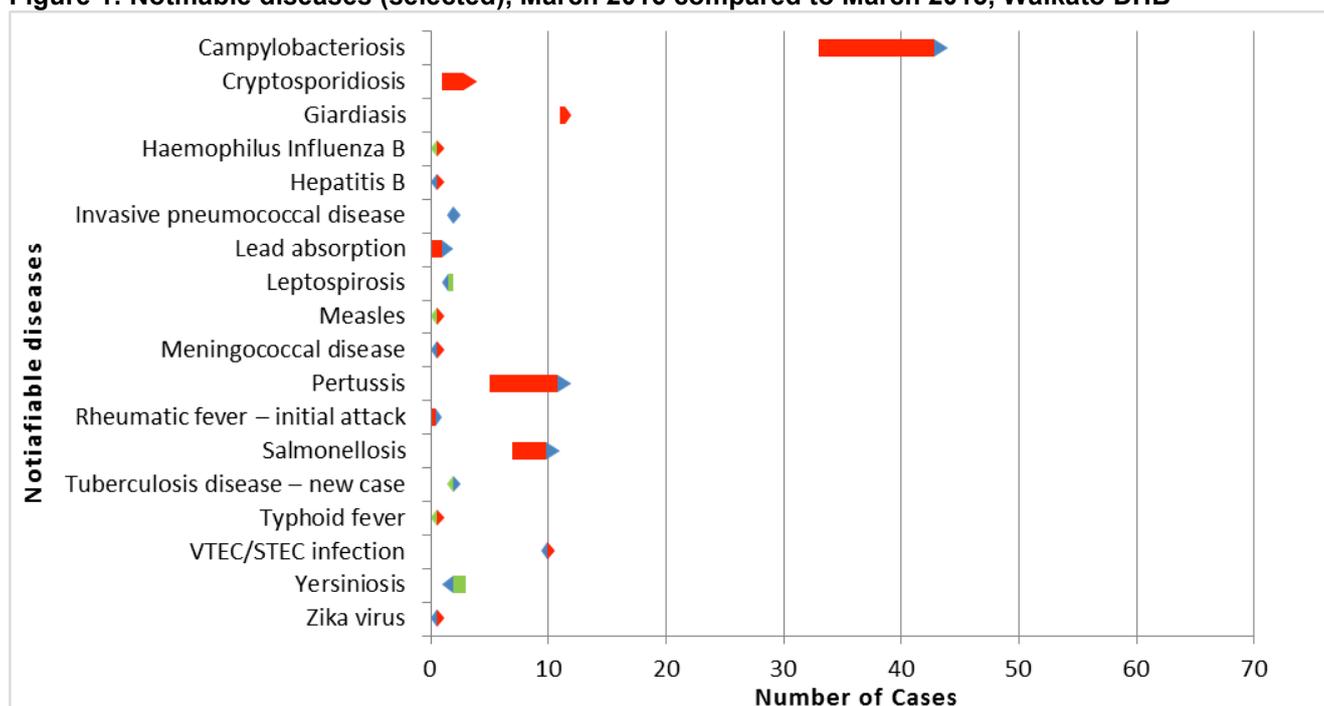


PUBLIC HEALTH BULLETIN

Communicable diseases notified March 2016

Disease name	2015	2016	YTD	Disease name	2015	2016	YTD
Campylobacteriosis	33	44	137	Mumps	0	0	0
Chikungunya Fever	1	0	1	Murine Typhus	0	0	0
Cryptosporidiosis	1	4	9	Paratyphoid fever	1	0	0
Dengue fever	1	1	1	Pertussis	5	12	45
Giardiasis	11	12	30	Poliomyelitis	0	0	0
Haemophilus Influenza B	0	0	0	Q fever	0	0	0
Hepatitis A	0	0	0	Rheumatic fever - initial attack	0	1	1
Hepatitis B	0	0	0	Rheumatic fever – recurrent attack	0	0	1
Hepatitis C	0	0	0	Ross River virus infection	1	0	0
Invasive pneumococcal disease	2	2	6	Salmonellosis	7	11	20
Lead absorption	0	2	7	Shigellosis	2	0	4
Legionellosis	0	2	6	Tetanus	0	0	0
Leptospirosis	2	1	2	Toxic Shellfish Poisoning	0	0	0
Listeriosis	0	1	1	Tuberculosis disease - new case	2	2	6
Listeriosis – Perinatal	0	0	0	Typhoid fever	0	0	3
Malaria	0	1	1	VTEC/STEC infection	10	10	14
Measles	0	0	0	Yersiniosis	3	1	4
Meningococcal disease	0	0	2	Zika virus	0	0	6

Figure 1: Notifiable diseases (selected), March 2016 compared to March 2015, Waikato DHB



New Public Health Medicine Specialist.

We would like to welcome Dr Richard Vipond, a new public health medicine specialist, who has now started work at Population Health. Richard will be working at Population Health three days per week for the next year.

Measles update

As you know there is currently an outbreak of measles in the Waikato DHB region. We'd like to thank you all for your work during this outbreak, in notifying Population Health of suspected cases and, where required, providing information to any waiting room contacts.

At the time of writing we have had 19 confirmed cases of measles in the Waikato DHB region, and have a further seven cases under investigation waiting for test results.

Most of the confirmed cases are epidemiologically linked, but no clear links with other cases has been able to be found for three cases. This indicates that measles may be more widespread in the community than we have been notified about, and this should be taken into account when assessing patients with no obvious contact with a confirmed case.

What you need to know

Please follow the flow chart for measles if you see a suspected measles case.

<http://www.waikatodhb.health.nz/assets/public-health-advice/public-health-topics/measles/Flowchart-for-primary-care.pdf>

It is important to notify any suspected measles cases to Population Health, either by phone or by faxing the notification form to 07 838 2382

If you suspect measles, please arrange bloods for measles serology and a nasopharyngeal swab for PCR. The PCR test will be required if the serology results are unclear.

The suspected measles case needs to be isolated at home for five days from the onset of the rash (including the day of onset). Population Health will contact the patient to end their isolation if the test results are negative.

Suspected measles cases should be kept isolated from others in the waiting room. Where this has not occurred, Population Health will provide a letter to practices to send to all waiting room contacts.

Vaccination

Please take every opportunity you have to vaccinate your patients who are not up to date.

We are not advising that you recall patients for early vaccination (ahead of schedule). However, Contacts of measles cases may be advised to have measles

vaccine ahead of schedule, particularly if able to be given within 72 hours of contact.

All GP practices will be notified if advice relating to vaccination changes in the future, as a result of the outbreak becoming more widespread.

Further information about measles

Please see the Waikato DHB measles webpage for further information and relevant links.

<http://www.waikatodhb.health.nz/public-health-advice/a-z-of-public-health-topics/m-o/measles/>

Media releases relating to measles are available from:

<http://www.waikatodhbnewsroom.co.nz/health-alerts/>

Listeria

Patients and visitors to Waikato Hospital may have been exposed to listeria from 7 April to 12 April if they ate salad prepared by the hospital kitchen. The salad, which may have been contaminated with listeria, was served to patients and served at Waikato Hospital campus outlets. None of the possibly listeria-contaminated food was given to patients most at risk of listeria i.e. patients on our antenatal wards, or severely immune-compromised (neutropenic) patients.

Patients and staff have been informed of this risk and advised to contact their GP if symptoms develop. See the public health media advisory:

<http://www.waikatodhbnewsroom.co.nz/2016/04/14/public-health-advisory-about-possible-listeria-contamination-at-waikato-hospital/>

Listeria most commonly presents with diarrhoea, often associated with fever, myalgia and vomiting. It may present with septicaemia or meningitis in the elderly and immunosuppressed. In pregnant women, the fetus may become infected, sometimes leading to miscarriage, stillbirth, premature delivery, newborn septicaemia or meningitis.

The median incubation period is three weeks, but can vary between 3 and 72 days.

Felicity Dumble -- Richard Wall – Richard Vipond:
Medical officers of health

After hours:

MOoH 021 359 650 HPO 021999521

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