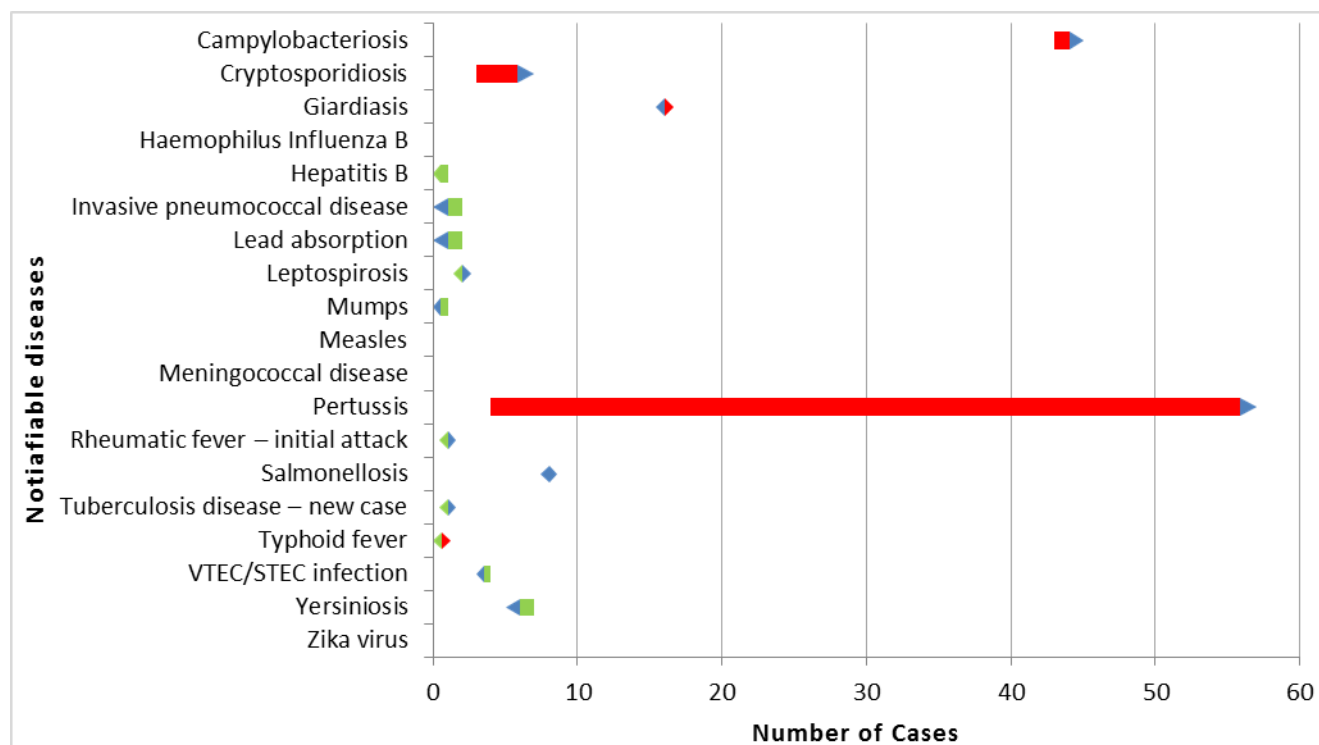


Communicable diseases notified February 2018

Disease name	Feb 2017	Feb 2018	YTD	Disease name	Feb 2017	Feb 2018	YTD
Campylobacteriosis	43	45	105	Leptospirosis	2	2	3
Cryptosporidiosis	3	7	10	Mumps	1	0	5
Dengue fever	0	3	10	Malaria	0	1	1
Gastroenteritis – unknown cause	0	1	1	Pertussis	4	57	127
Giardiasis	16	16	26	Rheumatic fever – initial attack	1	1	1
Hepatitis A	0	2	2	Salmonellosis	8	8	19
Hepatitis B	1	0	1	Shigellosis	0	4	6
Invasive pneumococcal disease	2	0	2	Tuberculosis disease - new case	1	1	5
Lead Absorption	2	0	6	Typhoid fever	0	0	1
Latent Tuberculosis	4	4	8	VTEC/STEC infection	4	3	9
				Yersiniosis	7	5	8

Figure 1: Notifiable diseases (selected), February 2018 compared to February 2017, 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

 Email: notifiablediseases@waikatodhb.health.nz

Fax: 07 838 2382

Mumps

Since early 2017 Waikato Public Health Unit has had 82 notified and confirmed cases of mumps, the 4th highest for any DHB in the country. The reduced rates of notified confirmed cases being reported in Auckland is also occurring in the Waikato region. There have been no notifications which were lab confirmed in the Waikato since the week ending 28th January 2018, and only 4 confirmed cases altogether this year.

While we are hoping this signals that the current epidemic might soon be over, it is important that people remain vigilant for further cases, it is important to:

- Encourage and provide MMR catch up for anyone born since 1969 for whom 2 doses of MMR are not documented (catch up is free)
- Notify on suspicion (there's a flowchart and form for doing this by fax here: <https://www.waikatodhb.health.nz/your-health/public-health-services-and-alerts/notifiable-and-communicable-diseases/>)
- Do a buccal swab from the affected side into viral transport medium for PCR
- Instruct the suspect case to self-isolate at home until either 5 days have elapsed since the swelling began, or the lab result is reported as negative (public health will always contact cases that have been notified once lab results are known)

Longer term we really should be doing something about the MMR immunity gap in our adolescent and young adult populations!

Remember: immunise, notify, test, and isolate

Influenza 2018

This year's season is anticipated to have increased severity if our experience is similar to that of the Northern hemisphere where A (H3N2) in particular has been associated with high morbidity and mortality. This strain will be covered in this year's funded quadrivalent vaccines.

- Inluvac Tetra
(For adults and children aged 3 years and over)
The vaccine will be available from early April
- Fluarix Tetra
(For children aged 6-35 months). The vaccine will be available from mid-April.

The four influenza strains included are:

- A/Michigan/45/2015 (H1N1) pdm09 – like virus
- A/Singapore/INFIMH/16-0019/2016 (H3N2)-like virus
- B/Phuket/3073/2013-like virus.
- B/Brisbane/60/2008 – like virus

Those eligible for funded influenza vaccine are:

- Pregnant women (any trimester),
- People aged 65 years or older,
- People aged under 65 years with certain medical conditions,
- Children aged 4 years or under who have been hospitalised for respiratory illness or have a history of significant respiratory illness

We recommend precall for these eligible people once the vaccine is available so they have time to develop immunity prior to exposure to the viruses.

Pertussis

As you will have seen from the graph on the previous page, and from the last 2 bulletins (and probably from your practice), the whooping cough epidemic is now well established. The aim of NZ's pertussis immunisation programme and public health advice is to prevent vulnerable people (mostly babies) getting pertussis. To that end please continue to:

- Ensure pregnant women have a pertussis booster in the 3rd trimester of every pregnancy
- Treat cases while they are still infectious (3-4 weeks after onset) with Azithromycin, after 2 days treatment they are no longer infectious.
- In households with babies under 1 year, if someone else in the household has pertussis treat everyone (to reduce any infectious periods and minimise risk of baby being infected).
- Immunise on time
- Encourage anyone with respiratory symptoms to self-isolate – don't "soldier on" (that's good advice for the upcoming 'flu season too).

New webpages for Rheumatic Fever prevention

We have three new and updated weblinks for Rheumatic Fever prevention:

- The first is a page with the map of Waikato swabbing services and some basic information on Rheumatic Fever and sore throats: <https://www.waikatodhb.health.nz/your-health/wellbeing-in-the-waikato/rheumatic-fever>
- The second has clinical information, links and resources for health professionals: <https://www.waikatodhb.health.nz/for-health-professionals/rheumatic-fever>
- There is a new page for Whare Ora – the Waikato DHB's healthy housing programme: <https://www.waikatodhb.health.nz/your-health/wellbeing-in-the-waikato/whare-ora>
This has information regarding the eligibility criteria and referral pathways.

Additionally, a Facebook post went out last week as a reminder to remain vigilant around sore throats: <https://www.facebook.com/WaikatoDHB/posts/1913455348664718> please like and share this from your service's Facebook page (or other social media).