

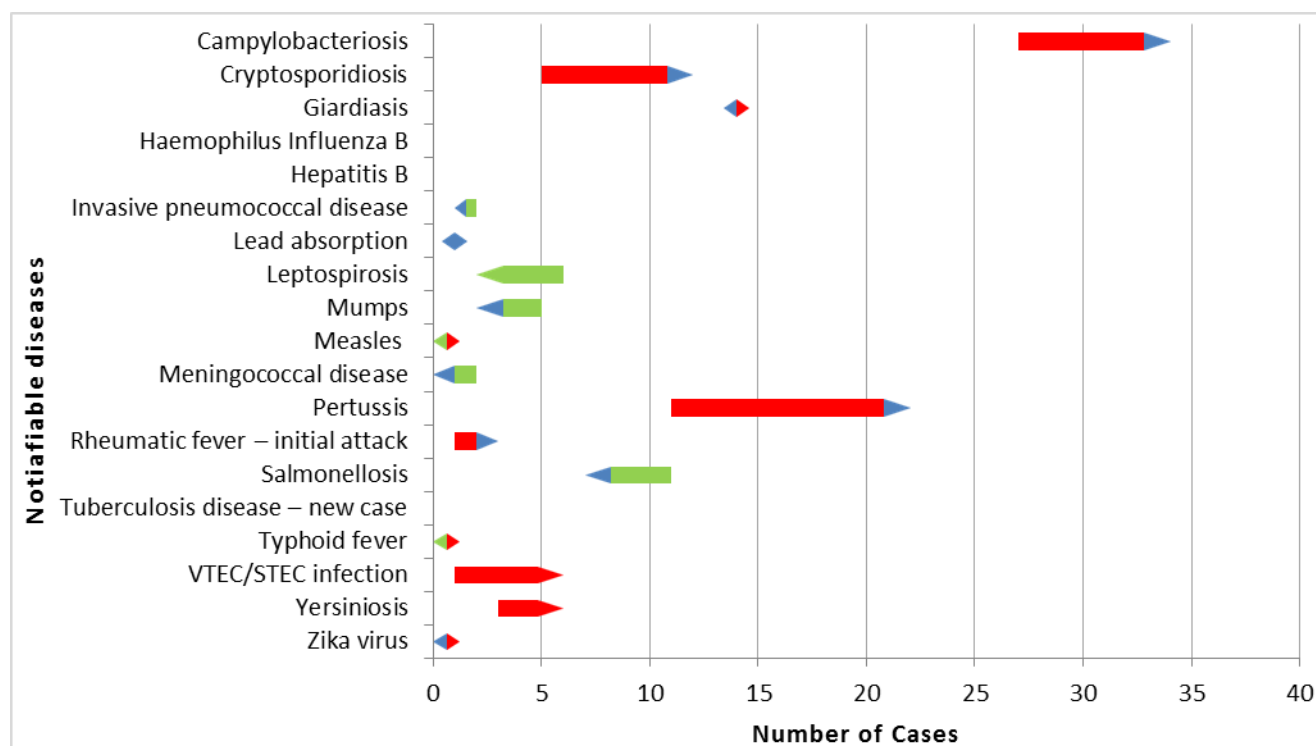
May, 2018

**PUBLIC HEALTH BULLETIN**

**Communicable diseases notified Month/Year May, 2018**

Disease name	May 2017	May 2018	YTD	Disease name	May 2017	May 2018	YTD
Campylobacteriosis	27	34	207	Measles	0	0	1
Cryptosporidiosis	5	12	35	Meningococcal disease	2	0	2
Cysticercosis	0	1	1	Mumps	5	2	8
Dengue fever	1	2	18	Murine Typhus	0	1	1
Gastroenteritis – unknown cause	0	0	1	Pertussis	11	22	182
Gastroenteritis – foodborne intoxication	0	0	1	Q fever	0	1	1
Giardiasis	14	14	68	Rheumatic fever - initial attack	1	3	4
Hepatitis A	1	0	2	Rheumatic fever – recurrent attack	0	1	1
Invasive pneumococcal disease	2	1	11	Salmonellosis	11	7	46
Lead absorption	1	1	5	Shigellosis	1	1	11
Latent Tuberculosis	6	5	24	Toxic Shellfish Poisoning	0	0	1
Legionellosis	0	1	2	Typhoid fever	0	0	2
Leptospirosis	6	2	10	VTEC/STEC infection	1	6	23
Listeriosis	1	0		Yersiniosis	3	6	32
Malaria	1	0	2	Zika virus	0	0	1

**Figure 1: Notifiable diseases (selected), May 2018 compared to May 2017, Waikato DHB**



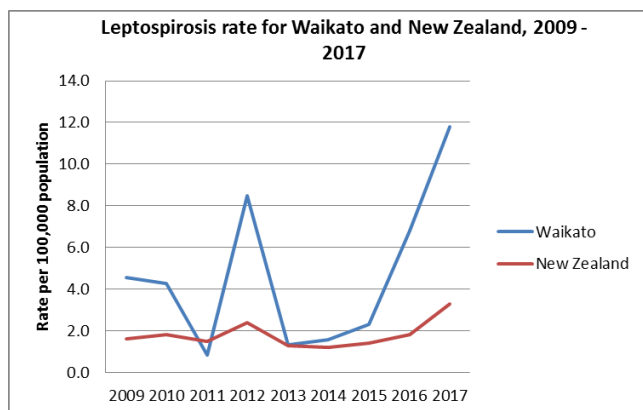
## Influenza surveillance

New Zealand has joined the Flutracking initiative – a voluntary participatory online system developed in Australia in 2006 to monitor flu-like symptoms in the community. Flutracking will provide a more complete picture of influenza-like illness in New Zealand, identifying influenza trends and hotspots around the country. The more people who sign up, the more useful it will be, so we would like to invite readers to sign up at [www.flutracking.net/join](http://www.flutracking.net/join) and to share information about Flutracking with their networks.

Flutracking uses a brief weekly survey by email to find out whether participants have had a cough or a fever in the past week and whether they've had the annual influenza vaccine. All information provided is kept confidential and only aggregated data (by regions) will be published in the weekly reports.

## Leptospirosis

We have recently completed analysis of leptospirosis notifications for the 2016/2017 period. There were 75 leptospirosis notifications for Waikato over this period, giving a rate of 9.3 cases per 100,000 people. This rate is high compared to recent previous years and the national rate.



Waitomo district had the highest number of notifications, with 19 cases in 2016/17 (25% of all Waikato cases) giving a rate of 98 per 100,000 population. Hauraki and Waipa each had 12% of Waikato cases during this period giving rates of 23.9 and 8.6 per 100,000 respectively.

Sixty percent of notifications were farmers or farm workers, and a further 11% had occupations that exposed them to animals, such as meat processor or livestock driver.

**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)

L. Hardjo was the most common serovar, making up 24% of cases, followed by L. Ballum and L. Tarassovi (16% and 13% respectively). L. Hardjo is covered by the stock vaccine, but neither Ballum nor Tarassovi are within the vaccine. Thirty six percent of cases that are farmers reported that their herds were fully immunised during the 2016/17 period, similar to that for the 2014/15 period (30%).

Thirty seven percent of cases had an unknown serovar, likely due to the high number of cases that had been diagnosed by PCR, but had not had serology taken. Sixty nine percent of cases had a PCR test performed, and just 48% of these cases also had serology taken.

Please remember to request leptospirosis serology when testing for leptospirosis, as this allows identification of the serovar which cannot be determined from the PCR. A second convalescent serology test is then required 14 to 28 days after the first test. The serovar is required for surveillance purposes.

## Preventing Rheumatic Fever – sore throat management

We continue to receive notifications of new cases of acute Rheumatic Fever (4 acute and 1 recurrent case notified in 2018 so far) telling us that we need to remain vigilant regarding sore throats amongst high risk populations.

Even a mild or hoarse throat, caused by group A strep can go on to cause Rheumatic Fever if untreated.

First line treatment of Group A strep remains a ten day course of once daily Amoxicillin or erythromycin for those with penicillin/amoxicillin allergies. Alternatively, for families who struggle with getting through a course of antibiotics, a stat dose of IM penicillin, administered with lidocaine, can be a great option.

If you are unable to offer a same day appointments with your nurses for swabbing please refer the family to their nearest pharmacy or pathlab for same day swabbing. Rheumatic Fever can develop in less than 9 days. Same day swabbing and prompt treatment of strep throats is necessary in the prevention of Rheumatic Fever.

For more information on Rheumatic Fever, please go to this link: <https://www.waikatodhb.health.nz/for-health-professionals/rheumatic-fever>