

# Medical Bulletin

## Welcome to the first South East Public Health Unit (SEPHU) Quarterly Medical Bulletin for 2024

It has been a busy start to 2024 with local cases of both measles and mpox impacting the SEPHU catchment. In this edition we look at atypical presentations of measles and provide a reminder to consider testing for mpox. We also highlight upcoming changes to notification requirements for invasive group A streptococcal disease.

SEPHU is developing a 5-year strategy to inform our priorities in the coming years. We look forward to providing an update on this work in the next Bulletin.

Joining the SEPHU medical team in 2024 are Dr Chatu Yapa and Dr Natasha Castree. Dr Yapa is a Public Health Physician and will work closely with our Population Health and Disease Prevention teams. Dr Castree is our Public Health Registrar for 2024. We would like to thank our colleagues who have left us in recent months and wish them all the best in their new roles.

## Invasive group A streptococcal infection becomes an urgent notifiable condition

As of 1 March 2024, invasive group A streptococcal disease (iGAS) becomes an urgent notifiable condition under the *Public Health and Wellbeing Act 2008* to enable prompt initiation of public health response and to facilitate more comprehensive and accurate surveillance data.

Although the overall risk of iGAS in the general population is low, young children and older people, as well as Aboriginal and Torres Strait Islander peoples, are disproportionately impacted by iGAS. The risk for iGAS is also higher in birthing parent-neonatal pairs and in some household settings.

The main public health actions are:

- The provision of information to at-risk contacts to monitor for symptoms and seek appropriate medical care if they become unwell with compatible symptoms.
- The provision of clearance antibiotics (CAB) to the highest-risk close contacts.

Notification of iGAS is required by both medical practitioners and pathology services as diagnosis relies on a combination of laboratory detection of *Streptococcus pyogenes* and clinical information. Case definitions and their corresponding criteria and expected notifier are summarised below:

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Case definition	Case criteria	Expected notifier
Confirmed case	<p>Isolation or detection of <i>Streptococcus pyogenes</i> by culture or nucleic acid testing from a normally sterile site.</p> <p>Normally sterile site includes:</p> <ul style="list-style-type: none"> <li>• Blood, cerebrospinal fluid, peritoneal fluid, pericardial fluid, joint fluid, bone, or bone marrow</li> <li>• Specimens obtained from surgery or aspirate from one of the following: lymph node, brain, heart, liver, spleen, vitreous fluid, kidney, pancreas, ovary or vascular tissue.</li> </ul>	<p>Medical practitioner AND Pathology service</p>
Probable case	<p>Isolation or detection of <i>Streptococcus pyogenes</i> by culture or nucleic acid testing from a normally non-sterile site.</p> <p><b>AND</b></p> <p>Clinical presentation consistent with severe, invasive disease such as:</p> <ul style="list-style-type: none"> <li>• Streptococcal toxic shock syndrome</li> <li>• Multi-organ failure</li> <li>• Necrotising fasciitis</li> <li>• Puerperal and/or neonatal sepsis</li> </ul>	<p>Medical practitioner ONLY</p>

As with all urgent notifiable conditions, notifications are to be made by telephone to the local public health unit (LPHU) on **1300 651 160** (24 hours a day) as soon as practicable upon initial diagnosis. Pathology services must also follow up with written notification within 5 working days.

For more information on iGAS, including case definitions and contact management, please refer to the Department of Health iGAS information page (<https://www.health.vic.gov.au/infectious-diseases/invasive-group-a-streptococcal-disease-igas>).

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## Atypical measles presentations

Following the COVID-19 pandemic there has been a significant increase in measles cases internationally with the World Health Organization reporting a 73% increase in cases in 2023, compared with the previous year. This increase in measles cases is associated with a decrease in immunisation globally related to the pandemic. [Measles \(who.int\)](https://www.who.int)

In Victoria, measles vaccination rates remain relatively high with 93.3% of children aged 2 years being fully vaccinated, but not quite reaching the target of 95%. This figure does vary across geographical region and population groups.

So far in 2024, Victoria has seen four cases of measles due to importation of the virus from overseas. Some of these cases have presented with atypical symptoms including a longer, more varied prodrome and unusual rash distribution – particularly in older cases. Due to the single dose vaccine schedule in Australia from 1966 to 1980 and variable 2-dose coverage up to 1999, people between the ages of 25 and 58 years may not be fully immunised.

It is important to consider measles in anyone who presents with fever and a rash and who has been travelling overseas. Don't forget that the minimum incubation period for measles is 7 days with a maximum incubation period of 21 days (average 10-14 days).

Measles is an urgent notifiable condition under the *Public Health and Wellbeing Act 2008*. For medical practitioners, urgent conditions require notification by telephone to the local public health unit (LPHU) on **1300 651 160** upon initial diagnosis or clinical suspicion (presumptive or confirmed) as soon as practicable. Please note that the LPHU managing the patient will be dependent on the address of the patient.

For measles, medical practitioners should telephone the LPHU upon clinical suspicion to enable prompt testing. All measles PCR testing is conducted at the Victorian Infectious Diseases Reference Laboratory (VIDRL) and the cost is covered by the Department of Health. By liaising with the LPHU at the time of testing, prompt approval can be made for PCR testing to ensure no out-of-pocket cost is incurred by the patient, and transport of specimens to VIDRL can be facilitated.

## Don't forget about mpox

Early this year, SEPHU managed a single case of locally acquired mpox in an individual who was doubly vaccinated. The case had a rash and inguinal lymphadenopathy, with no prodromal symptoms reported.

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While many individuals have taken the opportunity to get vaccinated, it is still important to consider the possibility of mpox infection, especially among men with risk factors. For more information on how to access the mpox vaccine, please visit [www.health.vic.gov.au/infectious-diseases/monkeypox-mpx](http://www.health.vic.gov.au/infectious-diseases/monkeypox-mpx).

Mpox is an urgent notifiable condition under the *Public Health and Wellbeing Act 2008* and requires notification both by medical practitioners and pathology services. Notifications are to be made by telephone to the relevant LPHU on **1300 651 160** (24 hours a day) upon clinical suspicion or initial diagnosis (presumptive or confirmed).

## Vaping

The South East Public Health Unit's Catchment Plan includes reducing vaping (e-cigarettes) and tobacco use and related harms as one of its four population health priorities. With changes soon to come into force that restrict the sale of vapes, our colleagues at Monash University take a look at the important reforms that are needed to help control this public health issue.

[E-cigarettes and vaping: The reforms we need are happening – Monash Lens](#)

## Public Health Research

The medical team at SEPHU is actively involved in a range of research activities. Recent publications from SEPHU team members include groundbreaking work that confirms the role of mosquitoes in the transmission of Buruli ulcer, an analysis of our successful response to the mpox outbreak, and a study of vaccine uptake equity for COVID-19 in the SEPHU catchment.

If you are interested in reading more about our research activities, please visit:

[www.sephu.org/research/](http://www.sephu.org/research/)

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## Frequently asked questions

### **What diseases does SEPHU manage?**

SEPHU now manages all notifiable communicable diseases with the exception of tuberculosis, which is managed by the Victorian 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 is 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](mailto:SEPHU.trace@monashhealth.org) This inbox is monitored during normal business hours.

### **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/>