MEDICAL OFFICERS OF HEALTH

# Public Health Information Quarterly

COMMUNICABLE DISEASES
for general practitioners and practice nurses

## Notification Of Diseases

A new section of the Health Act 1956 comes into force as of 18 December 2007 that will require laboratories to report notifiable diseases directly to the Medical Officer of Health. The Ministry of Health has set up a project and advisory group to facilitate the development and implementation of reporting systems to help the sector comply with this requirement.

This development is not without significant problems which the advisory group is endeavouring to work through in conjunction with the hospital and community laboratories, and the public health units. Long term IT solutions are being developed that should result in the notifications being electronically sent to a central database that will also be accessed by public health offices. Other major issues include communications between the public health units and the general practitioners following receipt of a laboratory notification and work load implications.

This section of the Health Act does not affect the obligation of doctors to notify. Laboratory notifications lack information on the clinical context and do not contain sufficient information for public health management and surveillance purposes. There are also many cases requiring notification that may not have a laboratory test.

## Pandemic Planning

### Public Health and Primary Care in Canterbury

Planning for a pandemic influenza is an ongoing process, but the Canterbury Primary Care Pandemic Planning Group is proposing to take a six month break at the end of this year having made considerable progress in planning for general practice.

Primary Care practitioners need to be clear about what will happen at each of the four phases of a pandemic response (Table 1).

October 2007

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Community and Public Health

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

During the '**keep it out**' phase, public health services will be involved in screening passengers arriving in New Zealand from overseas, and any suspected cases will be isolated and treated in hospital.

**Table 1**

| Phase | Role | Lead Agency |
|---|---|---|
| Keep it out | Border control | Public health units |
| Stamp it out | Cluster control | Public health units |
| Manage it | Patient management and infection control | Primary Care |
| Recover from it | Welfare | Civil Defence |

Asymptomatic contacts will be quarantined in designated hotels for at least 7 days. As long as New Zealand succeeds in keeping out influenza, these screening and quarantine measures will remain in force. Some countries enforced strict and consequently effective quarantine measures for up to three years from 1918. During this phase primary care practitioners will need to ensure that their pandemic plans are up to date and that they have adequate stocks of PPE and other supplies. They should also be alert to the possibility of pandemic influenza in patients who have recently returned from overseas.

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*Timaru* Ph 03 688 6019 Fax 03 688 6091 *Email* commdis@cph.co.nz *Internet* www.cph.co.nz

During the '**stamp it out**' or cluster control phase, index cases will also be isolated and treated in hospital, but their contacts will be quarantined at home and given post exposure prophylactic oseltamivir (Tamiflu). Contacts in home quarantine will be monitored by daily telephone contact with CDHB staff and their welfare needs will be met in collaboration with other agencies. They will also have a designated 0800 number to ring if their condition changes. If a general practice is contacted by or about anyone in home quarantine, they should discuss the case with the Medical Officer of Health before providing any advice or taking any action. Again, during this period, it is important for primary care providers to be alert to possible cases of pandemic influenza and to notify these immediately to the Medical Officer of Health.

During the '**manage it**' phase, streaming will occur with "green stream" general practices continuing to provide normal primary care services from their own premises but only for people *without* an influenza-like illness (ILI). The "red stream" will consist of community based assessment centres (CBACs or flu centres) providing a fast track primary care service for all people *with* an ILI. There are six sectors in Christchurch City and six in rural Canterbury, each with a CBAC and led by a team of GP, nurse and manager. The red stream will be funded by the CDHB.

Strict infection control should minimise the risk of primary care staff contracting influenza from patients in CBACs or general practices. The greatest risk to staff will be from their own family/household and community where infection control is hardest to maintain. In order to keep practices running, staff with family members who develop an ILI should be provided with oseltamivir immediately as post-exposure prophylaxis. Practices may therefore wish to consider stockpiling adequate quantities of oseltamivir for this purpose.

## Lancet Sharing (Ashburton)

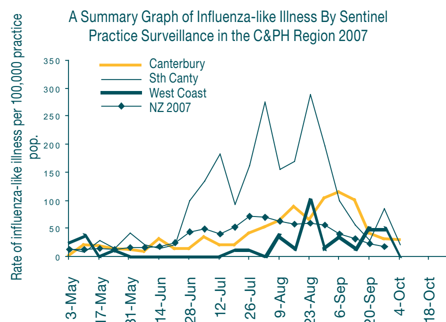
In September C&PH were informed that 19 Ashburton school children aged 11 to 16 years, had finger pricks from the same blood glucometer without the lancet being changed. The incidents occurred on a camp and at school.

All students were seen at the Ashburton hospital for blood tests for hepatitis B, C and HIV. Fortunately the results were all negative. A number of children however, had low levels of hepatitis B antibodies and parents were advised to arrange hepatitis B vaccination for any children who had not had a complete vaccination series in the past.

## Influenza Surveillance Results 2007

The influenza surveillance programme has finished this year after another relatively quiet year for Canterbury and West Coast, and also nationally. South Canterbury had higher than expected rates in August of between 250-300 cases of influenza-like illness per 100,000 practice population (Figure 1).

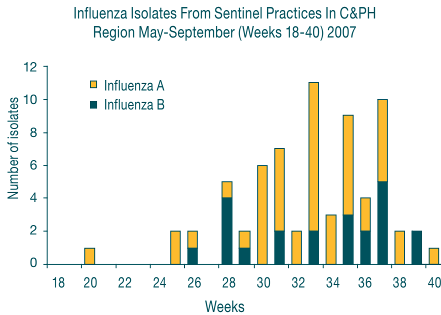
### Figure 1




This year's vaccine was considered to be effective against the A and B strains circulating early in the season. The number of isolates during the programme are shown in Figure 2. Respiratory syncitial virus and parainfluenza viruses were also reported by the Canterbury Health Laboratory during the surveillance period.

The number of cases of influenza-like illness presenting at the Emergency Department Christchurch hospital and the 24 hour Surgery, although not part of the official programme were also recorded this year.

## Figure 2

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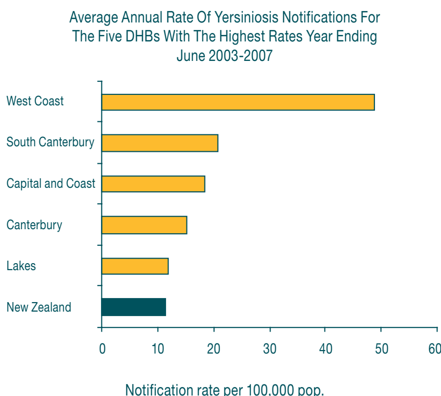
## Yersiniosis Increase

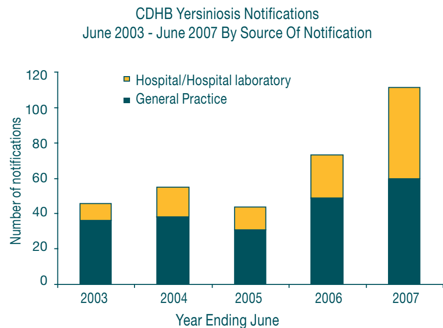
Over the past five years all three DHBs in the C&PH region have had amongst the highest rates of yersiniosis in the country as shown in Figure 4.

Since 2003, Canterbury has had the greatest relative increase, particularly in adults over forty years of age. Although there has been an increase in notifications from general practice, the greatest increase has come from hospital/hospital laboratory notifications (Figure 4).

## Figure 3




## Figure 4




## Notifiable Lead Level Lowered

The Health Act 1956 has been amended to lower the non-occupational notifiable blood lead level from 15µg/dL to 10 µg/dL. The US Centres for Disease Control and Prevention and the World Health Organization have identified 10 µg/dL as a level of concern for children.

Actual notifications of raised blood levels are relatively frequent, but notification is not an accurate reflection of the problem because many cases go undetected. For the years 1997 to 2006 there were a total of 1017 notifications for the whole of New Zealand, an average of about 102 notifications per year. Of the 43 hospitalisations for lead poisoning between 1997 and 2006, six (or about 14%) were children aged between one and four years.

Lowering the notifiable blood lead level is likely to lead to more lead-exposed individuals being assessed and treated earlier, thereby preventing further exposure and reversing adverse effects. This is particularly crucial for children.

### Lead Products

Although the main problem arises from renovating old houses with lead-based paint, there are other products that may contain lead, e.g. jewellery, trinkets and toys containing or painted with leaded paint. [Edited letter from the Group Manager Communicable Diseases & Environmental Health Policy, Ministry of Health]

## National Lead Education Campaign

The Ministry of Health is launching a national education campaign to increase the level of awareness among the public/ home renovators as well as paint retailer staff about the risks of lead based paints following a recent study by the Taranaki DHB that highlighted widespread misinformation about the risks.

### Lead Information Resources

The following resources are available from the offices of C&PH in Christchurch, Timaru and Greymouth;

- *Repainting – lead based paint, 2002 (HE 4157)*
- *Lead and lead poisoning, 2005 (HE4158)*
- *Guidelines for the management of lead based paint*

They can also be downloaded from the Ministry of Health website www.moh.govt.nz :

http://www.healthed.govt.nz/resources/search-resources.aspx (keyword: Lead)

Public health units are also able to carry out free lead based paint testing if required.

### Summary Of Selected Notifiable Diseases July – September 2007, and 2006

| | Canterbury | | South Canterbury | | West Coast | | TOTAL |
|---|---|---|---|---|---|---|---|
| | Cases Jul-Sep 2007 | Cases Jul-Sep 2006 | Cases Jul-Sep 2007 | Cases Jul-Sep 2006 | Cases Jul-Sep 2007 | Cases Jul-Sep 2006 | Cases Jul-Sep 2007 |
| **ENTERIC DISEASES** | | | | | | | |
| Campylobacteriosis | 252 | 288 | 64 | 89 | 20 | 10 | 336 |
| Cryptosporidiosis | 14 | 21 | 22 | 25 | 6 | 3 | 42 |
| Gastroenteritis | 31 | 20 | 2 | 1 | 1 | - | 34 |
| Giardiasis | 25 | 25 | 2 | 5 | 1 | 2 | 28 |
| Hepatitis A | - | - | - | - | - | - | - |
| Listeriosis | - | - | - | - | - | - | - |
| Paratyphoid | 1 | - | - | - | - | - | 1 |
| Salmonellosis | 25 | 23 | 4 | 13 | 3 | 1 | 32 |
| Shigellosis | 5 | 3 | - | - | - | - | 5 |
| Typhoid | 1 | - | - | - | - | - | 1 |
| VTEC/STEC | 4 | 7 | 4 | - | - | - | 8 |
| Yersiniosis | 33 | 17 | 5 | 4 | 5 | - | 43 |
| **OTHER DISEASES** | | | | | | | |
| AIDS | - | 5 | - | - | - | - | - |
| Dengue Fever | 1 | 1 | - | - | - | - | 1 |
| Haemophilus influenzae b | - | - | - | - | - | - | - |
| Hepatitis B | 1 | 2 | - | - | - | - | 1 |
| Hepatitis C | - | 2 | - | - | 2 | - | 2 |
| Lead absorption | - | 5 | - | - | - | - | - |
| Legionellosis | - | 1 | - | 1 | - | - | - |
| Leptospirosis | 1 | 5 | 1 | 1 | 1 | - | 3 |
| Malaria | - | 2 | - | 1 | - | - | - |
| Measles | 1 | 2 | - | - | - | - | 1 |
| Meningococcal infection | 4 | 6 | - | 1 | - | - | 4 |
| Mumps | 4 | - | - | - | - | - | 4 |
| Pertussis | 22 | 83 | 5 | 9 | - | 1 | 27 |
| Rubella | - | - | - | - | - | - | - |
| Tuberculosis (new case) | 5 | 5 | 2 | 3 | - | 1 | 7 |