

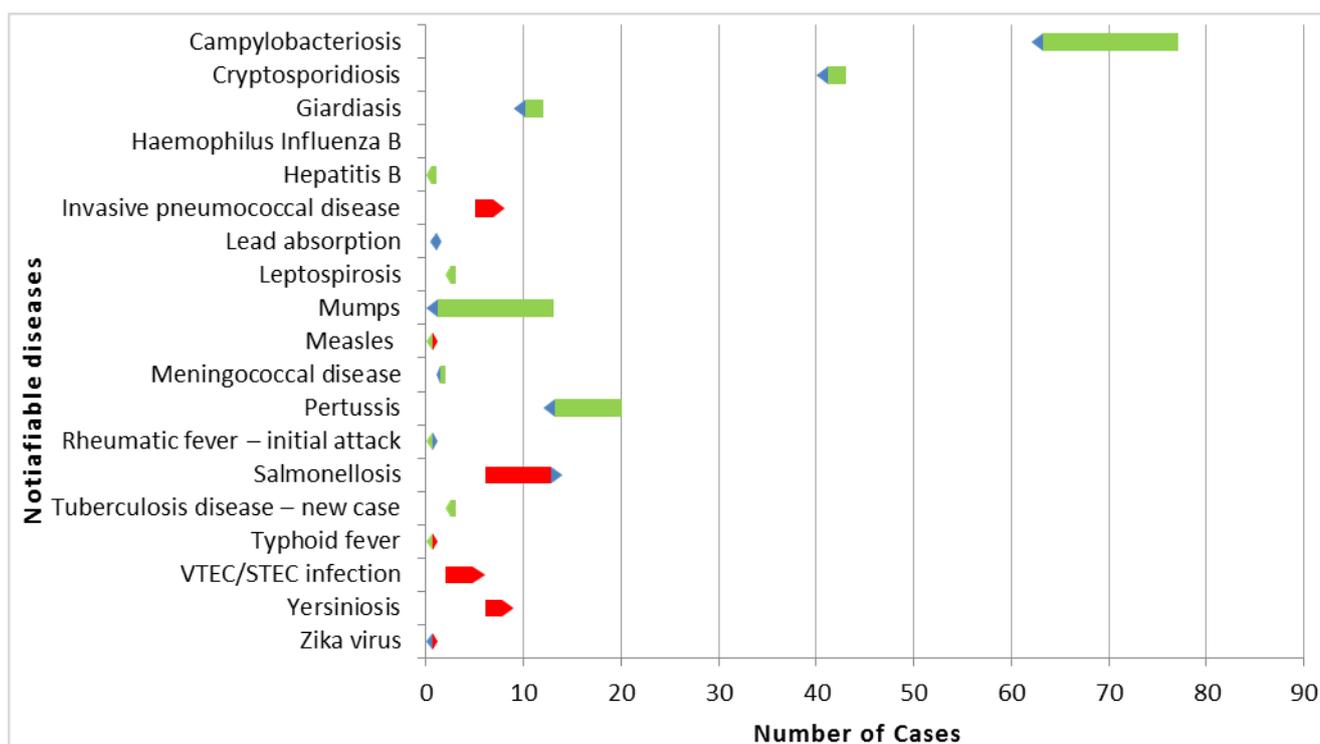


PUBLIC HEALTH BULLETIN

Communicable diseases notified September 2018

Disease name	Sept 2017	Sept 2018	YTD	Disease name	Sept 2017	Sept 2018	YTD
Campylobacteriosis	77	62	426	Meningococcal disease	2	1	0
Cryptosporidiosis	43	40	112	Mumps	13	0	9
Cysticercosis	0	0	1	Murine Typhus	0	0	1
Dengue fever	1	1	21	Paratyphoid fever	1	0	0
Gastroenteritis – unknown cause	0	0	2	Pertussis	20	12	259
Gastroenteritis – foodborne intoxication	0	0	3	Rheumatic fever - initial attack	0	0	1
Giardiasis	12	9	125	Rheumatic fever – recurrent attack	0	0	1
Hepatitis A	0	1	5	Rickettsial disease	0	0	1
Hepatitis B	1	0	0	Salmonellosis	6	14	86
Invasive pneumococcal disease	5	8	36	Shigellosis	0	0	12
Latent Tuberculosis	7	5	41	Toxic Shellfish Poisoning	0	0	1
Legionellosis	0	3	5	Tuberculosis disease –new case	3	2	16
Lead absorption	1	1	9	Typhoid fever	0	0	3
Leprosy	0	0	1	VTEC/STEC infection	2	6	38
Leptospirosis	3	2	18	Yersiniosis	6	9	61
Malaria	1	0	3	Zika virus	0	0	1
Measles	0	0	1				

Figure 1: Notifiable diseases (selected), September 2018 compared to September 2017, Waikato DHB



Cryptosporidiosis and Campylobacteriosis

With spring in full swing we are continuing to see a large number of notifications, almost exclusively in rural populations. Common risks, other than contact with calves or lambs, are the consumption of raw milk, and more commonly consuming untreated drinking water- from a bore or roof collection. Please consider the potential of untreated drinking water when reviewing patients with gastroenteritis, and recommend to them that they consider installing filtration and UV treatment to prevent further illnesses.

Refugee and Migrant Health update

Refugee quota will be raised to 1500 by 2020. The decision will improve humanitarian protection and it's pleasing to see that there is a plan for the increase in place. The effect of the increase will not impact hugely on the Waikato region unless the plan to generate the six new resettlement areas is unable to be accomplished.

So far this year we have had 130 refugees settle from the quota programme here in Hamilton with two more quota intakes to be processed before the end of the year. Alongside these quota refugees are the 17 reunification refugees who are undergoing health screening facilitated by the refugee health coordinator.

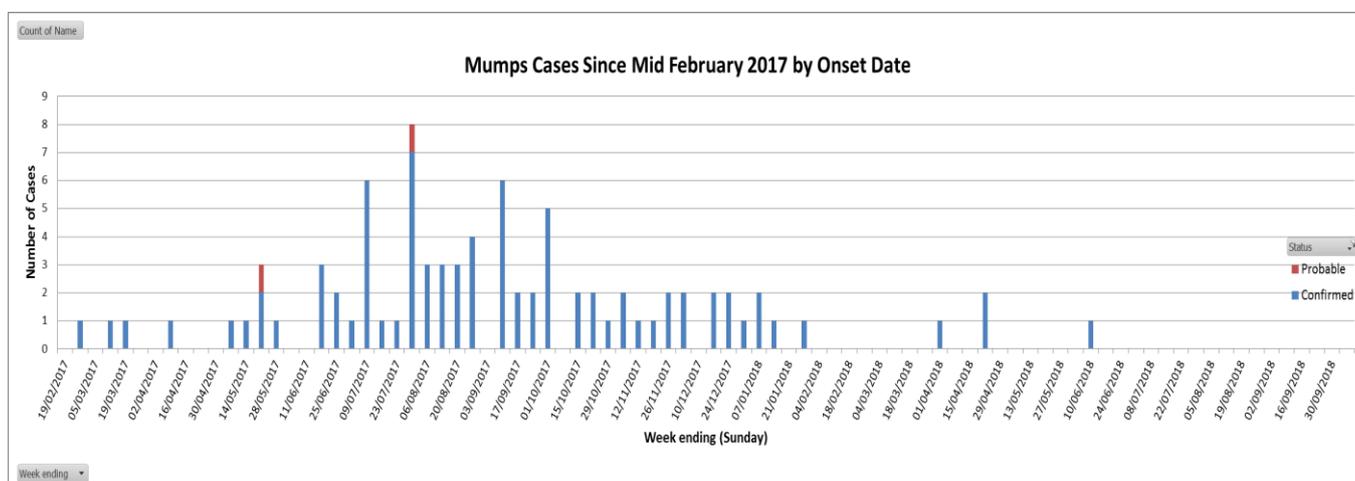
Mumps – over in the region (for now)

With no confirmed notified cases in over 3 months in the Waikato we are happy to declare the current epidemic over, noting of course that the MMR immunity gap in adolescents and young adults means there's no confidence it will not recur in the future.

This means we will not follow up requests for mumps PCR or serology with faxes/emails prompting notification, though our forms and guidelines will remain on the Waikato DHB website under "For Health Professionals".

Health professionals remain legally required to notify on suspicion.

There are continuing cases being reported to the North (mostly Auckland) and in other parts of the Pacific, so always consider potential travel exposure as a risk factor when someone presents with 2 or more days of parotid swelling.



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