

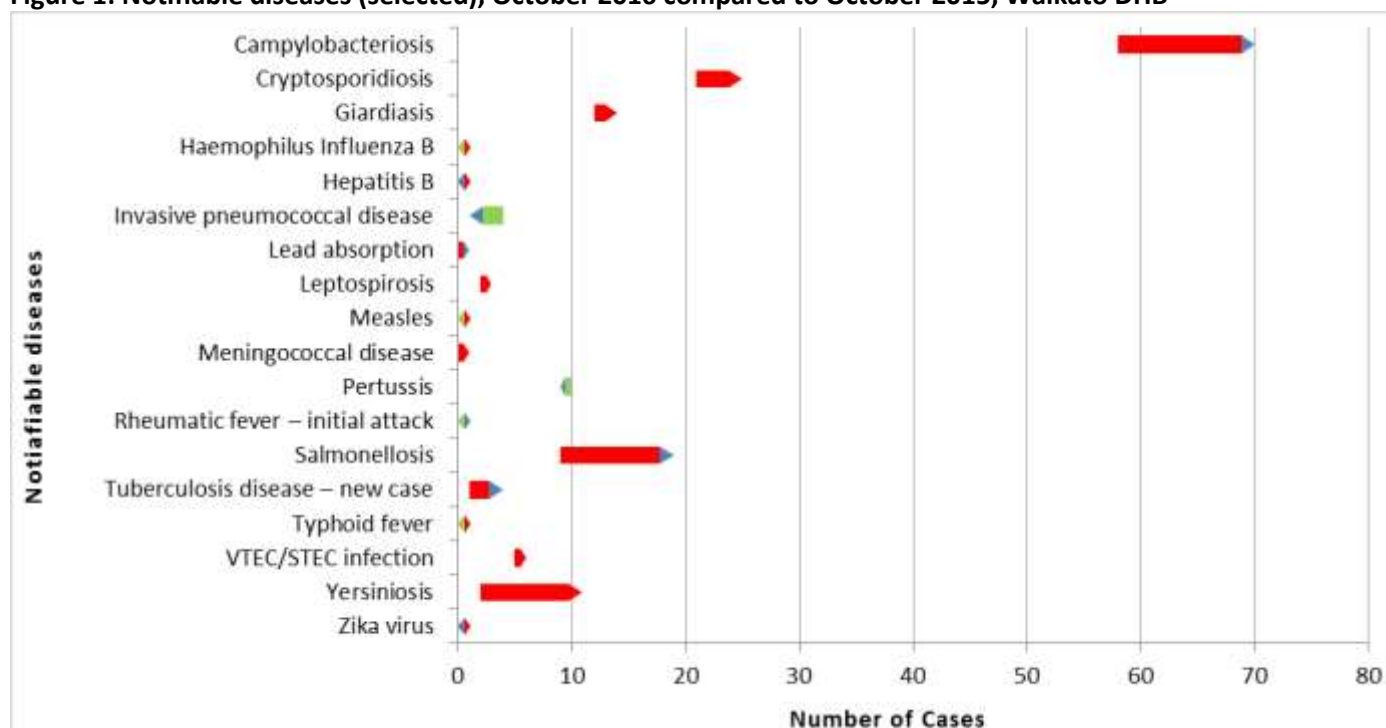
October 2016

PUBLIC HEALTH BULLETIN

Communicable diseases notified October 2016

Disease name	Oct 2015	Oct 2016	YTD	Disease name	Oct 2015	Oct 2016	YTD
Campylobacteriosis	58	70	439	Measles	0	0	57
Chikungunya fever	0	0	1	Meningococcal disease	0	1	7
Cryptosporidiosis	21	25	117	Murine Typhus	0	0	1
Dengue fever	0	0	11	Pertussis	10	9	114
Gastroenteritis - unknown cause	1	0	4	Rheumatic fever - initial attack	0	0	5
Gastroenteritis / foodborne intoxication	0	0	4	Rheumatic fever - recurrent attack	0	0	1
Giardiasis	12	14	109	Rickettsial disease	0	0	1
Haemophilus Influenza B	0	0	0	Salmonellosis	9	19	91
Hepatitis B	0	0	3	Shigellosis	1	1	15
Invasive pneumococcal disease	4	1	26	Tuberculosis disease - new case	1	4	22
Latent tuberculosis infection	2	4	26	Tuberculosis disease - relapse or reactivation	0	0	3
Lead absorption	0	1	15	Tuberculosis infection - on preventive treatment	2	1	1
Legionellosis	3	0	11	Typhoid fever	0	0	3
Leptospirosis	2	3	17	VTEC/STEC infection	5	6	40
Listeriosis	0	1	2	Yersiniosis	2	11	40
Listeriosis - perinatal	0	0	1	Zika virus	0	0	7
Malaria	0	0	1				

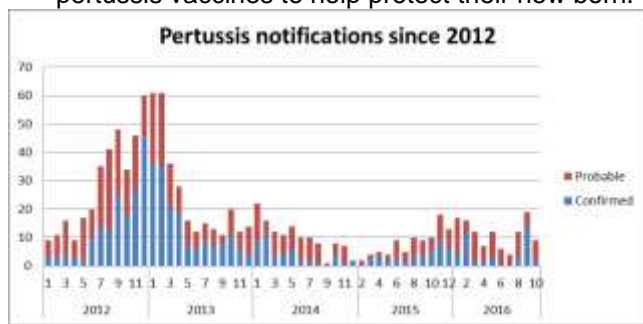
Figure 1: Notifiable diseases (selected), October 2016 compared to October 2015, Waikato DHB



Whooping Cough – on the rise?

The last significant pertussis epidemic in Waikato was in 2012/13, not returning to baseline levels until late 2014. It is always about (“hyperendemic”) but last spring/summer and now again since August we’re getting higher levels of notification, particularly from Te Awamutu and Hamilton. Just a reminder that:

- treatment is only to shorten infectious period so only useful in the first three weeks of the paroxysmal phase,
- treatment needs to be either Azithromycin daily for five days or Erythromycin qid for 14 days,
- the case should isolate themselves until either after five days of correct treatment or (if not treated) until three weeks after the start of the paroxysmal/ severe cough phase (so about four weeks in all)
- most notified cases so far are in the adult population, as we typically see pre-epidemic, so be vigilant when seeing adults with persistent coughs: swab and treat to prevent spread to vulnerable babies and elderly contacts
- remember that pregnant women in their third trimester should be encouraged to have the free pertussis vaccines to help protect their new born.



Free pertussis vaccinations for pregnant women at selected pharmacies in the Waikato – a New Zealand first

Waikato DHB is pleased to announce that a number of community pharmacies in the Waikato region have started offering free pertussis (whooping cough) vaccination to pregnant women in their third trimester. It is a New Zealand first and allows another avenue for pregnant women to have the vaccination, which is also available to them free at GPs and Health Centres.

Immunisation schedule changes

1. From 1 January 2017

Human papillomavirus vaccine (HPV)

- Funded access will be widened to include people up to the age of 26 years.
- A two-dose regimen will be funded for those children aged 14 years and under. The two-dose regimen was recently approved by Medsafe.
- A three-dose schedule will be funded for people aged 15-26 years inclusive.

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

- The 4 valent (Gardasil) HPV vaccine will be replaced with the 9 valent (Gardasil 9) vaccine.
- Females who have started a three-dose regimen of 4 valent Gardasil will be able to complete their remaining doses in 2017.

2. From 1 July 2017

Varicella vaccine

- Funded access of the varicella vaccine (Varilrix) will be widened to include one dose for primary vaccination in children at 15 months old and a catch up in general practice of one dose for previously unvaccinated children at 11 years old, who have not previously had a varicella infection (chickenpox).
- Funding criteria for high risk patients will remain unchanged.
- There will be a change in pack size from 1 to 10 injections per pack.
- We are hearing from General Practice that since varicella vaccine is coming on the schedule next year, many parents are holding off protecting their children thinking they will get it funded. We now have a date from the Ministry of Health that children have to be born 1 April 2016 or after to be funded for varicella vaccination at the 15 month visit from 1 July 2017.

Pneumococcal conjugated vaccine (PCV)

- Prevenar 13 pneumococcal conjugate vaccine will be replaced by the Synflorix pneumococcal conjugate vaccine on the National Immunisation Schedule.
- Prevenar 13 will remain available for high risk patients only.

Rotavirus vaccine

- The currently listed RotaTeq brand will be replaced by the Rotarix brand.
- The current three-dose regimen will be replaced with a two-dose regimen.

Measles, mumps and rubella vaccine

- The currently listed MMR-II brand will be replaced by the Priorix brand.
- Haemophilus influenzae type B (Hib) vaccine
- The currently listed Act-HIB brand will be replaced by the Hiberix brand.

No changes to the following listed vaccines

- Diphtheria, tetanus and acellular pertussis vaccine (Boostrix)
- Diphtheria, tetanus, acellular pertussis and polio vaccine (Infanrix IPV)
- Diphtheria, tetanus, pertussis, polio, haemophilus influenzae type B and hepatitis B vaccine (Infanrix Hexa); and
- Adult diphtheria and tetanus vaccine (ADT Booster).