

COMMUNICABLE DISEASES

For general practitioners and practice nurses

Measles outbreak and testing

A third South Island outbreak of measles last year was centred on Fiordland. The initial case, a person who lives in Milford Sound and works in the tourism industry, is presumed to have been exposed to an undiagnosed infectious traveller in early November. The measles virus isolated has high sequence similarity with a recent isolate from Osaka, Japan. Two work-mates subsequently developed measles and were isolated in Te Anau and Marlborough. As of mid-January 2019, the outbreak is considered over.

There is an ongoing risk of travellers introducing measles to New Zealand. MMR vaccination should be offered to any patient who does not meet at least one of the following criteria:

- born before 1969
- confirmed measles infection in the past
- two documented doses of MMR
- documented immunity to measles

Southern Community Laboratories have requested a reminder to practices that measles testing should be carried out in general practice. Laboratories do not per-

form swabs or blood tests on patients with suspected measles because measles is highly infectious.

Syphilis increase

Last year 50 new cases of syphilis were seen at the Christchurch Sexual Health Centre, almost twice the number seen in 2017. 80% of cases were in men who have sex with men (MSM). Infectious syphilis incidence has been increasing in New Zealand since 2012 (see graph). Initially the increase was in MSM, but there has been a steady increase in cases in heterosexual males and females, and four cases of congenital syphilis were reported in 2018. The increase has

January 2019

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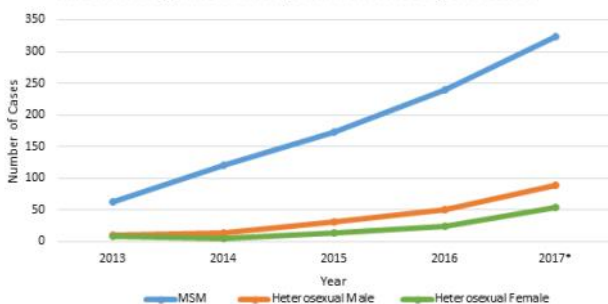
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Community and Public Health

Canterbury

District Health Board
Te Poari Hauora o Waitaha

Infectious syphilis cases by sexual behaviour, 2013-2017*



* Data for 2017 provisional.
Data source: Enhanced surveillance of infectious syphilis, ESR

Community & Public Health

been seen in all ethnic groups, but for MSM it is most pronounced in NZ European, and among those aged 20-39 years.

The Ministry of Health is supporting District Health Boards to develop syphilis action plans.

STI notification

Following changes to the Health Act in 2017, practitioners are required to provide anonymous notification of cases of syphilis, gonorrhoea, AIDS, and HIV infection. ESR are developing practice management system-based notification capabilities, but there have been delays, and from 1 November last year ESR established an interim notification system. The system is available via ESR's STI surveillance web page: https://surv.esr.cri.nz/public_health_surveillance/sti_surveillance.php

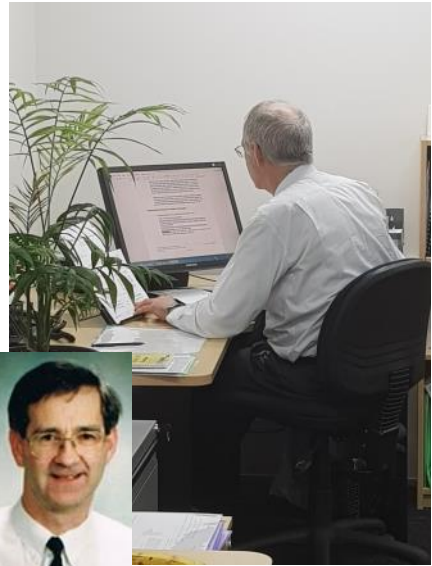
Survey results and a new surveillance publication

Thank you to readers who answered our online survey in November.

We received 118 responses, mostly from Canterbury, and including 52 pharmacists, 16 practice nurses, 13 GPs, and 11 hospital - based practitioners.

The surveillance products reported as both most widely read and most useful were wintertime influenza and respiratory pathogens reports, Medical Officer of Health faxes, and public health advice on HealthPathways or HealthInfo. Preferred methods of communication were: a brief monthly email (84%); fax for urgent issues (36%); and PHO or DHB emails (27%). Only around 10% of respondents found the Public Health Information Quarterly (PHIQ) most useful or listed it as a preferred method of communication.

In response we will be trialling a new brief regular email update in place of the PHIQ, sent to existing email groups and with a "subscribe" option for personal email addresses. Email updates will include links to more detailed information



Dr Peter Mitchell in 1994 and at his desk in 2018

on the CPH website, which will also be reviewed. Urgent public health alerts will continue to be sent by both fax and email. This will be the last PHIQ printed. We would like to take this opportunity to acknowledge Dr Peter Mitchell, who was responsible for the PHIQ and its predecessors from the early 1990s until his retirement last year.

We are always grateful for your feedback. If you have any further comments or would like a full copy of the survey results, please contact Daniel Williams: daniel.williams@cdhb.health.nz

Practice Points

- Offer MMR to any non-immune patient
- Take samples for measles testing in general practice; do not send patients to the laboratory
- Test for syphilis, especially in men who have sex with men, and in pregnant women.
- Provide anonymous notification of STI cases via the ESR website.

Summary Of Selected Notifiable Diseases By District Health Board 2018 And 2017

	Canterbury		South Canterbury		West Coast		TOTALS	
	Cases 2018	Cases 2017	Cases 2018	Cases 2017	Cases 2018	Cases 2017	Cases 2018	Cases 2017
Enteric Diseases								
Campylobacteriosis	762	864	150	147	50	61	962	1072
Cryptosporidiosis	99	150	21	37	6	6	126	193
Gastroenteritis	48	36	-	2	4	5	52	43
Giardiasis	167	145	25	25	6	5	198	175
Hepatitis A	4	5	-	-	-	-	4	5
Listeriosis	3	1	-	1	-	-	3	2
Paratyphoid	2	1	-	-	1	-	3	1
Salmonellosis	167	200	14	22	14	5	195	227
Shigellosis	14	15	1	-	-	1	15	16
Typhoid	7	1	-	-	-	-	7	1
VTEC	40	24	11	11	1	2	52	37
Yersiniosis	189	156	17	17	8	3	214	176
Other Diseases								
Dengue Fever	20	17	1	1	-	-	21	18
Haemophilus influenza b	-	-	-	-	-	-	-	-
Hepatitis B	3	2	1	-	-	-	4	2
Hepatitis C	10	2	1	-	1	-	12	2
Invasive Pneumococcal dis.	42	39	2	4	4	6	48	49
Lead absorption	-	-	-	-	-	-	-	-
Legionellosis	54	72	-	4	-	4	54	80
Leptospirosis	9	8	-	1	1	3	10	12
Malaria	2	3	-	-	-	-	2	3
Measles	13	1	-	1	-	-	13	2
Meningococcal Disease	10	11	1	-	-	3	11	14
Mumps	4	21	2	-	1	-	7	21
Pertussis	180	243	18	18	152	10	350	271
Rheumatic fever (initial attack)	3	4	-	-	-	-	3	4
Rubella	-	-	-	-	-	-	-	-
Tuberculosis (new case)	29	33	4	-	-	-	33	33

* Other notifications in 2018 were: In Canterbury—Chikungunya (3), Hepatitis not otherwise specified (1), Ross River virus (1); In South Canterbury—Chikungunya (1),

Summary of selected notifiable diseases by District Health Board October—December 2018 and 2017

	Canterbury		South Canterbury		West Coast		TOTALS	
	Cases Oct-Dec 2018	Cases Oct-Dec 2017	Cases Oct-Dec 2018	Cases Oct-Dec 2017	Cases Oct-Dec 2018	Cases Oct-Dec 2017	Cases Oct-Dec 2018	Cases Oct-Dec 2017
	Enteric Diseases							
Campylobacteriosis	268	287	44	56	13	26	325	369
Cryptosporidiosis	37	64	10	28	2	1	49	93
Gastroenteritis	7	9	-	1	1	2	8	12
Giardiasis	27	38	5	9	-	-	32	47
Hepatitis A	3	2	-	-	-	-	3	2
Listeriosis	1	-	-	1	-	-	1	1
Paratyphoid	1	-	-	-	1	-	2	-
Salmonellosis	34	46	2	9	4	3	40	58
Shigellosis	4	3	-	-	-	-	4	3
Typhoid	2	-	-	-	-	-	2	-
VTEC	20	2	3	3	-	1	23	6
Yersiniosis	39	47	1	4	1	-	41	51
Other Diseases								
Dengue Fever	2	7	-	-	-	-	2	7
Haemophilus influenza b	-	-	-	-	-	-	-	-
Hepatitis B	-	1	-	-	-	-	-	1
Hepatitis C	1	-	-	-	1	-	2	-
Invasive Pneumococcal dis.	11	6	-	-	-	4	11	10
Lead absorption		-	-	-	-	-	-	-
Legionellosis	20	37	-	1	-	-	20	38
Leptospirosis	1	-	-	-	-	-	1	-
Malaria	-	-	-	-	-	-	-	-
Measles	-	-	-	1	-	-	-	1
Meningococcal Disease	2	3	1	-	-	1	3	4
Mumps	-	8	-	-	-	-	-	8
Pertussis	33	108	-	13	27	6	60	127
Rheumatic fever (initial attack)		1	-	-	-	-	-	1
Rubella		-	-	-	-	-	-	-
Tuberculosis (new case)	8	10	1	-	-	-	9	10