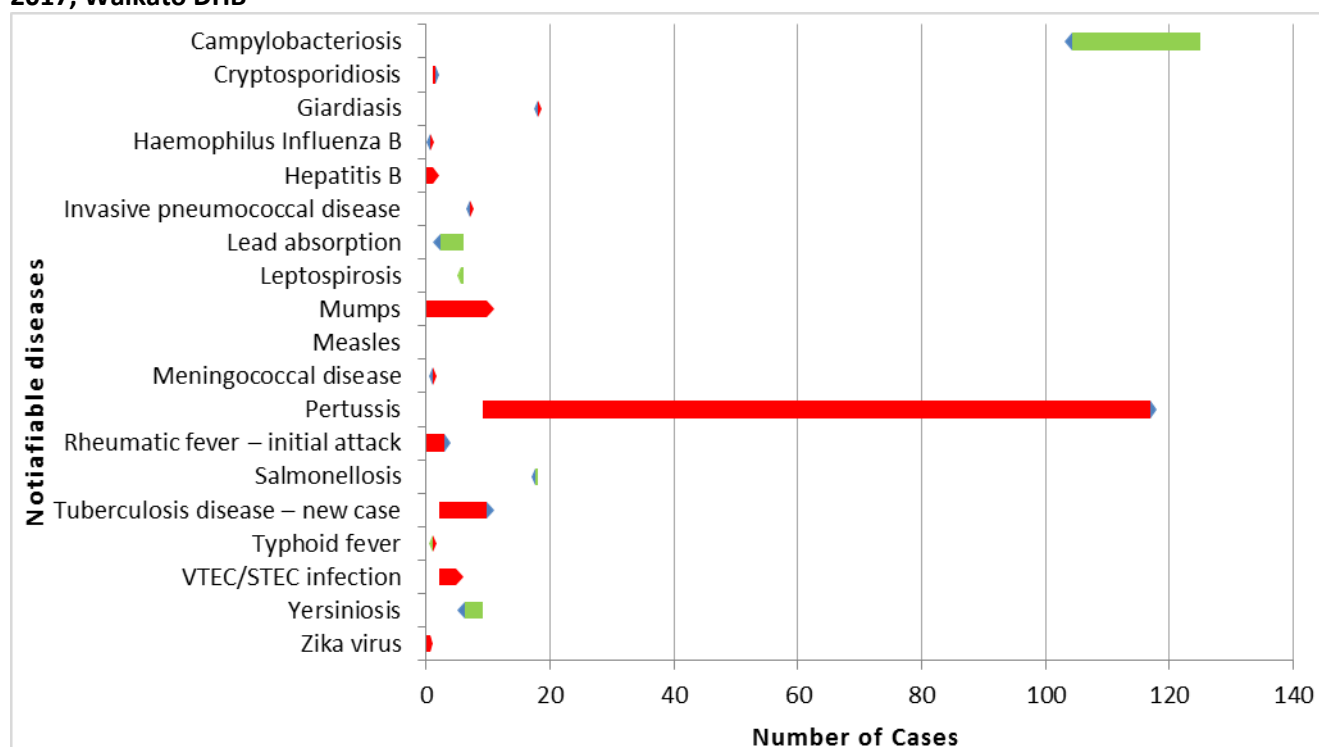


February 2018

**PUBLIC HEALTH BULLETIN**  
**Communicable diseases notified Dec/Jan 2017/18**

Disease name	Dec 16 Jan 17	Dec 17 Jan 18	YTD 2018	Disease name	Dec 16 Jan 17	Dec 17 Jan 18	YTD 2018
Campylobacteriosis	125	103	60	Meningococcal disease	1	1	0
Cryptosporidiosis	1	2	1	Mumps	0	11	5
Dengue fever	1	8	7	Pertussis	9	118	70
Gastroenteritis - unknown cause	1	0	0	Rheumatic fever - initial attack	0	4	0
Giardiasis	18	18	10	Salmonellosis	18	17	10
Hepatitis A	1	2	0	Shigellosis	1	3	2
Hepatitis B	0	2	2	Tuberculosis disease - new case	2	11	4
Invasive pneumococcal disease	7	7	2	Tuberculosis disease - relapse or reactivation	1	0	0
Latent tuberculosis infection	14	7	4	Typhoid fever	1	1	1
Lead absorption	6	1	0	VTEC/STEC infection	2	6	6
Legionellosis	5	1	0	Yersiniosis	9	5	3
Leptospirosis	6	5	1	Zika virus	0	1	1
Malaria	2	0	0				

**Figure 1: Notifiable diseases (selected), December 2017/January 2018 compared to December 2016/January 2017, Waikato DHB**

**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](mailto:notifiablediseases@waikatodhb.health.nz)

## Dengue fever

There are outbreaks of dengue fever in the Pacific at the moment. An increased number of dengue cases have been recorded among travellers returning from the Pacific.

Dengue fever is a viral disease spread by the bite of an infected *Aedes* mosquito. Dengue fever cannot be spread from person-to-person.

The Ministry of Health is urging travellers to the Pacific to avoid mosquito bites (see <https://www.health.govt.nz/your-health/healthy-living/travelling/avoiding-bug-bites-while-travelling>) following the recent dengue fever death of a 12-year-old Auckland girl, who was on holiday in Tonga.

## Non Tuberculous Mycobacterial (NTM) Letter

GPs and affected patients will have received separate letters from WDHB in early February, regarding an infection risk in patients who have undergone open cardiac surgery requiring placement of prosthetic material since 2013.

Though the risk of NTM infection is regarded as very low; WDHB has recommended that clinicians, including cardiologists and primary health care teams who take care of cardiac surgery patients before and after their surgery, be aware of the risk and consider NTM as a potential cause of unexplained chronic illness.

There is no screening test so if a case suspect is suspected:

- Patients should also be assessed for more common causes of the symptoms.
- For patients where infection is suspected but no clinical source is evident, or when involvement of cardiac prosthetic material is suspected, seek specialist advice from an infectious diseases physician or clinical microbiologist.

## Increase in heterosexual infectious syphilis cases

Infectious syphilis continues to increase: the network of sexual health clinics across New Zealand reported 80 cases in 2012 and over 400 cases in 2017. Until recently, most infections have been amongst men who have sex with men. However, a notable change over the last 12 months is the increasing number of women with syphilis, including during pregnancy. It is important to note that reactive antenatal tests may now reflect true infection rather than a false positive, especially in those with previous negative tests.

Syphilis has long been called 'the great imitator' because it has so many possible symptoms. The classic first sign, a painless ulcer, can go unnoticed and heal without treatment. The secondary rash is easily mistaken for more common skin conditions. Health providers are encouraged to consider syphilis testing for anyone (male or female) with:

- an atypical or slow-healing genital ulcer (or ulcers)
- a generalised rash, particularly if it involves the palms and soles

- lymphadenopathy
- abnormal LFTs, or
- having either HIV or hepatitis testing for any reason.

Local labs have an algorithm for the various screening and specific syphilis tests, so providers do not need to worry about requesting the 'right' test - 'syphilis serology' is fine. Also, it is worth remembering that tests may be falsely negative in the early stages of infection: if there is a strong clinical suspicion, repeat the syphilis test in 4 weeks.

The Hamilton Sexual Health team are very happy to provide advice or see urgent referrals for people with reactive syphilis results. The clinic's phone is 07 839 8732 and direct fax 07 839 8892. Please note, Dr Marion Milburn has retired recently and the service's specialist sexual health physicians are now Dr Karen Benattar, Dr Susan Bray and Dr Jane Morgan.

## Resumption of BCG vaccinations

The Ministry of Health anticipates the New Zealand Bacillus Calmette-Guerin (BCG) Programme will resume in late April, once continuous supply of vaccine has been confirmed and vaccine stock has been released.

There is expected to be sufficient supply in late March/early April 2018 to enable New Zealand's funded BCG immunisation programme to resume under the parameters described in chapter 20 of the New Zealand Immunisation Handbook.

The Ministry does not recommend a catch-up programme for those who would have met the criteria over the period the vaccine was unavailable. However requests may be made for the vaccination if they meet the eligibility criteria:

- they will be living in a house or Whānau with a person with either current TB or a history of TB
- they have one or both parents or household members or carers who, within the last 5 years, lived for a period of 6 months or longer in countries with a TB rate  $\geq 40$  per 100,000
- during their first 5 years they will be living for 3 months or longer in a country with a TB rate  $\geq 40$  per 100,000.

Children who have missed vaccination at birth may be vaccinated at any time up to age 5 years. If the child is 6 months or older they should have a pre-vaccination tuberculin skin test (Mantoux) to detect whether they have already been infected, with vaccination only being given if the child is uninfected.

## Welcome to Dawn Richards, new CDSO

Callers to the public health unit notifying diseases (or receiving calls seeking patient details) may speak to Dawn Richards who we welcomed earlier this year as our new CDSO (Communicable Disease Support Officer) replacing Nigel Pirikahu and working with Reena Narayan.