

# TROPICAL PUBLIC health news.

Tropical Public Health Services (Cairns)

## Introduction

*This issue includes articles about scabies, rheumatic fever, rheumatic heart disease, syphilis, dengue control and immunisation.*

Immunisation is one of the most effective medical interventions in history. It has achieved the eradication of smallpox and, because of immunisation, polio, (17,000 cases and 1,000 deaths in Australia in the decade up to 1954) has been almost eradicated. It persists now only in a few pockets on the Afghan/Pakistan border. The incidence of many communicable diseases has been dramatically reduced through immunisation, saving millions of people from death and disability.

In countries such as Australia where high vaccination rates have been achieved, diseases, that are still common elsewhere in the world, have virtually disappeared.

Measles for example has been so rare in Australia for the last few decades that most doctors have never seen a case. Yet until recently there were about 4 million new cases of measles in the world every year. Vaccination campaigns have reduced this rate but there are still around 250,000 new cases each year worldwide. Measles causes an intense fever, coughing, watery eyes and a full-body rash. The disease is rarely fatal in

developed countries with modern health care systems but can cause brain damage and permanent hearing loss. In less developed countries it often leads to death. There were 145,000 deaths from measles last year.

The Philippines saw a major measles outbreak involving 57,000 people in 2014. The number of cases has been reduced this year following a vaccination campaign. China had over 100,000 cases in 2014 and there were also major outbreaks in Angola, Brazil, Ethiopia, Indonesia and Vietnam.

It is important to maintain high levels of immunisation in Australia because measles spreads very easily amongst those who are not immune. Outbreaks such as

the one recently in the USA with 125 cases linked to Disneyland could easily occur here following the introduction of a case from overseas.

Last year there were 340 cases of measles notified in Australia; 62 of those were children under the age of five. This is the highest number of cases for 16 years.

This edition of the newsletter contains important information about updates to The Australian Immunisation Handbook – 10th Edition which provides information for professionals on immunisation in Australia.

*Dr Richard Gair, Director  
Tropical Public Health Services  
(Cairns)*



Best wishes for a safe and healthy festive season from the team at Tropical Public Health Services (Cairns)



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## Scabies Alert

*Increasing reports of scabies cases in Cairns over recent months have led Tropical Public Health Services (Cairns) to ask that doctors be aware of the possibility of scabies infestation as an underlying cause of skin infections, particularly in young children.*

Scabies, caused by the mite *Sarcoptes scabiei*, is a highly contagious condition that spreads easily between household members



by direct contact or via contact with shared objects (couches, towels, mattresses, etc.).

Although it typically presents as an itchy rash, particularly on the arms and hands, it may present atypically and itch is not necessary for the diagnosis. Lesions from scabies (or secondary lesions from scratching) may become secondarily infected and present as impetigo or cellulitis.

### Treatment

Treatment for children older than 6 months is with permethrin 5% cream applied to the whole body (excluding mucous membranes) on **two occasions, one week apart**.

**All household contacts require treatment at the same time** to stop transmission and prevent reinfection.

In severe (crusted) cases, oral ivermectin (200mcg/kg) on days 1, 2 and 8 should be given in addition to the topical treatment described above. These therapies are both available on the PBS. For children younger than 6 months a paediatrician or infectious diseases physician should be consulted.

It is also important to inform patients of the environmental measures that should be undertaken at the same time as they commence treatment. Bedding, linen and towels should be washed in hot water and put out in the sun, and mattresses should be put in the sun for an entire day.

Good skin health is essential in preventing localised infections as well as the more serious illnesses which may result from skin infections, such as acute post streptococcal glomerular nephritis, and acute rheumatic fever. Please contact TPHS (Cairns) on 4226 5555 if you require any further information.

## Immunisation update

### Australian Immunisation Handbook 10th edition updates

Advice included in the 10th edition of the Australian Immunisation Handbook has been updated since this edition was first published in 2013.

For the latest changes please visit: <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10-updates>

For individual PDFs of all tables, selected figures and cover information sheets that have been updated please visit: <http://ncirs.edu.au/provider-resources/immunisation-handbook-tables/>

### It's not too late to vaccinate!

Tropical North Queensland has had fewer influenza notifications this year compared with Southern and Central Queensland. Influenza B has been predominant this season. The introduction of the quadrivalent influenza vaccine in 2016 as part of the government funded program should afford better protection against Influenza B next year.

Annual influenza vaccination is recommended for any person over 6 months of age. People not eligible for a free, government-supplied, vaccine are encouraged to purchase a vaccine privately to reduce the likelihood of becoming ill with influenza.







# Increase in syphilis cases prompts public health warning

*An increase in syphilis cases across the Cairns, Tablelands and Cassowary Coast area this year, has led to Tropical Public Health Services declaring an outbreak of infectious syphilis for the Cairns and Hinterland Hospital and Health Service region.*

This year there have been 93 notifications of infectious syphilis and one case of congenital syphilis reported to 22 November 2015, which compares to a total of 36 notifications for the 2014 calendar year. This is in the context of syphilis outbreaks already declared for Mt Isa and the Gulf, Cape York and Northern Peninsula areas.

The Sexual Health Team is calling on GPs and other primary health practitioners to encourage testing of people at risk, which includes young Aboriginal and Torres Strait Islander people, gay men and men who have sex with men.

Dr Annie Preston Thomas says that the numbers are concerning as, "Syphilis is highly infectious and can often be present without symptoms which can make it difficult to diagnose without a blood test. It can lead to serious complications including an increased risk of HIV transmission."

"The consequences of syphilis during pregnancy are also concerning as pregnant women can unknowingly transmit the infection to their unborn baby causing congenital syphilis, which could result in miscarriage, stillbirth or infant death.

"The greatest risk for the baby occurs if the mother contracts syphilis during her pregnancy, but a woman can be infectious to her unborn baby for up to eight years after she contracts syphilis if she has not had treatment," Dr Preston-Thomas said.

"We recognise that this is a very delicate matter and can be difficult for people to discuss. However, syphilis can be treated easily and effectively - the testing process is simple. The sooner syphilis is detected, the more likely it is to be cured quickly."

Syphilis is spread from sexual contact with a person who has the infection and can be prevented through the proper use of condoms; prevention is always better than cure.

## Case Study

A young man presented to the GP with a lesion on his genitals. Swab tests were done on the lesion but these were negative for syphilis. He also had a blood test which was positive. He was contacted by the GP clinic and returned a week later for treatment. There was no contact tracing done as he did not name any sexual contacts. Three months later he returned with another genital sore. Swab and blood tests were repeated and all of these came back positive for syphilis. He required further treatment to cure syphilis as he had become re-infected.

This case study highlights the importance of contact tracing. If sexual contacts of people who have syphilis are not **treated and tested** it is highly likely that the person who has presented to the health service will become re-infected with syphilis from the sexual partner or someone in their sexual network who has remained untreated.

## Contact tracing

Contact tracing is a sensitive issue and people need to be reassured that their confidentiality will be protected.

For assistance with contact tracing please talk to Therese Howard or Shirley Hill from the Syphilis Surveillance System **1800 032 238** or Joanne Leamy, Contact Tracing CNC **4226 4777**.

## Symptoms

The first sign of syphilis is a painless sore or ulcer, usually on the genitals although it can appear elsewhere on the body. The sore or ulcer is often not painful, and because of this, may not be noticed. If it is not treated, the sore or ulcer will heal and go away. However, the syphilis infection remains in the body.

Signs of secondary syphilis may appear after a few months and include a flu-like illness and rash. The rash may appear all over the body, including the soles of the feet and the palms of the hands. In most people, it is not itchy. During this time, there may also be painless warty lumps around the genital area, swelling of the lymph glands, hair loss and other symptoms. If the infection is not treated, these signs and symptoms may go away, although they may come and go for up to two years. However, the syphilis infection remains and people can still infect their sexual partners during this time.

If not treated over time (which may be many years), the syphilis infection can affect different parts of the body. In particular, it causes problems with nerves, the brain and the large blood vessels near the heart. This stage is known as tertiary syphilis.

## Notifiable conditions reported in Far North Queensland:

TOTAL	Cairns & Hinterland	Torres Strait & Cape York	TOTAL
<b>(1 January 2015 – 30 September 2015)</b>			
Acute Rheumatic Fever	14	5	19
Barmah Forest Virus Infection	20	<5	≈24
Campylobacter	417	7	424
Chlamydia (STI) *	1580	624	2204
Cryptosporidiosis	23	0	23
Dengue Fever	82	<5	≈86
Gonorrhoea (STI) *	344	170	514
Hepatitis A (All)	<5	0	<5
Hepatitis B (All)	65	12	77
Hepatitis C	172	8	180
Hib	0	0	0
Influenza (Lab Confirmed)	731	46	777
Group A Streptococcal Infection	27	23	50
Leptospirosis	25	0	25
Malaria (All)	<5	<5	<5
Measles	<5	0	<5
Melioidosis	12	11	23
Meningococcal Infection (Invasive)	0	<5	<5
Pertussis	27	0	27
Pneumococcal Disease (Invasive)	11	<5	≈15
Q Fever	13	0	13
Ross River Virus Infection	347	29	376
Rotavirus Infection	15	<5	≈19
Salmonellosis (All)	263	58	321
Shigellosis (All)	23	25	48
Syphilis (Infectious)	81	12	93
Varicella (Chicken Pox and Unspecified)	259	18	277
Varicella (Zoster)	<5	0	<5
Yersiniosis	46	0	46

\* Note: These data represent numbers of notifications. Conditions may be notified more than once for some individuals over the reporting period.

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### Useful web links:

- [Travel Vaccination advice for GPs](#)
- [Communicable Disease Control Guidance and Information](#)
- [Immunisation information for health professionals](#)
- [RHD and ARF guidelines](#)
- [Clinical guidelines for sexual health](#)
- [Homepage for Tropical Public Health Services \(Cairns\)](#)