

## COMMUNICABLE DISEASES

For general practitioners and practice nurses

### Pertussis Epidemic

The anticipated pertussis epidemic has begun just over six years since the onset of the previous one that lasted over 2 years. Nelson Marlborough, Southern and several DHBs in the North Island are particularly affected at this stage.

Pertussis has an incubation time of 7-10 days (range 5-21) and is infectious from one week before to three weeks after the onset of cough. Treatment with antibiotics reduces the infectious stage to 5 days (2 days if azithromycin is used).

Certain persons require either prompt treatment if infected or prophylaxis if exposed because they are either at high risk of serious disease or may infect those who are at high risk of serious disease.<sup>§</sup>

### Persons at high risk of serious disease needing prompt treatment

- 1) Infants under 12 months
- 2) Those with a pre-existing health condition that may be exacerbated by a pertussis infection such as chronic respiratory conditions, congenital heart disease or immunodeficiency.

### Contacts needing prophylaxis because of subsequent contact<sup>§</sup> with those at high risk of serious disease if infected

- Pregnant women  $\geq$  36 weeks
- Midwives
- Health care workers
- Early child care workers
- Any adult or child who has been exposed to a case and has contact<sup>§</sup> with anyone in groups 1) or 2).

<sup>§</sup> Contact with a case is being within 2 metres for an hour or more

## January 2018

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### Community and Public Health

#### Canterbury

District Health Board  
Te Poari Hauora o Waitaha

### Practice Points

#### Promote on-time vaccinations

- 6 weeks, 3 months, 5 months, 4 years and 11 years, and
- Boostrix for every pregnancy (28 – 38 weeks) regardless of previous pertussis vaccinations.

#### Test

Only if there are few cases in the region and the diagnosis is unsure (PCR), if the patient is an index case in a family or cluster (PCR) or a retrospective diagnosis is necessary (serology).

#### Don't test

If the patient has a clinically compatible illness and is a contact of a case or the result will not influence the management of the case or contacts.

#### Notify

Use the one page pertussis form to notify, HealthPathways> Pertussis (Whooping cough)> Request> Notify Medical Officer of Health> Request> pertussis form

### Community & Public Health

## Tattoos, Body Piercing and Body Modification

The increased incidence of these procedures and their associated complications has raised concerns from a public health perspective. There are three aspects of particular concern: 1) there is no data on the personal cost of misadventure (nature, severity and incidence of complications), 2) there is no data on the cost to the health system and 3) the industry is unregulated with no requirement for qualifications or operational standards.

Within our three DHBs we would like to gather some information to get an understanding of the extent of the problem. To this end we would like doctors to report cases with complications from tattoos, body piercing, body modification or the like, to the Medical Officer of Health. Reporting can be anonymous or if consent is given, include personal details. The information we are interested in obtaining is included in the brief questionnaire following that would either be administered in general practice or by staff from this office.

- What was the resulting injury/harm and over what time frame?
- What follow up medical treatment was required?
- What activity or service caused the symptoms?
- What did the provider of the service call themselves (eg, body piercer, tattooist)?
- Were prescription drugs or other medicines given as part of the procedure?
- Where, and in what conditions, was the service carried out (eg. was it a sterile environment?)
- Did the provider explain the risks of the service (was informed consent required, was written information given, were there after care instructions) ?
- Did the patient have any other safety concerns (cleanliness, nature of the procedure, skill of the operator) at the time?

- Other comments.

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### Practice Points

- Information on injury/harm from tattoos, body piercing or body modification should be obtained from cases presenting to general practice or hospital.
  - This will take the form of a brief questionnaire administered either at the time of consultation or subsequently by public health staff on receipt of a report that the patient has consented to.
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### Canterbury Health Laboratories Testing Advice

#### i) Mumps

To optimise detection of the virus it is worthwhile to massage the parotid gland for 30 seconds prior to obtaining a buccal swab for mumps PCR.

#### ii) Leptospirosis

In the October PHIQ there was an item on leptospirosis that referred to serology testing. The following details outline testing recommendations more fully.

- a) For rapid diagnosis of leptospirosis (particularly in severe disease), a PCR test is available.
- b) In acute cases (within 5 days of onset of symptoms) submit whole blood (EDTA), urine (EMU) and if meningitis is suspected, CSF, for PCR.
- c) Send blood for serology (acute and convalescent specimens 3 weeks apart).
- d) During the immune phase (>7 to < 14 days after onset of symptoms) submit 20 mL of urine (preferable EMU) for PCR. Due to the intermittent excretion of *Leptospira* in urine, a negative result does not exclude the diagnosis of leptospirosis. A repeat urine sample should be submitted if there is a high clinical suspicion and the initial urine PCR test is negative.

See CHL Test Guide: HealthPathways>Test> Laboratory Tests> Testing and Results> CHL Test Guide

## Summary Of Selected Notifiable Diseases By District Health Board 2017 And 2016

	Canterbury		South Canterbury		West Coast		TOTALS	
	Cases 2017	Cases 2016	Cases 2017	Cases 2016	Cases 2017	Cases 2016	Cases 2017	Cases 2016
<b>Enteric Diseases</b>								
Campylobacteriosis	863	760	146	150	61	58	1070	968
Cryptosporidiosis	150	106	37	16	6	2	193	124
Gastroenteritis	38	40	2	-	5	8	45	48
Giardiasis	145	167	25	17	5	7	175	191
Hepatitis A	5	1	-	-	-	1	5	2
Listeriosis	1	2	1	-	-	-	2	2
Paratyphoid	1	5	-	-	-	-	1	5
Salmonellosis	202	134	22	22	5	7	229	163
Shigellosis	17	10	-	-	1	-	18	10
Typhoid	1	1	-	-	-	-	1	1
VTEC	24	16	12	7	2	1	38	24
Yersiniosis	163	186	17	15	3	6	183	207
<b>Other Diseases</b>								
Dengue Fever	19	14	2	1	-	-	21	15
Haemophilus influenza b	-	-	-	-	-	-	-	-
Hepatitis B	2	4	-	-	-	-	2	4
Hepatitis C	2	7	-	3	-	-	2	10
Invasive Pneumococcal dis.	39	44	4	11	6	-	49	55
Lead absorption	-	-	-	-	-	-	-	-
Legionellosis	72	37	4	2	4	3	80	42
Leptospirosis	12	1	3	-	3	1	18	2
Malaria	3	3	-	-	-	-	3	3
Measles	1	-	1	-	-	-	2	-
Meningococcal Disease	11	3	-	-	3	-	14	3
Mumps	21	-	-	-	-	1	21	1
Pertussis	247	278	18	8	10	2	275	288
Rheumatic fever (initial attack)	4	3	-	-	-	-	4	3
Rubella	-	-	-	-	-	-	-	-
Tuberculosis (new case)	33	26	-	2	-	1	33	29

\* Other notifications in 2017 were: In Canterbury— Chikungunya (2), Hepatitis not otherwise specified (1), Trichinellosis (1); In South Canterbury—Chikungunya (1); There were at least 2 cases of Zika virus disease notified in the South Island in 2017.

## Summary Of Selected Notifiable Diseases By District Health Board October—December 2017 And 2016

	Canterbury		South Canterbury		West Coast		TOTALS	
	Cases Oct-Dec 2017	Cases Oct-Dec 2016	Cases Oct-Dec 2017	Cases Oct-Dec 2016	Cases Oct-Dec 2017	Cases Oct-Dec 2016	Cases Oct-Dec 2017	Cases Oct-Dec 2016
	<b>Enteric Diseases</b>							
Campylobacteriosis	287	291	55	52	26	29	368	372
Cryptosporidiosis	64	52	28	8	1	1	93	61
Gastroenteritis	9	12	1	-	2	5	12	17
Giardiasis	38	33	9	6	-	1	47	40
Hepatitis A	2	-	-	-	-	-	2	-
Listeriosis	-	1	1	-	-	-	1	1
Paratyphoid	-	-	-	-	-	-	-	-
Salmonellosis	48	29	9	3	3	2	60	34
Shigellosis	4	1	-	-	-	-	4	1
Typhoid	-	-	-	-	-	-	-	-
VTEC	2	1	4	6	1	-	7	7
Yersiniosis	52	63	4	1	-	3	56	67
<b>Other Diseases</b>								
Dengue Fever	8	2	-	-	-	-	8	2
Haemophilus influenza b	-	-	-	-	-	-	-	-
Hepatitis B	1	2	-	-	-	-	1	2
Hepatitis C	-	-	-	-	-	-	-	-
Invasive Pneumococcal dis.	6	14	-	3	4	-	10	17
Lead absorption	-	-	-	-	-	-	-	-
Legionellosis	37	15	1	-	-	1	38	16
Leptospirosis	2	-	-	-	-	-	2	-
Malaria	-	1	-	-	-	-	-	1
Measles	-	-	1	-	-	-	1	-
Meningococcal Disease	3	2	-	-	1	-	4	2
Mumps	8	-	-	-	-	-	8	-
Pertussis	110	71	13	3	6	-	129	74
Rheumatic fever (initial attack)	1	-	-	-	-	-	1	-
Rubella	-	-	-	-	-	-	-	-
Tuberculosis (new case)	10	9	-	1	-	-	10	10

\* Other notifications: 1 Chikungunya and 1 Trichinellosis (Canterbury)