

David Berlusconi

From: David Berlusconi
Sent: Monday, 17 June 2019 3:17 PM
To: Steven Cruden
Cc: Mark Pollard
Subject: RE: Information for low level workplace contacts

Hi Steve,

Yes. Pip and Rob should get a copy of the fact sheet for their information only. Pip should probably give it to her staff tomorrow however if anyone else asks why they were not informed, just tell them for the same reason we didn't advise City Ford dealerships. There was no reason to cause un-necessary panic and people medical issues are generally private and confidential.

Regards.

David Berlusconi
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From: Steven Cruden
Sent: Monday, 17 June 2019 3:06 PM
To: David Berlusconi
Cc: Mark Pollard
Subject: RE: Information for low level workplace contacts

Hi David,

Just confirming that I am only forwarding this info onto my guys in the phone room and that Pippa will be informing the Stock Control staff tomorrow of the situation.

Cheers,
Steve.

Steven Cruden
Sales Manager - Parts

Australian Automotive Group Pty Ltd
59 – 67 Percival Road

Smithfield. NSW 2164

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Ford



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From: David Berlusconi
Sent: Monday, 17 June 2019 12:19 PM
To: Steven Cruden
Cc: Mark Pollard
Subject: FW: Information for low level workplace contacts

Regards.

David Berlusconi
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From: Andrew Ingleton (Sydney LHD) [<mailto:Andrew.Ingleton@health.nsw.gov.au>] **On Behalf Of** SLHD-CDTeam
Sent: Monday, 17 June 2019 11:33 AM
To: David Berlusconi
Cc: WSLHD-CommunicableDiseases
Subject: Information for low level workplace contacts

Dear David,

Thank you for your time this morning.

Please find attached letters and meningococcal fact sheet for distribution to staff as discussed.

- Work higher risk contacts – information regarding clearance antibiotics and vaccination
This letter is only for the 5 staff who work in the same room.
Could you please provide a list of their names as we will need to follow up and ensure they have received the antibiotics and to discuss vaccination once further testing is completed.
- Work low level contacts – information
This information is for the remaining staff in the workplace.
Could you please confirm the number of staff employed at the Smithfield site.
- The NSW Health meningococcal fact sheet can be provided to both low level and higher risk contacts.

Please feel free to contact the Public Health Unit on 9515 9420 if you have any questions or need any further information.

I have CC'd my colleagues at the Parramatta Public Health Unit who have also been notified.

Kind regards
Andrew Ingleton

Communicable Diseases Team | **Public Health Unit**
Sydney Local Health District

Level 9 King George V Building Missenden Road Camperdown NSW 2050
Tel (02) 9515 9420 | Fax (02) 9515 9467 | SLHD-CDTeam@health.nsw.gov.au



I would like to acknowledge the traditional owners as custodians of this land on which I live and work on as the First Peoples of this Country -the Gadigal people of the Eora Nation. I also pay my respects to all Elders past and present.

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Sydney Local Health District Public Health Unit



Australian Automotive Group Pty Ltd
59-67 Percival Rd
Smithfield NSW 2164

Information for close contacts regarding clearance antibiotics and vaccination

Dear staff member,

You have recently been in close contact with a person who has meningococcal infection.

Meningococcal infection is caused by a bacterium that is carried, usually harmlessly, in the nose and throat by up to 10% of people. However, occasionally carriers may pass it on to others who have been in close contact with them. Only a very small number of people in contact with carriers develop meningococcal disease. After exposure to the bacterium, it may take up to ten days for symptoms to develop.

The bacteria are difficult to spread and are only passed from person to person by regular, close, prolonged contact. Contact with saliva from the front of the mouth, teeth or lips rarely passes the bacteria on.

Only people who have been in close contact with a suspected or confirmed case of meningococcal disease need to take special antibiotics to clear the bacteria from the back of the throat. This includes:

- household contacts and other people who have stayed overnight in the house in the seven days before the case became unwell
- intimate contacts such as a boyfriend/girlfriend/sexual partner
- those who attended the same childcare centre class.

As you have been in close contact with a person who has this infection, you may be a carrier of meningococcal bacteria. For this reason you should take a short course of 'clearance' antibiotics as recommended to you. These antibiotics are intended to eliminate the bacteria you may be carrying, to prevent possible transmission to another person.

This 'clearance' antibiotic does **not** treat the disease in a person who is already developing the infection. **Whilst on the medication, it is *not* necessary for you to avoid contact with family members and children, and you do *not* need to be isolated or excluded from school or work.**

Depending upon the strain of meningococcal bacteria, the Public Health Unit may recommend vaccination for household contacts of the person with meningococcal infection. The Public Health Unit will advise if this is necessary for you.

It is important to seek medical advice immediately if you develop any of the symptoms of meningococcal disease (listed below), or if you are vaguely unwell. **Please take this letter with you if you need to see your doctor or the emergency department of a hospital.**

Make sure that other people with whom you have been in close contact (such as your family, close friends, or sexual partner) in the past week know that you are a close contact of someone with meningococcal disease, and that they should know the symptoms of meningococcal disease and to seek urgent medical advice if they develop symptoms.

Other people with whom you have been in recent contact do not need to take antibiotics.

The symptoms of meningococcal disease to look out for include a combination of:

- Sudden onset of fever
- Sore joints and muscles
- Nausea and vomiting
- Headache

- Neck stiffness
- Dislike of bright lights
- Tiredness
- A pin-prick rash, which may appear anywhere on the skin and can quickly change into large red-purple blotches. Usually this rash does not disappear when light pressure is applied to the skin. Sometimes a rash does not appear at all.
- Very early symptoms may include leg pain, cold hands and feet and abnormal skin colour.

Young children may have more general symptoms that may include irritability, drowsiness or difficulty waking, high-pitched or moaning cry, pale and blotchy skin, and refusing to eat.

Even if you've had a meningococcal vaccine you still need to look out for symptoms, because the vaccines don't protect against all meningococcal strains.

A fact sheet that contains more detail about meningococcal disease is available at:
www.health.nsw.gov.au/Infectious/factsheets/Pages/Meningococcal_disease.aspx

Please contact the Public Health Unit if you have any further questions. *If you are unwell, do not wait to call the Public Health Unit – see a doctor immediately, and take this letter.*

Yours sincerely



Dr Leena Gupta
Director, Public Health Unit
 17/06/2019

Dear Doctor

This person is considered to be a close contact of someone with meningococcal disease. If he or she is unwell, please consider meningococcal disease in your differential diagnosis. If meningococcal disease is suspected, please notify the public health unit urgently by telephone.

Further information – Public Health Units in NSW

For more information please contact your doctor, local public health unit or community health centre
 – look under *NSW Government* at the front of the White Pages.

Metropolitan Areas		Rural Areas	
Northern Sydney / Central Coast	Hornsby	Greater Southern	Goulburn
	Gosford		Albury
South Eastern Sydney / Illawarra	Randwick	Greater Western	Broken Hill
	Wollongong		Dubbo
Sydney South West	Camperdown	Hunter / New England	Bathurst
Sydney West	Penrith		Newcastle
	Parramatta		Tamworth
Justice Health Service	Matraville	North Coast	Port Macquarie
			Lismore
NSW Department of Health		Nth Sydney 02 9391 9000	
NSW Health website		www.health.nsw.gov.au	

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Sydney Local Health District Public Health Unit



Australian Automotive Group Pty Ltd
59-67 Percival Rd
Smithfield NSW 2164

Information for low-level contacts (no antibiotics)

Dear staff member,

You have recently been in contact with a person who has meningococcal infection.

Meningococcal infection is caused by a bacterium that is carried, usually harmlessly, in the nose and throat by up to 10% of people. However, occasionally carriers may pass it on to others who have been in close contact with them.

Only a very small number of people in contact with 'carriers' develop meningococcal disease. If this does happen, it may take up to ten days for symptoms to develop.

The bacteria are difficult to spread and are only passed from person to person by regular close, prolonged contact. Contact with saliva from the front of the mouth, teeth or lips rarely passes the bacteria on.

Only people who have been in **close** contact with a suspected or confirmed case need to take special antibiotics to clear the bacteria from the back of the throat. These people include household contacts, those who have stayed overnight in the house in the seven days before the person became unwell, intimate contacts such as a boyfriend/girlfriend/sexual partner, and those who attended the same childcare centre group. This 'clearance' antibiotic does **not** treat the disease in a person who is already developing the infection.

Because you have not been in close contact with a case, it is *not* necessary for you to take any antibiotic medication. You do *not* need to avoid contact with family members or children, and you do *not* need to be isolated or excluded from school or work.

While the risk of developing infection is very low, it is important to seek medical advice immediately if you develop any of the symptoms of meningococcal disease (these are listed below) or if you are unwell. **Please take this letter with you if you need to see your doctor or the emergency department of a hospital.**

The symptoms of meningococcal disease to look out for include a combination of:

- Sudden onset of fever
- Sore joints and muscles
- Nausea and vomiting
- Headache
- Neck stiffness
- Dislike of bright lights
- Tiredness
- A pin-prick rash may appear anywhere on the skin; this can quickly change into large red-purple blotches. Usually this rash does not disappear when light pressure is applied to the skin. Sometimes a rash does not appear at all.
- Very early symptoms may include leg pain, cold hands and feet and abnormal skin colour.

Young children may have more general symptoms that may include irritability, drowsiness or difficulty waking, high-pitched or moaning cry, pale and blotchy skin, and refusing to eat.

Even if you've had a meningococcal vaccine you still need to look out for symptoms, because the vaccines don't protect against all meningococcal strains.

A fact sheet that contains more detail about meningococcal disease is available at:
www.health.nsw.gov.au/Infectious/factsheets/Pages/Meningococcal_disease.aspx

Please contact the Public Health Unit if you have any further questions. *If you are unwell, do not wait to call the Public Health Unit – it is important to see a doctor immediately.*

Yours sincerely



Dr Leena Gupta
Director, Public Health Unit
17/06/2019

Further information – Public Health Units in NSW					
For more information please contact your doctor, local public health unit or community health centre – look under <i>NSW Government</i> at the front of the White Pages.					
Metropolitan Areas			Rural Areas		
Northern Sydney / Central Coast	Hornsby	02 9477 9400	Greater Southern	Goulburn	02 4824 1837
	Gosford	02 4349 4845		Albury	02 6080 8900
South Eastern Sydney / Illawarra	Randwick	02 9382 8333	Greater Western	Broken Hill	08 8080 1499
	Wollongong	02 4221 6700		Dubbo	02 6841 5569
Sydney South West	Camperdown	02 9515 9420	Hunter / New England	Bathurst	02 6339 5601
Sydney West	Penrith	02 4734 2022		Newcastle	02 4924 6477
	Parramatta	02 9840 3603		Tamworth	02 6767 8630
Justice Health Service	Matraville	02 9311 2707	North Coast	Port Macquarie	02 6588 2750
				Lismore	02 6620 7500
NSW Department of Health	Nth Sydney	02 9391 9000			
NSW Health website	www.health.nsw.gov.au				

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Meningococcal disease

Meningococcal disease is caused by a bacterial infection and can lead to serious illness. It is uncommon in NSW, and occurs more often in winter and spring. Infants, small children, adolescents and young adults are most at risk. Early treatment is vital.

Last updated: 11 January 2019

What is meningococcal disease?

- Meningococcal disease is a serious illness that usually causes meningitis (inflammation of the lining of the brain and spinal cord) and/or septicaemia (blood poisoning). Rare forms of the disease include septic arthritis (joint infection), pneumonia (lung infection) and conjunctivitis (infection of the outer lining of the eye and eyelid).
- People with meningococcal disease can become extremely unwell very quickly. Five to ten per cent of patients with meningococcal disease die, even despite rapid treatment.
- Historically winter and spring have been the peak seasons for meningococcal disease, however cases can occur year round.
- Meningococcal disease is caused by infection with *Neisseria meningitidis* of which there are several serogroups. Disease is caused by serogroups A, B, C, W and Y. The meningococcal C vaccine has reduced the number of cases caused by that serogroup.
- Between 5 and 25 per cent of people carry meningococcal bacteria at the back of the nose and throat without showing any illness or symptoms.

What are the symptoms?

- Symptoms of meningococcal disease are non-specific but may include sudden onset of fever, headache, neck stiffness, joint pain, a rash of red-purple spots or bruises, dislike of bright lights nausea and vomiting.
- Not all of the symptoms may be present at once.
- Young children may have less specific symptoms. These may include irritability, difficulty waking, high-pitched crying, and refusal to eat.
- The typical meningococcal rash doesn't disappear with gentle pressure on the skin. Not all people with meningococcal disease get a rash or the rash may occur late in the disease.
- Sometimes the classic symptoms may follow less specific symptoms including leg pain, cold hands and abnormal skin colour.
- Meningococcal disease can sometimes follow on from other respiratory infections.
- People who have symptoms of meningococcal disease should see a doctor urgently, especially if there is persistent fever, irritability, drowsiness or lethargy, a child is not feeding normally or symptoms have come on or worsened very quickly
- If you have already seen a doctor but symptoms continue to worsen, consult your doctor again or go to the Emergency Department.

How is it spread?

- Meningococcal bacteria are not easily spread from person to person and the bacteria do not survive well outside the human body.

- The bacteria are passed between people in the secretions from the back of the nose and throat. This generally requires close and prolonged contact with a person carrying the bacteria who is usually completely well. An example of 'close and prolonged contact' is living in the same household or intimate (deep) kissing.
- Meningococcal bacteria are not easily spread by sharing drinks, food or cigarettes.

Who is at risk?

Meningococcal disease can affect anyone, however there are certain groups that are at higher risk. These include:

- household contacts of patients with meningococcal disease
- infants, small children, adolescents and young adults
- people who smoke or are exposed to tobacco smoke
- people who practice intimate (deep mouth) kissing, especially with more than one partner
- people who have recently had a viral upper respiratory tract illness
- travellers to countries with high rates of meningococcal disease
- people with no working spleen or who have certain other rare medical conditions.

People who have had only minor exposure to someone with meningococcal disease have a very low risk of developing the disease.

Healthcare workers are not at increased risk unless they have been directly exposed to a case's nasopharyngeal secretions (for example, if they performed mouth-to-mouth resuscitation or intubated the case without using a face mask).

How is it prevented?

Any person from 6 weeks of age who wants to protect themselves against meningococcal disease is recommended to receive the two vaccines available in Australia.

Vaccination against meningococcal C was included in the National Immunisation Program Schedule from 2003. From 1 July 2018 it was replaced by the vaccine against meningococcal strains A,C,W and Y (Men ACWY). It is offered to all children at one year of age (as part of free routine immunisation).

The NSW Meningococcal Response Program offers a single dose of Men ACWY vaccine to older adolescents as part of the NSW School-based Vaccination Program. This was offered to students in Years 11 and 12 in 2017 and to students in Years 10 and 11 in 2018. From 2019 students in Year 10 will be offered the free vaccine at school.

To ensure all older adolescents have the opportunity to be protected, those aged from 15 to 19 years who have not received the meningococcal ACWY vaccine at school are encouraged to see their GP for a free vaccine.

Meningococcal ACWY vaccine is required for pilgrims to the Hajj and strongly recommended for persons travelling to areas where epidemics of meningococcal A,C, W and Y occur such as the meningitis belt of sub-Saharan Africa. For up to date vaccination requirements talk to your travel doctor, or General Practitioner.

Meningococcal B (Men B) protects against some serogroup B strains, and is strongly recommended for young children and adolescents but is not funded by the National Immunisation Program.

Men ACWY and Men B vaccines are also recommended for people at occupational risk of meningococcal disease such as laboratory workers, and for people without a working spleen.

Because routine childhood vaccines do not protect against all strains of meningococcal disease, all people must still be alert for the symptoms and signs of meningococcal disease, even if they have been vaccinated.

How is it diagnosed?

Diagnosis is based on the patient's history and examination. This is sometimes difficult in the early stages of the disease. Confirmation of the diagnosis involves testing samples from the patient, including blood, cerebrospinal fluid, or skin samples. The time taken to get a test result can vary depending on the tests performed.

How is it treated?

Patients with meningococcal disease need urgent treatment with antibiotics, in hospital, and treatment is usually started before the diagnosis is confirmed by tests.

What is the public health response?

Hospitals and laboratories notify cases of meningococcal disease to the local public health unit (PHU). PHU staff will work with the doctor, the patient or the patient's family to identify the people who have been close to the ill person (depending on the duration and the nature of their exposure). These people are called contacts.

Contacts are given information about meningococcal disease. A smaller group of close contacts are carefully identified and given clearance antibiotics because they are the people most likely to be carrying the bacteria.

These antibiotics eliminate the bacteria from the throat and help prevent it from being transmitted to others. Clearance antibiotics are different to the antibiotics used to treat the infection and people who receive clearance antibiotics are still at some risk of developing the disease. All contacts should therefore be aware of the symptoms of meningococcal disease and should see a doctor urgently if these occur.

For further information please call your local Public Health Unit on 1300 066 055 or visit the New South Wales Health website www.health.nsw.gov.au