

Medical Officer of Health Public Health ADVICE

Inside

- Syphilis
- Measles

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This edition of Public Health Advice provides updates on Syphilis and Measles.

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.

Syphilis

Hawke's Bay District Health Board is advising all primary care providers of a rise in the number of syphilis cases being reported in Hawke's Bay and throughout New Zealand. This rise has seen New Zealand fall in line with international trends.

Syphilis is a sexually transmitted disease caused by the bacterium *Treponema pallidum*.

Infectious syphilis is a notifiable disease.

Men who have sex with men (MSM) remain the group most affected by syphilis. However, over recent years there has also been a steady increase in cases diagnosed in heterosexual males and females in New Zealand. For females the highest number of cases reported in 2017 was in the 20–39 years age group, and the majority of heterosexual cases were in the most common reproductive age groups.

Of particular concern are cases of congenital syphilis reported in New Zealand: this is a completely preventable condition. During 2017 and the first six months of 2018 there were four cases of confirmed congenital syphilis and one probable case reported.

We advise the following:

- Always include syphilis in routine STI testing (this includes at antenatal screening) – An STI screen is not complete without syphilis test
- At routine antenatal screen; consider rescreening in later pregnancy if partner change
- Management of syphilis includes a proper conversation with patients about partner notification/contact tracing
- Syphilis can be complicated to manage and all cases should be referred to, or discussed with, a sexual health specialist.

Please review the New Zealand Sexual Health Society STI Management Guidelines <https://www.nzshs.org/guidelines>

Syphilis is now a notifiable disease but must be notified anonymously. Please check the [ESR website for notification guidance](#) and refer to your nearest sexual health clinic for advice.

Symptoms and Signs of Syphilis

Syphilis is a serious bacterial infection that can cause significant complications. Syphilis is usually sexually transmitted but can also be transmitted from mother to baby during pregnancy or birth, resulting in serious complications and sometimes death.

The symptoms of syphilis depend on the stage of infection; primary, secondary, and late (tertiary).

The first symptoms of syphilis usually include genital (or possibly oral or anal) ulcers that are often painless, with swollen local nodes. The ulcers usually last a few weeks, often followed by rashes, and sometimes with fever, tiredness, headache, persistent swollen lymph nodes, hair loss or warty growths especially in the genital or anal areas.

Management of confirmed syphilis cases

If a patient has suspected primary or secondary syphilis i.e. symptoms or signs, the New Zealand Sexual Health Society recommends:

- Early referral or discussion with a sexual health specialist or service, prior to treatment
- Advising the patient to refrain from any sexual activity until assessed and treated and until any rashes or lesions have healed
- Not use/prescribe any topical or oral antibiotics for genital ulcers or systemic disease

It is important that any intramuscular penicillin formulation used should be long-acting Bicillin LA (benzathine penicillin) 1.8g, as short-acting formulations are insufficient for syphilis treatment. Treatment should ideally be given at a sexual health service.

Reducing transmission

Condoms provide protection against syphilis. Regular testing can reduce the spread of syphilis. Both condoms AND regular testing are however recommended to reduce syphilis in our community/population.

Further information is available at the Ministry of Health website: <https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/syphilis>

Measles

Given the current outbreak of Measles in Canterbury it is a good time to prepare for the possibility of Measles arriving in Hawke's Bay. Immunisation is the best protection, for your staff and for your patients. Please remember to opportunistically check the vaccination status of patients as they present. See the immunisation advice below.

If you suspect a case of measles then please make sure you notify to a Medical Officer of Health, provide the information shown below and follow the correct testing procedure.

Immunisation advice

The Ministry advise it is essential that all practices outside of Canterbury maintain the National Immunisation Programme of MMR vaccination at ages 15 months and 4 years. There are sufficient national stocks of MMR vaccine to do this. Stocks are being managed carefully to meet everyone's needs. Please order according to actual usage not anticipated demand.

Canterbury DHB are undertaking a MMR vaccination campaign in response to a local outbreak of measles. They are prioritising vaccination of people aged 12 months to 28 years who have never received a measles or MMR vaccine.

Additional stock is being sent to Canterbury for immunisation of older children and adults in that region who have not received a vaccine previously. Because of the constraints around vaccine supplies, we do not at this stage recommend that practices elsewhere in the country proactively recall older children and adults for catch up immunisation.

One dose of MMR or measles vaccine will protect 95% of vaccinated people against measles, so patients who have previously been vaccinated are likely to be protected. However if unvaccinated people request vaccination you should vaccinate if you have MMR vaccine. Otherwise please arrange vaccination at a later stage when demand on supplies has lessened.

In New Zealand for people eligible for publicly funded health care both the vaccine and the appointment to receive it is free for anyone born after 1969 – people born before that date are considered to be immune, as they were most likely exposed to the virus.

Acceptable presumptive evidence of immunity:

- Date of birth before 1 January 1969 (they are presumed to be immune following exposure to the wild virus).
- Documentation of immunity or previous infection.
- Documentation of two doses of measles vaccine.

The Ministry of Health is also advising people travelling overseas to make sure they are fully immunised against measles before they go. In particular, the Ministry recommends that infants aged 6-15 months travelling to countries where there is a current measles outbreak be given MMR vaccine before they travel. At this stage, travel to Canterbury is not considered to carry the same level of risk as travel to countries with serious outbreaks.

MMR can be given to infants aged 6-11 months if there is a high risk of exposure to measles. The vaccine given to this age group can be entered on the NIR using your PMS high risk MMR vaccine option leaving the scheduled 15 month and 4 year MMR vaccine still to be given in the future as per the Immunisation Schedule. These younger infants will need two further doses of MMR as per the Immunisation Schedule since the effectiveness of the vaccine is lower in this age group. The additional vaccination at 6-11 months of age is funded. The scheduled 15 month MMR dose can be given as early as 12 months and is funded as usual.

Notification

On suspicion of Measles ring 06 834 1815 extn 4243 or go via HBDHB Reception after hours and at weekends and ask for the MOH on call.

If you suspect measles the key information you will be asked

- **Description of symptoms**

Note: Measles is an illness 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.

- **Date of onset of rash**

We need this to calculate the infectious period. 5 days before to 5 days after rash onset.

- **Vaccination history / immune status**

See above for presumptive evidence of immunity

- **History of travel**

Overseas countries and /or other areas of NZ.

- **Whether they've been tested** (see below)

Testing Advice

It is strongly recommended that, for any sporadic cases of suspected measles, two or more samples be taken: preferably nasopharyngeal swab for nucleic acid testing (NAT) and blood for serology. The nasopharyngeal swab is the test of choice and can distinguish wild type from vaccine strain if recently immunised.

Nasopharyngeal swabs should be placed in UTM transport media after collection – a flocked swab and UTM are contained in the collection kit.

Measles PCR

Nasopharyngeal swab in Viral Transport Media



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.

Public Health Advice is also available on the
Hawke's Bay District Health Board website:

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