

# Medical Officer of Health Public Health ADVICE

*Inside*

- Measles Update and Measles Testing
- Gonorrhoea Rates in Hawke's Bay
- New STI Dashboard
- Alcohol and Pregnancy

*Public Health Report July 2019*

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This edition of Public Health Advice provides updates on Measles and Measles testing; Gonorrhoea rates in Hawke's Bay; new STI dashboard; Alcohol and Pregnancy; and Measles Testing.

We appreciate your continued support for public health by referring cases of notifiable disease. Feel free to contact any of the Medical Officers of Health to provide feedback or suggest issues you would like more information on.

## Measles Update for Primary Care

Thank you for all your support in preventing Measles spreading in our community and for encouraging vaccination.

As you know we have had 2 confirmed cases of Measles in Hawke's Bay recently. Both cases, an infant and an unimmunised adult, were in the same household and had the same contacts. An extensive contact tracing exercise has been undertaken which relates mainly to GP and ED waiting rooms. Please be sure to check your arrangements for patients presenting with possible measles prodrome symptoms especially if they have a history of contact with a case. Also, note that the room where patients with suspected measles are assessed must be left vacant for 2 hours afterwards and all hard surfaces cleaned following your infection control cleaning policy.

Whilst some adults may be unaware of their immune status and may approach your practice for assistance, all efforts should be made by the patient to seek documented evidence of vaccination before requesting serology. Publicly funded serology to determine immune status should only be offered if there is a clear indication of benefit by public health so please discuss with us first.

Thanks for notifying Public Health on suspicion of Measles. Notify the Public Health Unit on 834 1815.

All news updates are being posted on the Hawke's Bay DHB website (<http://ourhealthhb.nz/news-and-events/latest-news/>) including patient information sheets in different languages. All information for health professionals is being posted on the Health Hawke's Bay PHO portal.

## Measles Testing Advice - Reminder

From a Public Health perspective, an appropriate clinical description of a suspected measles case is paramount.

A measles illness is characterised by **all** of the following:

1. Generalised maculopapular rash, starting on the head and neck
2. Fever (at least 38°C if measured) present at the time of rash onset
3. Cough or coryza or conjunctivitis or Koplik's spots present at the time of rash onset.

Testing on suspicion is important. Please indicate on the laboratory request form the symptoms and signs which indicate your suspicion of measles. If the case **did not receive a vaccine** containing the measles virus in the 6 weeks prior to symptom onset, then **laboratory confirmation requires** at least one of the following:

- Detection of measles virus nucleic acid.
- Detection of IgM antibody specific to the virus
- IgG seroconversion or a significant rise (four-fold or greater) in antibody level for the virus between paired sera tested in parallel where the convalescent serum was collected 10 to 14 days after the acute serum
- Isolation of measles virus by culture

It is **strongly recommended** that, for any sporadic cases of suspected measles, two or more samples be taken: **preferably blood for serology, and nasopharyngeal swab or urine sample for nucleic acid testing (NAT).**

Southern Community Labs (SCL) advise Nasopharyngeal swabs should be placed in UTM transport media after collection – a flocked swab and UTM are contained in the collection kit. **Photos attached below.**

Stocks are held at the SCL Hastings laboratory and can be sent urgently to a GP surgery on request. SCL ask that patients are not referred to their Collection Centres for sample collection, to help minimise spread of the virus.



## Gonorrhoea Rates in Hawke's Bay

- ESR reporting has been patchy over the last couple of years, however more recent information indicates that Hawke's Bay has higher rates of gonorrhoea than the rest of the country in the heterosexual population. Rates in females are higher than in males which means that we are not being as effective at contact tracing or in follow-up management as we could be.
- All patients with gonorrhoea need culture swabs taken from the cervix or urethra AND pharynx if the history indicates oral sexual activity. Follow-up testing should be undertaken at **3 weeks**. The look back period for contact tracing is **3 months**.
- Treatment is with ceftriaxone 500mg and azithromycin 1g stat. Ciprofloxacin should not be used unless known to be sensitive on culture and a pharyngeal swab has been taken.
- **Treatment failure in the absence of re-infection needs urgent specialist referral** because of concerns about antimicrobial resistance.
- **Remember to offer syphilis and HIV testing when doing routine STI testing .**

BPAC have done a short series of articles on STIs. See <https://bpac.org.nz/2019/chlamydia-gonorrhoea.aspx>

The Goodfellow Unit has some new podcasts:

- Syphilis in NZ, <https://www.goodfellowunit.org/podcast/syphilis-new-zealand>
- Syphilis in pregnant women and congenital syphilis, <https://www.goodfellowunit.org/podcast/syphilis-pregnant-women-congenital-syphilis>

- Sexual health issues in gay and bisexual men, <https://www.goodfellowunit.org/podcast/sexual-health-issues-gay-and-bisexual-men-massimo-giola>

*Article contributed by: Dr Anne Robertson, Sexual Health Specialist, HBDHB*

## New STI Dashboard

ESR have announced their development of a new STI dashboard. The dashboard provides an overview of trends in syphilis, gonorrhoea, and chlamydia in New Zealand, and can be broken down by DHB region, age, gender, ethnicity and sexual behaviours. Hawke's Bay has amongst the highest gonorrhoea and chlamydia rates in New Zealand.

*Here is the link: <https://www.esr.cri.nz/our-services/consultancy/public-health/sti/>  
(please note, these dashboards are best viewed in Google Chrome).*

The DHB is currently reviewing sexual and reproductive service access as part of its regional Sexual and Reproductive Health Plan. This plan aims to ensure that sexual health care and promotion in Hawke's Bay is funded, coordinated and delivered in a way that will improve sexual and reproductive health outcomes and reduce the significant inequities in outcomes for priority groups. These include Māori, Pacific, rangatahi, people living in more deprived communities and sexuality and gender diverse people.

## Alcohol and Pregnancy

### Ministry of Health Guidelines

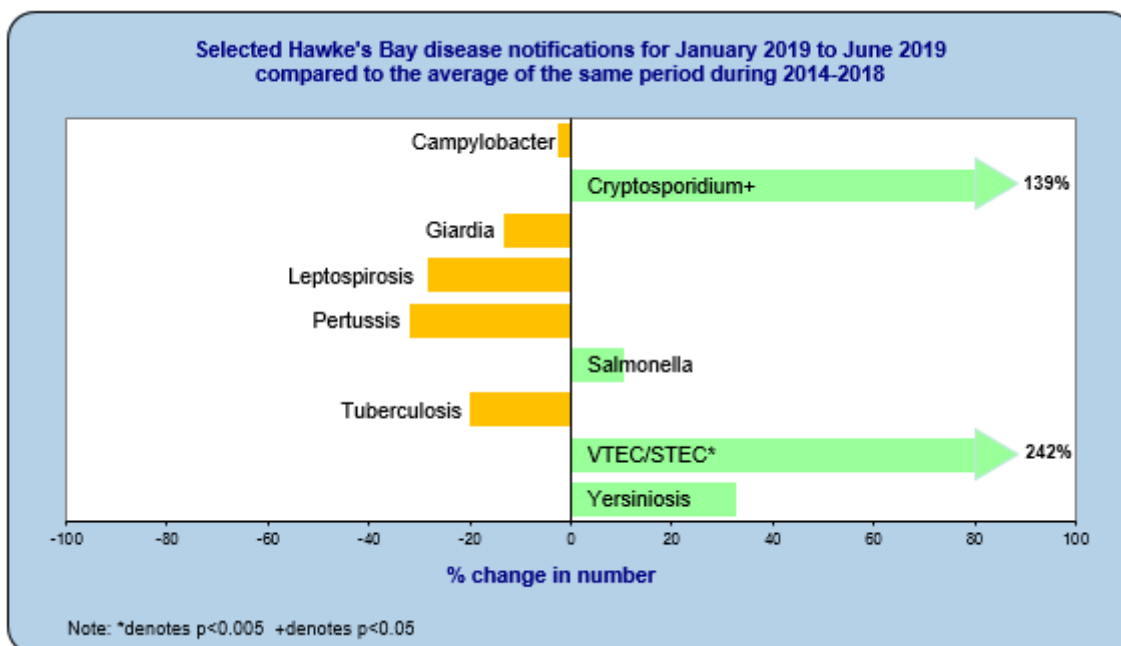
The Ministry of Health expect all clinicians to provide consistent advice to patients on the risks of alcohol use in pregnancy.

The Ministry recommends the following advice:

- Stop drinking alcohol if you could be pregnant, are pregnant or are trying to get pregnant. There is no known safe level of alcohol consumption during pregnancy.
- Women who drink alcohol while pregnant are more likely to give birth to babies who:
  - are smaller,
  - are premature,
  - have developmental, behavioural or physical problems – known as fetal alcohol spectrum disorder (FASD).
- It may be that even a low intake of alcohol is harmful to the unborn baby. For this reason, pregnant women are advised to drink no alcohol.

For more information, visit <https://www.alcohol.org.nz/alcohol-its-effects/alcohol-pregnancy/alcohol-and-pregnancy-resources/resources-for-health-professionals>

## Notified Disease Summary



We have reviewed recent enteric cases and no linkage in terms of possible source are apparent. It is likely that changes in testing technology may be contributing to an increase in confirmation rates above historical levels.

**Selected notifications July 2018 to June 2019**

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	266	160.5	6,748	138.1
Chlamydia+	1,445	871.6	31,518	645.2
Cryptosporidium	69	41.6	1,095	22.4
Giardia	68	41.0	1,596	32.7
Gonorrhoea	249	150.2	5,234	107.1
Invasive pneumococcal disease	28	16.9	535	11.0
Latent tuberculosis infection	13	7.8	279	5.7
Legionella	1	0.6	136	2.8
Leptospirosis	17	10.3	101	2.1
Listeria	1	0.6	26	0.5
Mumps	11	6.6	142	2.9
Paratyphoid fever	1	0.6	16	0.3
Pertussis	25	15.1	2,052	42.0
Rheumatic fever - initial attack	8	4.8	167	3.4
Salmonella	35	21.1	1,155	23.6
Shigella	6	3.6	227	4.6
Tuberculosis - new case	7	4.2	348	7.1
VTEC/STEC Infection	50	30.2	1,056	21.6
Yersinia	31	18.7	1,076	22.0

\* Annualised crude rate per 100,000 population calculated from 2018 mid-year estimates.  
Hawke's Bay rate +10.0 higher / lower than the national rate  
Note: The figures for Chlamydia & Gonorrhoea are for the 12 months ending Sep 2018.  
+ Chlamydia is not a notifiable disease

Public Health Advice is also available on the

Hawke's Bay District Health Board website:

<http://hawkesbay.health.nz/population-health/public-health-advice/>