

INFLUENZA

WHAT IS INFLUENZA?

Influenza (known as ‘the flu’) is a highly contagious acute respiratory illness. It is mostly caused by two types of influenza viruses, known as A and B.

HOW IS INFLUENZA SPREAD?

The virus is spread from person to person through infectious droplets when an infected person coughs or sneezes. It is easier to catch in crowded areas and in confined spaces. Epidemics generally last several weeks and peak in NSW between June and September.

WHAT ARE THE SYMPTOMS?

- A person generally has a sudden onset of:
 - fever
 - headache
 - muscle and joint pain
 - feeling tired
 - sore throat
 - cough
 - runny or stuffy nose
 - often extreme fatigue.
- Symptoms usually appear within 1–3 days of being infected, and a person is considered contagious for another 3–4 days after symptoms appear. Children may be infectious for seven days.
- Most people recover within 2–7 days. Compared with other viral respiratory infections like common colds, influenza causes more severe complications such as pneumonia, particularly in elderly people and other vulnerable groups.

HOW CAN INFLUENZA BE TREATED?

There are some specific drugs that can help reduce the symptoms of flu. The symptoms can also be treated with rest, good nutrition, and plenty of fluids. Medication may be required to combat fever, headache and muscle aches and pain. Antibiotics may be used if someone has a secondary bacterial infection. Your doctor can provide advice on all the appropriate medications.

HOW CAN I PREVENT INFLUENZA?

- Vaccination is the most effective protection against influenza infection. Anyone who wishes to avoid the flu should think about getting vaccinated each year well before winter begins.
- Influenza vaccination is strongly recommended for:
 - all adults aged 65 years and over;

- Aboriginal and Torres Strait Islander adults aged 50 years and over;
 - adults and children (6 months or older) with chronic diseases affecting the heart, lungs, kidneys or that require regular medical follow up and/or hospitalisation (including diabetes mellitus, asthma, and people whose immune system is suppressed);
 - residents of nursing homes and other long term care facilities;
 - children and teenagers (six months to 18 years) on long term aspirin therapy;
 - persons infected with HIV;
 - health care providers, staff of nursing homes and long-term facilities, providers of home care to persons at high risk (for example, nurses, volunteer workers), household members (including children six months or older) of persons in increased-risk groups;
 - travellers, especially those in large tourist groups (such as on cruise ships) or travelling to parts of the world where influenza is circulating;
 - women who will be pregnant during the influenza season between June and September.
- If you or a family member is diagnosed with the flu, to prevent the spread to other people, it is advisable for you or your family not to attend work, school or childcare.

WHEN SHOULD I BE VACCINATED?

The best time to be vaccinated against influenza is in autumn, prior to the winter influenza season.

WHERE CAN I RECEIVE MY VACCINATION?

Your doctor can vaccinate you with the current vaccine for the season.

WILL I HAVE TO PAY FOR THE VACCINE?

If you are 65 years or older, or are Aboriginal or Torres Strait Islander aged 50 years or older, or are 15–49 years of age, who meet the recommendations for immunisation based on the NHMRC risk factor assessment, the vaccine will be free. However, the doctor may charge a consultation fee.

IS THE VACCINE SAFE?

- Yes. The most frequent side effect of vaccination is soreness at the vaccination site, which may last up to two days.

- Mild 'flu-like' symptoms such as fever, fatigue, and muscle soreness may occur but are not common.
- Other side effects are rare; ask your doctor for further information.

IS IT POSSIBLE TO CATCH THE FLU AFTER I HAVE BEEN VACCINATED?

- It will take about two weeks for your body to develop immunity against the influenza virus after your vaccination.
- The influenza virus changes from time to time and the vaccine is designed to match the current circulating virus. The vaccine will provide about 70 per cent

protection against infection for about one year. However, even if you do catch the flu, the likelihood of developing complications from the infection will be reduced.

DO I NEED TO RECEIVE A FLU VACCINE EVERY YEAR?

Yes. Annual vaccination is necessary to provide continuing protection against the most recent influenza virus.

For further information contact your doctor, community health care centre or your nearest Public Health Unit. ☎

COMMUNICABLE DISEASES, NSW: DECEMBER 2000

MEASLES RE-EMERGES

By early November, 17 cases of **measles** had been reported in NSW since July 2000. Of these cases, 14 resided in NSW and three were visitors, just over half were 18–30 year olds and most (70 per cent) were females. Two separate clusters of cases have been identified.

The first cluster of 10 cases, mainly young adults, has been linked to Northern Sydney. Six of the cases reside in Northern Sydney, and three others may have been infected while visiting Northern Sydney. The remaining case may have been exposed to one of these cases in an adjacent area. The cluster began with a person who returned from Malaysia with the infection in late August 2000. To date, four subsequent generations of transmission have been identified within the cluster.

The second cluster of five cases has been identified recently in children who have not been immunised in Western, South Western and Central Sydney areas. Links between four of these cases have been confirmed.

RUBELLA RE-EMERGES

By early November, 100 cases of **rubella** had been notified in NSW since July. Most (73 per cent) of these occurred in 18–30 year olds and in males (80 per cent). By place of residence of the patients, 40 per cent lived in the Hunter Area and 29 per cent in South Eastern Sydney.

The importance of immunisation

A single dose of MMR vaccine will provide immunity against measles, mumps and rubella to 95 per cent of those vaccinated. The NSW Department of Health is currently promoting the immunisation of young adults to reduce the ongoing transmission of these diseases including congenital rubella syndrome. In August 2000, the Federal Government announced funding over the next 12

months to provide free MMR vaccine to persons aged between 18–30 years.

Check rubella immunity before pregnancy

Because of the potential consequences for the foetus, women should have their immunity checked prior to pregnancy, and if inadequate, be vaccinated with MMR. MMR vaccine should not be given to a woman known to be pregnant and pregnancy should be avoided for two months after vaccination.

END OF THE INFLUENZA SEASON

Reports of **influenza** declined sharply in October after peaking in September. Seasonal influenza surveillance (involving sentinel laboratories and general practitioners) ceased in early November.

SYPHILIS SURVEILLANCE IN CENTRAL SYDNEY

Belinda O'Sullivan and Patrick Maywood

Syphilis is an acute and chronic sexually transmitted disease (STD) caused by infection with *Treponema Pallidum*. It is characterised by skin and mucous membrane lesions in the acute infectious phase (early syphilis) and lesions of the bone, viscera, cardiovascular and neurological systems in the chronic non-infectious phase (late syphilis). Pregnant women with syphilis who have not received adequate penicillin therapy may transmit the infection to their foetus at any clinical stage of their disease causing congenital syphilis in infants. Therefore, it is NSW Health policy to screen all mothers for syphilis.

Recent syphilis outbreaks have been reported in large cities among disadvantaged groups and men who have sex with men, and has been linked to enhanced transmission of HIV.^{1,2} While syphilis can be controlled in the community through safe sex practices and through