

PUBLIC HEALTH BULLETIN**Summarised updates from Ministry of Health:****1. Messaging for Healthcare Professionals on Meningococcal Disease**

There has been a significant increase in *Neisseria meningitidis* serogroup W (MenW) in New Zealand since mid-2017. Please remain alert to the symptoms as early intervention is essential to minimise the harmful effects of this disease. Meningococcal disease can affect anyone at any time but is most prevalent in New Zealand during winter and spring.

Neisseria meningitidis serogroup B (MenB) is the most prevalent strain in New Zealand but the Ministry is concerned about the increasing prevalence of MenW sequence type ST11 (previously referred to as W135). This strain of MenW affects all age groups and is associated with a high case-fatality rate. MenW can present with the classical signs of meningococcal disease but also atypically with gastro-intestinal symptoms, as well as pneumonia, septic arthritis, endocarditis or epi/supraglottitis.

Because of the fulminant nature of meningococcal sepsis, antibiotics should be administered on suspicion of diagnosis. This includes treating the patient before transferring to hospital. There is no need for concern that administering antibiotics will obscure the diagnosis for hospital clinicians. Over-treatment is acceptable in this case, as failure to treat may be fatal. Early treatment of meningococcal infection is recommended, especially when there will be a delay for the patient to reach the Emergency Department.

Ceftriaxone is the preferred first-line treatment for all individuals. If ceftriaxone is not available, benzyl-penicillin can be used. If benzyl-penicillin is used, it is important to note that the treatment dose is higher than previously recommended.

2. Measles – key messages

Immunisation is the best way to protect against getting measles and outbreaks. Two doses of the MMR vaccine give 99% protection against the virus:

- MMR vaccine is part of the National Immunisation Schedule (at 15 months and at 4 years of age). We need to ensure continued high coverage.
- It is also free for those under 50 years who have not had 2 documented doses. We need to close the immunity gap (approx. 20% in this age group).
- Contact tracing and case management remain the best approach to containing the spread of the disease once cases are present.

Current situation

- Measles is circulating in New Zealand, particularly in the Auckland region.
- More cases are likely, so it's important to be vigilant.
- There are currently significant measles outbreaks overseas. Since at least 2012 all cases of measles in New Zealand came from non-immune travellers. People travelling overseas should make sure they are fully immunised against measles before they go.

Stopping the spread

- Measles is a very infectious viral illness that can be life threatening. If you catch measles you're infectious 5 days before and until 5 days after the rash appears.
- It spreads easily from person to person.
- It is important to avoid spreading it to others in the waiting room and to give isolation advice to suspected cases.
- The best protection for very young children and vulnerable people (such as those receiving cancer treatments) is to ensure that those around them are vaccinated.
- In general, for children under 12 months, only those who are travelling to countries with uncontrolled outbreaks of measles should receive the vaccine.
- Current advice is that babies under 12 months old who are living in or travelling to Auckland do not need an additional early dose of MMR.
- If there are measles cases at a child's school, children who have not been immunised or who are immunocompromised need to stay away from school until the risk of getting measles has passed. The Medical Officer of Health will work with the school principal to determine the appropriate response

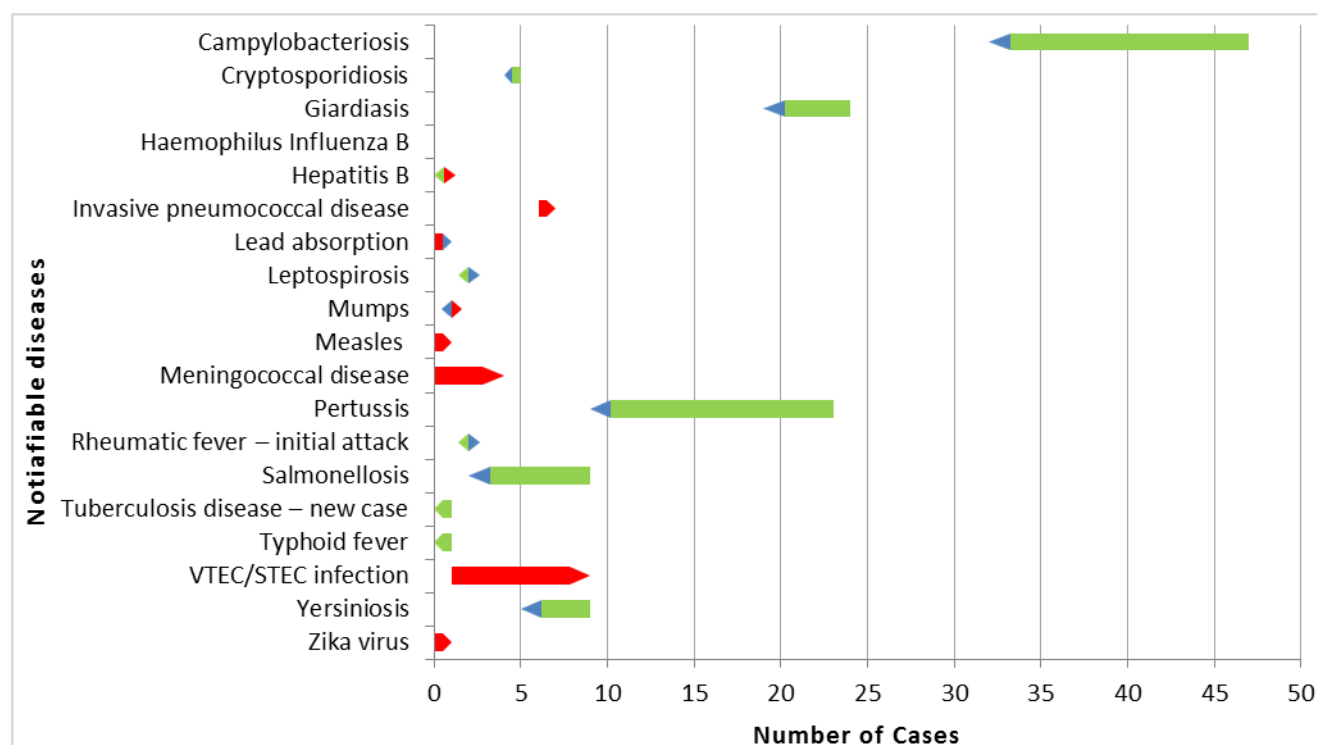
Useful links

- **ESR weekly reports:**
https://surv.esr.cri.nz/PDF_surveillance/MeaslesRpt/2019/WeeklyMeasles06052019.pdf
- **Ministry of Health Website**
<https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/measles/protecting-children-who-cant-be-immunised-against-measles>
- **HPA: Immunisation resources**
<https://www.hpa.org.nz/programme/immunisation>
- **The National Immunisation Schedule**
<https://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/new-zealand-immunisation-schedule>

Communicable diseases notified July 2019

Disease name	July 2018	July 2019	YTD	Disease name	July 2018	July 2019	YTD
Campylobacteriosis	47	32	302	Malaria	1	0	1
Chikungunya fever	0	1	1	Measles	0	1	16
Cryptosporidiosis	5	4	28	Meningococcal disease	0	4	8
Dengue fever	0	0	26	Mumps	1	1	4
Gastroenteritis - unknown cause	0	0	2	Pertussis	23	9	119
Gastroenteritis / foodborne intoxication	0	15	72	Rheumatic fever - initial attack	2	2	9
Giardiasis	24	19	119	Rheumatic fever - recurrent attack	0	0	3
Hepatitis A	2	0	6	Salmonellosis	9	2	51
Hepatitis B	0	0	3	Shigellosis	1	1	8
Invasive pneumococcal disease	6	7	23	Tuberculosis disease - new case	1	0	18
Latent tuberculosis infection	3	1	12	Tuberculosis disease - relapse or reactivation	0	0	1
Legionellosis	0	0	1	Typhoid fever	1	0	3
Leprosy	0	1	1	VTEC/STEC infection	1	9	69
Leptospirosis	2	2	7	Yersiniosis	9	5	36
Listeriosis	0	0	1	Zika virus	0	1	2
Lead Absorption	0	1	11				

Figure 1: Notifiable diseases (selected), July 2019 compared to July 2018, Waikato DHB



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