Canterbury District Health Board
MEDICAL OFFICERS OF HEALTH
Public Health Information Quarterly

COMMUNICABLE DISEASES
For general practitioners and practice nurses

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Contents

Community and Public Health
Canterbury
District Health Board
Te Poari Hauora o Waitaha

Enhanced Influenza Surveillance

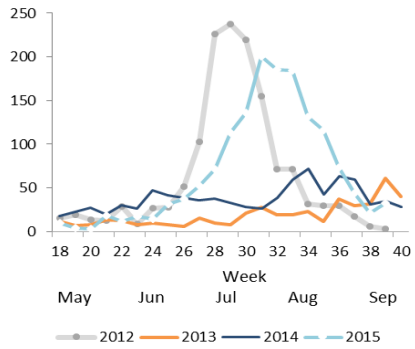
This year ESR are implementing enhanced influenza-like illness surveillance (eILI) that aims to build on the current national programme and the data collection methods used in the Southern Hemisphere influenza and vaccine research and surveillance programme (SHIVERS)[1] currently running in Auckland. Syndromic surveillance (figure 1) will be done throughout the year identifying patients who meet a case definition of ILI and between May and September virology samples will be taken as well.

The aims of eILI are to:

1. modernise NZ's traditional sentinel GP surveillance system by replacing the manual collection and transmission of data with an automated system
2. optimize data collection with minimal practice input through use of an interactive advanced form to record ILI consultations
3. introduce the potential for real time reporting from practices. This will improve surveillance capabilities for seasonal influenza control and pandemic preparedness
4. provide more valuable information on influenza disease burden, epidemiology, aetiology, risk factors and vaccine effectiveness in order to inform vaccination policy, vaccine strain selection, other public health measures and allow for the early detection of influenza epidemics.

1. ESR, Our work, SHIVERS: www.esr.cri.nz/health-science/our-work/shivers/

Figure 1. Syndromic surveillance in Canterbury of influenza-like illness rates per 100,000 practice population: May-September 2012-2015



All the C&PH practices that participated in last year's surveillance programme have agreed to contribute again this year along with an additional practice in South Canterbury.

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Each DHB will have more than 10 percent of their total practice population included which will provide representative ILI rates.

Influenza vaccine for 2016

The vaccine for this year contains the following strains:

- an A/California/7/2009 (H1N1)pdm09 -like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus;
- a B/Brisbane/60/2008-like virus.

The privately funded quadrivalent vaccine contains a B/Phuket/3073/ 2013-like virus in addition to the above three viruses.

Influenza And Respiratory Pathogens Report

This report, which has developed from the Canterbury influenza-like illness (ILI) report, is produced weekly and can be accessed from Community HealthPathways (Public Health Updates > Alerts > Influenza.

It contains information on the incidence of the different types of influenza and severity (as reflected by ED and hospitalisation data), rates of ILI (May - Sep.), and incidence of other respiratory pathogens including other viruses, mycoplasma, pertussis and legionellosis.

A similar report but without the hospital or ED attendance data will also be available from May to September for South Canterbury and West Coast.

Zika Virus Disease

Little was known about the disease causing potential of Zika virus until it came to prominence recently due to an association with increases in Guillain–Barré syndrome (GBS) and microcephaly during epidemics in Polynesia and Brazil respectively.

There was concern about whether the associations were causal. In response to this the WHO has produced a report stating that there is strong scientific consensus that Zika virus is a cause of GBS, microcephaly and other neurological disorders.[2] There is no evidence however, to suggest that pregnant women are more susceptible or experience more severe disease than the general population.

From January to 5 April this year, 78 confirmed cases had been notified in NZ. Seventy-five had travelled to either Tonga or Samoa and one case had not travelled overseas (sexual transmission). In order to ensure privacy, notifications are only being reported nationally.

Practice points

- Zika virus disease symptoms are:
  - low-grade fever
  - arthralgia, notably of the small joints of hands and feet
  - myalgia
  - headache, retro-ocular headaches
  - conjunctivitis
  - cutaneous maculopapular rash (often starts on the face and then spreads throughout the body).
- People who travel to any Pacific Island country should protect themselves against mosquito bites. Those travelling outside the Pacific area, should refer to the ECDC website[3] for an up-to-date list of affected countries.
- Travellers to affected areas should follow recommendations to prevent sexual transmission.[4]

2. WHO - Zika virus, Microcephaly and Guillain-Barre syndrome. Thu 31 Mar 2016. WHO Emergencies - Zika Situation Report

3 European Communicable Disease Centre: http://ecdc. europa.eu/en/health topics/zika _virus_infection/zika-outbreak/Pages/Zika-countries-with-transmission.aspx

4. NZ Ministry of Health, Zika virus website, http://www.health.govt.nz/our-work/diseases-and-conditions/zika-virus

Notifying Tuberculosis

In the early stages of diagnosis, patients with tuberculosis are investigated by both a general practitioner and specialist. Sometimes neither notifies on suspicion which can result in a prolonged delay before the communicable disease nurse is able to initiate follow up. This delay can be detrimental from a public health perspective. Most of the patients are immigrants, some of whom fear being deported or being ostracised by their community and some wish to return home without considering the risk to other passengers.

Doctors must notify on suspicion. This enables timely follow up to assess the situation, anticipate problems and expedite the 'patient journey' if necessary. Laboratory notifications do not provide sufficient information and a notification from a GP is also required at this stage if it has not previously been done.

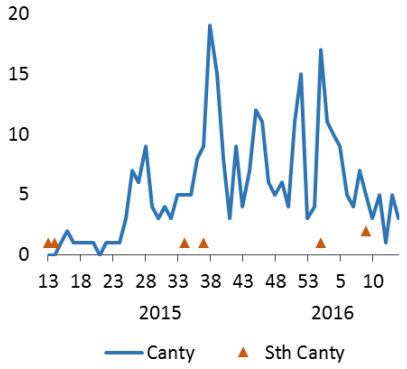
'Women Can Get HIV Too'

This is the national slogan promoting awareness to consider the diagnosis in women who present with symptoms consistent with HIV, following the recent death of middle-aged NZ European woman in Auckland. She had presented to more than one doctor but HIV had apparently not been considered. Her condition deteriorated and she died within days of admission.

Pertussis Decreasing

The minor pertussis epidemic in Canterbury described in the January edition appears to be waning after 10 months (figure 2) and 295 notifications. The increase was not seen in South Canterbury which in the past 12 months had only seven notifications or in West Coast which had none.

Figure 2. C&PH pertussis notifications by week: April 2015—8 April 2016

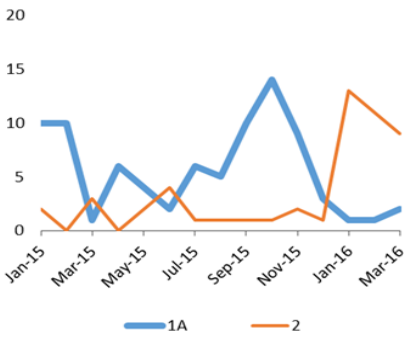


Yersiniosis Biotype 2 Increase

Since the Yersiniosis 1A decrease referred to in the January edition there has been an increase in biotype 2 in Canterbury (figure 3).

As with 1A, the source of the outbreak may remain unknown because of the difficulties identifying the particular food or environmental risk exposure. Apart from problems recalling a food history, adherence to completing a long and detailed questionnaire is always an issue.

Figure 3. Canterbury notifications of Yersinia biotypes 1A and 2: 2015—March 2016



Testing For Measles And Mumps

Specific buccal swabs are no longer available for saliva testing for suspected measles. A nasopharyngeal swab (or a throat swab if a nps is not able to be obtained) and serology are the preferred tests. However for a suspected case of mumps, a saliva soaked swab should be obtained from around the gums.

Summary Of Selected Notifiable Diseases By District Health Board January - March 2016 And 2015

	Canterbury		South Canterbury		West Coast		TOTALS	
	Cases Jan-Mar 2016	Cases Jan-Mar 2015	Cases Jan-Mar 2016	Cases Jan-Mar 2015	Cases Jan-Mar 2016	Cases Jan-Mar 2015	Cases Jan-Mar 2016	Cases Jan-Mar 2015
Enteric Diseases								
Campylobacteriosis	190	180	50	36	12	16	252	232
Cryptosporidiosis	14	13	2	1	-	1	16	15
Gastroenteritis	8	10	-	-	-	3	8	13
Giardiasis	60	39	4	4	1	1	65	44
Hepatitis A	-	3	-	-	-	-	-	3
Listeriosis	-	2	-	-	-	-	-	2
Paratyphoid	2	2	-	-	-	-	2	2
Salmonellosis	41	59	6	5	2	1	49	65
Shigellosis	4	4	-	-	-	-	4	4
Typhoid	1	1	-	-	-	-	1	1
VTEC	11	6	-	2	1	-	12	8
Yersiniosis	53	36	3	5	-	-	56	41
Other Diseases								
Dengue Fever	2	2	-	-	-	1	2	3
Haemophilus influenzae b	-	-	-	-	-	-	-	-
Hepatitis B	-	1	-	-	-	-	-	1
Hepatitis C	2	5	3	2	-	-	5	7
Invasive Pneumococcal dis.	3	4	-		-	-	3	-
Lead absorption	-	-	-	-	-	-	-	6
Legionellosis	6	4	-	-	-	2	6	6
Leptospirosis	1	3	-	1	-	2	1	1
Malaria	1	1	-	-	-	-	1	-
Measles	-	-	-	-	-	-	-	-
Meningococcal Disease	-	-	-	-	-	-	-	1
Mumps	1	1	-	-	-	-	1	21
Pertussis	85	19	3	1	-	1	88	4
Rheumatic fever (initial attack)	1	1	-	-	-	-	1	1
Rubella	-	-	-	-	-	-	-	-
Tuberculosis (new case)	9	7	-	1	1	1	10	9