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# HUNTER NEW ENGLAND NSW HEALTH

## Communicable Diseases Bulletin

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### Index

- **How to contact Public Health**
- **Correct specimen collection vital in diagnosing influenza**
- **Increase in notifications of listeriosis in NSW**
- **Changes to accessing the NSW Health website for infectious disease resources**
- **GP notifications**
- **Year to date (YTD) number of diseases notified to Population Health for residents of Hunter New England Area – June 2008**
- **To the Point**

**24 hour contact numbers for Hunter New England Population Health**

**4924 6477 Newcastle  
6767 8630 Tamworth**

**Hunter New England Health Service**

### How to Contact Public Health

Recently a general practitioner had difficulty contacting the after hours on call public health staff member for the Newcastle area to discuss a suspected notifiable condition. This resulted in delays for the patient and the general practitioner and may have delayed the public health response.

We recognise that legislation relating to notifiable conditions refers to "notifying your public health unit" and as "Public Health" is no longer identified separately from Population Health when searching Hunter New England Area Health, (either in the phone book or the webpage), this may cause some confusion.

Please find a quick reference below for how to contact public health staff.

#### **Daytime contact numbers for Population Health (Public Health):**

Hunter and Taree areas: 4924 6477  
Tamworth area: 6767 8630

#### **To contact the on-call Population Health person after hours:**

Hunter and Taree areas: 4924 6477 which is diverted to JHH Switch, or JHH switch on 4921 3000 and ask to page public health on call  
Tamworth area: 6767 8630

### Correct specimen collection vital in diagnosing influenza

*The following information is based on a memorandum circulated to HNE clinical staff from Hunter Area Pathology Services (HAPS) medical microbiologists Drs Stephen Graves, John Ferguson and Rod Givney.*

The influenza season has commenced and usually continues until November. It is important to diagnose influenza early to detect outbreaks and reduce transmission to others. Early diagnosis (<48hrs from onset) also allows anti-viral therapy to be considered.

Diagnostic tests for influenza that are available include direct viral immunofluorescence (IF) and PCR. Polymerase chain reaction (PCR) influenza testing enables early sensitive detection and identification of influenza A or B. It is now the recommended test for influenza diagnosis.

Influenza illness is usually characterised by an abrupt onset of fever, often associated with cough, nasal congestion, sore throat and anorexia. Myalgia features in about 60% of cases. Acute febrile syndromes without cough may also be caused by influenza. Typical symptoms may be absent in the elderly.

**Test request name** - Influenza PCR.

**Suspected avian influenza (AI)** - suggested by recent travel to an H5N1 endemic area within 7 days of symptom onset: AND EITHER

- had contact with poultry, or with dead birds other than poultry where the cause of death is unknown; OR
- had close contact with a suspected or known case of AI; OR
- is a laboratory worker with potential exposure to clinical samples containing AI virus.

The laboratory will not test for H5N1 without prior discussion with Population Health.

**Preferred sample types** - Samples are best collected early in the illness (preferably within 72 hours of onset, up to 7 days for adults and 14 days for children).

Infant < 2yrs: nasopharyngeal aspirate or nose and throat swab; also request RSV antigen testing if appropriate.

Other children and adults: nose and throat swab sample – see collection instruction below; must use correct swab type (green viral culture transport swab). Assay can also be performed on sputum.

Do *not* use a long wire dry nasopharyngeal swab – this is reserved for pertussis PCR tests.

**Assay frequency** - At HAPS, PCR assays are done:

- Twice weekly in the absence of an outbreak (Monday and Thursday).
- Thrice weekly during an outbreak (Monday, Wednesday and Friday). Urgent specimens can be arranged in consultation with Population Health when AI is suspected.

**Results** - Specimens that reach the John Hunter Virology laboratory by 10am will be included for that day's run. PCR positive samples also undergo viral culture to attempt isolation and characterisation of influenza strains. A later report is issued if culture is successful.

**Interpretation note:** Detection of influenza nucleic acids by PCR is approximately 100 times more sensitive than either viral IF or culture. PCR enables detection of virus up to 7 days (adults) or 14 days or more (children) after onset of symptoms in a majority of sufferers.

**Collection Procedure: Nasal/throat swab for Influenza PCR**

**Equipment**

- Viral swabs (green top viral transport swab) x 2 (must be correct swab type!)
- Wooden or plastic disposable tongue depressor
- Personal protective equipment (surgical mask, eye goggles)
- Alcohol hand gel (Aqium)

**NB:** If H5N1 is suspected, please take 2 swabs from each site (ie 4 in total). One set will be processed by HAPS and the other will go to the reference laboratory in Sydney.

Pathology collectors are trained in this procedure and can be requested to obtain patient samples.

**Procedure**

1. Explain the procedure to the patient.
2. Clean hands with alcohol gel (Aqium) and put on PPE (protective glasses and surgical mask)
3. Take viral culture nasal swab:
  - sample the anterior nostril by gently abrading the nasal mucosa on both sides.
  - insert swab into transport medium.
4. Take viral culture throat swab:
  - with the other swab, sample both tonsils and the posterior oropharynx with the swab. Avoid touching the swab on the tongue or other parts of the mouth.
  - insert swab into transport medium.
5. Forward the labelled specimens to HAPS Pathology ASAP.
6. Discard PPE and clean hands with alcohol gel or hand wash.

To obtain supplies of the correct swab, contact Ms Annette Garbutt, Stores Officer, HAPS on 4921 4096 or via email: [Annette.Garbutt@hnehealth.nsw.gov.au](mailto:Annette.Garbutt@hnehealth.nsw.gov.au)

**Increase in Notifications of Listeriosis in NSW**

Recently NSW Health alerted all general practitioners in NSW by fax of an increase in listeriosis cases.

NSW Health has received 18 cases for 2008 (year to date) compared with a total of 22 cases for all of 2007. Investigations have shown no links between the cases.

The fatality rate has been high, with two of the four cases in pregnant women leading to intra-uterine death as well as six deaths in the other 14 cases.

It is important to continue to promote safe food practices for the community and particularly the most vulnerable groups.

**Those at greatest risk**

- Pregnant women with marked increase in risk of intrauterine or neonatal death.
- Immuno-compromised people
- Elderly people

**Signs and symptoms of listeriosis**

- Fever
- Headache
- Myalgia
- Malaise
- Diarrhoea
- Meningo-encephalitis and/or septicaemia
- Abortion or stillbirth

Food type	Examples
Cold meats	Unpackaged ready-to-eat from delicatessen counters, sandwich bars, etc. Packaged, sliced ready-to-eat.
Cold cooked chicken	Purchased (whole, portions, or diced) ready-to-eat.
Paté	Refrigerated paté or meat spreads.
Salads (Fruit & vegetables)	Pre-prepared or pre-packaged salads, eg from salad bars, smorgasbords.
Chilled seafood	Raw (eg oysters, sashimi or sushi). Smoked ready-to-eat. Ready-to-eat peeled cooked prawns, eg in prawn cocktails, sandwich fillings, and prawn salads.
Cheese	Soft, semi soft and surface ripened cheeses (pre-packaged and delicatessen) eg brie, camembert, ricotta, feta and blue cheeses.
Other dairy products	Unpasteurised dairy products (eg raw goat's milk).

Source: *Food Standards Australia New Zealand*

To reduce risk, ensure that food is cooked to steaming hot throughout and served hot. Fruit and vegetables should be thoroughly washed and salads prepared just prior to consumption.

Following are useful website resources for community members that includes frequently asked questions about food storage, purchase and cooking.

Food Standards Australia New Zealand provides detailed information on safer food alternatives at:

[www.foodstandards.gov.au/foodmatters/listeriaindex.cfm](http://www.foodstandards.gov.au/foodmatters/listeriaindex.cfm)

Other useful links to information about listeriosis for health care providers and patients can be found at:

[www.health.nsw.gov.au/PublicHealth/Infectious/a-z.asp](http://www.health.nsw.gov.au/PublicHealth/Infectious/a-z.asp) (and scroll down to listeriosis)

**Changes to Accessing the NSW Health Website for Infectious Disease Resources**

The NSW Health internet site <http://www.health.nsw.gov.au/> has changed and consequently, on the home page, there is no longer a direct link or button to the infectious diseases page. To navigate to the infectious diseases site (for fact sheets, etc) you need to click on the Public Health link on the left of the page where you will find links to:

- Environmental Health
- Immunisation
- Infectious Diseases**
- NSW Health Survey Program
- Pandemic Preparedness
- Pharmaceutical Services
- Health Promotion

-then click on A-Z of Infectious Diseases

**GP Notifications**

HNEPH staff wish to thank the following GPs for reporting presumptive cases of notifiable diseases during May 2008.

- |                   |                |
|-------------------|----------------|
| Salwa Al-Suharily | C Riedel       |
| Paul Ballantyne   | Tim Robilliard |
| Jones Chen        | Lyndall Savage |
| Min Fang          | Julie Yeadon   |
| Adam Frost        |                |

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

Disease	YTD: Number of notifications					Year Total: Number of notifications			
	Y2008	Y2007	Y2006	Y2005	Y2004	T2007	T2006	T2005	T2004
<b>Blood Borne Virus</b>									
AIDS	0	0	3	2	1	0	4	3	2
Hepatitis B - newly acquired	2	4	5	2	4	8	8	3	9
Hepatitis B - unspecified	38	32	34	45	37	61	72	87	69
Hepatitis C - newly acquired	2	5	0	1	4	7	6	4	6
Hepatitis C - unspecified	247	205	216	195	214	415	428	404	454
Hepatitis D	0	0	0	2	0	0	0	2	0

**Gastrointestinal Disease**

Cryptosporidiosis	26	27	73	52	20	106	109	146	51
Giardiasis	95	128	107	99	97	226	210	181	145
Haemolytic uraemic syndrome	0	2	0	0	0	6	1	2	1
Hepatitis A	1	0	2	5	7	1	2	6	8
Hepatitis E	0	0	0	0	0	0	0	0	1
Listeriosis	0	2	3	5	1	5	7	6	1
Salmonellosis	126	146	128	112	158	268	240	225	251
Shigellosis	1	2	0	3	7	4	3	8	12
Typhoid and paratyphoid	0	1	0	0	0	1	0	0	1
Verotoxin producing E. coli	2	3	1	2	0	13	3	10	2

**Sexually Transmitted Infection**

Chlamydial infection - genital	980	858	930	748	705	1750	1857	1670	1442
Chlamydial infection - congenital	4	1	3	3	2	2	10	5	9
Gonococcal infection	61	23	38	43	34	85	74	106	69
Syphilis	15	19	13	22	11	33	24	38	31

**Vaccine Preventable Disease**

Adverse events following immunisation	10	11	6	12	9	18	8	22	14
H. influenzae (type b) infection	1	0	0	0	1	1	1	2	1
Influenza	16	18	3	7	6	298	93	88	75
Measles	0	1	1	0	0	1	1	0	0
Meningococcal disease - invasive	1	1	5	6	12	12	12	13	24
Mumps	0	1	3	2	0	6	3	4	3
Pertussis	103	109	189	245	176	264	537	561	524
Pneumococcal disease - invasive	24	25	34	30	51	82	86	88	129
Q fever	8	27	19	20	29	71	59	51	73
Rubella	0	1	1	2	0	1	1	3	0

**Vectorborne Disease**

Arboviral infection	296	229	322	175	253	404	452	291	336
Barmah Forest virus disease	83	81	131	69	61	135	193	119	99
Dengue fever virus disease	5	1	1	0	2	3	2	3	5
Malaria	2	8	7	25	6	17	19	30	9
Ross River virus disease	208	147	190	106	190	265	257	169	228

**Zoonoses**

Leptospirosis	2	2	8	6	7	2	11	11	20
Psittacosis	3	3	11	11	15	5	27	26	36

**Other Conditions**

Creutzfeldt-Jakob disease	0	1	1	1	1	1	2	1	1
Elevated blood lead level	20	12	23	26	38	23	41	56	76
Legionnaires disease	4	6	5	2	3	9	10	4	3
Tetanus	0	0	0	0	0	0	0	0	0
Tuberculosis	6	11	8	12	4	18	12	15	13

## To The Point

### ***Adverse Events Following Immunisation***

In NSW, Adverse Events Following Immunisation (AEFI) are followed up by Public Health Units.

Any reports made directly to Adverse Drug Reactions Advisory Committee (ADRAC) are referred back to the local Public Health Unit in NSW for further information and follow up. Therefore please report directly to:

Hunter New England Immunisation staff on:

<b>Newcastle</b>	<b>ph 4924 6477</b>	<b>Fax 4924 6490</b>
<b>Tamworth</b>	<b>ph 6767 8630</b>	<b>Fax 6766 3003</b>

When reporting an AEFI, patient details, vaccine details, clinical assessment and timing of events will be requested. To ensure all information is obtained please use the HNE Adverse Event form available at:

<http://www1.hnehealth.nsw.gov.au/hnep/immunisation/ProfessionalsResources.htm>

under the heading:

**HNE Adverse Event Following Immunisation (AEFI) Form**

The key to preventing uncommon or rare adverse events at your practice is to screen each person to be vaccinated to ensure that the person does not have a condition which either increases the risk of an adverse event or is a contraindication to vaccination.

The *Australian Immunisation Handbook* 9<sup>th</sup> Edition has a Pre-vaccination screening checklist on page 16. The new handbook also has a greatly improved clinician friendly table on pages 17-20 on conditions or circumstances identified using the pre-vaccination screening checklist. Information on page 340 lists components of vaccines to which people may report allergy.

Every opportunity should be taken to immunise unless the conditions or circumstances in the table on pages 17-20 are present. For example if a person responds that they or their child are unwell today: refer to the table which indicates that an Acute Systemic Illness or Acute Febrile Illness > 38.5 degrees C are reasons to defer immunisation whereas minor illnesses (ie cough and sniffles) are not reasons to defer immunisation. Antibiotic use is not part of the pre-vaccination screening as it is never a contraindication to vaccination.

Factsheets on the commonly observed AEFIs are generated by most GP Practice software or available from the front inside cover of *the Australian Immunisation Handbook* 9<sup>th</sup> Edition. This information is useful when given as a post-immunisation handout.