

Communicable Diseases Weekly Report

Week 48 25 November 2013 – 01 December 2013

In summary, we report:

- [Parechovirus](#) – 11 confirmed cases case in infants
- [Hepatitis A](#) – one locally acquired case
- [Summary of notifiable conditions activity in NSW](#)

For further information on infectious diseases and alerts see the [Infectious Diseases](#) webpage.

Follow the [A to Z of Infectious Diseases](#) link for more information on specific diseases.

For links to other surveillance reports, including influenza reports, see the [NSW Health Infectious Diseases Reports](#) webpage.

Parechovirus

During the previous reporting week, doctors from the Children's Hospital at Westmead reported an increase in very young infants who were very unwell with fever, irritability, and mild diarrhoea. Two of these infants had tested positive for parechovirus infection.

Parechoviruses are similar to enteroviruses, and are part of the same virus family. There are at least 16 different types of parechoviruses. Parechovirus types 1 and 2 are reported to have been associated with mild gastrointestinal and respiratory symptoms. However parechovirus type 3 is known to be associated with more severe illness with high fever and in some cases, neurological disease. Rash frequently occurs.

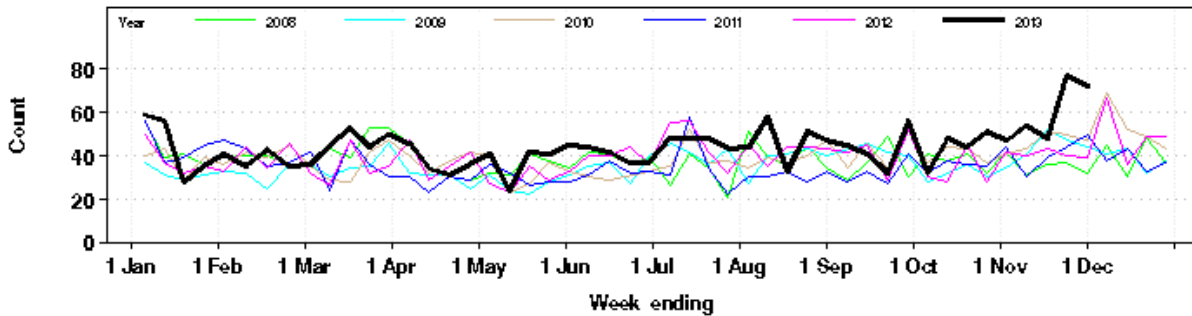
Further testing of young infants with fever and irritability who were admitted to paediatric hospitals in Sydney has detected a total of 11 cases of laboratory confirmed parechovirus infection. At least another 19 clinical cases have been reported, including eight from John Hunter Hospital. Most cases are very young infants (under 3 months, including some neonates) presenting with rapid onset of high fever, irritability and mild diarrhoea. Eight have required ICU admission. Two adults, each a parent of a case, became ill with severe myalgia. Cases have come from Sydney and across NSW.

There is no specific treatment for parechovirus. The illness usually resolves spontaneously with one study reporting that the fever resolved after 2-3 days and the average hospital stay was 3-4 days. Because parechovirus signs in young infants are similar to signs of severe bacterial bloodstream infections, infants with parechovirus infection are often commenced on antibiotics. Diagnosis of parechovirus in these infants means that the antibiotics can be ceased and the parents can be informed that it is likely their baby will make a full recovery.

During the last two weeks an increase in emergency department presentations and hospital admissions of infants under one year of age with fever/unspecified infection was also noted (Figure 1). The increased hospital admissions occurred in South Eastern Sydney, Hunter New England, Western Sydney, and Western NSW Local Health Districts.

Health Protection NSW developed a surveillance case definition and is working with hospitals to monitor the number of cases and collect information about each case. Information was provided to clinicians about parechovirus. The community was informed via a media release.

Figure 1. Total weekly counts of Emergency Department presentations for fever or unspecified infection that were admitted, for 2013 (black line), compared with each of the 5 previous years (coloured lines), children aged under 1 year, for 59 NSW hospitals.



Follow the link to the [media release on parechovirus](#).

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Hepatitis A

A notification of hepatitis A that was acquired in Sydney was received this reporting week. The case was a 40 year old female who had not travelled outside Sydney, and who had no known contact with anyone with hepatitis.

There have been 58 cases of hepatitis A notified in NSW in 2013 to 01 December 2013, which is slightly less than the previous four year average of 63.5 cases for the same period. Eight of the 58 notifications in 2013 were locally acquired; the rest were acquired overseas, predominantly in developing countries.

Hepatitis A is an acute infection of the liver caused by the hepatitis A virus. The symptoms of hepatitis A are fever, feeling unwell, lack of appetite, nausea, abdominal discomfort followed by dark urine, pale coloured bowel motions and jaundice (yellow eyeballs and skin). The illness usually lasts for one to three weeks and is almost always followed by complete recovery. Adults usually have a more severe illness than young children, who may have no symptoms at all. Occasionally in adults hepatitis A infection causes a serious, disabling disease that lasts several months. Hepatitis A does not cause long term liver disease and deaths are rare.

Hepatitis A virus is found in the faeces of someone with hepatitis A when they are in their infectious period (from two weeks before the onset of symptoms until one week after the onset of jaundice). The virus can survive in the environment for several weeks in some conditions (e.g. in sewage). Hepatitis A is usually spread when virus from an infected person is swallowed by another person through:

- eating contaminated food;
- drinking contaminated water;
- handling nappies, linen or towels soiled with the faeces of an infectious person; or
- direct contact, including sexual contact, with an infectious person.

It usually takes about 28-30 days from contact with the virus to the onset of symptoms, though this may be as short as 15 days or as long as 50 days.

Outbreaks of hepatitis A have been traced to situations where: food has been contaminated by an infectious food handler; food has been contaminated by sewage (e.g. shellfish); drinking water has been contaminated by sewage; and person-to-person spread.

Hepatitis A is preventable by immunisation. Hepatitis A vaccine is safe and effective for children and adults. Vaccination is recommended for those at risk of hepatitis A infection including people travelling to countries where hepatitis A is common. It is also recommended for childcare workers, frequent visitors to rural and remote Indigenous communities, men who have sex with men, people with developmental disabilities and their carers, sewage workers, plumbers, and people with chronic liver disease.

People with hepatitis A should not return to work, school or childcare until they are no longer infectious (seven days after the onset of jaundice). Additionally they should not prepare food or drink for other people, not share eating or drinking utensils, not share linen and towels, abstain from sex and undertake frequent handwashing, particularly after going to the toilet.

Follow the link for further information on [hepatitis A](#).

Follow the link for further information on [hepatitis A disease notifications](#).

Follow the link for further information on [hepatitis A vaccination](#) (external link).

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Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period (Table 1).

Table 1. NSW notifiable conditions from 25 November 2013 to 01 December 2013, by date received.

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	15	22	1074	604	326	655	354
	Giardiasis	43	46	2094	1893	2240	2013	2373
	Hepatitis A	2	3	60	37	54	41	60
	Rotavirus	14	9	474	1710	1143	1761	1208
	STEC/VTEC	1	4	22	14	9	14	9
	Salmonellosis	62	64	3158	2716	3347	2941	3567
	Shigellosis	4	2	121	122	116	131	126
Respiratory Diseases	Influenza	54	56	8220	7857	5700	8039	5791
	Legionellosis	3	0	91	101	98	105	105
	Tuberculosis	3	4	357	405	506	443	540
Sexually Transmissible Infections	Chlamydia	466	456	19390	19805	19074	21261	20448
	Gonorrhoea	96	97	3939	3874	2585	4115	2818
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	3	484	256	351	264	363
	Meningococcal Disease	1	3	46	66	71	68	72
	Pertussis	44	45	2163	5669	12505	5996	13411
	Pneumococcal Disease (Invasive)	7	14	463	537	487	563	530
Vector Borne Diseases	Barmah Forest	4	9	414	313	458	344	471
	Dengue	1	2	244	276	130	289	149
	Malaria	3	0	87	66	75	68	82
	Ross River	7	7	478	568	572	596	590
Zoonotic	Brucellosis	1	0	3	5	5	5	6
	Q fever	3	3	135	116	133	123	145

Notes on Table 1: NSW Notifiable Conditions activity

- Data cells represent the number of case reports received by NSW Public Health Units and recorded on the NSW Notifiable Conditions Information Management System (NCIMS) in the relevant period.
- Data cells in the 'Adverse Event Following Immunisation' category refer to suspected cases only. These reports are referred to the Therapeutic Goods Administration (TGA) for assessment. Data on adverse events following immunisation is available online from the TGA [Database of Adverse Event Notifications](#).
- Only conditions for which at least one case report was received appear in the table. HIV and other blood-borne virus case reports are not included here but are available from the [Infectious Diseases Data](#) webpage.

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