Waikato District Health Board

Population Health

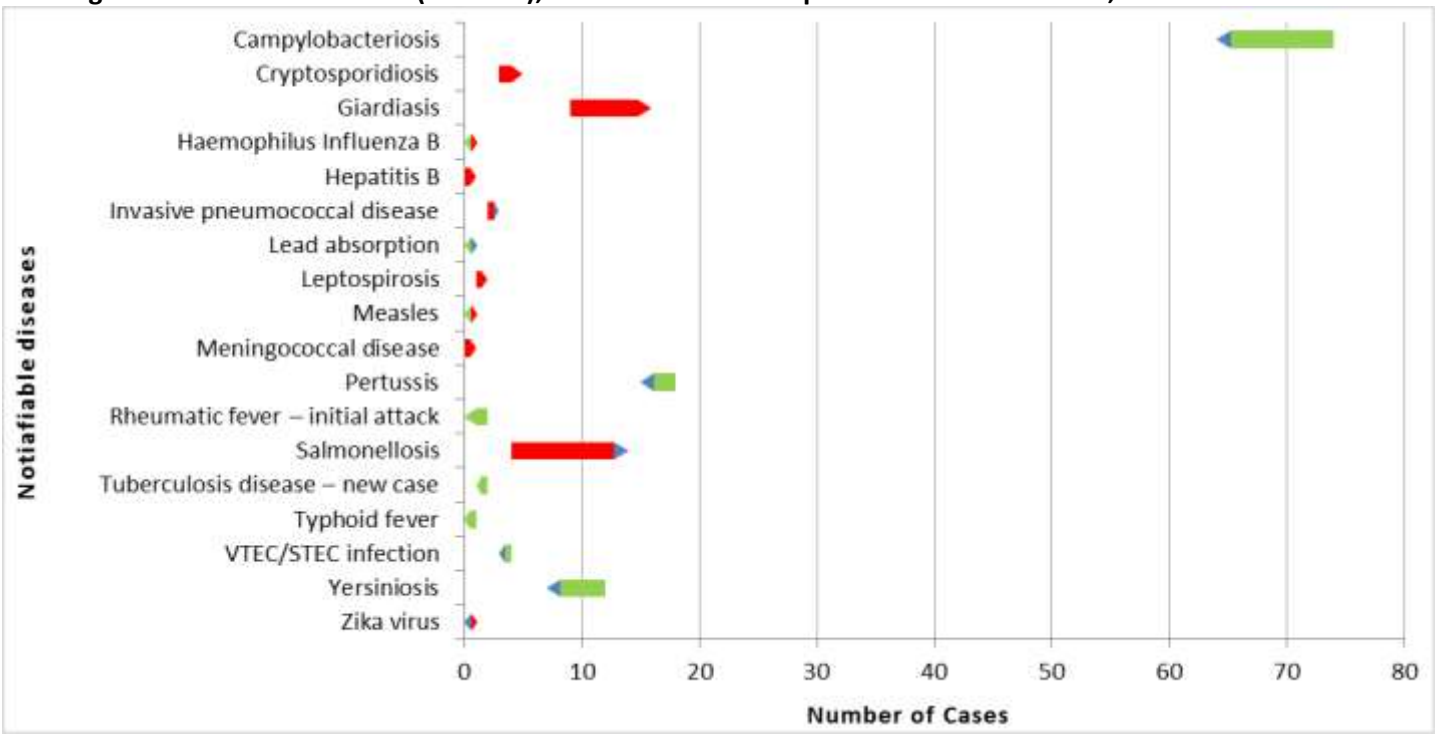
November 2016

PUBLIC HEALTH BULLETIN

Communicable diseases notified November 2016

Disease name	Nov 2015	Nov 2016	YTD	Disease name	Nov 2015	Nov 2016	YTD
Campylobacteriosis	74	64	503	Measles	0	0	56
Chikungunya fever	0	0	1	Meningococcal disease	0	1	8
Cryptosporidiosis	3	5	122	Murine Typhus	0	0	1
Dengue fever	1	1	12	Pertussis	18	15	129
Gastroenteritis - unknown cause	0	0	4	Rheumatic fever - initial attack	2	0	5
Gastroenteritis / foodborne intoxication	0	0	4	Rheumatic fever - recurrent attack	0	0	1
Giardiasis	9	16	125	Rickettsial disease	0	0	1
Haemophilus Influenza B	0	0	0	Salmonellosis	4	14	105
Hepatitis B	0	1	3	Shigellosis	0	1	16
Invasive pneumococcal disease	2	3	29	Tetanus	0	1	1
Latent tuberculosis infection	2	3	29	Tuberculosis disease - new case	2	1	21
Lead absorption	0	0	15	Tuberculosis disease - relapse or reactivation	0	0	3
Legionellosis	5	2	13	Tuberculosis infection - on preventive treatment	0	0	1
Leptospirosis	1	2	19	Typhoid fever	1	0	3
Listeriosis	0	0	2	VTEC/STEC infection	4	3	43
Listeriosis - perinatal	0	0	1	Yersiniosis	12	7	47
Malaria	0	0	1	Zika virus	0	0	7

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



Amendment to Health Act brings new responsibilities in Primary Care and new powers in Public Health

The Ministry of Health wrote to PHO CEOs on 16 December 2016 describing new infectious disease responsibilities that will commence in early 2017 as a result of an amendment to the Health Act. You can read more detail in the letter, or on the Ministry website at http://www.health.govt.nz/news-media/news-items/new-legislation-notification-and-management-infectious-diseases, but in short:

- duty to notify now rests with all registered health practitioners with a relevant scope of practice (most likely to affect nurse practitioners and some midwives)

- HIV infection, gonorrhoea and syphilis will be notifiable, but anonymised. The way this is likely to work once the information systems are implemented, and case definition are sent, is that:
  i. either labs will electronically notify ESR or the practitioner will notify public health if clinically diagnosed (and PHU will then notify ESR)
  ii. ESR will then send an electronic questionnaire to the practitioner who must provide relevant disease and risk factors
  iii. the health practitioner will then complete the questionnaire and transmit it to ESR

- for the anonymised STIs, and only in exceptional circumstances, the MOH may ask notifying practices for identifying information in order to aid management of outbreaks, public health risk, etc

- we Medical Officers of Health (MOsH) get a new set of incremental powers to improve management of infectious diseases. We'll still use voluntary measures as first choice (and that usually suffices), but that can now be augmented by incremental powers from "public health directions", to "court orders" (that we have to apply for), and finally "urgent public health orders", with prosecution possible if these are breached. There are various protections such as time periods and appeal provisions built in to protect the public from capricious use of said powers

- tuberculosis will no longer have its own "Act", it is being included in the schedule of notifiable diseases and so the powers (above) and contact tracing provisions (below) will apply to TB as well

- the statutory basis for "formal contact tracing" is for the first time included in the Act. MOsH and Health Protection Officers are automatically formal contact tracers, but we can also nominate suitable and willing others. Mostly informal contact tracing will still apply, especially for the work primary care and some NGOs do with STIs, so this is "business as usual" for you. However, occasionally MOsH may be asked to become involved where the public health risk is high and urgent. MOsH can then nominate other suitable people as formal contact tracers. What this entails is detailed in the Act, but it includes steps that must be followed and powers to require information from cases and their contacts

- there will be new Health (Infectious and Notifiable Disease) Regulations and Schedules as part of the Act, and the Venereal Disease Regulations are repealed, but we've already outlined the significant changes (above). Other than those there are no new diseases to notify (on suspicion).

We encourage you to read the full MOH letter (3 pages plus a flow chart) of 16 December 2016 that was sent to your CEOs.

We will use this bulletin and other means if necessary, to keep you informed of these changes as they are implemented. The implementation date in the legislation is 4 January 2017, but the systems and case definitions described above are not yet finalised so this means actual implementation of the STI changes will be through the first part of 2017. The contact tracing and incremental powers are available from 4 January 2017 though.

Wishing you, your colleagues and loved ones a joyous, restful, and safe holiday season!

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