

PUBLIC HEALTH BULLETIN
Pertussis immunisation schedule widened

PHARMAC has announced that from 1 July 2019 (so, already) funding of the pertussis (whooping cough) vaccine will include pregnant women in the second and third trimester of their pregnancy, as well as parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than three days.

Changes in the Pharmaceutical Schedule will be published from 1 August 2019 but are already effective.

Exclusion and stool clearance criteria

There has been an update to the exclusion and stool clearance criteria guide. The amendments have arisen from changes to the Communicable Disease

Control Manual chapters (Ministry of Health), particularly regarding contact management and case follow up. With the adoption of culture independent diagnostic techniques (PCR) at Pathlab, we are no longer able to ensure infective pathogens (e.g. VTEC/STEC) are cleared before high risk individuals return to work/ECE. The PCR remains positive for a number of weeks even if bacteria are non-viable. Instead exclusion is based on symptoms – people must be clear of all symptoms for at least 48 hours before returning. A copy of the exclusion criteria is available at the Public Health Unit, and are on our website (normal place... “Notifiable and communicable disease”) at:

<http://www.waikatodhb.health.nz/assets/Docs/Your-Health/Public-health-services-and-alerts/df6c46017d/Exclusion-and-Stool-Clearance-Criteria.pdf> .

EXCLUSION AND STOOL CLEARANCE CRITERIA:

A guide for cases and contacts of food and waterborne illness

High risk groups

- | | |
|--|--|
| 1 Food Handlers | 3 Children aged under five years attending childhood services or other groups |
| 2 Staff of health care facilities or early childhood services | 4 Older children or adults at higher risk due to illness or disability |

Disease	Case Exclusion and Clearance Criteria	Contact Management	Notes
Campylobacter	1 2 3 4 Exclude until symptom free for 48 hours	NIL	
Cryptosporidium	1 2 3 4 Exclude until symptom free for 48 hours	NIL	Advise no swimming for 2 weeks after symptoms settle
Giardia	1 2 3 4 Exclude until symptom free for 48 hours	NIL	Screen any attendees of ECE which case attends who has had diarrhoeal illness in previous 2 weeks
Salmonella (not Typhoid or Paratyphoid)	1 2 3 4 Exclude until symptom free for 48 hours	NIL	
Shigella	1 2 3 4 Exclude until two negative samples taken at least 48 hours after finished course of antibiotics	1 2 3 4 Exclude until one negative sample	Shigella sonnei requires no clearance samples for cases or contacts. Exclude until symptom free for 48 hours
Typhoid & Paratyphoid Recommended that all cases require clearance but only high risk groups require exclusion until clear	1 2 3 4 Require clearance of 3 consecutive negative stool samples at least 48 hours apart after completing antibiotics (if treated), or 1 month after symptom onset (if not treated) and school children	High risk household contacts exclude until 2 negative stool samples at least 48 hours apart. All low risk household contacts should have 2 stool samples collected at least 48 hours apart. no exclusion is needed	Carriers: a risk assessment should be undertaken by the MOoH regarding work restrictions
Yersinia	1 2 3 4 Exclude until symptom free for 48 hours	NIL	
VTEC/STEC	1 2 3 4 Exclude until symptom free for 48 hours	Household contacts: if symptomatic, test (stool sample) and exclude until 48 hours symptom free. If not symptomatic, no further action	
Viruses (such as Norovirus)	1 2 3 4 Exclude until symptom free for 48 hours	NIL	

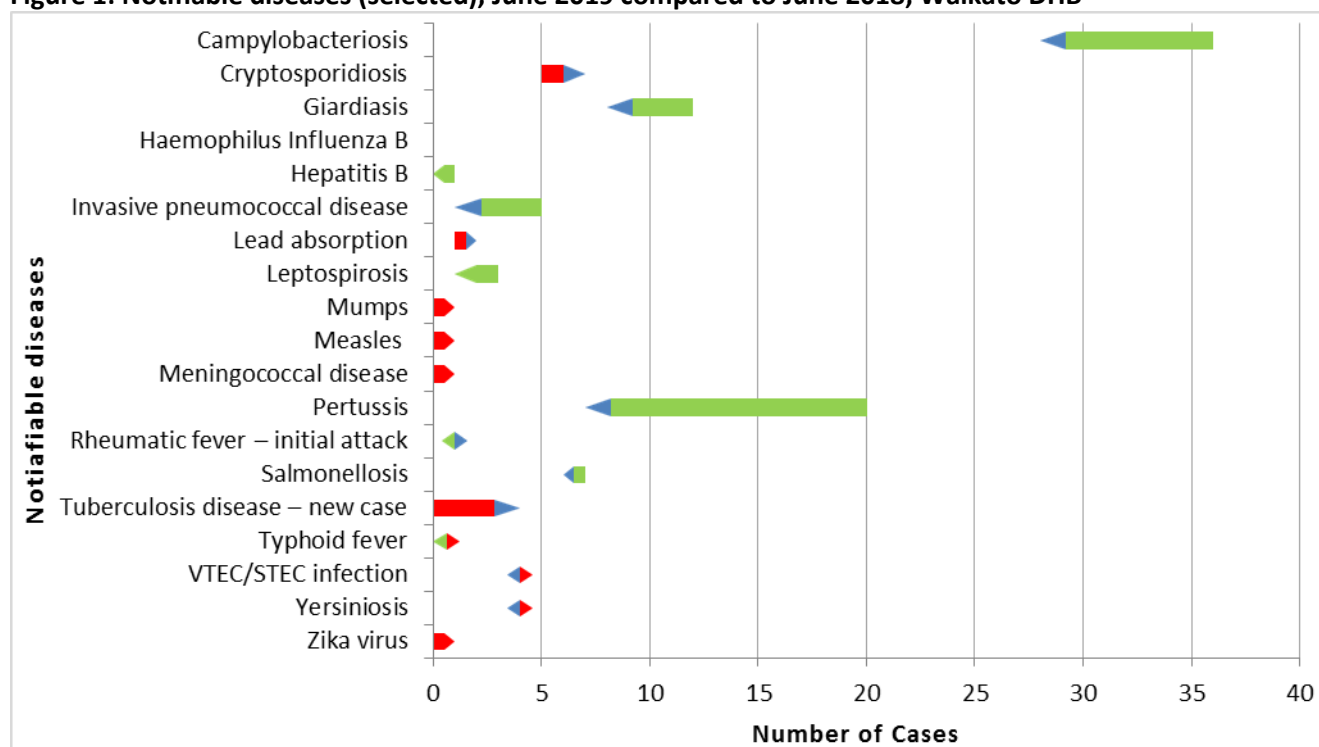
Based on the Ministry of Health 'Communicable Disease Control Manual' (updated 2018) - Prepared by the Public Health Unit, Waikato District Health Board

If you are not sure or require further information please contact Public Health Unit on 07 838 2569 or 0800 800 977

Communicable diseases notified June 2019

Disease name	June 2018	July 2019	YTD	Disease name	June 2018	June 2019	YTD
Campylobacteriosis	36	28	270	Meningococcal disease	0	1	4
Cryptosporidiosis	5	7	24	Mumps	0	1	3
Cysticercosis	0	0	0	Murine Typhus	0	0	1
Dengue fever	0	1	26	Paratyphoid fever	1	0	0
Gastroenteritis – unknown cause	0	0	2	Pertussis	20	7	110
Gastroenteritis – foodborne intoxication	0	13	57	Rheumatic fever - initial attack	1	1	7
Giardiasis	12	8	100	Rheumatic fever – recurrent attack	0	0	3
Hepatitis A	0	0	6	Rickettsial disease	0	0	1
Hepatitis B	1	0	2	Salmonellosis	7	6	49
Invasive pneumococcal disease	5	1	16	Shigellosis	0	0	7
Latent Tuberculosis	6	2	11	Toxic Shellfish Poisoning	0	0	1
Legionellosis	0	0	1	Tuberculosis disease –new case	0	4	19
Lead absorption	1	2	14	Typhoid fever	0	0	3
Leprosy	0	0	1	VTEC/STEC infection	4	4	60
Leptospirosis	3	1	5	Yersiniosis	4	4	31
Malaria	0	0	1	Zika virus	0	1	1
Measles	0	1	15	Listeria	0	1	1

Figure 1: Notifiable diseases (selected), June 2019 compared to June 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