

Communicable Diseases Weekly Report

Week 50 02 December 2013 – 15 December 2013

In summary, we report:

- [Parechovirus](#) – 98 cases now confirmed
- [Shigellosis](#) – of ten cases in adult males, seven were men who have sex with men
- [Infectious syphilis](#) – 533 notifications in 2013 to 15 December
- [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.

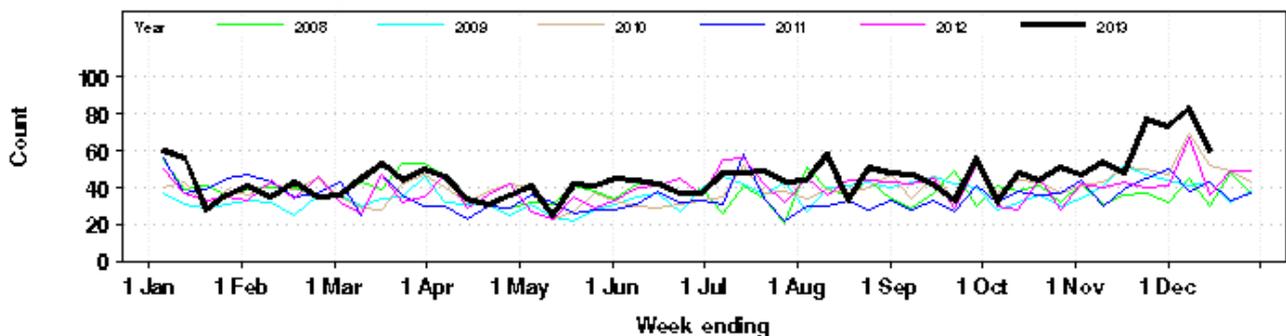
Parechovirus

As reported in previous weekly reports, active surveillance for parechovirus infection in infants has been implemented in NSW. There are now 98 confirmed cases of parechovirus from across NSW.

An increase in emergency department presentations and hospital admissions of infants with fever and irritability was detected by the Public Health Real-time Emergency Department Surveillance System (PHREDSS). Hospital admissions peaked in the first week of December (Figure 1).

Active surveillance of young babies presenting unwell with fever and irritability will continue.

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.



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Shigellosis

There were five notifications of shigellosis this reporting week, and seven in the previous week (Table 1). Ten of these cases are adult males, of which seven are men who have sex with men. The infections in men who have sex with men are a mix of *Shigella flexneri* var X and *Shigella sonnei* BT G.

Shigellosis is a diarrhoeal disease caused by *Shigella* bacteria. There are four species of *Shigella* bacteria. Symptoms include diarrhoea (often containing blood and mucous), fever, nausea, vomiting and abdominal cramps. The symptoms usually begin around 1-3 days after exposure.

The illness usually lasts 4-7 days, but can last longer. Shigellosis is most severe in young children, older people and people with weakened immune systems.

Shigella spreads easily from person to person by the faecal-oral route. Ingestion of only a small number of organisms is sufficient to result in infection. Transmission occurs if hands are not washed properly, particularly after going to the toilet or changing nappies. Certain types of sexual activity, such as oral-anal sex, facilitate transmission of *Shigella* from person to person. Shigellosis can also be acquired from ingestion of food contaminated by poor hand hygiene or by flies that have been in contact with human waste.

People with *Shigella* infections can have the bacteria in their faeces, and so remain infectious, for some weeks after their symptoms have resolved. Treatment with appropriate antibiotics generally reduces the time a person is infectious to a few days.

Shigellosis can be prevented by thorough hand washing after any possible exposures to human faecal material, including after toileting, changing nappies and sexual activity. People who have shigellosis should not have sex where there is any contact with the anus, to avoid transmitting *Shigella* to the mouth.

People travelling to countries where shigellosis is common, should avoid uncooked foods, including fruit and vegetables unless washed and peeled by the person themselves, and drink only bottled, boiled or treated water.

People with shigellosis should not go to work or school until their diarrhoea has stopped. Children in child care should be excluded until their diarrhoea has ceased for 24 hours. People who are food handlers, or care for patients, children or the elderly should not attend work until 48 hours after their symptoms have resolved.

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

Follow the link for further information on [Shigella notifications](#).

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Syphilis

There have been 522 notifications of infectious syphilis (syphilis of less than 2 years duration) in 2013 to 30 November 2013. This is higher than the number of notifications for the same period in 2009 (491); the year in which infectious syphilis notifications had previously peaked in NSW.

Syphilis is a sexually transmitted bacterial infection caused by the spirochaete *Treponema pallidum*. If untreated, the disease has three stages: primary, secondary and tertiary syphilis. There is a long period where there are no symptoms at all, called latent syphilis, which occurs when the symptoms of secondary syphilis disappear and before the onset of symptoms of tertiary syphilis.

The first symptom of syphilis, which occurs about three weeks after exposure, is a painless ulcer (chancre) that appears at the site of infection. This may be unnoticed, particularly if it is on the cervix or in the rectum. The ulcer clears spontaneously after four to six weeks. Symptoms of secondary syphilis can appear from the time when the primary ulcer is healing to several weeks after the ulcer has healed; these include skin rashes which may be on the palms of the hands and soles of the feet, swollen lymph nodes, fever, patchy hair loss, wart like lesions around the genitals or anus, fatigue and muscle aches. 15-30% of people who have not been treated for syphilis develop tertiary syphilis which can include bone, cardiovascular and neurological disease and which appears 10–30 years after the initial infection.

Syphilis in pregnancy can cause abortion, premature delivery, stillbirth and congenital syphilis. Manifestations of congenital syphilis are variable, but can be severe, and include cataracts, deafness, and seizures.

Syphilis is transmitted sexually from vaginal, anal, or oral sex. It is highly contagious during the primary and secondary stages when the ulcer or rash is present. It is also transmitted vertically from a mother to her unborn child.

Syphilis is curable if treated with antibiotics such as penicillin.

In Australia most cases of syphilis occur in men who have sex with men. It also occurs in Aboriginal people who live in remote communities.

Syphilis can be prevented by the use of a condom for vaginal and anal sex, and a dental dam for oral sex. A syphilis test is a blood test and is part of a check for sexually transmissible infections (STIs). Anyone who has had unprotected sex, whose partner has another sexual partner, or who has had a recent partner change should have a check for STIs.

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

Follow the link for further information on [syphilis notifications](#).

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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 09 December 2013 to 15 December 2013, by date received.

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	18	14	1106	633	343	655	354
	Giardiasis	39	45	2178	1971	2309	2013	2373
	Hepatitis A	2	0	62	39	57	41	60
	Rotavirus	5	11	492	1750	1183	1761	1208
	Salmonellosis	77	82	3321	2821	3475	2941	3567
	Shigellosis	5	7	133	127	123	131	126
	Typhoid	1	2	55	41	44	43	45
Respiratory Diseases	Influenza	42	48	8312	7959	5759	8039	5791
	Legionellosis	2	3	98	103	104	105	105
	Tuberculosis	7	8	375	427	525	443	540
Sexually Transmissible Infections	Chlamydia	413	476	20287	20697	19909	21261	20448
	Gonorrhoea	101	98	4140	4021	2722	4115	2818
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	3	491	261	359	264	363
	Haemophilus influenzae type b	1	0	8	2	4	2	4
	Mumps	2	0	80	107	58	110	61
	Pertussis	41	63	2270	5858	13053	5996	13411
	Pneumococcal Disease (Invasive)	8	3	474	557	508	563	530
Vector Borne Diseases	Barmah Forest	4	5	421	328	463	344	471
	Dengue	5	4	254	285	134	289	149
	Malaria	2	1	90	67	78	68	82
	Ross River	6	10	493	586	579	596	590
Zoonotic	Q fever	1	0	140	119	140	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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