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HUNTER NEW ENGLAND NSW HEALTH

Communicable Diseases Bulletin

April 2009
Volume 188

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24 hour contact numbers for Hunter New England Population Health

**4924 6477 Newcastle
6767 8630 Tamworth**

Hunter New England Health Service

Novel Influenza A (H1N1 09)

In relation to this novel strain virus the situation is dynamic and continues to evolve. Australia's management is directed through the Department of Health and Ageing via NSW Health.

We would like to take this opportunity to thank those GPs who have contacted HNEPH to discuss suspect cases. We are also grateful to those who have referred patients to EDs. It is important to keep up to date with the current case definition, which can be accessed through NSW Health webpage.

http://www.health.nsw.gov.au/publichealth/swine_flu.asp#para_6

or you can contact HNEPH on 4924 6477 or 6767 8630.

Other resources are also available from the above website.

Minimising the Impact of Seasonal Influenza: a GP's Role

In order to prepare for the forthcoming influenza season, GP's can do two things:

1. Encourage vaccination against influenza, and
2. Isolate patients with presumptive influenza – adults should be excluded from work for 5 days if possible and children should be excluded for 7 days from school, social activities or childcare.

Although confirming influenza in a symptomatic patient does not necessarily change clinical management and patient advice, early diagnosis (<48 hours) does enable neuraminidase inhibitors to be considered for adults. These drugs may also have a role in influenza prophylaxis in institutional outbreaks.

Early diagnosis of influenza by PCR

PCR testing enables early diagnosis of influenza A and B

* Samples are best collected early in the illness (preferably within 72 hours of onset: maximum limit is 7 days)

* For infants <2 years – a nasopharyngeal aspirate or nose/throat swab. Also request RSV antigen testing

* For other children and adults-combined nose and throat swabs. It is important to use a viral transport medium.

For advice on testing, please contact the microbiologist of your preferred laboratory.

Strategies to reduce the risk of transmission of influenza in general practice

Steps to minimise the spread of influenza and other respiratory infections in a general practice setting include:

- all practice personnel receive the annual influenza vaccination
- clinicians don a mask when examining patients with respiratory symptoms
- symptomatic patients be requested to sit in a separate area in waiting rooms away from other patients, and wear a mask
- obtain a travel history from symptomatic patients
- appropriate use and disposal of tissues is encouraged. This can be done by providing a bag lined bin in the waiting room for disposal of tissues
- provide aqueous gel for patients to use after sneezing or blowing their nose
- clinicians should thoroughly wash their hands or use aqueous gel between patients
- daily washing of all surfaces, including counter tops and door knobs
- play equipment should be washed daily. Remove soft material toys that can't be washed
- symptomatic staff should stay at home

Bali No Longer Rabies Free

Contrary to p119 in the *Australian Immunisation Handbook* 9th edition, Bali is no longer considered rabies free. There have been 9 deaths from rabies reported from Bali following dog bites in the last 12 months. It cannot be excluded in other animals.

Travellers to Bali need to be alerted to this new risk and advised to stay away from all animals in Bali. If they are bitten whilst in Bali people need to access medical advice and commence post exposure treatment. On returning to Australia, treatment can be continued. Vaccines can be accessed through HNEPH on 4924 6477 (Newcastle) or 6767 8630 (Tamworth).

Summary of Notifications of Gastroenteritis in Institutions in 2008

HNEPH received eighty six (86) notifications of institutional gastroenteritis during 2008. This was 25 less than for 2007.

These included:

- 50 notifications from aged care facilities (ACFs) or residential care facilities (RCFs),
- 23 notifications from child care facilities (CCFs) and
- 13 notifications from hospitals.

A number of institutions notified on more than one occasion during the year.

Under the *Public Health Act 1991*, 'gastroenteritis among people of any age, in an institution' is a notifiable condition by general practitioners. Institutions can include those mentioned above as well as schools and camps.

Section 68(e) of the Act mandates executive officers of ACFs, or their delegate, to notify any outbreak.

Both Norovirus and Rotavirus have been detected from several institutional outbreaks. NSW Health has developed gastroenteritis guidelines for residential care facilities to minimise the impact. These include:

- closure to new admissions/transfers
- visitor restriction
- cohorting affected residents
- enhanced cleaning
- maintaining a register of all affected residents /staff
- affected staff exclusion until 48 hours symptom free

These guidelines are available at:

<http://www.health.nsw.gov.au/infect/facts.html>

Three to four specimens per outbreak per facility are usually sufficient for identifying the causative agent. It would be appreciated if a copy of the result is sent to HNEPH.

Pathology requests should include microscopy, culture and norovirus testing for affected patients in ACFs and RCFs.

We encourage doctors to collect stool specimens for symptomatic children attending a CCF and request testing as described above. CCFs notifying a gastroenteritis outbreak receive information and support from HNEPH to minimise the spread of infection.

Recommended control measures include:

- exclusion of affected children/staff until symptom-free for 48 hours
- enhanced cleaning
- maintaining a register of all affected staff/children

The table below summarises the available data and highlights the impact of the gastroenteritis outbreaks in institutions during 2007.

In the affected facilities, approximately 16% of residents/children/patients and 9% of staff members were symptomatic.

HNEPH is aware that not all outbreaks are notified, so the table is only an indication of the extent of the problem; however, we would encourage all general practitioners to notify HNEPH of any outbreak in an institution.

Summary of gastroenteritis outbreaks notified to HNEPH in 2008

Total number of notifications received	86
Total number of residents, patients, children affected /total number at risk	961/5927
Total number of staff affected /total number at risk	353/3812
Pathogens identified/no. of facilities where testing was performed	
Norovirus	24/56
Rotavirus	2/56
Salmonella	2/56

Frequently Asked Questions:

What You Need to Know About

Hand Foot and Mouth Disease (HFM)

AKA Enteroviral Vesicular Stomatitis with exanthum

What causes HFM?

HFM is caused by the coxsackie virus, usually group A type 16 but also groups 4,5, 9 and 10; group B types 2 and 5; and also enterovirus 71. Enterovirus 71 was responsible for a number of deaths recently in children in China and other SE Asian countries.

The majority of adults are immune. Outbreaks often occur in child care settings.

How long is the infectious period?

While there is fluid in any blister the child (usually, however cases in adolescents and young adults are not uncommon) is considered infectious; however the virus can be excreted in the stools for a number of weeks. It is important that carers and cases are vigilant about hand washing.

How long do children need to be excluded from child care?

Children need to be excluded from child care until all the blisters have dried. (NHMRC *Staying Healthy in Child Care: 4th edition*)

Link to NSW health fact sheet on hand, foot and mouth

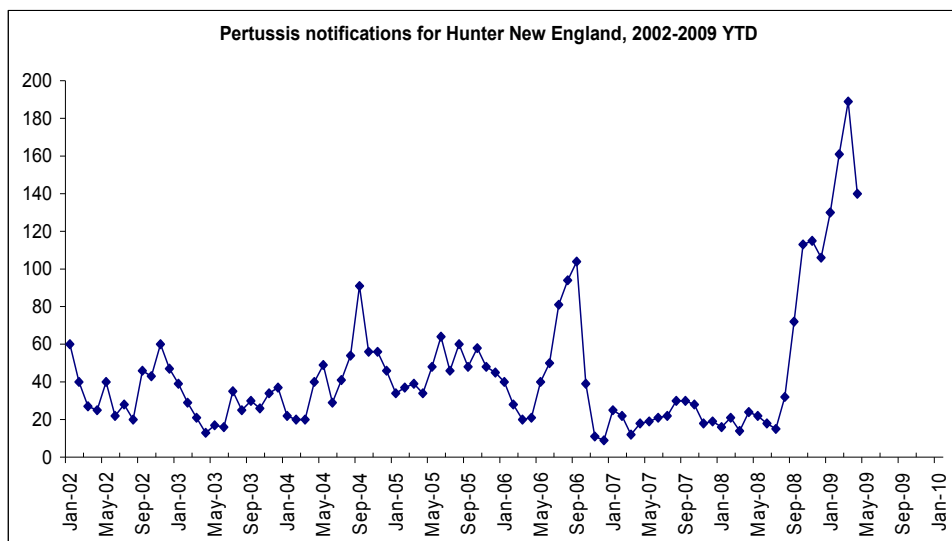
<http://www.health.nsw.gov.au/factsheets/infectious/handfootmouth.html>

GP Notifications

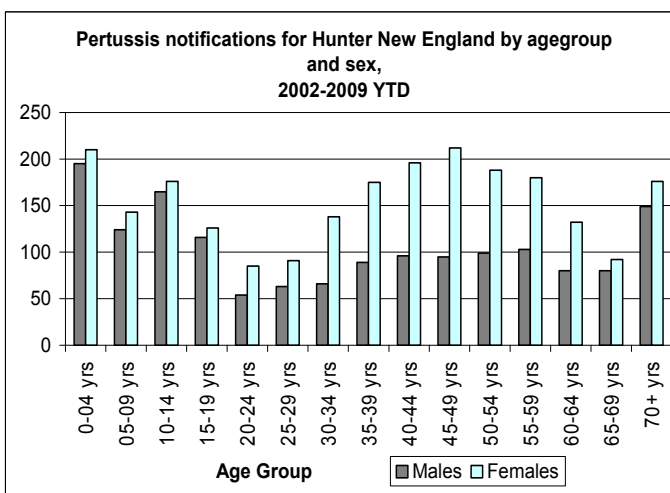
HNEPH staff wish to thank the following GPs for reporting presumptive cases of notifiable diseases during March 2009.

Bronwyn Anderson	Julian Jackel
Tuan Au	P Kanjithanda
Lisa Bron	Ruth Larkin
Blair Campbell	Paul Mayers
Nasirul Chowdhury	Robyn Molloy
Sue Clarke	Nigel Pain
Louise Drinkwater	Dave Sanders
Genevieve Freer	Pal Singh
Megan Hamilton	Michael Swanson
Marie-Anne Hockings	Dr Tan
Ross Haron	Richard Terry
Nigel Humphreys	Sunita Ubeja
Brett Ireland	Margot Woods
Robert Kisonas	

Pertussis



Pertussis Notifications			
LGA in clusters	2009 Year to date	2008 total	2007 Total
Mehi Cluster			
Moree Plains	1	2	6
Narrabri	1	4	2
Peel cluster			
Barraba	0	2	2
Gunnedah	0	1	0
Manilla	0	4	2
Nundle	0	1	1
Parry	4	8	2
Tamworth	19	31	24
Walcha	1	2	0
Upper Hunter cluster			
Merriwa	0	1	2
Murrurundi	0	0	0
Muswellbrook	3	3	4
Scone	9	2	1
Quirindi	0	0	0
Lower Hunter cluster			
Cessnock	41	28	11
Dungog	19	19	1
Maitland	101	62	9
Singleton	14	6	5
Lower Mid North Coast cluster			
Gloucester	1	4	1
Great Lakes	8	27	14
Greater Taree	26	21	22
McIntyre cluster			
Bingara	0	7	2
Inverell	19	2	9
Yallaroi	0	1	0
Tablelands cluster			
Armidale Dumaresq	22	7	3
Glen Innes	3	5	6
Guyra	3	0	0
Severn	2	3	1
Tenterfield	2	3	0
Uralla	2	2	4
Greater Newcastle cluster			
Lake Macquarie	210	133	67
Newcastle	85	86	44
Port Stephens	44	91	19
Grand Total	640	568	264



The large increase in pertussis activity throughout HNE and NSW reported in the January Bulletin continues. The protection of infants remains the key public health objective. Children and babies have been hospitalised with some babies requiring intensive care admission.

Timely vaccination is important. The first doses can now be given at 6/52 of age. Subsequent doses should be given at 4 and 6 months and again at 4 years of age. GPs are encouraged to immunise all adolescents who missed their 15yo booster and can access free Boostrix vaccine for adolescents by phoning HNE Population Health on 4924 6477 (Newcastle) or 6767 8630 (Tamworth). A single additional booster is recommended for anyone in regular contact with infants, including health care workers, child care staff, parents and grandparents. See page 4 for details on how to access free dTPA for this purpose.

PCR on a nasopharyngeal swab is the preferred investigation and can be used in the first 4 weeks of illness. Serology is of limited value and may remain positive for years after vaccination.

Suspected cases should immediately be notified to Population Health by phone, ideally with the patient still in the room.

Antibiotics may be recommended for high risk contacts to reduce further transmission and limit disease in the most vulnerable (details in October 2008 Bulletin). Options include erythromycin, clarithromycin and azithromycin.

To the Point

Free Adult Pertussis Vaccination

This strategy is to 'cocoon' or protect babies from adult sources of pertussis infection around them. A recent Australian study has shown that parents remain the most important source of pertussis infection for infants.

FAQ's

There appears to be some confusion regarding the availability of adult dTpa. Following are some of the common questions being asked.

Q. Who can receive the vaccine?

A. New parents, grandparents or any other adult who regularly cares for infants less than 12 months of age. New mothers can have dTpa after delivery and expectant fathers can have dTpa during the pregnancy.

Q. What if they have had ADT in the past 5 years?

A. There is no waiting period between doses of Td and dTpa. There may be a slight increase in the incidence of local reactions.

Q. What if they have had a Boostrix since 2004?

A. If you have documented proof of age of this, eg school records or practice records, they do not need another dose. At the present time, there is no recommendation for a further dose although this may change in the future.

Q. What if the woman is lactating?

A. The vaccine is safe for lactating mothers.

NSW Health in collaboration with the National Centre for Immunisation Research and Surveillance (NCIRS) has posted a new fact sheet following a number of enquiries about the safety of the adult dTpa vaccine for breastfeeding women.

The fact sheet states that mothers can be confident the vaccine is safe.

http://www.health.nsw.gov.au/resources/publichealth/infectious/diseases/pertussis/pregnant_women_info_dtpa.pdf

Q. What if they have had another vaccine in the last month?

A. Boostrix is not a live vaccine and can be given at any time in relation to other vaccines such as HPV vaccine.

Q. What if the person has had pertussis infection previously?

A. Vaccine or disease immunity wanes over time, so even those with past pertussis infection need to be vaccinated

Q. What about adolescents who have missed dTpa at school?

A. All NSW school students are offered dTpa in Year 10 at school. This dose can be offered free at GP practices for any student who has missed this dose. Please order from the immunisation unit 49246499. Also remember to offer this vaccine to 15 year olds who are not attending school.

NSW Health Immunisation Program information and order forms available at:

http://www.health.nsw.gov.au/living/immunisation/immunise_prog/index.html