

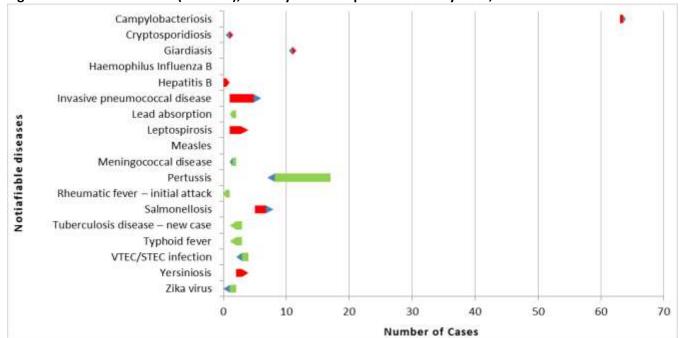
February 2017

#### **PUBLIC HEALTH BULLETIN**

Communicable diseases notified January 2017

Disease name	Jan 2016	Jan 2017	YTD	Disease name	Jan 2016	Jan 2017	YTD
Campylobacteriosis	63	64	64	Malaria	0	1	1
Cryptosporidiosis	1	1	1	Meningococcal disease	2	1	1
Dengue fever	0	1	1	Pertussis	17	7	7
Gastroenteritis – unknown cause	1	1	1	Rheumatic fever - initial attack	1	0	0
Giardiasis	11	11	11	Salmonellosis	5	8	8
Hepatitis A	0	1	1	Shigellosis	1	1	1
Hepatitis B	0	1	1	Tuberculosis disease - new case	3	1	1
Invasive pneumococcal disease	1	6	6	Typhoid fever	3	1	1
Latent Tuberculosis	0	2	2	VTEC/STEC infection	4	2	2
Lead absorption	2	1	1	Yersiniosis	2	4	4
Legionellosis	2	2	2	Zika virus	2	0	0
Leptospirosis	1	4	4				

Figure 1 Notifiable diseases (selected), January 2017 compared to January 2016, Waikato DHB



**Notification Information specified in Health Act**Over the page you will find a list of the minimum

Over the page you will find a list of the minimum information to be supplied when notifying suspect / confirmed cases of notifiable diseases to the Medical Officer of Health (via Public Health Unit). Note that

this does not include the newly notifiable ("nonidentified basis") STIs and does not replace any forms we send out, it is just for your information so when you are notifying the information we need is ready.

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

## Health practitioner notice of notifiable disease (identified basis)

(To the medical officer of health for Waikato District)

o Date

### **Patient details**

- o Name
- National health index number
- Address
- Date of birth
- Date of death (if applicable)
- o Sex
- Ethnicity
- Nature of work or education
- Recent travel history

### **Details of disease**

- Disease or suspected disease being notified
- Date of onset of illness (approximately)
- Laboratory tests done or ordered (if any)
- Results of laboratory tests (if available)
- o Has the patient been hospitalised?
- If the patient has been hospitalised, the name of the hospital and date of the admission
- Any other information relevant to the risk of the patient having or transmitting the disease (for example, vaccine history, sexual behaviour or activity, or sex of partner or partners)

# **Details of notifying health practitioner**

- o Name
- Phone number
- Address
- Email address