COMMUNICABLE DISEASE REPORT

Quarterly Report

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Emerging Viruses

The early fall has been interesting around the world as respiratory viruses come to the forefront. The USA and some other countries have reported increased numbers and hospitalizations related to Enterovirus -D68 (EV-D68). Ebola in West Africa and influenza in the southern hemisphere have also garnered much interest. These are all different viruses that can easily be spread to others but the transmission of the virus can be interrupted greatly by appropriate hand washing.

There is considerable attention paid to hand hygiene in hospitals and in schools but the non-hospital workplace is often forgotten in many of the hand hygiene messages that are talked about and published.

Workplace Hand Hygiene

Hand hygiene is an easy, inexpensive, and effective way to prevent the spread of germs and keep employees healthy; it not only gives people the opportunity to take an active role in their own health but promoting clean hands at work results in fewer employee sick days.

Improving the Health of Everyone

Germs can spread quickly. A healthier community means healthier employees. Promoting hand hygiene education in the community:

- Reduces the number of people who get sick with diarrhea
- Reduces diarrheal illness in people with weakened immune systems
- Reduces the spread of respiratory illnesses, like colds and influenza in the general population

Saving Time and Money

Hand hygiene is one of the best ways to avoid getting sick and spreading illness to others.

Sick employees are less productive even when they come to work. They may also spread illness to others at work. Promoting hand hygiene at work may mean fewer employee illnesses and less use of sick days.

Helping Families keep their Children Healthy

Employees with healthy children spend less time away from work taking care of sick children, are more productive at work when not dealing with the stress of family illness, and get sick less often themselves.

All employers should promote employee hand hygiene and encourage parents to teach their children good hand hygiene techniques. Parents should also role model by cleaning their hands with their children.

Influenza vaccine for the 2014 - 2015 season

Influenza is a respiratory infection caused by influenza A or B viruses. In Canada it generally occurs each year in the late fall and winter months. Symptoms typically include the sudden onset of headache, chills, cough, and fever, loss of appetite, myalgia, fatigue, coryza, sneezing, watery eyes and throat irritation. Nausea, vomiting and diarrhea may also occur, especially in children.

Most people will recover from influenza within a week to ten days, but those 65 years of age and older, and adults and children with chronic conditions - are at greater risk of more severe complications, such as pneumonia.

WHO recommends that trivalent vaccines for use in the 2014-2015 influenza seasons (northern hemisphere winter) contain the following:

- A/California/7/2009 (H1N1)pdm09-like virus;
- A/Texas/50/2012 (H3N2)-like virus;
- B/Massachusetts/2/2012-like virus.

The Newfoundland and Labrador immunization program recommends and provides influenza vaccine for all persons but in particular for those at increased risk for complications from influenza. Immunization of persons particularly those in high risks groups can reduce complications associated with influenza. Some of the high risk group includes people with chronic conditions requiring doctor's care, persons who are obese, those in residential care, children age 6 to 59 months, persons age 60 years and over, pregnant women, Aboriginal people, health care workers, household contacts of people at high risk of influenza complications, essential services workers and poultry and swine workers.

The vaccine is available through Public Health Office's, doctor's offices and pharmacies starting at the end of October Regional Health Authorities clinic dates will be available to the public once times and places are confirmed. This year there is both an injection and intranasal vaccine available for

administration. The intranasal vaccine will be for available for use in the population age 2 -17 years. The injectable influenza vaccine is available wherever the vaccine is being offered.

Enterovirus-D68

Enterovirus D68 (EV-D68) shares biologic and epidemiologic features with human rhinovirus (HRV).There are approximately 100 serotypes of non-polio enteroviruses.EV-D68 has been one of the less commonly identified and reported. The virus was first identified in California in 1962, but it has not been commonly reported in Canada. It is currently not nationally notifiable thus it is not reported by the provinces and territories. Testing and reporting of EV-D68 cases have only occurred among the most severe cases or during outbreaks thus resulting in detection bias of the observed severity of illness. The actual or estimated rates of suspect or probable cases have not been described in Canada.

EV-D68 has been reported to cause mild to severe respiratory illness, however the full range of the illness is not well defined. EV-D68 is found in saliva, nasal mucus and sputum. The virus likely spreads form person to person when an infected person coughs or sneezes. In addition like other enterovirus, it is likely that the virus is also spread by the fecal oral route and indirectly via unwashed hands and contaminated surfaces and other materials and objects. Humans are the only known reservoir and incubation period is between one and five days. In general, Enterovirus circulates and peak in the summer and fall months.

Symptoms can range from mild to severe and may include fever, runny nose, sneezing, cough, and body and muscle aches. There is no specific treatment (e.g., antivirals) for EV-D68. There is no vaccine or other preventive medicines to prevent infection with this virus. The majority of cases are mild and self-limited requiring no treatment. Most of the children who get severely ill with EV-D68 infection have had asthma or a history of wheezing. It is not unusual to see increased illnesses caused by Enterovirus this time of year.

Public health interventions in the absence of vaccine and preventive intervention include:

- Public education
- Seeing your Health Care provider if you experience difficulty breathing

The most effective measures you can do to protect yourself and children against Enteroviruses such as EV-D68 are:

- Clean your hands with soap and warm water for at least 20 seconds.
- If soap and water are not available, use a hand sanitizer.
- Clean your hands:
    - before and after eating
    - after you have been in a public place
    - after using the washroom
    - after coughing and sneezing
    - after touching common surfaces

- Cough and sneeze into your arm, not your hand
- Keep your hands away from your face
- Keep common surface areas clean and disinfected
- If you get sick, stay home
- Ensure your immunizations are up to date
- Eat healthy foods and be physically active to keep your immune system strong.

Newfoundland and Labrador Communicable Disease Surveillance
Monthly Disease Report: September 2014

DISEASE CLASS	DISEASE NAME	TOTAL			EASTERN			CENTRAL			WESTERN			LABRADOR GRENFELL		
		Sept	YTD 14	YTD 13	Sept	YTD 14	YTD 13	Sept	YTD 14	YTD 13	Sept	YTD 14	YTD 13	Sept	YTD 14	YTD 13
Enteric, Food and Waterborne	Amoebiasis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Botulism	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Campylobacteriosis	**5**	**31**	**38**	**3**	**24**	**20**	**1**	**3**	**9**	**1**	**4**	**9**	0	0	0
	Cryptosporidiosis	0	**4**	**2**	0	0	0	0	0	0	0	**3**	**2**	0	**1**	0
	Cyclosporiasis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Cytomegalovirus	**3**	**22**	**18**	**3**	**11**	**14**	0	**5**	**2**	0	**4**	0	0	**2**	**2**
	Giardiasis	**4**	**17**	**24**	**1**	**1**	**2**	0	**3**	**1**	**2**	**8**	**19**	**1**	**5**	**2**
	Hepatitis A	0	**5**	0	0	**2**	0	0	**2**	0	0	**1**	0	0	0	0
	Listeriosis	0	**1**	**1**	0	0	**1**	0	0	0	0	**1**	0	0	0	0
	Norovirus Infection	0	**28**	**86**	0	**2**	**38**	0	**14**	**24**	0	**12**	**21**	0	0	**3**
	Salmonellosis	**2**	**72**	**47**	0	**25**	**24**	0	**23**	**8**	**2**	**20**	**7**	0	**4**	**8**
	Shigellosis	0	**2**	**2**	0	**1**	**2**	0	0	0	0	0	0	0	**1**	0
	Typhoid/Paratyphoid Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Verotoxigenic Escherichia coli	**2**	**9**	**3**	**2**	**9**	**3**	0	0	0	0	0	0	0	0	0
	Yersiniosis	0	**1**	**1**	0	0	0	0	0	0	0	**1**	**1**	0	0	0
Diseases Transmitted by Direct Contact and Respiratory Route	Creutzfeldt-Jakob Disease (CJD)	0	0	**1**	0	0	**1**	0	0	0	0	0	0	0	0	0
	Group B Streptococcal Disease of Newborn	**1**	**1**	**1**	0	0	0	0	0	0	0	0	0	**1**	**1**	**1**
	Influenza Virus of a Novel Strain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Influenza A, Laboratory Confirmed	0	**344**	**583**	0	**180**	**226**	0	**43**	**130**	**1**	**56**	**190**	0	**65**	**37**
	Influenza B, Laboratory Confirmed	0	**250**	**18**	0	**70**	**7**	0	**85**	**2**	0	**89**	**8**	0	**6**	**1**
	Invasive Group A Streptococcal Disease	0	**3**	**4**	0	**1**	**1**	0	0	**1**	0	**2**	1	0	0	1
	Invasive Haemophilus Influenza non-type B	0	**2**	**1**	0	0	0	0	**1**	0	0	**1**	1	0	0	0
	Invasive Meningococcal Disease (IMD), Conf	0	**1**	0	0	0	0	0	0	0	0	0	0	0	**1**	0
	Invasive Meningococcal Disease (IMD), Prob	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Invasive Pneumococcal Disease (IPD)	**2**	**5**	**9**	**1**	**2**	**3**	0	**1**	0	**1**	**2**	**5**	0	0	**1**
	Legionellosis	0	**1**	0	0	0	0	0	**1**	0	0	0	0	0	0	0
	Meningitis, Bacterial (other than Hib, IMD or IPD)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Meningitis, Viral	0	**2**	**1**	0	**2**	**1**	0	0	0	0	0	0	0	0	0
	Nontuberculosis Mycobacterial Disease	**1**	**5**	**2**	0	**2**	**1**	**1**	**1**	0	0	**2**	**1**	0	0	0
	Severe Respiratory Illness, unknown origin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tuberculosis, non-respiratory	0	**2**	**2**	0	**1**	0	0	0	0	0	0	**1**	0	**1**	**1**
	Tuberculosis, respiratory	0	**3**	**7**	0	0	**1**	0	0	0	0	**1**	0	0	**2**	**6**
Sexually Transmitted and Bloodborne Pathogens	Chlamydia	**65**	**622**	**607**	**37**	**385**	**374**	**7**	**53**	**40**	0	**59**	**92**	**21**	**125**	**101**
	Gonorrhoea	**8**	**51**	**25**	**7**	**46**	**25**	0	**2**	0	0	**2**	0	**1**	**1**	0
	Hepatitis C	**7**	**93**	**79**	**6**	**68**	**58**	**1**	**8**	**6**	0	**16**	**13**	0	**1**	**2**
	HIV Infection	**2**	**7**	**4**	**2**	**7**	**4**	0	0	0	0	0	0	0	0	0
	Syphilis, infectious	**3**	**20**	**8**	**3**	**19**	**5**	0	0	**1**	0	**1**	**2**	0	0	0
	Syphilis, non-infectious	0	**3**	**3**	0	**2**	**2**	0	0	0	0	**1**	0	0	0	**1**
Vectorborne & Other Zoonotic Diseases	Lyme disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Malaria	0	**3**	**1**	0	**2**	0	0	**1**	0	0	0	**1**	0	0	0
	Q Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rabies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Toxoplasmosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Trichinellosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	West Nile Virus Infection	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vaccine Preventable	Chickenpox	**7**	**97**	**127**	0	**57**	**67**	**2**	**27**	**48**	**2**	**6**	**6**	**3**	**7**	**6**
	Congenital Rubella Syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hepatitis B	0	**10**	**18**	0	**5**	**8**	0	**2**	**4**	0	0	**1**	0	**3**	**5**
	Invasive Haemophilus Influenza type B (Hib)	**1**	**2**	0	**1**	**2**	0	0	0	0	0	0	0	0	0	0
	Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mumps	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pertussis	**2**	**9**	**18**	**2**	**9**	**12**	0	0	0	0	0	0	0	0	**6**
	Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: Communicalble Disease Control System, Department of Health and Community Services, Government of Newfoundland and Labrador

Date verified: 27-Nov-2014

Disclaimer: Data are subject to continuous updates; small variations in numbers may occur.

Note: Prior to January 2011, "Invasive Meningococcal Disease, Probable" was included under the heading "Invasive Meningococcal Disease"

The majority of chickenpox cases meet the probable case 'definition'