

Medical Bulletin

Welcome to the second issue of the South East Public Health Unit (SEPHU) Medical Bulletin

In this edition we take a closer look at invasive group A streptococcal infection as SEPHU has now taken on following up the public health actions in relation to this important condition. We also highlight some important sexual health actions to support the public health response to sexually transmissible infections in our region.

Staffing update

SEPHU welcomes our clinical nurse consultant, Katie Costello. Katie has extensive experience in the management of BBVs and STIs, particularly HIV. She was the HIV clinical coordinator at The Alfred and Monash Health. Katie has qualifications in women's sexual and reproductive health, and is also a nurse immunizer. She is currently completing her Master of Public Health.

Katie will be working with members of the SEPHU team to strengthen our public health response, especially relating to linking BBV and STI cases to appropriate care. Working collaboratively with colleagues in the Department of Health, Katie will also be involved in supporting SEPHU team members to increase their skills and knowledge around contact tracing in this area.

Katie also has a passion for strengthening relationships and engagement with both community organisations and health services to ensure barriers to care are minimised and strong working relationships are formed.

Invasive group A streptococcus (iGAS)

SEPHU began managing all iGAS cases who reside in our catchment from 31 May 2023. Currently, iGAS is a routine notifiable condition requiring notification from laboratories only. Medical practitioners are not currently required to notify cases, however, due to an increase in cases in Australia and overseas please do contact us if you have concerns that your patient may have iGAS as we can provide advice on the appropriate public health management.

At this time, there is no nationally consistent guidance on the public health management of iGAS. While national guidance is being developed, the Victorian Department of Health has provided local guidance for the management of people who have been in close contact with an iGAS case.

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The Victorian Department of Health recommends the following:

Close contact type	Routine provision of antibiotics for chemoprophylaxis recommended?	Provision of factsheet recommended
Mother-neonatal pairs where either mother or neonate develop iGAS during first 28 days after birth.	Yes	Yes
Elderly cohabiting pairs where both the case and contact are aged ≥ 75 years (≥ 60 years for Aboriginal and Torres Strait Islander individuals)	Yes	Yes
Other household and household-like contacts	Consider based on risk assessment and in consultation with SEPHU	Yes
Institutional contacts	Consider based on risk assessment and in consultation with SEPHU	Yes

To be eligible for chemoprophylaxis, exposure to the case by the close contact must have occurred during the case's infectious period which is 7 days prior to the case's symptom onset until 24 hours post initiation of appropriate and effective antibiotic therapy.

Based on the Victorian recommendations, the number of contacts requiring antibiotics is anticipated to be low.

Clinicians should refer to the Therapeutic Guidelines for recommended antibiotics to prescribe to close contacts or seek advice from local infectious diseases experts. Please liaise with SEPHU as we can assist with a risk assessment for contact identification and management. SEPHU may also be able to assist clinicians in directing close contacts on how to access antibiotic chemoprophylaxis.

A factsheet for cases and close contacts is available at [Better Health Channel](#).

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Health Alert – chickenpox

We are aware of an increase in varicella (chickenpox) infections in the local community. While most school aged children will have had a single dose of varicella vaccination as part of the National Immunisation Program, breakthrough infections can still occur. Symptoms may be mild, with fewer lesions. Breakthrough infections can still be contagious, however.

As per the Australian Immunisation Handbook, all children aged 12 months up to 13 years are recommended to receive 2 doses of varicella-containing vaccine. Two doses of varicella-containing vaccine provide more protection and minimise the chance of breakthrough infection in children aged 13 years and under.

The second dose, however, is not included on the National Immunisation Program and will incur additional cost.

For adolescents aged 14 years and older as well as adults, 2 doses of varicella vaccine is recommended to those who are non-immune. The 2 doses of varicella vaccine are needed to achieve adequate protection from varicella.

Under the Public Health and Wellbeing Regulations, primary school students and children attending children's services diagnosed with chickenpox must not attend school until all blisters have dried. This is usually at least 5 days after the rash appears but may be less in previously vaccinated children.

It is strongly recommended that secondary school students diagnosed with chickenpox refrain from attending school until all blisters have dried. This is to prevent further spread to the wider school community.

Should you have any queries or concerns about varicella (chickenpox) in your local community, please do not hesitate to contact us at sephu.trace@monashhealth.org.

Gonorrhoea notification and testing

Gonorrhoea is a routine notifiable condition requiring notification from both laboratories and medical practitioners. Medical practitioners can notify via the [online smart form](#).

As most cases of gonorrhoea are initially diagnosed via PCR, it is important to obtain culture prior to treatment. This is important to ensure appropriate treatment and for the purpose of antimicrobial resistance surveillance.

Screening recommendations differ for different populations and situations. For further information on testing and treatment, please refer to [the STI guidelines](#).

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Syphilis follow-up by SEPHU

Syphilis is a routine notifiable condition requiring notification from laboratory and medical practitioners. Medical practitioners can notify via the [online smart form](#).

With SEPHU's ability to further enhance public health follow-up of cases, late latent and past treated syphilis (indicated by negative RPR result) with no previous medical practitioner notification may be followed up by our team to capture demographic details and confirm previous treatment. This will further inform local epidemiology.

Please assist by working with the SEPHU team if they contact you to obtain this information.

For clinical management of syphilis infection, please refer to [the STI guidelines](#).



Tetanus: an important reminder to update vaccination

In April 2023, NSW recorded its first tetanus death since 1993. The case, an 80 year old woman acquired the infection from a minor leg wound contaminated with garden soil. The death was one of three cases recorded in NSW in 2023. The three cases either had no documented evidence of vaccination or last recorded vaccination 30 years prior. They were all elderly women 70 years and older.

These cases highlight the importance of vaccination, especially amongst older Australians. The [Australian Immunisation Handbook](#) recommends routine tetanus vaccination booster in adults as well as post-exposure prophylaxis in people with tetanus prone wounds. A booster vaccination is recommended for all adults at 50 years of age and at 65 years of age if it is more than 10 years since their last dose. The need for tetanus-containing vaccine in people with a tetanus-prone wound, with or without tetanus immunoglobulin, depends on the nature of the wound and the person's vaccination history.

Population health

SEPHU has undertaken extensive stakeholder consultation while developing our population health catchment plan, having identified four priority areas:

- 1) reducing tobacco and e-cigarette use and related harms;
- 2) decreasing falls in the community;
- 3) improving cervical cancer screening and HPV vaccination; and
- 4) improving active living.

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It is anticipated that our catchment plan will be finalised at the end of June this year. Over the coming months, we will continue to consult with and engage our stakeholders in identifying and progressing opportunities for action to find alignment with stakeholder priorities as we form partnerships and collaborations to address issues identified in our priority areas.

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Frequently asked questions

What diseases is SEPHU currently managing?

By the end of June 2023 SEPHU will be managing the following notifiable conditions:

Urgent notifiable conditions
Hepatitis A
Invasive meningococcal disease
Japanese encephalitis*
MPox
Murray Valley encephalitis virus infection*
Rabies (including advice for rabies vaccine as post-exposure prophylaxis)
Yellow fever*

Routine notifiable conditions (medical practitioner notification required)	
Buruli Ulcer	Malaria*
Chikungunya virus infection*	Pertussis
Dengue virus*	Q fever
Gonorrhoea	Ross River & Barmah Forest virus
Hepatitis B	Shiga toxin and verotoxin producing E Coli (STEC/VTEC)
Hepatitis C	Shigellosis
Hepatitis D	Syphilis
Invasive pneumococcal disease	Varicella
Lyssavirus	

Routine notifiable conditions (medical practitioner notification NOT required)
Arbovirus infections other*
Chlamydia
COVID-19
Invasive Group A Streptococcal disease (iGAS)
Influenza
Kunjin/West Nile virus infection*
RSV

*These conditions will be managed by SEPHU from 26 June 2023

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What diseases will SEPHU be managing by the end of the year?

By the end of 2023, it is anticipated that SEPHU will be managing all notifiable communicable diseases with the exception of tuberculosis, which is managed by the Victoria Tuberculosis Program based at the Royal Melbourne Hospital.

How is SEPHU different to the Department of Health?

SEPHU, like other local public health units, has been established to provide place-based management of priority public health concerns in South East Metropolitan Melbourne. Through strong connections with the local community, SEPHU is able to engage closely with priority populations and ensure that the public health response is targeted to those most in need.

The follow-up of communicable diseases by the SEPHU team will be similar to that previously conducted by the Department of Health; however, there is capacity to provide enhanced follow-up across many more conditions. A good example is our work to improve access to care for people diagnosed with viral hepatitis.

Can I call SEPHU directly for advice or to notify a communicable disease?

Urgent notifiable conditions should be called through to the central telephone number – 1300 651 160. Where appropriate, these calls will be forwarded directly to SEPHU. Routine notifiable conditions should be notified online at: <https://www.health.vic.gov.au/infectious-diseases/notifiable-infectious-diseases-conditions-and-micro-organisms>.

We are always happy to provide advice and assist where possible. Please email us at SEPHU.trace@monashhealth.org This inbox is monitored 7 days a week.

Does SEPHU have a webpage with information on communicable diseases similar to the Department of Health?

We are continuing to develop the SEPHU website – <https://sephu.org/>. Currently, it contains information about COVID-19, mpox and Buruli ulcer. We will continue to add information over the coming months.

Information on communicable diseases for health professionals is available from the Department of Health at: <https://www.health.vic.gov.au/infectious-diseases/disease-information-and-advice>.

Information for patients and members of the community is available from the Better Health Channel at: <https://www.betterhealth.vic.gov.au/>