Influenza in Hawke’s Bay in 2011

In 2011 Hawke’s Bay and New Zealand experienced the lowest-incidence season for influenza for some years. The consultation rates for influenza-like illness are shown in Figure 1.

Of 63 swabs taken from patients with influenza-like illness by Hawke’s Bay sentinel practices during the 2011 influenza surveillance season, 39 (62%) cultured influenza virus. When additional swabs (taken in other settings) were added, there were 50 isolations of influenza virus. Types are shown below.

<table>
<thead>
<tr>
<th>Influenza type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (not sub-typed)</td>
<td>4</td>
</tr>
<tr>
<td>A/H3N2</td>
<td>7</td>
</tr>
<tr>
<td>A/California/7/2009 (H1N1) like virus isolated</td>
<td>4</td>
</tr>
<tr>
<td>A/Perth/16/2009 (H3N2) - like virus isolated</td>
<td>10</td>
</tr>
<tr>
<td>B</td>
<td>6</td>
</tr>
<tr>
<td>B/Brisbane/60/2008 - like virus isolated</td>
<td>16</td>
</tr>
<tr>
<td>Pandemic A(H1N1)09 virus identified</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
</tr>
</tbody>
</table>

Contact the Immunisation Team for further information. Ph 834 1815

Vaccines are listed below that would be beneficial at a population and individual level but are not offered on the National Immunisation Schedule.

**Rotarix:** (For Rotavirus) GSK have discounted this vaccine to $100 for two doses. It is given orally and can be administered at the same time as the 6 week, 3 month and 5 month scheduled vaccines. The first dose must be given before the child is 14 weeks and the 2nd dose must be administered before 24 weeks of age. A globally recommended vaccine by WHO.

**Varilix:** (For Chickenpox) Two doses are recommended from 9 months of age for optimal protection although the Immunisation Handbook 2011 states that a second dose is not essential for children younger than 13 years of age. It is considered their immunity will be boosted as chicken pox is still circulating in New Zealand. Cost $50 per dose.

**Boostrix for Adults** this combined vaccine offers a booster for diphtheria, tetanus and whooping cough. Vaccination of adults helps to prevent whooping cough infection. This in turn helps reduce the risk of exposing young babies who are too young to be fully vaccinated themselves. All health workers should be encouraged to have this vaccination especially anyone working with children. Cost $25.00

**Intanza.** “The flu jab for people who don’t like needles”. (Sanofi Pasteur). Intanza provides the same influenza protection as the regular seasonal vaccine. The tiny needle delivers an equally tiny dose of the vaccine just under the skin. Intanza is for adults 18-59 years of age. Order 10 Vaxigrip and 10 Intanza for $9 a dose.

**Menactra** (Sanofi Pasteur) This vaccine is indicated for active immunisation of individuals 2-55 years of age for the prevention of invasive meningococcal disease caused by N. meningitidis (serogroups A, C, Y and W135). Recently licensed in New Zealand this conjugate vaccine can be ordered using the HCL Non-Funded Vaccines- Consolidated Order Form and the cost is $89.95 per dose.
Immunisation of staff

Influenza vaccination of health-care workers helps to reduce:
- Transmission of influenza.
- Staff illness and absenteeism.
- Influenza-related illness and death, especially among people at increased risk for severe influenza illness.

All health care practices are urged to have a policy on immunisation of staff against vaccine-preventable diseases. Increasing staff immunisation rates will help protect non-immune patients from infected staff and vice versa. Your policy should cover influenza, pertussis, measles, mumps, rubella, and hepatitis B. It should specify pre-vaccination screening for immunity (useful in measles, rubella and hepatitis B). It should also address what restrictions will be placed on the work of staff if immunisation is contra-indicated or declined.

For more information see: http://www.cdc.gov/flu/healthcareworkers.htm

Immunization of Health-Care Personnel

Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recommendations and Reports / Vol. 60 / No. 7 November 25, 2011. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm?_cid=rr6007a1_w

Can you help us with influenza surveillance?

Sentinel general practice surveillance is a major contributor to our monitoring of the annual influenza epidemic in Hawke’s Bay and NZ. If your practice can contribute data (it takes approximately half an hour per week nursing or clerical time from May to September) it would be much appreciated. Please contact Dr Lester Calder 027 234 7050.

Dehydration in gastroenteritis

A recent review of gastroenteritis admissions to Hawke’s Bay Hospital during 2010-2011 indicated that dehydration was present in most of the cases. Vulnerable groups such as the very young and the elderly are particularly susceptible.

Recommendations for children with enteric disease are to:
- Encourage fluids.
- For small children breast or bottle feed smaller amounts more often.
- For other children offer clear fluid even if vomiting. Clear fluid is any fluid through which you can read newsprint.
- Give small amounts frequently (e.g. one teaspoon every 5 minutes).
- As vomits become further apart, give fluids less frequently.

Suggested fluids:
- Water
- Diluted fruit juice/cordial/lemonade (¼ cup juice and ¾ cup water)
- Rehydration solutions (e.g. gastrolyte) from your chemist or doctor

Do not use sports drinks - they can make diarrhoea worse as they contain too much sugar.