

Communicable Diseases Weekly Report

Week 29 15 July 2013 – 21 July 2013

In summary, we report:

- [Enterovirus infections](#) – steady Emergency Department activity
- [Malaria](#) – five new cases reported
- [MERS coronavirus](#) – eight new cases reported; new WHO Hajj travel advice
- [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 and enterovirus surveillance reports, see the [NSW Health Infectious Diseases Reports](#) webpage.

Enterovirus infections

Enterovirus infections (other than poliomyelitis) are not notifiable in NSW. NSW Health monitors enterovirus activity through NSW Emergency Department (ED) presentations for “meningitis or encephalitis” and for [hand, foot and mouth disease](#) (HFMD).

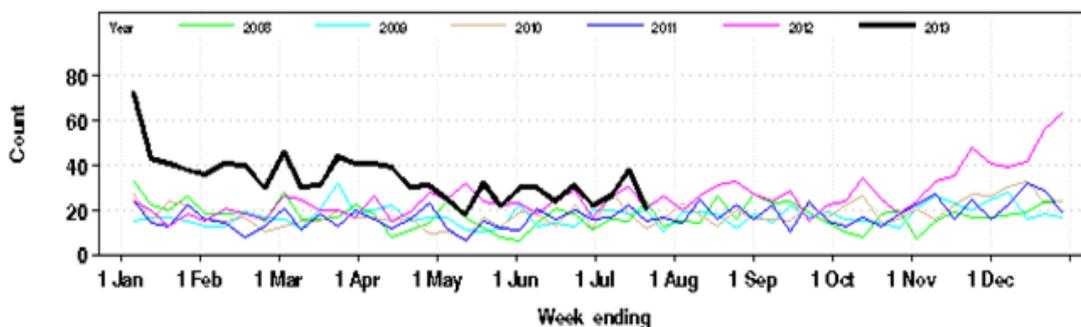
Enterovirus infections can rarely lead to meningitis or encephalitis but there are also a range of other causes for these illnesses. HFMD can be caused by a range of enteroviruses.

The number of patients presenting with “meningitis or encephalitis” increased above usual levels in November 2012 and peaked in early January 2013 at around 70 presentations per week (Figure 1). Increased activity was noted in many parts of the state, affecting a wide range of age-groups. The most commonly identified cause was infection with one of two strains of echovirus, a common type of enterovirus which can also cause HFMD.

In March and April 2013 there was a second rise in presentations for “meningitis or encephalitis”. This rise coincided with reports from doctors of an increase in the number of young children aged less than five years old with severe neurological complications, and often caused by a particular type of enterovirus called enterovirus 71. Many of the reports related to children from the northern and south-eastern regions of Sydney. Numbers of “meningitis or encephalitis” presentations have since declined but have remained above the level of recent years (Figure 1).

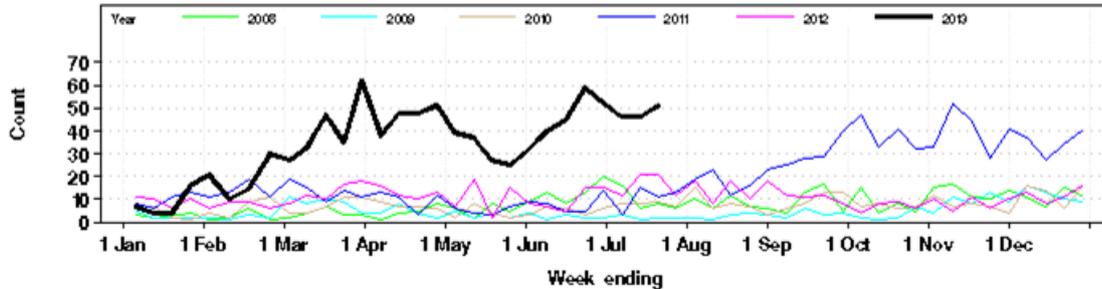
In the past week, the number of patients presenting to EDs with “meningitis or encephalitis” decreased to 21 and was within the usual range for this time of year (Figure 1).

Figure 2. Total weekly counts of ED presentations for meningitis/encephalitis, for 2013 (black line), compared with each of the 5 previous years (coloured lines), all ages, for 59 NSW hospitals.



ED presentations for HFMD increased slightly this week, which was well above the usual range but below the peak in March. Presentations were mainly in children under 5 years (Figure 1). Numbers were above usual levels in Central Coast, Mid North Coast and Western Sydney LHDs, and in Hunter New England LHD numbers increased to the highest level seen this year.

Figure 1: Total weekly counts of ED presentations for HFMD for 2013 (black line), compared with each of the 5 previous years (coloured lines), children aged under 5 years, for 59 NSW hospitals.



Follow the link for more information on [enterovirus infections](#).

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Malaria

Five cases of malaria were reported this week (Table 1). These cases all occurred in adults following travel to India (3), Ghana (1) and Indonesia (1). None of the cases reported having taken appropriate antimalarial prophylaxis. Two cases were due to infection with *plasmodium falciparum*, two were due to *plasmodium vivax* and for one case the species was not reported.

Malaria is a serious and sometimes life-threatening infection spread through the bite of mosquitoes in many tropical and sub-tropical countries. Malaria can be prevented by avoiding mosquito bites and by taking appropriate anti-malaria medications, which usually need to be taken before travel, during travel, and for a period of time after travel. People planning to visit malaria-affected countries should get advice from their GP or a travel clinic 4-6 weeks before they leave.

Overseas travellers should also be aware of, and take measures to avoid, other mosquito borne infections such as [dengue](#) and [chikungunya](#). Follow the link for more information on [staying healthy when travelling overseas](#).

Follow the link for the [US CDC Malaria Map Application](#) to find malaria-affected areas.

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

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MERS coronavirus (MERS-CoV) update

Since the previous report, the World Health Organization has reported eight new cases of MERS-CoV infection in the Middle East. Four cases were reported from Saudi Arabia which included at least one health care worker.

The other four cases were reported from the UAE, and were all health care workers who had cared for an earlier confirmed case and who were tested as close contacts. Two cases had only mild respiratory symptoms and the other two cases were asymptomatic.

In total there have been 90 confirmed cases with 45 deaths. Cases have been reported in or from Saudi Arabia, Jordan, Qatar, UAE, UK, France, Italy, Germany, and Tunisia. Most cases have developed severe acute respiratory infections.

The WHO has issued new [MERS-CoV travel advice for pilgrims to the Hajj and Umrah](#) in Saudi Arabia this year. For further travel advice see the [NSW Health Hajj travel advice](#) factsheet.

For more information and links see the [NSW Health MERS-CoV website](#).

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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 July – 21 July 2013 (by date received).

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	10	14	949	484	232	655	354
	Giardiasis	34	31	1363	1305	1568	2015	2377
	Hepatitis A	1	0	42	21	39	41	60
	Rotavirus	8	4	219	394	428	1761	1208
	Salmonellosis	42	45	2187	1743	2557	2943	3566
	Shigellosis	3	3	69	80	76	131	126
	Typhoid	2	0	41	29	31	43	45
Respiratory Diseases	Influenza	133	121	1358	3879	2039	8041	5791
	Legionellosis	3	1	55	73	69	105	104
	Tuberculosis	3	2	190	219	286	441	538
Sexually Transmissible Infections	Chlamydia	311	389	11698	12274	11580	21262	20449
	Gonorrhoea	74	90	2428	2279	1431	4114	2818
Vaccine Preventable Diseases	Adverse Event Following Immunisation	5	5	373	181	236	262	352
	Meningococcal Disease	1	1	16	39	41	68	72
	Pertussis	43	22	1293	3817	7394	5996	13411
	Pneumococcal Disease (Invasive)	10	16	252	273	266	563	530
Vector Borne Diseases	Barmah Forest	2	4	284	203	349	344	471
	Dengue	6	4	133	186	86	289	148
	Malaria	5	1	50	35	44	68	82
	Ross River	3	9	340	448	476	596	591
Zoonotic Diseases	Q fever	3	2	78	76	72	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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