

# Communicable Diseases Weekly Report

## Week 11 11 March 2013 – 17 March 2013

In summary, we report:

- [Typhoid](#) – three new cases reported
- [Viral meningitis](#) – increase in reported cases from Northern Sydney
- [Arbovirus surveillance update](#) – decline in mosquito numbers
- [Summary of notifiable conditions activity in NSW](#)

For further information on communicable diseases in NSW see the [NSW Health Infectious Diseases](#) website.

Click on the heading of each section to see a related factsheet. Updated data are provided in the links below each section, where available.

### [Typhoid](#)

There were three cases of typhoid fever reported this week (Table 1). Two of the cases were in adults who had recently travelled to South Asia. The third case was in a teenager with no recent overseas travel history. Local public health units are investigating these case to manage the risk of local transmission of typhoid and to identify potential sources of infection for the locally-acquired case.

Typhoid fever is a disease caused by the bacteria *Salmonella* Typhi. Paratyphoid fever is a disease caused by the bacteria *Salmonella* Paratyphi. These diseases cause a similar illness, although paratyphoid infections tend to be less severe and less common than typhoid.

In Australia, most typhoid and paratyphoid infections are acquired overseas by individuals eating contaminated food or water in developing countries while visiting friends and relatives or travelling. These infections are different to infection with *Salmonella* which usually causes gastroenteritis.

People travelling to countries where typhoid and paratyphoid fever are common should receive a typhoid vaccine two weeks prior to travel (for those aged  $\geq 2$  years) and take appropriate hygiene and food safety precautions.

Follow the link for further information on [typhoid surveillance data](#).

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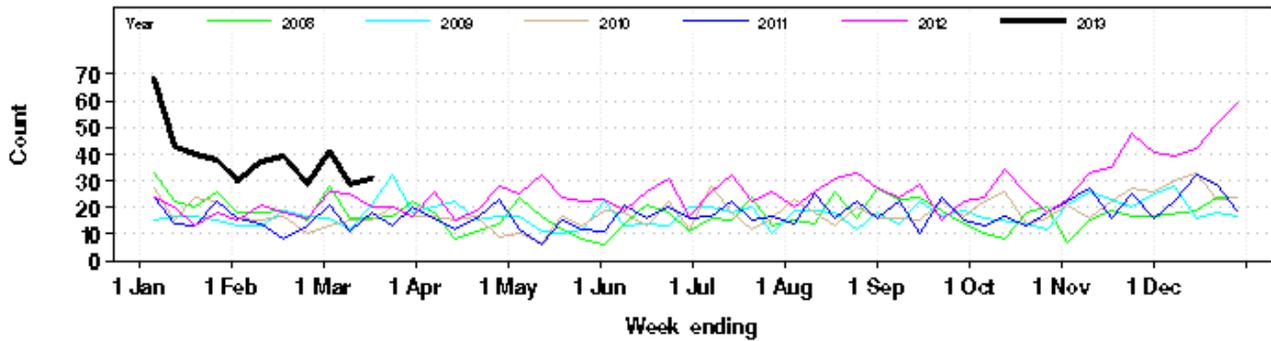
### [Viral meningitis](#)

There were reports this week of a possible increase in the incidence of viral meningitis in children from Northern Sydney Local Health District due to enterovirus infections.

The Northern Sydney Public Health Unit has asked General Practitioners in the area to have a heightened awareness for this condition and refer suspect patients directly to their local hospital for further assessment and management.

For NSW as a whole, Emergency Department surveillance indicates that the number of patients presenting with meningitis or encephalitis increased in early November 2012, peaked in early January 2013 and then declined (Figure 1). In the past week, the number of meningitis/encephalitis presentations increased slightly and remained above the usual range for this time of year.

**Figure 1. Total weekly counts of Emergency Department presentations for meningitis/encephalitis, for March 2013 (black line), compared with each of the 5 previous years (coloured lines), for 59 NSW hospitals.**



Viral meningitis is generally less severe than bacterial meningitis and resolves without specific treatment. In Australia, most viral meningitis cases in the summer months are caused by enteroviruses. Only a small number of people with enterovirus infections develop meningitis.

Enhanced laboratory surveillance commenced in NSW in December 2012 and showed that a number of enteroviruses were circulating in NSW. The most commonly identified enterovirus identified was echovirus 30, which is often associated with the summer outbreaks of viral meningitis that occur every few years in NSW.

Another type of enterovirus called enterovirus 71 (EV71) is commonly linked to outbreaks of Hand, Foot and Mouth Disease in parts of south-east Asia which are sometimes associated with severe cases of meningitis or encephalitis. EV71 is also identified sporadically in NSW.

Enteroviruses are most often spread from person to person through faecal contamination (such as by not washing hands properly after using the toilet). Enteroviruses can also be spread through respiratory secretions (saliva, sputum, or nasal mucus) of an infected person, and possibly through contaminated swimming and wading pools.

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## **Arbovirus surveillance update**

Notifications for [Barmah Forest Virus](#) and [Ross River Virus](#) infections were within the normal range for this time of year, and lower than the previous week (Table 1). Four cases of dengue virus infection were reported this week, with all cases in adults returning from travel in south-east Asia.

The NSW arbovirus surveillance and vector monitoring program reports that the warm and humid weather along the coast and mild conditions inland has meant that mosquito numbers are still high at many sites around the state. However, there appears to be little arbovirus activity.

The historical peak in arbovirus activity for the inland has passed, suggesting that epidemic activity is unlikely to occur, however the historical peak for the coast has yet to be reached. No arboviral isolates from mosquitoes or seroconversions in the sentinel chickens were recorded. There have been no arbovirus isolates identified from the mosquito monitoring program and no arbovirus seroconversions in sentinel chickens recorded this season.

Follow the link for further information on [arboviral notifications surveillance data](#).

Follow the links for further information and data from the [NSW Arbovirus surveillance and vector monitoring program](#) (external link) and the NSW Health [Fight the Bite! campaign poster](#).

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## Summary of notifiable conditions activity in NSW

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

**Table 1. NSW Notifiable Conditions activity for the period 11 March to 17 March 2013 (by date received).**

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	55	62	436	142	79	655	354
	Giardiasis	60	58	576	534	645	2015	2376
	Hepatitis A	1	2	29	9	21	41	60
	Listeriosis	1	2	14	10	5	36	20
	Rotavirus	3	9	99	165	170	1761	1207
	STEC/VTEC	1	1	8	5	0	14	9
	Salmonellosis	86	71	1008	870	1437	2947	3571
	Shigellosis	4	4	32	41	39	131	126
	Typhoid	3	1	18	12	19	43	45
Respiratory Diseases	Influenza	43	33	342	166	343	8041	5790
	Legionellosis	2	2	17	34	17	103	101
	Tuberculosis	2	5	61	90	118	431	538
Sexually Transmissible Infections	Chlamydia	452	371	4574	4972	4377	21264	20448
	Gonorrhoea	47	123	938	885	534	4114	2817
Vaccine Preventable Diseases	Adverse Event Following Immunisation	30	36	168	51	39	261	343
	Haemophilus influenzae type b	1	0	1	0	1	2	4
	Mumps	3	2	18	21	8	110	60
	Pertussis	25	37	611	1960	3412	5987	13386
	Pneumococcal Disease (Invasive)	4	8	69	49	65	570	529
Vector Borne Diseases	Barmah Forest	10	6	105	80	200	344	472
	Dengue	4	0	44	78	51	287	146
	Malaria	1	0	20	12	20	68	82
	Ross River	8	9	111	145	214	598	590
Zoonotic Diseases	Q Fever	1	0	23	31	30	120	136

### 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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