

Waikato Public Health Bulletin

Tēnā koutou katoa. We hope you enjoy this edition of the Waikato Public Health Bulletin.

Hepatitis A

An outbreak of hepatitis A has emerged across New Zealand. As of 28 September 2022 ten locally acquired cases have been identified.

The outbreak is associated with imported frozen berries. Genotyping suggests that the virus may have originated from the Balkan region. A similar outbreak with the same genome sequence occurred in Sweden in 2020 and was presumptively linked to Serbia.

The cases are spread across the motu including Waitematā, Canterbury, Capital and Coast, Tairāwhiti and Waikato. Two of the cases have been from the Waikato.

Hepatitis A typically presents with jaundice following a prodrome of fever and gastrointestinal symptoms. Children are often asymptomatic. Hepatomegaly is common and serum aminotransferases are elevated.

Hepatitis A is mainly transmitted person-to-person by the faecal-oral route. Common food sources include berries and lettuce, or raw shellfish from contaminated water. Transmission can also occur by injected drug use or sexual transmission. The incubation period is typically 30 days but can be up to 50 days. The infectious period is approximately two weeks before to one week after jaundice onset.

Hepatitis A is notifiable to a Medical Officer of Health on suspicion. [It is one of the notifiable](#)

[diseases for which we would appreciate urgent notification.](#) Cases do not require isolation, but do require exclusion from high-risk settings such as school, early childhood centres and work (especially if handling food) during their infectious period. Contacts do not need to quarantine; however, post-exposure prophylaxis in the form of vaccination and/or immunoglobulin is recommended depending on age or risk.

Mumps

In recent times, the Waikato Public Health Service has seen an increase in the rate of notifications for suspected mumps. Suspicion is driven by the presence of parotiditis, the hallmark clinical feature of mumps; however, none of these suspected cases have tested positive for mumps. This suggests that there may be another culprit circulating. As of 30 September 2022 there are no notified confirmed mumps cases in New Zealand.

The [Communicable Disease Manual](#) gives the following clinical criteria for mumps.

“An acute illness with unilateral or bilateral tenderness and swelling of the parotid or other salivary gland/s, lasting more than 2 days, with or without fever and without other apparent cause”

As such, from a public health perspective, we would only perform buccal PCR testing on a patient with compatible symptoms for 48 hours or more. The Waikato Public Health Service does not expect notifications for patients with parotiditis for less than 48 hours. This guidance does not apply if a suspected

case had exposure to a confirmed case of mumps, or if mumps was circulating in the community, in which case we would appreciate urgent notification. [This linked website](#) provides a flowchart on suspected mumps and a form that captures the information we need on notification. We have arrangements with the local lab whereby mumps diagnostic test requests, preferably buccal swab for PCR, are shared with us and usually not processed until we confirm notification on suspicion of a clinically compatible illness.

Shama

Shama Ethnic Women's Trust (commonly known as Shama) is a charitable trust formed in 2002 after the identification of a gap in available services for ethnic women and children. Shama recognise that the challenges faced by ethnic women are complex and unique, and their needs often sit outside what is catered for by mainstream social services and support programmes.



Figure 1: Shama community during a recent open day, featuring the WPHS CNS Karen Jensen (back right).

Shama provides referrals, culturally competent assessments, home visits, safety

plans, advocacy and support. Services available in the Waikato include the following.

- **Skills based programmes:** English language and conversation, computer support, gardening, cooking, and sewing classes.
- **Support programmes:** parent support, school holiday programmes, legal and domestic violence workshops.
- **Individual support:** one-on-one support is provided to ethnic women, children and their families by trained social workers.

For more information and link to a referral form, please see <https://shama.org.nz/how-we-help/regional-social-services/><https://shama.org.nz/how-we-help/regional-social-services/>

Notifiable diseases – Trends

Notifiable diseases (Waikato District) - period to: September 2022

*Stats NZ estimated 8.69% of the population resided in Waikato in 2021. Red indicates disproportionate share of cases in Waikato.

Disease name	Waikato cases per month			Cases per month over the last year (mean)		
	July	August	Trend	Waikato	National	% Waikato*
Botulism	0	0	-	0.0	0.0	-
Brucellosis	0	0	-	0.0	0.0	-
Campylobacteriosis	40	63	▲	47.9	472.2	10
COVID-19	17,705	10,426	▼	11,420.2	143,113.0	8
Cryptosporidiosis	2	22	▲	9.1	55.8	16
Decompression sickness	0	0	-	0.0	0.1	0
Dengue fever	0	0	-	0.0	0.3	0
Diphtheria	0	0	-	0.0	0.0	-
Gastroenteritis - unknown cause	0	0	-	0.2	11.8	2
Gastroenteritis / foodborne intoxication	7	4	▼	2.3	11.0	21
Giardiasis	3	5	▲	7.2	56.0	13
Haemophilus influenzae type b	0	0	-	0.0	0.1	0
Hepatitis A	0	0	-	0.3	1.3	23
Hepatitis B	0	0	-	0.1	1.3	8
Hepatitis C	0	0	-	0.1	2.5	4
Hepatitis NOS	0	0	-	0.0	0.1	0
Hydatid disease	0	0	-	0.0	0.2	0
Invasive pneumococcal disease	8	9	▲	3.8	41.8	9
Latent tuberculosis infection	0	0	-	0.4	10.7	4
Lead Poisoning	0	0	-	0.0	0.0	-
Legionellosis	1	0	▼	1.1	17.6	6
Leprosy	1	0	▼	0.1	0.4	25
Leptospirosis	3	0	▼	1.7	9.0	19
Listeriosis	0	0	-	0.2	2.2	9
Listeriosis - perinatal	0	0	-	0.0	0.6	0
Malaria	0	1	▲	0.1	0.9	11
Measles	0	0	-	0.0	0.0	-
Meningococcal disease	3	0	▼	0.3	5.3	6
Mumps	0	0	-	0.0	0.1	0
Murine Typhus	1	1	-	0.2	0.4	50
Pertussis	0	0	-	0.1	1.5	7
Q fever	0	0	-	0.0	0.0	-
Rheumatic fever - initial attack	1	1	-	0.8	6.5	12
Rheumatic fever - recurrent attack	0	0	-	0.0	0.3	0
Salmonellosis	8	4	▼	4.5	56.0	8
Shigellosis	0	0	-	0.1	1.9	5
Taeniasis	0	0	-	0.0	0.2	0
Tetanus	0	0	-	0.0	0.0	-
Tuberculosis disease - new case	3	4	▲	2.3	25.6	9
Tuberculosis disease - relapse or reactivation	0	0	-	0.0	0.3	0
Tuberculosis infection - on preventive treatment	0	0	-	0.0	0.5	0
Typhoid fever	2	0	▼	0.2	1.1	18
VTEC/STEC infection	8	9	▲	7.4	82.8	9
Yersiniosis	7	7	-	7.5	100.3	7

Medical Officers of Health: Felicity Dumble, Richard Wall, Richard Vipond, and 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. 22041 or 22020

Notifications outside Hamilton: 0800 800 977 **Fax:** 07 838 2382 **Email:**

notifiablediseases@waikatodhb.health.nz

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