

Medical Bulletin

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

In this edition we introduce the newly notifiable conditions of acute rheumatic fever and rheumatic heart disease as Victoria works towards better understanding the epidemiology of these conditions. We also highlight the re-emergence of mpox in Victoria and provide a reminder about Buruli ulcer, which sees an annual surge in cases around this time of year.

Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD): two newly notifiable conditions

On 31 July 2023, ARF and RHD became routine notifiable conditions in Victoria. Medical practitioners who reasonably believe that a patient has, or may have, ARF or RHD must notify the Victorian Department of Health within five business days. Notification can be made online via the [online notification form](#).

ARF occurs as a complication following infection with the Group A Streptococcus bacterium (GAS), also known as Streptococcus pyogenes. Primarily a disease of childhood, untreated GAS pharyngitis can lead to ARF which is typically manifested by inflammation of the joints, heart, skin and central nervous system. To minimize the risk of disease progression and to prevent further GAS infections, those with ARF are recommended to start regular antibiotic treatment as secondary prophylaxis.

RHD develops after one or more episodes of ARF but can also develop following subclinical or unrecognised ARF. Patients with RHD have valvular heart disease which can progress to heart failure if untreated. Pregnant women with RHD may experience worsening of both cardiac and obstetric complications.

Making ARF and RHD notifiable conditions enables the collection of more comprehensive, accurate and informative data to support a localised public health response to these conditions. All cases of RHD must be notified, including both newly diagnosed and pre-existing disease.

For clinical guidance including secondary prophylaxis, please refer to [The 2020 Australian guideline for prevention, diagnosis and management of ARD and RHD](#).

Health Alert – the re-emergence of mpox

The Department of Health has issued a Chief Health Officer Alert about two cases of locally acquired mpox in Victoria (previously called monkeypox). These are the first cases in Victoria since November last year.

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While last year's large outbreak of mpox in Europe and the US was largely brought under control, recent epidemiology has shown an increasing number of cases in South-East and East Asia. This trend, along with the recent Victorian cases, demonstrates that there is an ongoing risk of mpox for Victorians – both from local and international transmission.

The current outbreak has predominantly affected men who have sex with men but anyone who has prolonged intimate contact with an infected partner is at risk of mpox.

Symptoms include fever, chills, tiredness, headache, sore throat, muscle aches, swollen lymph nodes and rash. The rash can appear in many forms and may present as vesicle, pustules or ulcers on any part of the body, including the anogenital area. Symptoms appear up to 21 days after being exposed and people remain infectious from the time of symptom onset until rash lesions have crusted over, scabs fallen off and a new layer of skin formed underneath.

Please test for mpox in all patients with compatible symptoms and particularly those with a genital rash or other lesions or proctitis.

When testing, request an mpox PCR on a suitable sample such as a swab of a rash, anorectal swab if presenting with proctitis or a nasopharyngeal swab. Samples should be marked as urgent and sent to the Victorian Infectious Diseases Reference Laboratory (VIDRL) via your usual pathology provider. Patients presenting with genital or anal lesions/symptoms should also be tested for other sexually transmissible infections (including herpes simplex virus, syphilis, chlamydia and gonorrhoea).

Please review the mpox vaccination status of all eligible patients. Vaccine can be offered to eligible people who are unvaccinated or who have only had one dose. Services in the SEPHU catchment who are providing the mpox vaccine can be found on our webpage: <https://sephu.org/monkeypox/>.

Any suspected or confirmed mpox cases must be notified to the Department of Health by calling 1300 651 160. The relevant local public health unit will then follow up the case.

Further information about the current situation can be found here:

<https://www.health.vic.gov.au/health-alerts/local-transmission-of-mpox-in-victoria>

It's Buruli ulcer season

Buruli ulcer is caused by *Mycobacterium ulcerans* and is of particular concern in the SEPHU catchment. So far this year we have seen record numbers of cases in the SEPHU catchment (76 cases year to date compared with 49 cases for the same time last year).

There is good evidence that local transmission is caused by exposure to mosquitoes that transmit the infection from infected possums. Buruli ulcer most commonly affects people following exposure in high risk areas. Locally, this includes Rye, Sorrento, Blairgowrie, Tootgarook and the Mornington Peninsula.

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Frankston and Seaford are also areas where transmission has been seen as well as other parts of the Mornington Peninsula, south-eastern Bayside suburbs and some other parts of Victoria.

Buruli ulcer has a long incubation period ranging from 1 to 9 months with an average of between 4 and 5 months. As such, exposures over the summer often present later in the year with case numbers often peaking around August and September.

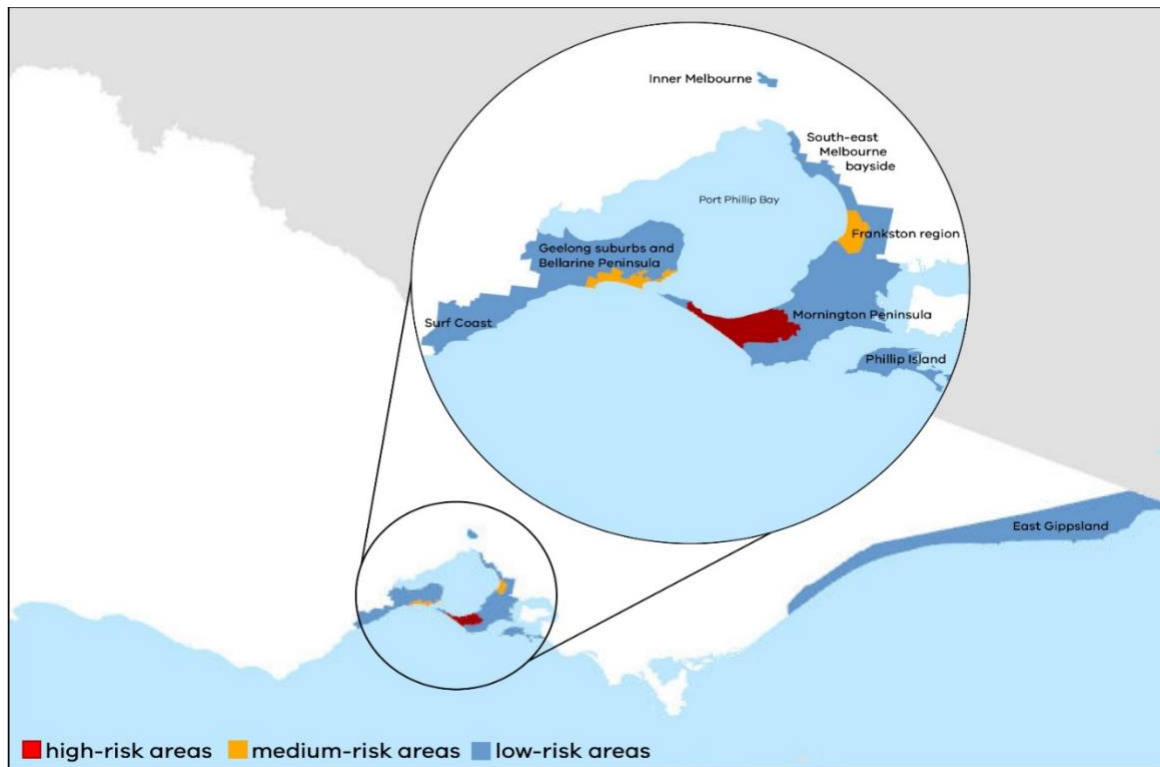
Symptoms can range from a spot that looks like a mosquito or spider bite to large, painless ulcers. The ulcer typically has an undermined edge.

Please consider Buruli ulcer in any patients with a non-healing skin lesion, particularly if they have been in any of the risk areas in the preceding year. Ulcers can be effectively treated with appropriate antibiotics.

Cases of Buruli ulcer can be notified online via the [online notification form](#).

For more information on Buruli ulcer please visit the Better Health Channel:

<https://www.betterhealth.vic.gov.au/health/healthyliving/Buruli-ulcer>



Buruli ulcer risk areas in Victoria.

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Antibiotic prophylaxis for invasive group A streptococcus (iGAS)

SEPHU continues to be notified of iGAS cases. This is a reminder to clinicians managing cases of iGAS of the current Victorian Department of Health recommendations for antibiotic prophylaxis for contacts.

Close contact type	Routine provision of antibiotics for prophylaxis recommended?	Provision of factsheet recommended
Mother-neonatal pairs where either mother or neonate develop iGAS during the 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 prophylaxis, exposure to the case by the close contact must have occurred during the case's at-risk period which is 7 days prior to the case's symptom onset until 24 hours post initiation of appropriate and effective antibiotic therapy.

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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Frequently asked questions

What diseases is SEPHU currently managing?

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

Urgent notifiable conditions	
Haemophilus influenza type B (invasive and epiglottitis only) *	Mpox
Hepatitis A	Murray Valley encephalitis virus
Invasive meningococcal disease	Rabies (including vaccine as post-exposure prophylaxis)
Japanese encephalitis virus	Yellow fever
Measles *	

Routine notifiable conditions (medical practitioner notification required)	
Acute rheumatic fever	Lysavirus
Brucellosis	Malaria
Buruli Ulcer	Mumps *
Chikungunya virus infection	Pertussis
Dengue virus	Q fever
Donovanosis ^	Rheumatic heart disease
Gonorrhoea	Ross River & Barmah Forest virus
Hepatitis B	Rubella *
Hepatitis C	Shiga toxin and verotoxin producing E Coli (STEC/VTEC)
Hepatitis D	Shigellosis
HIV ^	Syphilis
Invasive pneumococcal disease	Varicella

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

^ SEPHU commence management 9 August 2023

* SEPHU commence management 30 August 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/>