

Communicable Diseases Weekly Report

Week 16 15 April 2013 – 21 April 2013

In summary, we report:

- [Viral meningitis/encephalitis and Hand Foot and Mouth disease](#) – Update.
- [Listeriosis](#) – one new case reported, not linked to recent cluster.
- [Tetanus](#) – one new case reported.
- [Summary of notifiable conditions activity in NSW](#)

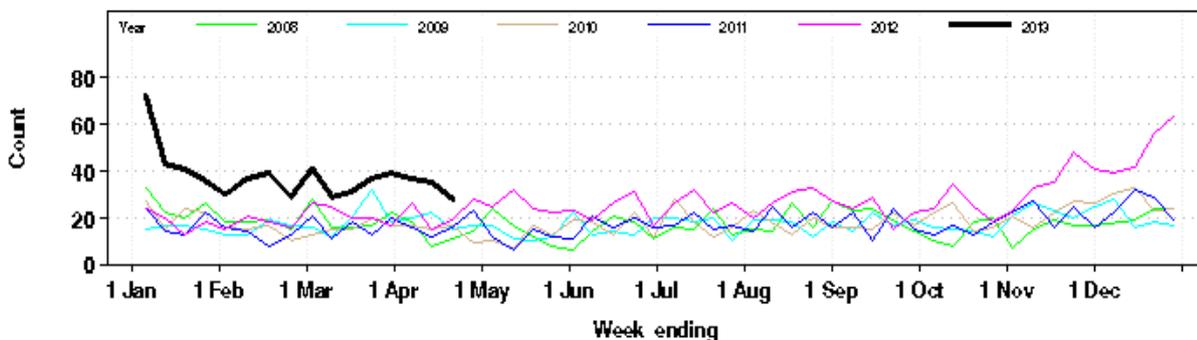
For further information on communicable diseases in NSW see the [NSW Health Infectious Diseases](#) website.

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

[Viral meningitis/encephalitis and hand foot and mouth disease](#)

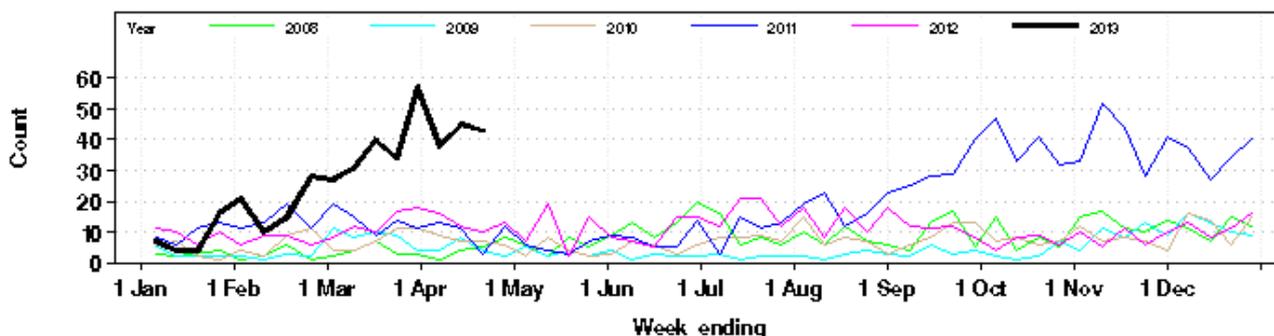
During the reporting week, the number of meningitis/encephalitis presentations to NSW Emergency Departments also decreased again but remained slightly above the usual range for this time of year (Figure 1). An increase in meningitis/encephalitis presentations was noted for Central Coast Local Health District.

Figure 1. Total weekly counts of Emergency Department presentations for meningitis/encephalitis, to 21 April 2013 (black line), compared with each of the 5 previous years (coloured lines), for 59 NSW hospitals.



In NSW in March 2013, the number of ED presentations for hand, foot and mouth disease increased above usual levels. In the past week, numbers decreased but remained well above the usual range. The majority of these were in children under 5 years (Figure 1A). There was a sustained increase of a similar scale in the last quarter of 2011.

Figure 1A. Total weekly counts of Emergency Department presentations for hand, foot and mouth disease, to 21 April 2013 (black line), compared with each of the 5 previous years (coloured lines), children aged under 5 years, 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 very small number of people with enterovirus infections develop meningitis, encephalitis or other serious complications.

Hand, foot and mouth disease is generally a mild illness caused by enteroviruses, particularly coxsackieviruses. It is not usually a serious illness and is not related to the foot and mouth disease that affects animals. It mainly occurs in children under 10 years of age but can also occur in older children and adults.

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.

See the [NSW Health Enterovirus Alert page](#) for more information on enterovirus neurological disease.

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Tetanus

One clinical case of tetanus was notified in this reporting week (Table 1). This case was in an elderly man from Northern Sydney Local Health District who had recently sustained a minor skin trauma following a fall at home. The patient's tetanus vaccination history was not clear.

Tetanus (sometimes called lock-jaw) is a disease caused by infection with the bacteria *Clostridium tetani*. The bacteria are found in soil, dust and animal faeces. Infection may occur after minor injury (sometimes unnoticed punctures to the skin that are contaminated with soil, dust or manure) or after major injuries and burns.

The disease usually occurs after an incubation period of 3 to 21 days but this may be extended to several months. Toxin made by the bacteria attacks a person's nervous system causing a variety of symptoms, including painful muscle spasms that begin in the jaw (lock jaw). Although the disease is now uncommon in Australia it can be fatal.

Immunisation protects against tetanus. Tetanus vaccine is given at 2, 4 and 6 months of age, with boosting doses at 4 years, between 15 to 17 years, and at 50 years of age. Adults who haven't had a booster in the last ten years should get one when they turn 50.

Follow the link for more information on [tetanus notification data](#).

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Listeriosis

One case of Listeriosis was reported this week (Table 1). This case was in an adult from the NSW North Coast and is not believed to be linked to the cluster of three cases reported in the previous week's report. Follow the [link](#) for more information on that cluster.

Listeriosis is a rare illness caused by eating food contaminated with bacteria called *Listeria monocytogenes*. Listeria bacteria are widespread throughout nature, being commonly carried by many species of both domestic and wild animals.

Listeria infection is usually contracted through eating food contaminated with the Listeria bacteria, particularly raw meat, unpasteurised milk and milk products, raw fruit and vegetables. Babies can be born with listeriosis if their mothers eat contaminated food during the pregnancy. Outbreaks of illness have been associated with raw milk, soft cheeses, pre-prepared salads (for example, from salad bars), unwashed raw vegetables, pâté, cold diced chicken and pre-cut fruit and fruit salad.

People at risk of Listeria infection include pregnant women and the foetus, newborns, the elderly and people with weakened immune systems (for example: people on cancer treatment or steroids and people with diabetes, kidney disease, liver disease and HIV infection).

Follow the link for further information on [listeriosis notification data](#).

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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 15 April to 21 April 2013 (by date received).

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	52	51	693	255	126	655	354
	Giardiasis	53	42	821	786	1003	2015	2376
	Listeriosis	1	2	18	14	7	36	20
	Rotavirus	4	10	138	224	253	1761	1207
	STEC/VTEC	2	1	13	7	2	14	9
	Salmonellosis	85	75	1386	1216	1890	2947	3571
	Shigellosis	1	4	44	53	49	131	126
Respiratory Diseases	Influenza	34	35	503	298	473	8041	5790
	Legionellosis	1	0	25	45	43	103	102
	Tuberculosis	5	6	92	129	160	436	538
Sexually Transmissible Infections	Chlamydia	373	349	6458	6958	6466	21264	20447
	Gonorrhoea	82	90	1386	1219	755	4114	2817
Vaccine Preventable Diseases	Adverse Event Following Immunisation	11	17	279	102	151	261	343
	Meningococcal Disease	1	0	9	13	25	68	71
	Pertussis	47	43	798	2476	4569	5993	13410
	Pneumococcal Disease (Invasive)	8	3	96	84	95	569	529
	Tetanus	1	0	1	0	1	1	1
Vector Borne Diseases	Barmah Forest	14	9	161	115	257	344	472
	Chikungunya	1	0	6	0	4	1	11
	Dengue	2	5	64	108	61	287	146
	Malaria	6	0	32	15	28	68	82
	Ross River	10	8	152	247	341	596	591
Zoonotic	Q fever	2	4	38	50	38	121	138

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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