

Communicable Diseases Weekly Report

Week 19 06 May 2013 – 12 May 2013

In summary, we report:

- [Mumps](#) – two new cases reported.
- [Typhoid](#) – two new cases reported in siblings.
- [Arbovirus surveillance update](#)
- [Viral meningitis/encephalitis](#) – decreased reports.
- [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.

[Mumps](#)

Two cases of mumps were reported this week (Table 1), both in young male adults. Mumps is an infectious disease caused by the mumps virus. In the past, mumps infection was very common in childhood but it has become uncommon in Australia due to the inclusion of mumps-containing vaccines in the National Immunisation Program. Mumps cases now occur most commonly in young adults who did not receive a mumps-containing vaccine as a child, particularly in travellers to countries where mumps is not well controlled.

Common symptoms of mumps are fever, loss of appetite, tiredness and headaches followed by swelling and tenderness of the salivary glands. One or both of the parotid salivary glands (located near the jaw line, below the ears) are most frequently affected. Rare complications include encephalitis (inflammation of the brain), meningitis (inflammation of the lining of the brain and spinal cord), and orchitis (inflammation of the testicles).

Mumps tends to be more serious in people infected after puberty. All children and adults born during or after 1966 should be vaccinated with two doses of MMR vaccine if not already immune.

Follow the link for further [mumps notification data](#).

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[Typhoid](#)

Two cases of typhoid fever were reported this week (Table 1). The cases were both young children in the same family. Neither case had a history of overseas travel prior to illness. The local public health unit is investigating these cases to identify possible sources of infection, including testing family contacts for asymptomatic infections.

Typhoid fever is a serious infection caused by the bacteria *Salmonella Typhi*. The symptoms may include fever, headache, general discomfort and a lack of appetite. Some people have rose spots on the trunk of the body. Between 2-5% of people with untreated typhoid infections become permanent carriers. These people intermittently excrete the bacteria in their faeces but may have no symptoms.

In Australia, most typhoid 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 fever is common should receive the typhoid vaccine two weeks prior to travel (for those ≥ 2 years). A typhoid vaccination booster is required every three years to retain protection from infection. Travellers can also reduce their risk of infection by using only bottled or boiled water, and avoiding untreated water or ice. You should only eat fruit and vegetables that you peel yourself and food that is freshly cooked and piping hot.

Follow the link for further [typhoid notification data](#).

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Arbovirus surveillance update

Notifications for [Ross River Virus](#) infection were increased this week but within the normal range for this time of year (Table 1).

The NSW Arbovirus surveillance and vector monitoring program reports that cooler weather and below average rainfall has led to very few mosquitoes being trapped. This finding, together with the observation that no arboviral isolates have been identified since the middle of April has led to the cessation of mosquito trapping for this season. No arbovirus seroconversions in sentinel chickens were recorded this season.

Follow the links for further information on:

- [Arboviral notifications data](#)
- [NSW Arbovirus surveillance and vector monitoring program](#) (external link)
- [NSW Health Fight the Bite! campaign poster](#).

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Viral meningitis/encephalitis

During the reporting week, the number of meningitis/encephalitis presentations to NSW Emergency Departments (ED) continued to decrease and was within the usual range for this time of year (Figure 1A). There were four meningitis/encephalitis presentations in children under 10 years old (all of whom were admitted) compared with an average of 3 for the same period in previous years (Figure 1B).

Figure 1A. Total weekly counts of ED presentations for meningitis/encephalitis to 12 May 2013 (black line), compared with each of the 5 previous years (coloured lines), persons of all ages, for 59 NSW hospitals.

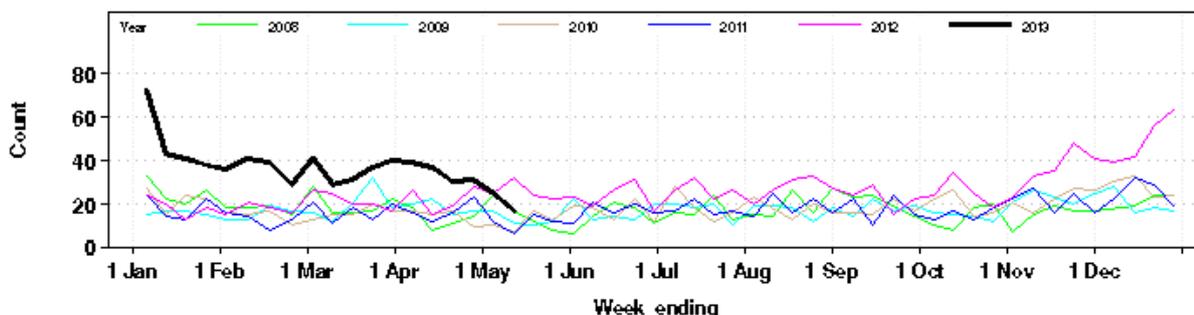
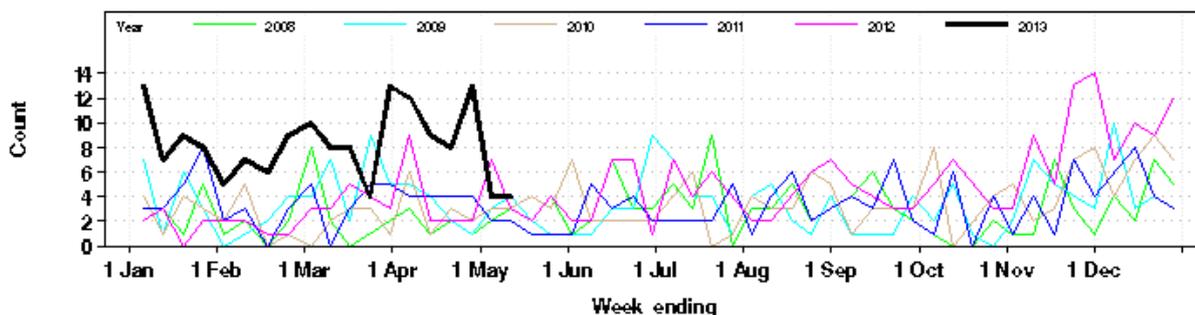


Figure 1B. Total weekly counts of ED presentations for meningitis or encephalitis that were admitted, to 12 May 2013 (black line), compared with each of the 5 previous years (coloured lines), children aged under 10 years, for 59 NSW hospitals.



See the [NSW Health Enterovirus Alert page](#) for more information on enterovirus neurological disease and to access to the NSW enhanced enterovirus surveillance reports.

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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 06 May to 12 May 2013 (by date received).

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	30	34	784	334	159	655	354
	Giardiasis	39	34	946	919	1130	2015	2376
	Rotavirus	6	5	160	251	293	1761	1207
	Salmonellosis	83	61	1608	1386	2108	2944	3565
	Shigellosis	5	0	50	59	58	131	126
	Typhoid	2	4	30	21	28	43	45
Respiratory Diseases	Influenza	21	26	583	367	565	8041	5790
	Legionellosis	1	2	32	57	54	104	102
	Tuberculosis	5	4	111	148	195	437	538
Sexually Transmissible Infections	Chlamydia	328	376	7646	8242	7504	21265	20447
	Gonorrhoea	77	83	1627	1453	909	4114	2817
	LGV	2	0	13	5	19	28	36
Vaccine Preventable Diseases	Adverse Event Following Immunisation	8	16	311	124	174	262	352
	Mumps	2	0	27	35	21	110	60
	Pertussis	56	29	917	2839	5260	5993	13410
	Pneumococcal Disease (Invasive)	16	7	124	111	118	568	529
	Rubella	1	0	2	6	9	11	17
Vector Borne Diseases	Barmah Forest	8	13	191	143	280	344	472
	Dengue	2	3	78	135	65	287	146
	Malaria	1	1	36	23	32	68	82
	Ross River	25	10	198	340	398	596	591

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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