

# PUBLIC HEALTH POST

Public Health for Primary Care in Wellington, Wairarapa and the Hutt Valley

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## MUMPS IN WELLINGTON, WAIRARAPA AND THE HUTT VALLEY

Dr Jonathan Kennedy, Medical Officer, Regional Public Health

The recent nationwide epidemic of mumps is a very noticeable change compared to recent years, including in the Wellington region. The 29 cases already reported during this outbreak in our region is already twice as many cases as the highest year since 1997 (2009, when cases were still being diagnosed by serological means).

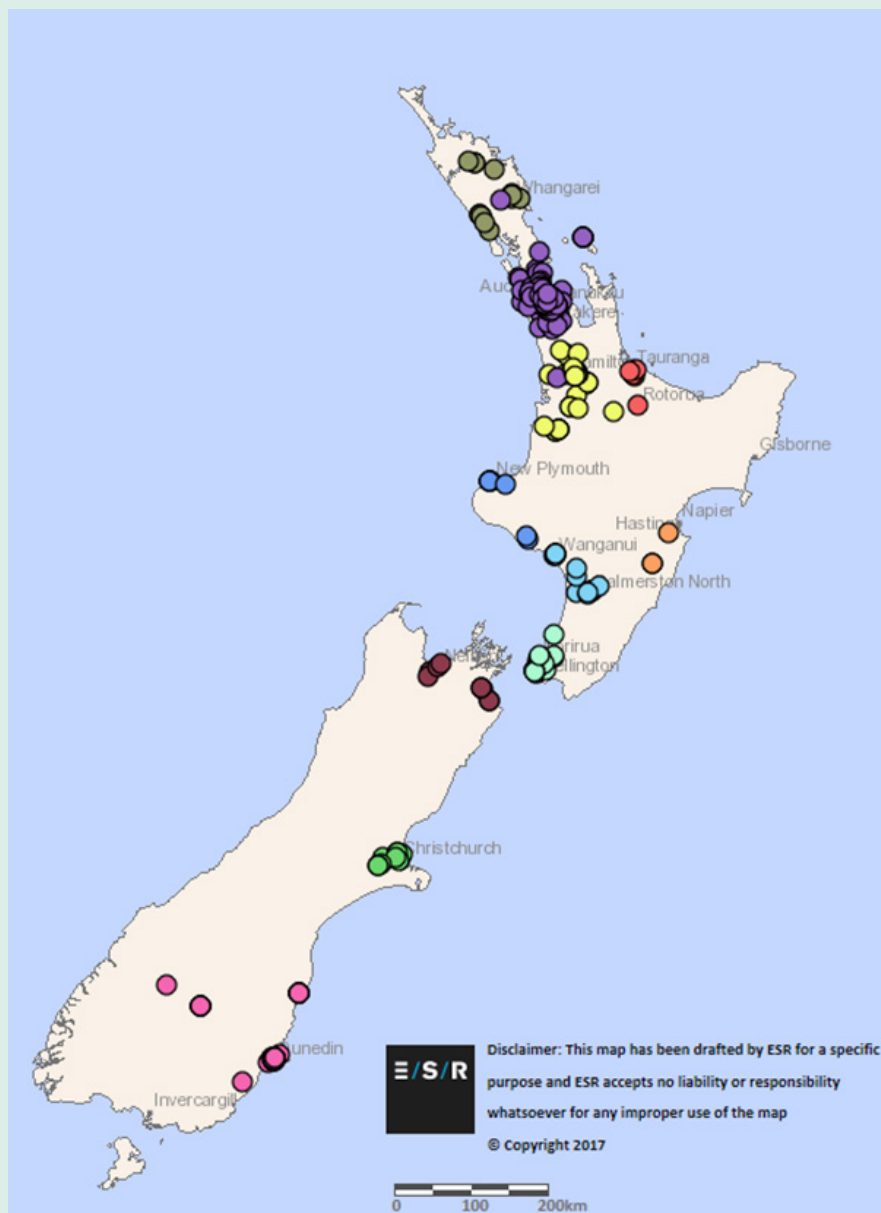


Figure 1. Mumps cases in New Zealand 1/6/2017 – 7/12/2017. Source: ESR, Episurv database of notifiable conditions.

Figure 2 shows that mumps cases are widespread across New Zealand but especially in the Auckland region. In the Wellington, Wairarapa, Hutt Valley regions most cases have been in Wellington Central, but with some geographic spread:

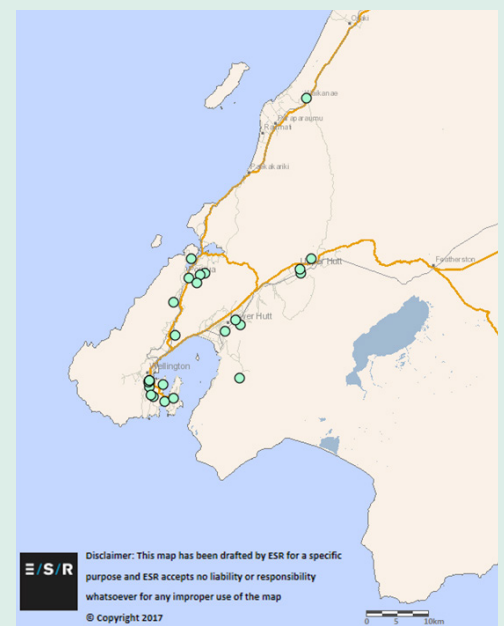


Figure 2. Mumps cases in the Wellington, Wairarapa and Hutt Valley regions 1/6/2017 – 7/12/2017. Source: ESR, Episurv database of notifiable conditions.

Regional Public Health cases have been of mixed ethnicity, were more likely to be male than female and were most often from the 15 to 24 age groups.

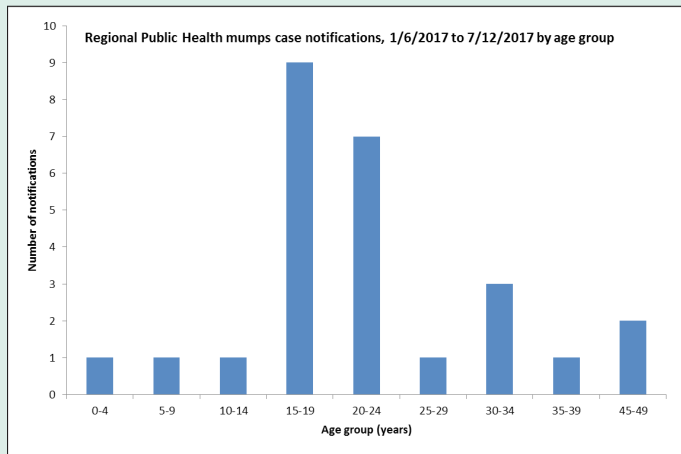


Figure 3. Mumps cases by age group 1/6/2017 – 7/12/2017. Source: ESR, Episurv database of notifiable conditions.

Excludes notifications found to be 'not a case'.

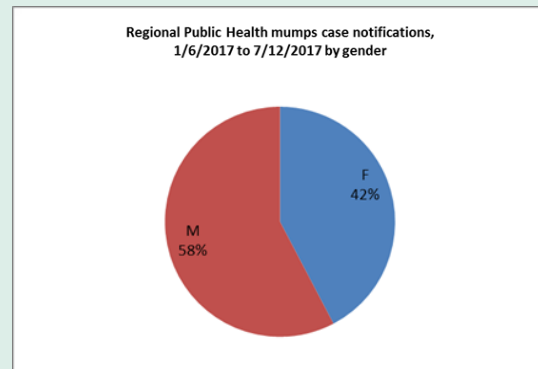


Figure 4. Mumps cases by gender 1/6/2017 – 7/12/2017. Source: ESR, Episurv database of notifiable conditions.

Excludes notifications found to be 'not a case'.

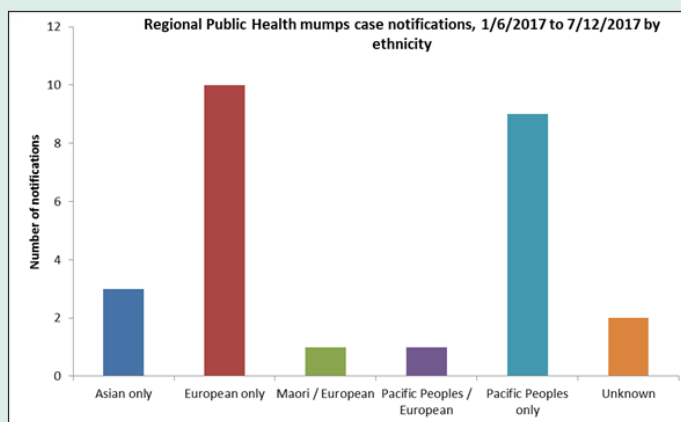


Figure 5. Mumps cases by all ethnicity 1/6/2017 – 7/12/2017. Source: ESR, Episurv database of notifiable conditions.

Excludes notifications found to be 'not a case'.

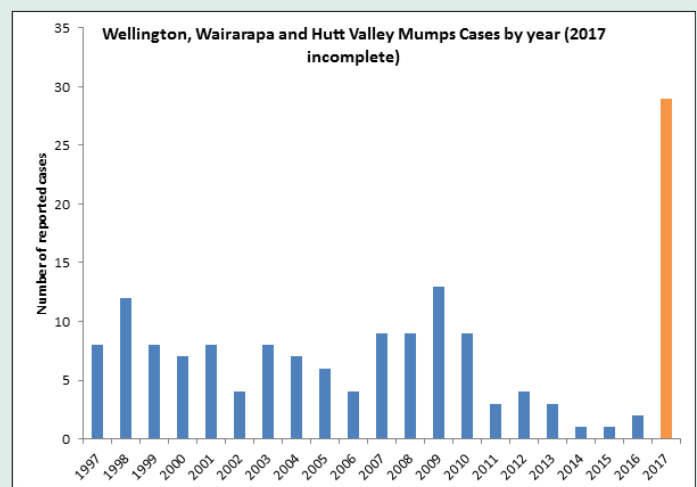


Figure 6. Regional Public Health notified mumps cases by year 1997 to 7/12/2017. Source: ESR, Episurv database of notifiable conditions.

Excludes notifications found to be 'not a case'.

Regional Public Health is continuing to monitor cases in the region, in the context of nationally reported cases, to determine the need for additional control measures. NZ experienced mumps epidemics every few years until MMR was introduced in 1990; but has not experienced a mumps epidemic since 1994. The 2017 outbreak remains small compared to past epidemics.

## DISEASE NOTIFICATION – HOW YOUR GENERAL PRACTICE CAN HELP

In 2013 Regional Public Health launched the [Public Health Disease Notification Manual](#) to assist in the disease notification process. Updates for this manual are located at <http://www.rph.org.nz>

To enable our staff to promptly initiate disease follow up we need your help in the following ways:

1. Inform your patient of the illness they have been diagnosed with or exposed to and that public health staff may be in contact.
2. Notify Regional Public Health of the disease within a timely fashion (after the case has been informed) - by phone for urgent notifications (as soon as you are aware), or by faxing a case report form for non-urgent (within one working day). You can find a list of [urgent vs. non-urgent notifications](#) on the Regional Public Health website under Health Professionals > Notifiable Diseases.
3. Complete all sections of the [form](#), especially:
  - work/school/early childhood centre information
  - name of parent or guardian for a child under 16 years old.

The 3D HealthPathways includes a pathway on reporting notifiable diseases: <http://3d.healthpathways.org.nz>

# WHAT ARE YOU REPORTING?

## THREE MONTHS OF NOTIFIABLE CASES IN THE HUTT VALLEY, WAIRARAPA, WELLINGTON

Dr Jonathan Kennedy, Medical Officer, Regional Public Health

**Table 1. Notified cases by DHB in the Hutt Valley, Wairarapa and Wellington 1/7/2017 – 30/9/2017.**  
Table includes 'confirmed' cases with additional 'probable' cases in brackets.

Notifiable Condition	Number of confirmed cases (with additional 'probable' cases in brackets)			
	Hutt Valley	Capital and Coast	Wairarapa	Totals
Campylobacteriosis	22	58	16	<b>96</b>
Chikungunya fever		1		<b>1</b>
Cryptosporidiosis	4	6	5	<b>15</b>
Dengue fever		3		<b>3</b>
Gastroenteritis	0(8)	1(10)		<b>1(18)</b>
Giardiasis	6	24	18	<b>48</b>
Invasive pneumococcal disease	5	11	2	<b>18</b>
Legionellosis	1(1)	0(1)		<b>1(2)</b>
Malaria	1	2		<b>3</b>
Meningococcal disease	2	3		<b>5</b>
Mumps	3	6(1)		<b>9(1)</b>
Paratyphoid fever		1		<b>1</b>
Pertussis	13(1)	21(6)	1(2)	<b>35(9)</b>
Rheumatic fever	1			<b>1</b>
Salmonellosis	5	19	1	<b>25</b>
Shigellosis		4		<b>4</b>
Tuberculosis	3	5		<b>8</b>
VTEC/STEC infection		1		<b>1</b>
Yersiniosis	12	23	8	<b>43</b>
<b>Totals</b>	<b>78(10)</b>	<b>189(18)</b>	<b>51(2)</b>	<b>318(30)</b>

### Notes <sup>(1,2)</sup>

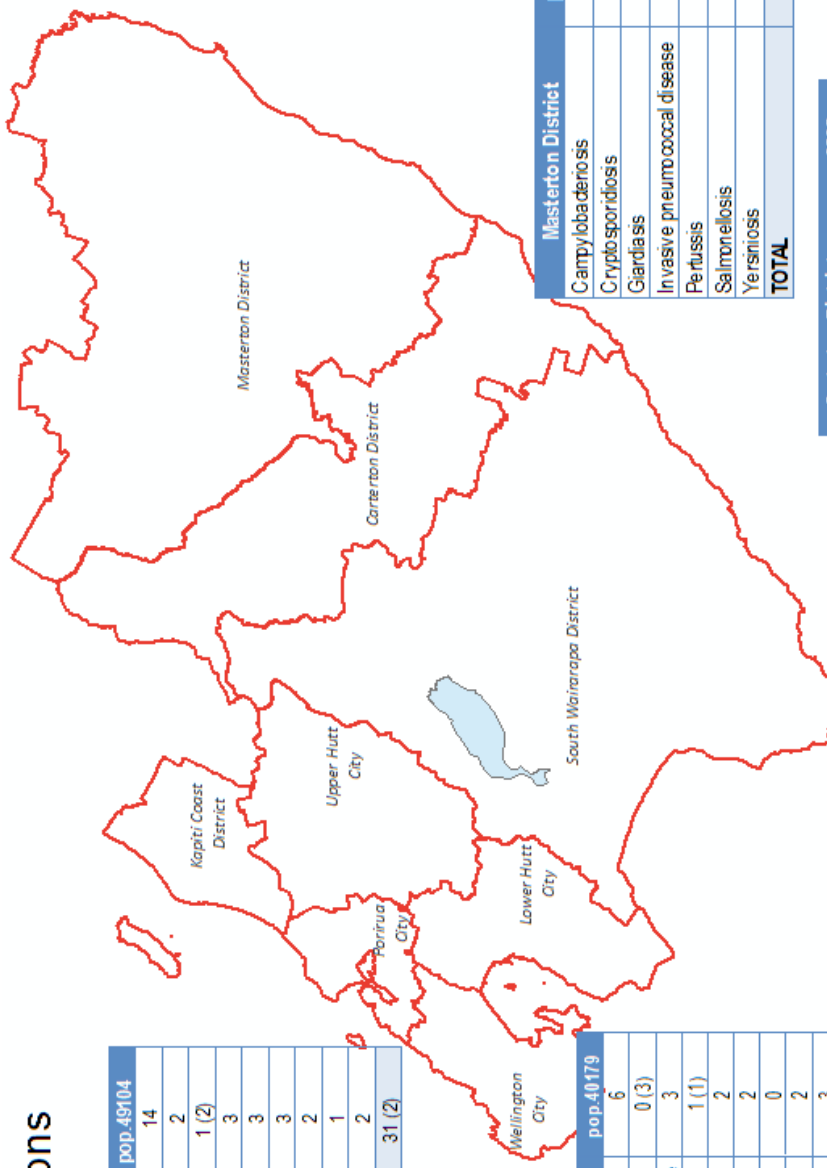
- Campylobacteriosis* accounted for 96 (30%) of the 318 confirmed case notifications during the three months. In most cases no source was determined.
- Cases of *dengue fever* in three people were linked to overseas exposures in Laos, Fiji and Pakistan.
- Giardia* cases predominantly had routine exposures, with one case in a 23 year old man most likely representing unsuccessful initial treatment in the recent past rather than a new exposure. One case had likely exposure in Africa (Sudan), and another most likely contracted the parasite from untreated drinking water.
- A 60 year old woman with recent travel in Africa (Uganda) was notified as having *hepatitis A*. She had previously also been diagnosed with, and treated for *schistosomiasis*.
- Legionellosis* was reported in three cases; a 56 year old female with *Legionella longbeachae* (this subtype is usually contracted from exposure to organisms in dirt or compost), and a 54 year old male with *Legionella pneumophila* (this subtype is more often linked to respiratory spread) whose 53 year old wife was also subsequently notified.
- A 32 year old woman and her six year old daughter developed symptoms of *malaria* more than one year after travel to India. *Plasmodium vivax* infection was confirmed. These infections were thought to be due to reactivation of previous disease, as there was no reported recent overseas travel, or other likely source. One of the cases was reportedly sick during the previous travel to India with symptoms consistent with *malaria*. The third case of malaria was a 22 year old Indian man.
- Meningococcal disease* cases during the three months included an 18 year old male and a 24 year old male, both from Upper Hutt but with no apparent links and two 18 year old university students. A 22 year old man died from meningococcal septicaemia after an illness of less than two days duration.
- The ten *mumps* cases in the reporting period represent a major change from recent years as evident in the accompanying report and in recent nationwide media.
- Shigella* cases predominantly had links to travel, including to India, Samoa, and a two year old and four year old from the same family both developed *Shigella* after travel to Vanuatu. One 65 year old male from Hutt Valley, with concurrent *Yersiniosis* unusually had no apparent risk factors.
- Singing was a risk factor for one case of *tuberculosis* for an 85 year old Chinese male who contracted *tuberculosis*. He was identified to be in the same singing group as a previous case. Other notifications for *tuberculosis* had the usual mixture of overseas and local exposures, with extra-pulmonary and pulmonary cases.
- Significant numbers of *measles* cases were notified and processed by the Regional Public Health communicable diseases team. All were de-notified after investigations found them not to be confirmed cases and these do not appear in the table above. **It is important to keep notifying suspect measles cases to ensure adequate monitoring of New Zealand's measles-free status.**
- Outbreaks* investigated during the three months were predominantly gastroenterological (usually *norovirus* when a pathogen was identified) but also included outbreaks of *influenza-like illness*, *hand foot and mouth disease*, and *scombroid fish poisoning*.

### References

- Episurv database of notifiable conditions [Internet]. 2017 [cited 13/11/2017]. Available from: <https://episurv.survinz.esr.cri.nz/episurv.htm>.
- Regional Public Health. Notifiable condition surveillance records. 2017.

# Regional Public Health Notifications

1st July 2017 to 30th September 2017



Kapiti Coast District		pop.49104
Campylobacteriosis		14
Cryptosporidiosis		2
Gastroenteritis		1 (2)
Giardiasis		3
Invasive pneumococcal disease		3
Pertussis		3
Salmonellosis		2
VTEC/STEC infection		1
Yersiniosis		2
<b>TOTAL</b>		<b>31 (2)</b>

Porirua City		pop.51717
Campylobacteriosis		11
Gastroenteritis		0 (1)
Giardiasis		1
Invasive pneumococcal disease		2
Mumps		1
Pertussis		2
Salmonellosis		4
Shigellosis		1
Yersiniosis		1
<b>TOTAL</b>		<b>23 (1)</b>

Upper Hutt City		pop.40179
Campylobacteriosis		6
Gastroenteritis		0 (3)
Invasive pneumococcal disease		3
Legionellosis		1 (1)
Meningococcal disease		2
Pertussis		2
Shigellosis		0
Tuberculosis		2
Yersiniosis		3
<b>TOTAL</b>		<b>19 (4)</b>

Wellington City		pop.190956
Campylobacteriosis		33
Chikungunya fever		1
Cryptosporidiosis		4
Dengue fever		3
Gastroenteritis		0 (7)
Giardiasis		20
Hepatitis A		0
Invasive pneumococcal disease		6
Legionellosis		0 (1)
Malaria		2
Meningococcal disease		3
Mumps		5 (1)
Paratyphoid fever		1
Pertussis		16 (6)
Salmonellosis		13
Shigellosis		3
Tuberculosis		5
Yersiniosis		20
<b>TOTAL</b>		<b>135 (15)</b>

Lower Hutt City		pop.98238
Campylobacteriosis		16
Cryptosporidiosis		4
Gastroenteritis		0 (5)
Giardiasis		6
Invasive pneumococcal disease		2
Malaria		1
Mumps		3
Pertussis		11 (1)
Rheumatic fever		1
Salmonellosis		5
Tuberculosis		1
Yersiniosis		9
<b>TOTAL</b>		<b>59 (6)</b>

Masterton District		pop.23352
Campylobacteriosis		5
Cryptosporidiosis		2
Giardiasis		4
Invasive pneumococcal disease		1
Pertussis		1 (1)
Salmonellosis		1
Yersiniosis		4
<b>TOTAL</b>		<b>18 (1)</b>

Carterton District		pop.8235
Campylobacteriosis		5
Giardiasis		6
Pertussis		0 (1)
Yersiniosis		1
<b>TOTAL</b>		<b>12 (1)</b>

South Wairarapa District		pop.9528
Campylobacteriosis		6
Cryptosporidiosis		3
Giardiasis		8
Invasive pneumococcal disease		1
Yersiniosis		3
<b>TOTAL</b>		<b>21</b>

## Notes:

1. Population data from Statistics New Zealand 2013 Census 'usually resident population'.
2. Tables present the number of 'confirmed cases', with additional 'probable cases' in brackets.
3. Notification data from EpiSurv databases. E SR, 10/11/2017.

Figure 1. Notifiable cases in the Hutt Valley, Wairarapa and Wellington 1/7/2017 – 30/9/2017, tabulated by territorial authority.

# WHO KEEPS AN EYE ON PUBLIC HEALTH IN THE PACIFIC?

Dr Jonathan Kennedy, Medical Officer, Regional Public Health

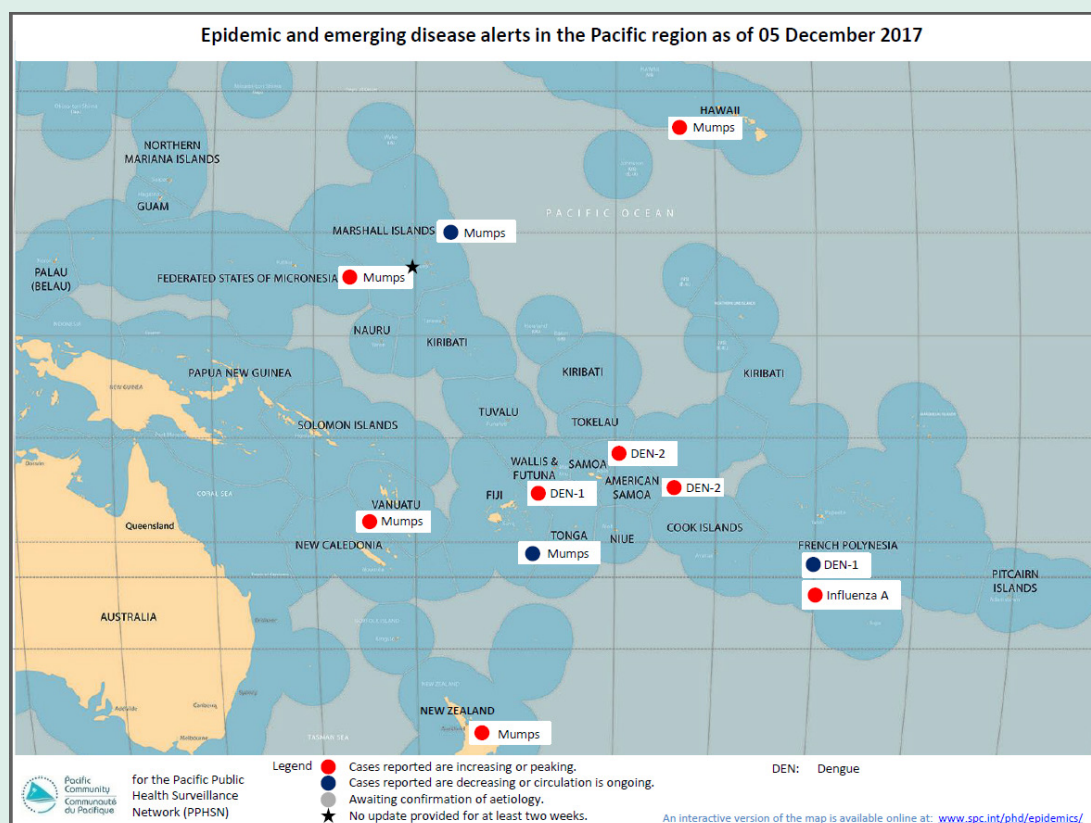


Figure 1. Photo: JKennedy. Atoifi, Solomon Islands.

In New Zealand we are well used to the population health oversight of our public health units (PHUs) including Regional Public Health for the Wellington, Wairarapa and Hutt Valley regions. Our PHUs have the support of monitoring systems, for example the Episurv database of notifiable conditions operated by ESR, and of the Ministry of Health.

Our Pacific neighbours also need public health coordination to inform their country specific systems, and to this end the Pacific Public Health Surveillance Network (PPHSN) brings together information from many Pacific states into a coordinated site.

The PPHSN is a “voluntary network of countries and organisations dedicated to the promotion of public health surveillance and appropriate response to the health challenges of 22 Pacific Island countries and territories” and has been a joint initiative of the Secretariat for the Pacific Community (SPC) and the World Health Organization (WHO) since 1996. The network emphasises surveillance and sustainability with a focus on communicable diseases that may be implicated in outbreaks. Information is disseminated to interested health professionals with weekly surveillance maps and reports available to those who join the network.



Interactive maps of notified conditions are readily available including at: <http://www.spc.int/phd/epidemics/>

The most recent surveillance data highlights the wide range of countries affected by mumps and dengue fever outbreaks, with influenza A cases in French Polynesia.

Given the amount of travel to and from the Pacific, including from our local region, by people visiting their family at home, or

simply going on school trips or holidays, it is reassuring to know that robust public health systems are in place to keep track of issues of public health concern to our Pacific neighbours.

For more information about surveillance of health conditions in the Pacific, please visit: <http://www.pphsn.net/index.htm>

## EMERGENCY PREPAREDNESS

In some emergencies you may need to evacuate in a hurry. Everyone should have a packed 'Get Away' bag which you can grab in a hurry when evacuating. A get away bag is a small backpack of essential items to grab if you have to quickly leave your home or workplace with little or no warning. It is especially important if you have to walk a long way to get home in an emergency.

Think about what items will help you to get back home to your home and family. Roads may be damaged so you may need to walk. Also think about your own personal needs and what you might need in your bag. Items may include: walking shoes, water and snacks, essential medications, lightweight raincoat and a hat, torch, radio, small first aid kit.

Information to help you get prepared is available by visiting [www.getprepared.nz](http://www.getprepared.nz)



## PUBLIC HEALTH ALERTS

Regional Public Health communicates public health alerts to primary care practices by fax and by email. These communications often contain information that needs to be urgently taken on board by general practitioners and primary care nurses.

Please contact Regional Public Health on (04) 570 9002 if you have not been receiving alerts, or to check and confirm that we have your correct details.

If you are not yet receiving alerts by email, and would like to, then you can provide your email address via phoning the number above.

### Ordering pamphlets and posters:

To order any Ministry of Health resources, please contact the Health Information Centre on (04) 570 9691 or email [laurina.francis@huttvalleydhb.org.nz](mailto:laurina.francis@huttvalleydhb.org.nz)

Produced by: Regional Public Health  
Private Bag 31-907, Lower Hutt 5040  
Ph: (04) 570 9002, Fax: (04) 570 9211

For enquiries regarding the Public Health Post, please contact Dr Jonathan Kennedy, medical officer, Regional Public Health, by email [jonathan.kennedy@huttvalleydhb.org.nz](mailto:jonathan.kennedy@huttvalleydhb.org.nz) or by phone (04) 570 9002. Alternatively contact one of the regional medical officers of health: Dr Jill McKenzie, Dr Craig Thornley, Dr Annette Nesdale and Dr Stephen Palmer.