



**Facsimile Cover Sheet /Wharangi Nama Waea**

Date/Te Ra: **21 December 2012**

To/Kia: GP's, Practice nurses at Primary Care Centres, After-hours Centres, Wellington Free Ambulance staff, Pharmacists, the Emergency Department and Hospital Staff in the greater Wellington and Wairarapa regions.	From/Na: Dr Annette Nesdale Medical Officer of Health Regional Public Health
Name of Agency/Wahi Mahi:	Fax Number/Nama Waea:

**Public Health Alert**

**Pertussis, Toxic Algae, Paralytic Shellfish Poisoning and Electronic Notification of Hazardous Substances Injuries.**

I would be grateful if you could distribute the following information to relevant staff in your organisation.

If you would also like to receive this by email for ease of distribution, storage and retrieval please advise RPH of your email on [rph@huttvalleydhs.org.nz](mailto:rph@huttvalleydhs.org.nz).

Kind regards,

Dr Annette Nesdale  
Medical Officer of Health

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He ture no nga korero katoa kei roto o tenei karere, no reira, kia tupato. Mehemea kaore matau kaua e mau. Me whakamohiotia atu ki to Tari, me te mea nana i tono mai. E Tika Hoki.



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**To:** Practice nurses at Primary Care Centres, After-hours Centres, Wellington Free Ambulance staff, Pharmacists, the Emergency Department and Hospital Staff in the greater Wellington and Wairarapa regions.

**From:** Dr Annette Nesdale, Medical Officer of Health, Regional Public Health

## **Public Health Alert**

- 1. Pertussis**
- 2. Toxic Algae**
- 3. Paralytic Shellfish Poisoning in the Bay of Plenty**
- 4. Electronic Notification of Hazardous Substances Injuries.**

### **1. Update on Whooping cough (Pertussis)**

#### **Disease notification**

Whooping cough remains at very high levels with no sign of case numbers decreasing. Since the 1<sup>st</sup> of December there have been 76 notified cases in the region, including 3 babies under 1 year of age. Forty two of the cases are in the Wellington area, 28 in the Hutt Valley and 16 in the Wairarapa. Notified cases underestimate extent of community disease.

#### **Prevention by immunisation**

**NEW: Funded immunisation of pregnant women** (gestation weeks 28-38) from 1 January 2013 for the duration of the current outbreak. For further details refer to the Ministry of Health 21 December GP Fax.

In addition Regional Public Health recommends;

- Staff immunisation (including reception staff) against pertussis
- Asking the partner and household contacts of pregnant women if they are protected against pertussis and immunising those who are not protected. Patient charges apply for adult vaccination.
- Offering Boostrix at all ADT opportunities such as tetanus booster after injury, and age 45 and 65 yr boosters (usual patient charges apply)

**REMINDER Laboratory testing - Not all people need laboratory confirmation of pertussis.** In particular, testing is not required or recommended for several people in the same family/ household/ workplace where there is already a confirmed case and no other risk factors. Further details on testing can be found on the August 2012 Public Health Alert accessible at [www.rph.org.nz](http://www.rph.org.nz)

### **NEW Pertussis treatment and prophylaxis**

Both Azithromycin liquid (as of 1 November) and tablets (as of 1 December 2012) are now fully funded alternative treatments for infants and adults. In general courses are restricted to 5 days.

The following schedule is recommended for treatment and prophylaxis of pertussis:

- Infants and children: Day one: 10mg/kg/day in a single daily dose (maximum 500mg day 1): Days 2 to five: 5mg/kg/day in a single daily dose (max 250mg/day).
- Adults: Day one: 500mg as a single dose: Days 2 to five: 250mg once per day

**Source:** Ministry of Health GP Fax 10 December 2012

## **2. Paralytic shellfish poisoning in the Bay of Plenty**

Since 12 December 2012, twenty people have been poisoned by eating shellfish collected from the Bay of Plenty shoreline. Ten have had to be admitted for hospital care after suffering symptoms ranging from tingling around the mouth to difficulty walking. Four people remain in hospital.

The levels of toxins being reported from routine shellfish sampling, and the number and severity of cases underline that collecting shellfish from the affected area is a significant health risk.

There is a warning against the collection of shellfish from Tairua on the east coast of the Coromandel Peninsula, south to Waihi Beach and along the Bay of Plenty coast to Whakatane Heads in the Eastern Bay of Plenty. The warning includes Tairua Harbour as well as Tauranga Harbour, Maketu and Waihi estuaries, Matakana and Motiti Islands, and all other inshore islands along this coastline.

The health warning applies to all bi-valve shellfish including mussels, pipi, tuatua, cockles, oysters, scallops as well as cat's eyes and kina (sea urchin). Shellfish in the affected area should not be taken or consumed. Paua, crayfish and crabs can still be taken but as always, the gut should be removed before cooking.

Consumption of shellfish affected by the paralytic shellfish toxin can cause numbness and tingling around the mouth, face or extremities; difficulty swallowing or breathing; dizziness; double vision; and in severe cases, paralysis and respiratory failure. These symptoms usually occur within 12 hours of a person consuming affected shellfish. People suffering illness after eating shellfish are advised to seek urgent medical attention.

If doctors in the Greater Wellington region suspect that a patient has paralytic shellfish poisoning please notify the on call Health Protection Officer (04 570 9007)

For up to date information on health warnings in the Bay of Plenty please visit [www.ttophs.govt.nz](http://www.ttophs.govt.nz).

### **3. Toxic Algae (Cyanobacteria) – Freshwater Blooms**

With warm and dry weather we expect to see rapid growth of certain algae species (more correctly known as cyanobacteria) in our rivers - especially the Hutt, Waikanae and Waipoua Rivers. Cyanobacteria also affect lakes, with Lake Henley in the Wairarapa most often affected. These periods of rapid growth, known as 'blooms', indicate likely toxin production from the cyanobacteria, known as cyanotoxins.

The most common health effects result from physical contact with the algae or water containing toxin. Symptoms include redness, irritation and inflammation of the skin, mucous membranes and respiratory tract. Exacerbation of atopic conditions, such as asthma, has been reported following contact with cyanobacteria. Gastrointestinal symptoms may occur after ingestion of cyanotoxins e.g. from water swallowed during swimming or drinking water containing toxins.

More serious health effects have been linked with certain toxins usually not produced by the cyanobacteria in our rivers, and can result in hepatic, renal, and neurological effects. Reports of dog deaths associated with exposure to algae in the Hutt River have occurred over the past few years. These deaths are associated with ingestion of clumps of algae, which is attractive to the dogs and less likely an exposure route for humans.

If you suspect someone has symptoms which may be consistent with cyanotoxin exposure then these should be notified to the public health unit on 04 570 9007

There is currently a moderate risk alert for parts of the Hutt River but the amount of algae present can increase rapidly. Likewise the risk can decrease rapidly when the algae is swept away by high river currents following heavy rainfall.

The Greater Wellington Regional Council website has more detailed information on "Toxic Algae" and areas of current risk. <http://www.gw.govt.nz/toxic-algae/>

### **4. Wellington Region General Practices First off the Block for electronic notification of hazardous substances injuries**

Many GPs are familiar with reporting lead poisoning under the Health Act 1956. But fewer GPs are aware of the requirement to report hazardous substances injuries under the Hazardous Substances and New Organisms Act 1996. This includes everything from a fireworks burn to accidental ingestion of a cleaning product. In February 2013, the Wellington region will start electronic reporting of these injuries via the BPAC system on MedTech. Further information and updates will be provided in January 2013. Further background information on this system is in the most recent Public Health Post <http://www.rph.org.nz/content/6a91946d-d211-4967-a089-ffa9a31cab75.html> ..

## Flow Chart for the Management of a Suspected Pertussis Case in Primary Care

