to 30 June 2017, (compared to eight cases in 2016, four cases in 2015, two cases in 2014 and five cases in 2013 for the same six month period). A large number of notifications in June this year are the result of a backlog of notifications received from the hospital laboratory, six with onset dates back in 2016. However, there is still a genuine increase of cases in 2017. The cause of this increase is not yet known, and further investigation is underway.

Please remember to request leptospirosis serology when testing for leptospirosis. Serology allows identification of the serovar, which cannot be determined from the PCR. A second convalescent serology test is then required 14 to 28 days after the first test. The serovar is required for surveillance purposes

### **Mumps**

You will see we have added mumps to the graph on page one. As per a recent "Stuff" article and TV3 NewsHub report, Waikato is now reporting significant numbers of mumps cases, a few related to the series of outbreaks in Auckland but most with no identified source. There were five in May and seven in June. You can print notification forms from our website (Population Health, A-Z of Topics, Mumps, Information for Health Professionals) and fax them to us, or just phone for both notification and advice on appropriate testing or management.

### **Rheumatic Fever – stay vigilant**

This year, we have had 10 new cases of acute Rheumatic Fever, which is a significant increase on the past two years. Please ensure all high risk children aged 4 – 19 years are seen the same day, swabbed, and all positive strep treated with antibiotics. Remember that even a mild sore throat can cause Rheumatic Fever, so treat all sore throats of all high risk children with urgency. For more information go to:

[www.waikatodhb.health.nz/rheumatic-fever](http://www.waikatodhb.health.nz/rheumatic-fever)

### **BCG availability: Update (no news)**

There is still no known date for when BCG vaccine availability for the immunisation programme for babies born into higher risk households. The earliest appears to be in February 2018. The Ministry of Health advice on this is on their website, it continues to advise that lead maternity carers and GPs should:

- continue to assess all neonates and new patients aged under 5 years for their risk of TB
- flag in their practice management system and/or medical records if an infant/child is at increased risk of TB (i.e. meets the eligibility criteria for funded BCG vaccination).

Probably not all children who have "missed out" will be offered BCG when (if) the programme resumes, but it will be good if LMCs and GPs can readily identify those that should be offered BCG when supply resumes.

### **Influenza Season**

You will be aware that winter viruses are on the rise. Due to the increase in influenza circulation, the season has been declared which triggers the Waikato DHB immunisation policy. As a result, during the influenza season unvaccinated staff and visitors are provided with masks to reduce the transmission of these viruses.

**Medical Officers of Health:** Felicity Dumble -- Richard Wall – Richard Vipond – Richard Hoskins

### **After hours**

**MOoH 021 359 650**

If there is no answer, please contact Waikato Hospital's switchboard 07 839 8899 and ask for the on-call MOoH.

**HPO 021 999 521**

### **During office hours**

**Population Health (MOoH or HPO): 07 838 2569**

**Notifications outside Hamilton: 0800 800 977**

**Email: [notifiablediseases@waikatodhb.health.nz](mailto:notifiablediseases@waikatodhb.health.nz)**

**Notifications: 07 838 2569 ext. 22065 or 22020**

**Fax: 07 838 2382**