From the Director’s desk

The number of chlamydia notifications this year is approaching 6000, an increase of 20% on the year before. Unlike the four-fold increase in syphilis notifications since 2005, chlamydia is not occurring in defined population subgroups. It is being extensively notified across all age groups but particularly the 15 - 29 year age group. The sheer numbers involved and the many hundreds of different doctors notifying cases mitigate against any central case detection or contact tracing process. The nation wide epidemic requires a response which will decrease the pool of infection and this involves effort at the level of every primary care physician. Information is provided in this Disease Watch with regard to training for practice staff and the dedicated Chlamydia website. I urge all general practitioners and practice nurses to consider offering chlamydia testing to all sexually active people from the target age groups when they present for any reason. In addition, making arrangements to see and test the partner of every notification is the minimum follow-up that should be undertaken for each notification.

“All sexually active persons under 30 years should be offered chlamydia testing. Making arrangements to see and test the partner of every chlamydia case is the minimum follow up action required.”

Paul Van Buynder, November 2007

New Program to Increase Chlamydia Testing in General Practice

The WA General Practice Network, Family Planning Western Australia Sexual Health Services and the Sexual Health and Blood-borne Virus Program are collaborating to provide a training programme for practice nurses working in metropolitan and rural/remote general practices. The aim of the programme is to train practice nurses to provide opportunistic testing for chlamydia and as a result, to increase chlamydia testing in symptomatic and asymptomatic patients and partner notification within the general practice setting.

Family Planning WA is developing professional development workshops for practice nurses including relevant resources to consolidate learning and facilitate incorporation of knowledge and skills into practice. Fourteen two-hour workshops will be conducted in both the metropolitan and rural/remote areas commencing in October 2007. For more information please contact Kevin Shanks, Programme Manager WA General Practice Network on 9472 2922.

In addition, WA Health’s Chlamydia Campaign website www.couldihaveit.com has been modified to include a specific section for “professionals”. This includes guidelines for testing, instructions on how to take a self-obtained lower vaginal swab, contact tracing information and a sample partner notification letter.
Yellow Fever Vaccination

Yellow fever is a disease which is subject to the World Health Organisation's (WHO) International Health Regulations (IHR).

As from 15th December 2007 the current “International Certificate of Vaccination or Revaccination against Yellow Fever” will be replaced by the “International Certificate of Vaccination or Prophylaxis”.

Previously issued “International Certificate of Vaccination or Revaccination against Yellow fever” are valid for a period of ten years (from date of issue) and are not affected by the changes to the process. They remain valid proof of vaccination against yellow fever and do not need to be replaced during their period of validity.

Yellow fever is an acute viral infection occurring as an urban and jungle disease in parts of Africa and South America. It has never been acquired in Asia. It ranges from a clinically indeterminate condition to an illness of sudden onset with fever, vomiting and prostration that may progress to haemorrhagic symptoms and jaundice. The case fatality rate is about 5% in indigenous populations in endemic areas, whereas in non-indigenous individuals, or during epidemics, it may be as high as 50%.

The incubation period is 2 to 5 days.

The Pasteur Merieux vaccine STAMARIL PASTEUR® is a freeze-dried heat stable preparation of live attenuated yellow fever virus of the 17D strain. The vaccine is propagated in chick embryos.

Adverse reactions to the vaccine are generally mild and include headaches, myalgia, low grade fevers or other minor symptoms 5 to 12 days after vaccination.

Contra-indications to the vaccine include:
- active infectious diseases
- hypersensitivity to eggs
- immunodeficiency
- patients less than 9 months of age
- pregnancy.

Adults aged 65 years and over are at increased risk of very rare but severe systemic adverse events compared with other age groups.

Since 1992, there have been reports of a serious adverse reaction following yellow fever vaccine referred to as yellow fever vaccine associated viscerotropic disease (YF-AVD).

As of August 2006, there have been 36 cases of this syndrome reported worldwide. According to the Pan American Health Organization (PAHO), during 2007, there have been 11 deaths attributed to yellow fever vaccine associated viscerotropic (YFV-AVD) disease and 26 cases of encephalitis [neurotropic (YFV-AND) disease].

According to data available in the CDC (US Centers for Disease Control and Prevention) Yellow Book, Health Information for International Travel 2008, the crude estimate of the reported incidence of YF-AVD in the USA is 0.3 - 0.5 cases per 100,000 doses of vaccine distributed. The reported incidence among persons older than 60 years of age is approximately 1.8 cases per 100,000 doses distributed.

Recently in Peru there have been a number of adverse events following yellow fever vaccination requiring hospitalisation and several deaths. Batches of the vaccine are being tested in the USA and Brazil. It can be noted that in some cases, the vaccine was given to the very elderly against recommendations (the vaccine is supposed to be given to those aged between 15 and 59 years old).

To conclude, there will be a new yellow fever vaccination certificate, although the old ones will still be valid for up to 10 years from the issue date. The disease mostly affects South America and Africa and it has never hit Asia. Yellow fever vaccination has proven to be an effective means of prevention, however, there have been serious adverse events following immunisation in a small minority of cases. Travellers should be adequately informed prior to vaccination.

Contact Marti McAlister for any queries on Yellow Fever vaccination.
Phone: +61 (08) 9388 4880
Acute Rheumatic Fever now a Notifiable Disease

Acute rheumatic fever (ARF) is an inflammatory disease that may develop infection with group A Streptococcus. The initial infection is usually in the throat but ARF can also occur following impetigo/cellulitis or scarlet fever due to group A Streptococcus. ARF selectively affects the heart, joints, brain (Sydenham’s chorea) and skin with the majority of cases requiring hospitalisation. Children are most at risk, with a peak age of incidence of 5 - 14 years, however, cases also occur in adults.1-3

ARF is almost exclusively restricted to Aboriginal people living in regional and remote areas of central and northern Australia. ARF incidence was estimated to be 241 per 100,000 in the Indigenous population of the Kimberley where the vast majority of cases in WA occur. This is comparable with rates of 250 to 350 per 100,000 in Northern Territory Aboriginal children aged 5 - 14 years.1

ARF was made a notifiable disease in WA in September 2007 to enable disease surveillance aimed at improving the clinical and public health management of this serious but preventable disease. It is estimated that 30 - 40 cases will occur in WA each year. The new infectious disease notification form will include a ‘rheumatic fever (acute)’ tick box.

On receipt of an ARF notification, an enhanced surveillance form will be sent to the reporting doctor to ensure that the case meets the diagnostic criteria (based on the Jones criteria) formulated by the National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand.3

Work is under way to develop a state wide register of rheumatic heart disease cases to improve compliance with secondary prophylaxis.

References

New Operational Directive

Protocol For Non-Occupational Post-Exposure Prophylaxis (NPEP) To Prevent HIV In Western Australia.


The purpose of this Operational Directive is to clarify the appropriate use and methods of access to NPEP in Department of Health sites and institutions. It is applicable to GPs, clinicians, population health unit staff and other regional care providers.


Details are available from Sue Laing 9388 4850.

STI Quarterly Forum

Wednesday 5th December
9:00 am to 11:30 am.

December’s Quarterly Forum will include an update on the epidemiology on STI & BBV in Western Australia and a report on the Youth Sexual Heath Education Consultation.

All welcome to attend at Grace Vaughan House, 227 Stubbs Tce, Shenton Park, or by video hook up.

Contact Alexa Wilkins 9388 4856 for details.
The Wa Gastro Pack — Guidelines for the Management of Outbreaks of Gastroenteritis in Residential Care Facilities

From January to September 2007, the Department of Health was notified of 99 outbreaks of gastroenteritis thought to be due to person-to-person transmission (ie not foodborne), two-thirds of which occurred in aged care facilities and one quarter in hospitals.

Residents in long-term care facilities are at higher risk of acute gastroenteritis (usually due to norovirus) than non-institutionalised populations because of the virus’s low infective dose (<10 viral particles required for transmission), viability on fomites and environmental surfaces and prolonged shedding after recovery.\(^1\,^2\) In addition, use of shared toilets and eating facilities by residents who are often immobile, incontinent and/or immunocompromised, predisposes these facilities to prolonged outbreaks with high attack rates.

In response to this public health issue, the Department of Health has developed the WA Gastro Pack, Guidelines for the management of outbreaks of gastroenteritis in residential care facilities. The WA Gastro Pack promotes early recognition of and prompt, effective response to gastroenteritis outbreaks. It is intended for all staff working in residential care facilities and hospitals. There is a large emphasis on infection control. The WA Gastro Pack includes aides such as infection control checklists, a Gastroenteritis Fact sheet for the general public, handwash posters and signage for staff and visitors entering the facility during an outbreak.

The WA Gastro Pack will be distributed to all WA aged care facilities in November 2007, in conjunction with staff education. If you require a WA Gastro Pack and/or staff education, contact Chris Brenton (chris.brenton@health.wa.gov.au) or download the WA Gastro Pack from www.public.health.wa.gov.au

References


Gastroenteritis Outbreaks in WA, Jan — Sept 2007 by route of transmission and setting