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| To: | General Practices, Pharmacists, After-Hours Centres and Emergency Departments in the greater Wellington and Wairarapa regions |
| From: | Dr Craig Thornley, Medical Officer of Health |
| Date: | 22 December 2017 |
| Title: | Public Health Alert: 1. Dengue Fever health warning in the Pacific 2. Mumps: Identify possible mumps cases early and promote immunisation |

Please distribute the following information to relevant staff in your organisation.

All public health alerts are available at www.rph.org.nz/publichealthalerts

1. Dengue Fever in the Pacific

KEY POINTS

- An alert has been raised about the risk of dengue fever to travellers to the Pacific; Auckland has seen an increase in dengue fever notifications, with 70% of recent cases having travelled to Samoa
- Caution travellers to the Pacific (particularly Samoa) to take steps to avoid mosquito bites. See specific advice contained within this Public Health Alert.
- Be alert to the possibility of dengue fever among returning travellers presenting with a severe febrile illness. Discuss all cases of suspected dengue with a microbiologist or infectious disease physician. Dengue fever is a notifiable disease.

Background

- Outbreaks of dengue fever are occurring in Samoa and American Samoa; the website www.safetravel.govt.nz also reports that dengue is present in Fiji, French Polynesia, New Caledonia and Palau.

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

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- Symptoms of dengue fever include the sudden onset of fever, intense headache, muscle and joint pain, nausea, vomiting and skin rash. People who develop dengue haemorrhagic fever may also develop symptoms of bleeding such as bruising and nose bleeds, and internal bleeding can also occur.
- Dengue is transmitted by bites from *Aedes* mosquitoes, which are active throughout the day. There is no vaccine currently available to prevent dengue. Prevention relies on avoidance of mosquito bites.

Prevention

- Advise travellers to take precautions to avoid being bitten by mosquitoes. When indoors, use screens on doors and windows, or use air conditioning when available; use insect sprays and mosquito coils; use mosquito netting over beds at night.
- Advise travellers wear a mosquito repellent cream or spray when outside, preferably containing diethyltoluamide (DEET). Repellents containing less than 35% DEET are recommended; higher concentrations are no more effective, may last longer but in rare cases can result in toxicity. Products containing 20-25% picaridin or 30% lemon eucalyptus oil (equivalent to 20% para-methane-diol; PMD) are alternatives.

Diagnosis and management

- Discuss all cases of suspected dengue with a microbiologist or infectious disease physician.
- Only test symptomatic patients. A single blood test is usually adequate.
- Ensure that the laboratory request form includes (at a minimum) information on where travelled, when returned and when symptoms started. Include the name of the microbiologist or ID physician with whom the case has been discussed.
- Advise patients to use paracetamol if required for fever and analgesia. Aspirin and nonsteroidal anti-inflammatory agents should be avoided because of the risk of bleeding complications.

Further information is available at the following websites:

<http://www.health.govt.nz/your-health/healthy-living/travelling/avoiding-bug-bites-while-travelling>

<https://www.safetravel.govt.nz/news/dengue-fever-chikungunya-and-zika-virus>

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2. Mumps - Identify possible mumps cases early and promote immunisation

With holiday related travel and the on-going mumps outbreak, predominantly in Auckland, we advise the following measures to reduce disease transmission and protect our communities.

- Notify suspected cases of mumps to Regional Public Health 04-570 9002 on suspicion
 - Mumps is more likely if there is a has been recent travel to Auckland or overseas
 - Viruses, other than mumps, can also cause parotitis.
 - Laboratory confirmation requires a buccal swab (VTM) from the affected side for pcr. Ideally test within 3, but up to 7 days after parotitis onset.
 - Advise the ill person to be in home isolation for 5 days from the onset of parotitis
 - Offer MMR immunisation to any household or other close contacts if they are not known to have mumps protection. This won't stop mumps if they are already incubating it, but will provide protection for subsequent exposures
- Offer MMR to all patients who have not had 2 MMR vaccinations (check for contra-indications). This is especially important for Pacific people who may not have protection from mumps.
- Ask about protection from mumps, measles and rubella before travel. If in doubt, vaccinate. MMR is free for anyone (including overseas students) who needs it.
- Provide tissues and face masks in your reception and treatment areas.
- Ensure your staff, including reception and administrative staff, are protected from mumps.