Monash Health
South East Public Health Unit

Medical Bulletin

Welcome to the first South East Public Health Unit (SEPHU) Quarterly Medical Bulletin for 2025

Welcome to the first SEPHU Medical Bulletin for 2025. It has been a busy start to the year with SEPHU managing various communicable diseases in individuals reporting recent international travel, including measles, typhoid, paratyphoid, hepatitis A and shigella.

Statewide, there have been two Japanese Encephalitis (JE) cases since December 2024 with viral detections in mosquito populations and at piggeries across Victoria, New South Wales and Queensland this summer.

In this issue, we highlight vaccination eligibility updates for mpox and JE, as well as a reminder for medical practitioners on the state funded measles vaccine for adults. We also provide information for medical practitioners on the treatment for syphilis infection following a new congenital syphilis case that was sadly reported late last year.

Vaccination updates & reminders

Mpox vaccine eligibility has been expanded to include pre-travel vaccination for anyone (regardless of sexual orientation or gender identity) who may undertake sexual risk activities during travel to countries with transmission of clade 1 mpox. It is, however, not currently recommended as a routine travel vaccine. A list of mpox vaccine providers can be found on the Better Health Channel and eligibility criteria can be found on the Department of Health website. Please continue to offer vaccination to those eligible and ensure that patients obtain two doses 28 days apart.

Measles containing vaccine (MMR) can be given to all Victorians born during or after 1966 free of charge. Two doses are required for immunity. Victorians born between 1966 and 1992 may not have received two doses of vaccine. This is especially important for those planning overseas travel. There is no requirement to check for immunity prior to vaccinating this cohort. Young infants aged 6 to 12 months are eligible for free MMR if intending to travel overseas to countries where measles is endemic or where outbreaks of measles are occurring. They should still receive routine doses at 12 months and 18 months. Please document any vaccination provided on the Australian Immunisation Register.

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Japanese Encephalitis (JE) vaccine booster doses are now recommended for people 1 to 2 years after their primary course, if they remain eligible in Victoria. Their primary course must have been with Imojev (and the individual was less than 18 years at time of primary dose) OR JEspect (and the individual was 18 years or older at time of primary dose). As there is a significant global demand for JE vaccine, access is currently restricted to those most at risk. JE vaccine is available free-of-charge for specific groups at higher risk of exposure to the virus, including eligible people in 24 eligible LGAs in Northern Victoria, and those at occupational risk across Victoria. For eligibility criteria and vaccine access, please refer to The Department of Health website.

Travel vaccination should be discussed with patients who are intending to travel overseas, with advice provided at least 6 to 8 weeks before travelling. This should include updating routine immunisations as well as considering influenza and COVID-19 vaccines. Country specific immunisation recommendations, such as for hepatitis A and typhoid, can be found on the Smart Traveler website.

Influenza, COVID-19 and RSV vaccination should be considered for all eligible patients, especially as we approach winter. **It is particularly important to consider any patients who are currently residents in aged care facilities.** In addition to vaccination, general measures to prevent transmission should be encouraged, such as good hand and cough hygiene, wearing a face mask if symptomatic, and staying home when unwell. Further patient information is available on the Better Health Channel.

- Yearly influenza vaccination is recommended for everyone aged 6 months and over. Vaccines are free for people at risk of serious illness, including Aboriginal and Torres Strait Islander people, children under 5 years, pregnant women, people aged 65 years or over, and people who have medical conditions that mean they have a higher risk of getting serious disease. Further information can be found on the Department of Health website.
- Regular COVID-19 boosters are recommended to prevent severe illness, hospitalisation and death from COVID-19, and are especially important for people over 65 years or who have severe immunocompromise. Boosters are recommended for adults over 18 years, or over 5 years for people with severe immunocompromise. Visit the Australian Government Department of Health and Aged Care website for specific recommendations.
- Free vaccination against Respiratory Syncytial Virus (RSV) with the maternal RSV vaccine Abrysvo is available for women at 28–36 weeks of pregnancy. Visit the Department of Health website for further information. RSV vaccination is also recommended for people aged 75 years and over, people aged 60 years and over with medical conditions that increase their risk of severe RSV disease, and Aboriginal and Torres Strait Islander people aged 60 years and over.

Syphilis treatment

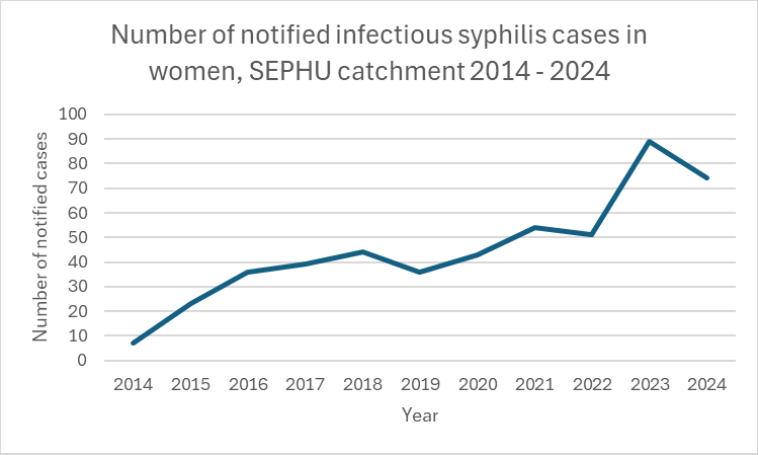
Syphilis infection remains a significant public health problem in Australia. Effective management is required with prompt diagnosis and treatment initiation, as well as from a follow up and contact tracing perspective. The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) Decision Making in Syphilis document provides a useful summary for the end-to-end management of syphilis infection. Treatment for syphilis is Benzathine benzylpenicillin (Bicillin L-A) intramuscularly, with dosage depending on disease stage. Please note that Benzylpenicillin (BenPen) given intravenously is only used for complicated syphilis (such as neurosyphilis) and should be managed by a specialist.
Please refer to the TGA website regarding the 2024 – 2025 shortage of Bicillin L-A.

Eligible prescribers can also stock Benzathine benzylpenicillin (Bicillin L-A) in their 'Prescriber Bag' to be used for patients with syphilis who will benefit from prompt treatment such as those who may find it challenging to fill their scripts for Bicillin L-A.

Ensure that the correct penicillin is used for the treatment of syphilis as prescribers can have both types of penicillin in their prescriber bag.

A focus on epidemiology

The below graph shows the number of infectious syphilis notifications in females within the SEPHU catchment from 2014 to 2024. There has been a general increase in the number of notifications over the 11 year period, with a slight decrease in 2024. There was a total of 496 cases notified in that time period with 92% of cases reported in females of reproductive age. Prompt management of such cases is an important step in the prevention of congenital syphilis cases.



* Data source: Public Health Event Surveillance System (PHESS)
* Data as of 18 March 2025. However data may change due to ongoing investigation and data cleaning

Syphilis is a routine notifiable condition requiring written notifications from laboratories and medical practitioners within 5 days. Medical practitioners can notify the Department of Health using the online notification form, available on the Department of Health website.

Nitrous Oxide use on the rise

Nitrous oxide, colloquially known as laughing gas, is a familiar gas in medicine, with both analgesic and anaesthetic properties. However, in recent years, its use for recreational purposes, particularly among young adults aged 18 – 25 years is being recognised as a serious health concern. Cases of nitrous oxide poisoning are on the rise with some resulting in serious neurological impairment and persistent disability among users.

Nitrous oxide has a dissociative effect on the senses resulting in a sense of euphoria and a short-lived high. It can also make users feel dizzy and disoriented. In the long term, frequent and repeated use can result in the inactivation of vitamin B12, numbness or tingling in the hands or feet, poor balance, coordination or mobility or brain and spinal cord damage.

Mixing nitrous oxide with other drugs can have unpredictable effects and increase the risk of harm. For example, nitrous oxide and alcohol can increase the risk of overdose and/or nausea, impaired coordination, memory loss, sleepiness and loss of consciousness.

To reduce harm from nitrous oxide use, users can be advised to avoid using it alone, avoid using it in enclosed spaces without ventilation or near flammable substances such as naked flames or cigarettes. They should also avoid drinking alcohol or taking other drugs at the same time and taking time to breathe in fresh air when using it.

Help and support is available to those whose nitrous oxide use is affecting their health, family, relationships, work, school, financial or other life situations.

For more information, see: Nitrous oxide | Better Health Channel or Nitrous oxide - Alcohol and Drug Foundation

Are you a GP or a nurse practitioner who is keen to help multicultural communities improve their access to care?

The South East Public Health Unit (SEPHU) is running a pilot project to connect people who have recently arrived in Australia with a GP practice that can provide clinical management of Hepatitis B and C. Optimising links into care is crucial towards eliminating viral hepatitis.

A SEPHU Cultural Liaison Officer is now supporting new migrants and refugees with Hepatitis B and C to negotiate the health system and prevent patients falling through the gaps. We are seeking GPs and nurse practitioners who want to help.

If your practice volunteers, you would see up to 5 patients in a year (more likely to be Hepatitis B than C) depending on language spoken and location. You would be asked to:

- Provide clinical care and management for people of multicultural backgrounds with viral hepatitis B and C and their contacts who are at risk of infection, for example the Hepatitis B vaccination of household contacts; and
- Provide guidance to access other appropriate healthcare services thus helping to navigate the health system.

We hope this project will develop collaborative partnerships that tackle health disparities in our local communities. If you wish to participate in supporting the management of hepatitis B and/or C in multicultural communities, managing notified conditions in general among multicultural communities or require further information, please contact SEPHU.Trace@monashhealth.org.

Thank you to those who have already expressed interest.

Notifying an infectious disease or medical condition

This is a reminder that certain notifiable conditions are classed as 'urgent' and require notification via telephone to the Department of Health. A list of notifiable conditions is available on the Department of Health website. To notify an urgent condition, please telephone 1300 651 160, 24 hours a day, 7 days a week. Please enter the patient's postcode. For routine (non-urgent) conditions, please utilise the online notification form, also available on the Department of Health website.