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HUNTER NEW ENGLAND NSW HEALTH

Communicable Diseases Bulletin

December 2008
Volume 184

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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

Privacy Information for Patients Being Referred to a Hunter New England Health (HNEH) Service

General practice patients being referred to a HNEH service should be encouraged to access the following website to understand the privacy obligations of the service in relation to managing patient health information. These resources have been developed to meet Health Department obligations under the *Health Record and Information Privacy Act 2002* (NSW).

The website also explains patient's rights of access to their medical records and how to use the Freedom of Information (FOI) legislation to see their medical information.

http://www.hnehealth.nsw.gov.au/accessing_your_health_information

The site includes:

- a HNEH Patient Information Privacy leaflet (currently given to patients who access the service).
- a link to the NSW Health website that provides the same information in 28 other languages with an English translation.
- information on how to access health information/medical records.

Reminder - Rabies has now been identified in Bali

(This information is summarised from NSW Health fax alert dated 11 December 2008)

This information was distributed to all general practices in a NSW Health Department fax alert in mid December.

Previously Bali was considered rabies-free.

If your patients are planning a holiday in Bali please alert them to the risk of being in contact with local animals, particularly dogs, cats, monkeys and other mammals.

Should they be bitten, it is important to:

- immediately wash the wound well with soap and water;
- apply an iodine-containing antiseptic;
- see a doctor for assessment of the wound and the risk of rabies infection.

Those travelling to Bali for a long period may need to consider pre exposure prophylaxis prior to travel, depending on the potential exposure to the above animals. This is not free.

For details for pre exposure prophylaxis see *The Australian Immunisation Handbook 9th edition p112*.

Post exposure treatment

Free post exposure treatment needs to commence as soon as possible. The treatment consists of human rabies immunoglobulin (HRIG) (the dosage is based on weight) and five doses of vaccine given on day 0 (same time as HRIG), then days 3, 14 and 28-30.

Immunoglobulin and vaccine are available through HNE Population Health. Contact 4924 6477 Newcastle and 6767 8630 Tamworth.

Should patients commence post exposure treatment in Bali (or any other country) the program can be continued on return to Australia as the majority of commercial rabies vaccines are interchangeable.

For details on post exposure treatment see *The Australian Immunisation Handbook 9th edition p11*

GP Notifications

HNEPH staff wish to thank the following GPs for reporting presumptive cases of notifiable diseases during November 2008. All were for pertussis.

Tuan Au	Katherine Martin
Sue Clarke	Vicki Newing
Francis Couldridge	Virginia Reid
Catherine Eve	Sarabjit Ruba
Robyn Fried	Keith Shumack
Paul Innis	Roger Smith
Steven Kelly	Sunita Ubeja
Alison Lavelle	Marnie Wilson

Infectious Diseases Transmitted in Recreational Waters

With the advent of summer and people's increased use of recreational waters, below is a list of infectious agents known to be transmitted in certain water conditions.

Disease Type	Causes
Gastrointestinal	<ul style="list-style-type: none"> Mostly contaminated water (swimmers, sewage, animals); also naturally occurring <i>Vibrio cholerae</i> and <i>Aeromonas spp.</i> Accidental swallowing of water.
Respiratory (common cold, pneumonia, croup, bronchitis)	<ul style="list-style-type: none"> Adenovirus, Coxsackievirus, Echovirus. Contamination (swimmers, sewage). Contact with mucous membranes and droplet inhalation.
Ear infection (otitis externa)	<ul style="list-style-type: none"> <i>Pseudomonas aeruginosa</i>, Staphylococci, Streptococci. Contaminated water (swimmers, sewage) or naturally occurring. Water entering outer ear canal.
Skin diseases	<ul style="list-style-type: none"> <i>Pseudomonas aeruginosa</i>. Warm spa water, fresh and salt water. Contact with intact skin. Causes folliculitis. <i>Aeromonas spp.</i> Fresh and brackish water. Wound infections <i>Vibrio spp.</i> Salt and brackish water. Causes ulcers (skin lesions), septicaemia. <i>Mycobacterium ulcerans</i>. Swampy, stagnant water. Entry point unclear. Causes nodules, papules, ulcers. <i>Mycobacterium marinum</i>. Salt & fresh water, aquariums. Causes nodules, papules, ulcers. <i>Austrobilharzia terrigalensis</i>. A parasite of snails and birds. Fresh & salt water. Intact skin contact. Causes schistosome dermatitis or swimmer's itch; skin rash caused by allergic reaction. History in NSW at Narrabeen Lagoon, Tuggerah Lakes and Iron Cove (Sydney Harbour).
Liver or renal disease	<ul style="list-style-type: none"> <i>Leptospira spp.</i> Contaminated water (animal urine). Contact with skin lesions or mucous membranes. Associated with water sports and adventure travel. Symptoms: flu-like illness, Weil's disease: multi-organ system involvement including liver disease and renal failure.
Central nervous system infections	<ul style="list-style-type: none"> <i>Naegleria fowleri</i>. Warm fresh water (25-35°C). Nasal cavity to brain. Primary amoebic meningoencephalitis. <i>Acanthamoeba spp.</i> Fresh and salt water. Lungs or skin lesions, immunodeficiency. Granulomatous amoebic encephalitis.
Keratitis (inflammation of cornea)	<ul style="list-style-type: none"> <i>Acanthamoeba spp.</i> Fresh and salt water. Affects mostly healthy people with prior corneal abrasion and contact lens wearers. May threaten eye sight.

Information Insert for General Practitioners

Why general practitioners should ask "Are you of Aboriginal or Torres Strait Islander origin?"

The enclosed brochure from the National Centre for Aboriginal and Torres Strait Islander Statistics - Australian Bureau of Statistics explains the importance of general practitioners identifying their Aboriginal and Torres Strait Islander patients.

HNEPH first highlighted the importance of this strategy in the February 2008 edition of the Communicable Diseases Bulletin.

Please use this information in your practice.

General practice software such as the Pracsoft component of Medical Director allows for easy recording of this information.

Renal disease and diabetes are examples of conditions that affect Aboriginal and Torres Strait Islander people more than non-Indigenous people. Early identification and intervention provides benefit to individuals and communities.

Free vaccines (influenza and pneumococcal) are available at an earlier age for Aboriginal and Torres Strait Islander people because of the epidemiology of these diseases in their communities.

A practical step

General practice can develop and use a simple "annual update of information" form with a question included to encourage self identification.

The same question can be included on the data collection questionnaire used for enrolling patients to the practice.

Australian Government Department of Health and Ageing (November 2004) Improving indigenous identification in communicable disease reporting systems. Public Health Information Development Unit. University of Adelaide.

<http://www.publichealth.gov.au/publications/improving-indigenous-identification-in-communicable-disease-reporting-systems.html>

Gastroenteritis in Children who Attend Childcare - Exclusion is Vital

In the first six months of 2008, HNEPH received 35 notifications of gastroenteritis in institutions, of which 10 were in childcare centres. Within these centres during the stated time period, 91/1208 children (7.5%) and 23/135 staff members (17%) were symptomatic and would have been excluded while unwell and for an additional 48 hours after symptoms resolved, before returning to the centre.

For this reason it is important that when general practitioners see children with gastroenteritis symptoms, attendance at child care is ascertained, as the exclusion period should be extended to 48 hours after recovery.

Laboratory confirmation is important for identifying the causative organism. Rotavirus and norovirus should be included on any laboratory request form. In only one of the 10 child care centres were specimens obtained.

Parents should be instructed to alert the child care centre as soon as possible. Once an outbreak is identified and staff notify public health, advice can be given about enhanced infection control measures, as well as providing information for staff and parents.

**Year to date (YTD) number of diseases notified to Population Health for residents of
Hunter New England Area – December 2008**

Disease	YTD: Number of Notifications				Year Total: Number of notifications				NSW	
	Y2008	Y2007	Y2006	Y2005	T2008	T2007	T2006	T2005	YTD	NSW2008
Blood Borne Virus										
Hepatitis B - newly acquired	5	8	8	3	5	8	8	3	0	39
Hepatitis B - unspecified	73	61	72	87	73	61	72	87	1	2648
Hepatitis C - newly acquired	5	7	6	4	5	7	6	4	0	21
Hepatitis C - unspecified	500	415	428	404	500	415	433	404	2	4154
Hepatitis D	0	0	0	2	0	0	0	2	0	11

Gastrointestinal Disease

Cryptosporidiosis	50	107	109	145	50	107	111	145	1	448
Giardiasis	202	223	210	180	202	223	213	180	1	1703
Haemolytic uraemic syndrome	2	6	1	2	2	6	1	2	0	16
Hepatitis A	1	1	2	6	1	1	2	6	1	65
Hepatitis E	0	0	0	0	0	0	0	0	0	14
Listeriosis	0	4	7	6	0	4	8	6	0	32
Salmonellosis	259	266	240	225	259	266	247	225	6	2164
Shigellosis	1	4	3	8	1	4	3	8	1	106
Typhoid and paratyphoid	0	1	0	0	0	1	0	0	0	40
Verotoxin producing E. coli	6	14	3	10	6	14	3	10	0	13

Sexually Transmitted Infection

Chlamydial infection - genital	2008	1744	1857	1670	2008	1744	1880	1670	19	13300
Chlamydial infection - congenital	10	2	10	5	10	2	10	5	0	38
Gonococcal infection	105	86	73	106	105	86	75	106	1	1258
Syphilis	32	32	24	38	32	32	25	38	1	1012

Vaccine Preventable Disease

Adverse events following immunisation	19	19	8	22	19	19	8	22	1	242
H. influenzae (type b) infection	1	1	1	2	1	1	1	2	0	9
Influenza	232	298	93	88	232	298	93	88	2	1752
Measles	0	1	1	0	0	1	1	0	0	39
Meningococcal disease - invasive	8	12	12	13	8	12	12	13	1	82
Mumps	0	6	3	4	0	6	4	4	0	73
Pertussis	549	259	536	555	549	259	544	555	156	8459
Pneumococcal disease - invasive	72	82	85	88	72	82	87	88	0	522
Q fever	36	65	58	51	36	65	62	51	1	150
Rubella	0	1	1	3	0	1	1	3	0	17

Vectorborne Disease

Arboviral infection	445	409	452	290	445	409	457	290	10	1800
Barmah Forest virus disease	132	136	193	120	132	136	195	120	3	534
Dengue fever virus disease	13	4	2	3	13	4	2	3	3	133
Malaria	7	17	19	30	7	17	19	30	0	112
Ross River virus disease	300	268	257	167	300	268	260	167	4	1127

Zoonoses

Leptospirosis	5	2	10	11	5	2	10	11	0	16
Psittacosis	5	6	27	26	5	6	27	26	0	37

Other Conditions

Creutzfeldt-Jakob disease	0	1	2	1	0	1	2	1	0	3
Elevated blood lead level	39	23	41	56	39	23	41	56	0	236
Legionnaires disease	12	9	10	4	12	9	10	4	0	85
Tetanus	0	0	0	0	0	0	0	0	0	1
Tuberculosis	11	18	12	15	11	18	14	15	3	359

To the Point

Closing the Gap Strategy - Aboriginal immunisation

From January 2009 the first part of a new Aboriginal immunisation strategy will be implemented in maternity units to identify Aboriginal newborn infants early.

The second part of the strategy is active follow up of overdue Aboriginal infants soon after their 2 month vaccines are due, to offer other options for accessing vaccination services. The aim is to close the gap in timely vaccination coverage rates between Aboriginal and non-Aboriginal children.

You can follow the progress of this Hunter New England Health Service initiative over the next year. The strategy will be evaluated quarterly from March 2009 using Australian Childhood Immunisation Register (ACIR) quarterly vaccination coverage data.

Children Starting Pre-School or Day-Care

To minimise the risk of transmission of vaccine preventable diseases in child care and pre-school, parents need to have children vaccinated on time. Vaccines are due at 2, 4, 6, 12 & 18 months and **especially 4 years** of age.

Happy Birthday 4 year-olds!

Four year-old vaccines are often missed! It is important that these are given on time because the 18-month booster of tetanus, diphtheria, pertussis vaccine is no longer part of the schedule. This fourth dose of vaccine, due at a child's 4th birthday, will ensure continued protection for the child (see below). This dose coincides with a new health check for 4 year-olds now required to be undertaken by GPs.

The national due & overdue rules used by the Australian Childhood Immunisation Register (ACIR) to determine whether a 4 year-old child is considered up-to-date with immunisation changed on 1 January 2009. The change will render a 4 year-old overdue at 4 years and 1 month. This gives parents only one month to have their 4 year-old vaccinated or lose financial benefits. NSW Health has raised this issue with the Commonwealth and any complaints from parents or GPs should be directed to the Central Office of the Commonwealth Department of Health & Ageing: 1800 020 103 OR Website: <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-central.htm>

Health Care Students

This is the time of year when many health care students may ask for vaccination advice prior to clinical placement.

All vaccines for general protection should be up-to-date with some being mandatory if the student is not to be restricted in where they are placed for clinical experience.

Pre-vaccination serology is generally not recommended - Pre-vaccination serology is generally not cost efficient and does not determine true protection following previous vaccination. The only time it is recommended is for pre-varicella vaccine, if there is no history of disease and to discount sub-clinical infection. The regime is 2 doses of varicella vaccine 1-2 months apart. This is not free and a prescription will be required.

Hepatitis B vaccination in infancy is very effective but antibody titres will wane over time; this does not equate to waning protection. Some younger students would also have received HBV vaccine in high school as this program commenced in 1999.

NSW Health policy for occupational screening for health care students requires those undertaking exposure prone procedures (nursing & medical students) to have documented evidence of three doses of HBV vaccine AND evidence of anti-HBs ≥ 10 mIU/ml. Whilst this is in conflict with the current recommendation in the 9th edition of the *Australian Immunisation Handbook* (p161) it is current practice for health care students in NSW.

If documented serological evidence of adequate protection is not available, give one HBV vaccine dose followed by serology in one month. If there is no previous vaccination history, then the person requires three doses at 0, 1 & 5 months after the 2nd dose. This is not free and requires a prescription. Do not use the accelerated schedule. The health care student can undertake clinical placement after the 2nd vaccine dose.

MMR - Do NOT screen by serology; two documented doses of vaccine are required, otherwise give two doses a month apart. Vaccines from your free stock can be used.

Influenza vaccine will become available in March (Prescription required).

dTpa – Diphtheria, tetanus, pertussis (Boostrix or Adacel vaccines) - These also are available in combination with injectable polio vaccine if an individual has not had a primary course of three polio vaccines as a child. dTpa vaccine has only been available since 2004 so most health care students will need a dose of this vaccine (Prescription required).