

PUBLIC HEALTH BULLETIN**Public Health Bulletin survey**

We are currently assessing the reach, readership, and impact of this monthly public health bulletin through a short survey. Please take a few minutes to provide us with your honest feedback at <https://survey.sogosurvey.com/r/uxzujD> by **Friday, 14 December**. We aim to improve our delivery of public health information based on your responses. Thank you for your time and participation.

Leptospirosis Case Control Study

Massey University is conducting a nationwide prospective case control study to investigate risk factors for leptospirosis. This work is funded by the New Zealand Health Research Council and has Health and Disability Ethics Committee and DHB locality ethics approvals. The study aims to recruit 150 cases and is expected to run until early 2021.

Your patients may be contacted to participate in the study. If one of your patients consents to take part in the study, the research team will be in touch with you for clinical information.

While leptospirosis remains a disease of those working in livestock industries, there has been a shift in the demography of cases since 2015, towards more cases with no clear occupational link and towards more women. There is also a year on year increase in the number of cases and within those, the proportion of cases hospitalised.

The research aims to update knowledge of factors that increase or reduce the risk of contracting leptospirosis. The research team will be asking questions of incident cases and matched controls about exposure to animals, environments and lifestyle factors. They will be documenting the case series of patients, their presenting symptoms, and the use of diagnostic tests, treatment and their ACC experience. Patients will be followed up after six months and the research team are seeking funding to form a cohort of patients where they document recovery/persistence from leptospirosis symptoms.

More information can be found here <http://leptospirosis.org.nz/Research/Emergingsourcesandpathwaysforleptospirosis.aspx>

You can also contact the research team:
Principle Investigator: A/Prof Jackie Benschop, j.benschop@massey.ac.nz, 06 951 6994
Study coordinator: Dr. Shahista Nisa, s.nisa@massey.ac.nz, 06 951 6918

Mumps

We have had a recent flurry of confirmed mumps cases in young adults around Hamilton since the last week in October. Currently there are 12 confirmed

cases since mid-October (there were only 3 others up to then this year), 10 of those 12 frequent “Static”, a bar in Hamilton’s Hood St and 9 of those were there on 12th October.

Once vaccine supply is sufficient we hoped the catch up programme planned for MMR for this age group will make outbreaks of this nature less frequent and extensive, however up to 10% of fully immunised people lose mumps immunity by early adulthood, so elimination is unlikely (unlike measles where it definitely is feasible).

Cryptosporidiosis

With spring comes our usual surge in notifications of cryptosporidiosis, commonly related to young families looking after calves. Please consider Crypto as a diagnosis with your rural families consulting with gastroenteritis – and if you are considering Crypto inform them they are not permitted to swim in public pools for two weeks after symptoms have settled. We have also put our communicable disease notification form online –available [here](#).

PHARMAC widens access to meningococcal ACWY vaccine

The meningococcal ACWY vaccine will be available free from 1 December 2019 for young people in close living situations.

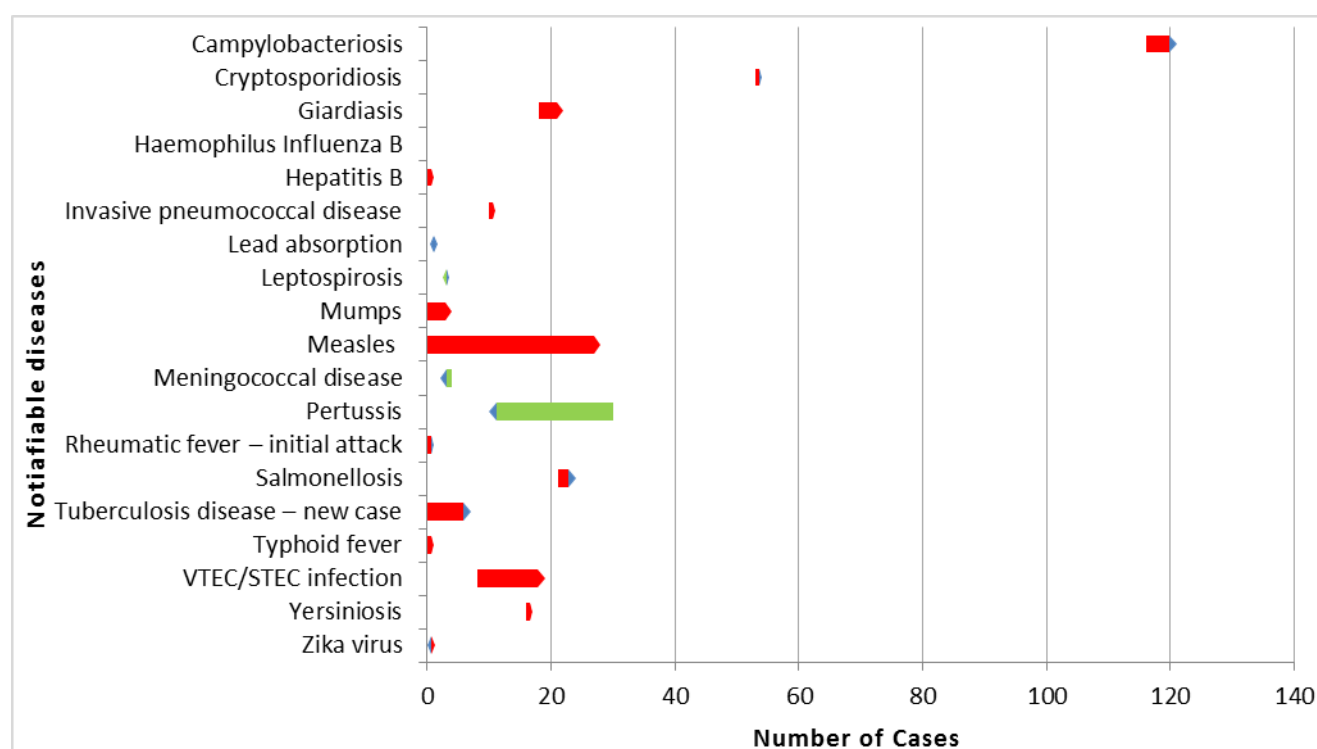
The vaccination will be funded for those aged between 13 and 25, who live in boarding school hostels, tertiary education halls of residence, military barracks and prisons. After the first year of funding, free vaccinations will only be available to people entering their first year of living in such institutions.

Teenagers and young adults living in close living situations are one of the highest risk populations. The bacterium that causes meningitis is generally carried by people aged 13 to 25 years. Even if they have no symptoms, carriers can infect those around them. Vaccinating this age group would protect young people, decrease the number of carriers, and help reduce the spread of meningococcal disease in this at-risk population.

Communicable diseases notified September & October 2019

Disease name	Sep/ Oct 2018	Sep/ Oct 2019	YTD	Disease name	Sep/ Oct 2018	Sep/ Oct 2019	YTD
Campylobacteriosis	116	121	501	Listeriosis - perinatal	0	0	1
Chikungunya fever	0	0	1	Malaria	0	1	2
Cryptosporidiosis	53	54	105	Measles	0	28	50
Dengue fever	2	3	30	Meningococcal disease	4	2	10
Gastroenteritis - unknown cause	0	0	4	Mumps	0	4	8
Gastroenteritis / foodborne intoxication	0	15	97	Murine Typhus	0	0	1
Giardiasis	18	22	160	Pertussis	30	10	135
Hepatitis A	2	0	6	Rheumatic fever - initial attack	0	1	10
Hepatitis B	0	1	3	Rheumatic fever - recurrent attack	0	0	3
Invasive pneumococcal disease	10	11	37	Salmonellosis	21	24	84
Latent tuberculosis infection	8	2	16	Shigellosis	1	2	13
Lead absorption	1	1	14	Tuberculosis disease - new case	0	7	22
Legionellosis	3	1	3	Tuberculosis disease - relapse or reactivation	1	0	1
Leprosy	0	0	1	Typhoid fever	0	1	5
Leptospirosis	3	3	11	VTEC/STEC infection	8	19	98
Listeriosis	0	1	2	Yersiniosis	16	17	64

Figure 1: Notifiable diseases (selected), September & October 2019 compared to September & October 2018, Waikato DHB



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

After hours:

MOoH 021 359 650

HPO 021 999 521

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

During office hours:

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

Notifications 07 838 2569 ext. 22065 or 22020

Notifications outside Hamilton: 0800 800 977

Fax: 07 838 2382

Email: notifiablediseases@waikatodhb.health.nz