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## DEPARTMENT OF HUMAN SERVICES

### Public & Environmental Health Service

Communicable Disease Control Branch

1st floor, AGC House  
162 Grenfell Street  
Adelaide SA  
PO Box 6  
Rundle Mall SA 5000  
Tel: (08) 8226-7177  
Fax: (08) 8226-7187  
Email:  
cdc@health.sa.gov.au

ISSN 0729-5979

## Food Safety Conference

The second Public Health Association (PHA) Food Safety Conference was held in Brisbane on 28 and 29 May, 1998. The conference was an overview of current issues in food safety in Australia. The conference and its speakers featured in media reports around the country, including the cover story of *The Bulletin* magazine (June 23, 1998).

There were several highlights. Conference presenters putting views of more regulation were in debate against those seeking more deregulation. The debate weaved throughout the conference. It was partially fuelled by the release of the report from the Blair Review on food regulation as the conference commenced. The key objectives of this review were to reduce the regulatory burden on the food sector and improve the clarity, certainty and efficiency of food regulatory arrangements. A litigation lawyer put the view that food safety was a 'basic human right', and consumer organisation representatives spoke about their need for a continued strong government role in food safety, such as in the auditing of food safety plans.

The conference delegates also heard about improvements in surveillance and epidemiological techniques and how changes in the way that foods are grown, processed, sold and eaten have resulted in an increase in food-borne disease. Microorganisms do indeed have a long history of adapting to new conditions.

## SA Influenza Vaccination Program

The 1998 SA Influenza Vaccination Program for people aged 70 years and over is drawing to a close.

All people aged 70 years and over were urged to access the free vaccine from their local doctor. With vaccines available at surgeries, doctors were able to offer immunisation, regardless of the reason for the visit, whenever an eligible person attended. A number of surgeries also ran special 'flu vaccination clinics.

In total, 142,131 influenza vaccines have been distributed to doctors and nursing homes this year, with 99% of them in the 3 months between 27/2/98 and 29/5/98.

The level of vaccine coverage achieved (proportion of the vaccines distributed that have been administered to the target group) will not be known until the SA Health Omnibus Survey is undertaken in Spring. It is expected to exceed last year's coverage of 66%.

## Measles Control Campaign

The mass immunisation of up to 169,000 South Australian school children began on August 3 as part of the national Measles Control Campaign.

With the help of School Support Officers, local doctors and other staff, 54 specially trained immunisation nurses are visiting almost every primary school in South Australia to ensure the measles, mumps and rubella (MMR) vaccine is offered to all children aged between 5 and 13.

In the first 2 weeks of the campaign almost 14,050 children have been immunised by the teams of nurses who are covering 6 metropolitan and 4 rural districts, stretching from Hallett Cove to Murray Bridge and Whyalla. Between now and the end of the year another 12 districts will be covered, making a total of 750 schools.

In addition to the nurses, a number of local immunisation providers have been recruited around the state.

Because the campaign is based in schools a number of children may miss out, and for this reason, South Australia has sought the assistance of local immunisation providers. They will help immunise children in special and far north schools.

## Are our children protected?

Health authorities and immunisation providers now have a better idea on the percentage of children who are fully immunised or who are vaccinated for individual diseases or groups of diseases.

Since the beginning of 1996, the Australian Childhood Immunisation Register (ACIR) has been collecting identification and immunisation details for each child under the age of 7 years who is registered for Medicare and for whom an immunisation event has been notified to the ACIR. By the age of 12 months, 98.4 % of Australian children have Medicare registration, and immunisation providers are encouraged to send information to the ACIR to contribute to the data.

A fully immunised child at 1 year of age will have completed the NHMRC schedule appropriate for age. Thus a child of 1 year will have completed the primary series with:

- 3 vaccinations against diphtheria, tetanus and pertussis
- 3 poliomyelitis
- and, depending on the vaccine used, either 2 or 3 Hib.



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A fully immunised child at 2 year of age will have completed:

- the primary series as well as MMR
- Hib
- DTP.

The data presented in the following table are preliminary estimates of the proportion of children who are fully immunised by State and by vaccine type for the first two cohorts of children with complete immunisation histories on the ACIR.

**Percentage of children vaccinated with a complete course appropriate for age group.**

*State summary by age group. Age calculated at 31 December, 1997. ACIR, 30 June 1998*

State	12 to 15 months					
	% DT	% P	% DTP	% OPV	% Hib	% fully immunised
ACT	85.8	85.8	85.8	85.4	82.4	81.9
NSW	78.8	78.5	78.4	78.1	77.9	75.7
Vic	83.4	83.1	83.1	83.1	82.9	81.5
Qld	84.7	84.3	84.3	84.6	85.1	82.5
SA	81.0	80.5	80.5	80.6	80.6	78.6
WA	77.2	76.7	76.7	76.9	76.9	75.1
Tas	83.2	82.9	82.9	83.3	82.9	81.7
NT	67.0	67.0	67.0	66.8	70.8	61.6
Aust	81.1	80.7	80.7	80.7	80.7	78.6

**Cold chain management**

Cold chain management is the process of ensuring that vaccines are stored between 2°C and 8°C during distribution and storage at vaccine provider sites. Many studies at provider sites have shown that vaccines are frequently stored at temperatures below 0°C.

Most of the commonly used vaccines will be damaged by freezing and this includes all vaccines containing diphtheria, pertussis, Hib, hepatitis B and influenza antigens.

Surprisingly few studies have evaluated strategies at correcting adverse vaccine storage. A recent study completed in Adelaide has shown that monitoring of storage conditions, followed by direct feedback on the storage temperature and an educative questionnaire conducted by telephone, was highly effective in correcting adverse vaccine storage.

Since the immunisation strategy requires high vaccine coverage, the use of potent vaccine storage is critical to the success of this program. The two most important strategies in ensuring correct vaccine storage are the use of minimum and maximum thermometer and having one person at the site responsible for vaccine storage. Further advice about the vaccine cold chain can be obtained from the South Australian Immunisation Coordination Unit.

**Communicable disease summary**

**Infantile botulism**

A sporadic case of infantile botulism was notified to the Communicable Disease Control Branch in May. This is the first case of infantile botulism recorded in South Australia since 1990. The syndrome affects infants almost exclusively, but can affect adults who have altered gastrointestinal anatomy and microflora. In classical botulism, the bacteria produce toxin in the food. In this disease the bacteria produce the toxin in the bowel of the person.

**Legionella longbeachae**

There were 21 cases of Legionella longbeachae infections notified during the first six months of 1998. This compares to 24 cases notified in 1997. A case-control study was commenced in 1997, and is ongoing, to investigate the environmental sources of the organism.

**Pertussis**

The incidence of pertussis declined in the autumn months. There were 377 cases notified in

the first half of 1998, compared with 690 notifications for the same period in 1997.

**Measles**

There were 2 cases of measles notified in the first half of 1998. This compares with 18 cases notified for the same period in 1997. During 1998 a number of probable notified cases were rejected as they did not meet the national case definition.

**Hepatitis A**

There were 51 cases of hepatitis A notified in the first half of 1998. During the past two years there has been an upward trend in cases notified to the Communicable Disease Control Branch. Several apparent outbreaks have occurred in both rural and urban areas of South Australia.

**Q fever**

There were 12 cases of Q fever notified during the first 6 months of 1998. This compares with 8 cases for the whole of 1997. In response to an unexpected rise in Q fever notifications in 1998, the CDCB is initiating a health promotion response.

Number of notified cases by disease \*

Disease	Onset in April-June 97	Onset in April-June 98	Onset in Jan-June 98
Ross River virus	132	5	20
Dengue fever	0	1	1
Atypical mycobacterial infection	6	6	11
Campylobacter	520	372	669
Food poisoning	13	43	63
Hepatitis A	27	23	51
Legionella pneumophila	7	3	7
Legionella longbeachae	5	13	21
Legionellosis micdadei	0	1	1
Malaria	5	3	9
Meningococcal (group B)	2	2	2
Meningococcal (group W-135)	0	1	1
Pertussis	301	134	377
Q fever	1	9	12
Rubella	21	3	10
Salmonella infection	120	192	339
Shigella infection	26	13	40
Tuberculosis	11	20	40
Vibrio parahaemolyticus	0	1	1
Yersinia infection	8	8	15
Measles	2	2	2
Cryptosporidiosis	15	15	42
Aeromonas infection	42	26	51
Enterohaemorrhagic <i>escherichia coli</i> infections	6	10	14
Botulism	0	1	1

\* as at 31/7/98

Foodborne illness

Several outbreaks of foodborne illness were investigated by Communicable Disease Control Branch staff during the first half of 1998.

There were 102 cases of *Salmonella* Oranienburg notified during this period. A case-control study conducted in June established a statistically significant association between illness and the consumption of a locally produced brand of gelato. This was supported by an environmental investigation and resulted in a voluntary product recall at retail level.

In another outbreak organisers of a sporting carnival reported that a total of 200 individuals may have experienced a self-limiting gastro-intestinal illness. No causative organism was identified. A case control study identified a statistically significant association between illness and a food

item purchased from one of the 5 food stalls at the event.

There were ten cases of *Salmonella* Typhimurium phage type (PT) 12 infection notified in May. A case control study identified a statistically significant association between illness and the consumption of a brand of chicken nuggets. This was supported by microbiological testing and resulted in a voluntary product recall across three States.

Seven cases of *Salmonella* Virchow were notified in June. A case-control study is being conducted across four States to determine the source of the infection.

**Resources**

**You've got what?**

The new edition of *You've got what?* is a vital reference and resource for health and education professionals, and for anyone interested in the prevention of infectious diseases.

It gives a basic understanding of the ways infectious diseases are spread and provides simple, practical advice for the prevention of these diseases in the home and community.

Over 70 conditions and diseases are presented in an easy-to-read format, and the book is wire-bound for ease of reproduction.

Order forms will be available from Foundation Studios, 45 Kermode Street, North Adelaide, SA 5006. Ph: (08) 8204-7339. Fax: (08) 8204-6699.

**Hepatitis C**

The 2<sup>nd</sup> edition of *Hepatitis C. An introductory guide to information and services* has recently been published. This guide targets people with hepatitis C and those who are at risk of the disease.

This 14-page booklet includes general information about hepatitis, information on the transmission and prevention of hepatitis C, treatment and care options and available services.

Copies will be available soon from:  
Hepatitis C Council of SA Inc,  
90-92 Fourth Avenue, Joslin 5070.  
Ph: (08) 8362-8443.

**Rainwater tanks guide**

A new publication, *Guidance on the use of Rainwater Tanks* is N<sup>o</sup> 3 in the Water Series of the *National Environmental Health Forum Monographs* and will be a valuable reference for many rural and city householders who are compelled, or choose, to collect rainwater for domestic consumption. The quality of tankwater is of prime concern and all aspects are covered from the construction materials and installation to maintenance and disinfection. Also included is advice on determining the size of tank for a wide range of conditions, taking rainfall and use into account.

*Guidance on the use of Rainwater Tanks* 1998, 30 pages, \$8. It is available from the Public and Environmental Health Service,

Department of Human Services,  
PO Box 6 RUNDLE MALL 5000.  
Ph: (08) 8226-7100. Fax: (08) 8226-7102.  
E-mail: [ehb@health.sa.gov.au](mailto:ehb@health.sa.gov.au)

State Information Centre

Ground Floor, Australis Building  
77 Grenfell Street ADELAIDE 5000  
Ph: (08) 8204-1900. Fax: (08) 8204-1909.

Government AusInfo shop in your capital city.

Ph: 132-447

**Annual summary 1995**

The 1995 *Infectious and notifiable diseases in South Australia* annual summary is now available. Copies have been sent to all hospitals, local government councils, divisions of general practice, laboratories, community health centres and many libraries. Contact the CDC Branch if you would like a copy.

**Courses**

The University of South Australia offers registered nurses the chance to further their capabilities with a fully accredited Immunisation Providers course which is consistent with national and state clinical guidelines.

The course is an external mode self-paced package using videos and printed materials and can be used as credit toward post-graduate courses. Enquiries: Ms Trudy Wright.

Ph: (08) 8302-2677. Fax: (08) 8302-2579.

Email: [trudy.wright@unisa.edu.au](mailto:trudy.wright@unisa.edu.au)

**Adverse events following vaccination**

The SA Immunisation Coordination Unit (SAICU) is responsible for collecting data regarding adverse events and reporting this information to the National Adverse Events Reporting Scheme. Every reported adverse event in SA is followed up by SAICU staff.

**Summary of reports of adverse events following immunisation**

1 Jan to 30 June, 1998

<i>Suspected vaccine</i>	<i>All reports</i>	<i>Reports meeting national criteria</i>
<i>Total</i>	49	9
ADT	6	0
DTPa	17	6
DTPw	7	1
Hep B	2	0
Hib	1	0
Influenza	5	1
MMR	3	1
Pneumococcal	1	0
Unknown	7	0

Immunisation providers and parents are encouraged to report an adverse event following immunisation to SAICU on (08) 8226-7194 or Child and Youth Health 24 hour Parent Hotline on 1300-364-1000.