

Communicable Diseases Weekly Report

Week 36 02 September 2013 – 08 September 2013

In summary, we report:

- [Brucellosis](#) – one new case reported in a returned traveller
- [Gastroenteritis outbreaks in institutions](#) – increased reporting
- [Hepatitis A](#) – four new cases reported
- [Chikungunya infection](#) – one new case reported
- [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.

Brucellosis

One case of brucellosis was reported this week (Table 1), the first case reported in 2013. The case, an adult recently returned from a trip to visit relatives in South Asia, is believed to have acquired the infection through the consumption of unpasteurized milk or soft cheese made from the milk of infected animals.

Brucellosis is an infection caused by the bacteria *Brucella* that is spread to humans from infected animals. Although animals are infected worldwide brucellosis is well controlled in most developed countries including Australia. People travelling overseas should avoid eating or drinking unpasteurised dairy products like milk or cheese. Raw milk can be boiled before consumption if pasteurisation is not available.

People who handle or otherwise come into contact with animals, their tissues or body fluids that are infected with *Brucella* bacteria are also at risk. Locally-acquired cases in Australia are most commonly reported among hunters exposed to feral pigs infected with *Brucella suis*.

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

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Gastroenteritis outbreaks in institutions

There were 23 outbreaks of gastroenteritis in an institution reported this week, affecting at least 216 people. Outbreaks were reported from residential aged care facilities (11), child care centres (5), hospitals (5), a military facility and a school.

All of the outbreaks appeared to have been caused by a virus and spread from person to person. Stool samples were collected in 10 of the outbreaks and norovirus has so far been identified in two of these outbreaks.

The number of outbreaks reported this week is usual for this time of year but follows an extended period of below-average activity. Viral gastroenteritis tends to peak at the end of the winter months.

Follow the link for further information on [controlling outbreaks of viral gastroenteritis](#).

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Hepatitis A

Four new cases of hepatitis A were notified this week (Table 1). One of the cases was an unvaccinated traveller recently returned from a trip in southern Europe. This case had worked in a child care centre while potentially infectious so the local Public Health Unit conducted a hepatitis A vaccine clinic at the centre for children and staff.

One of the cases was a close contact of a recently reported case in a traveller. This case was considered to have performed low risk activities at a local school while potentially infectious so vaccination was not warranted but information was distributed to parents and staff.

The final two cases were members of the same family and both had recently returned from attending a wedding party in Fiji. Two additional cases of hepatitis A linked to the same wedding party have been identified in Queensland residents. Information regarding possible sources of infection has been shared with the Ministry of Health in Fiji.

Hepatitis A is a viral infection of the liver that is spread by the faecal-oral route, including through consumption of contaminated food or water or through direct contact with an infected person. An effective hepatitis A vaccine is available but may take up to two weeks to provide protection. Hepatitis A vaccination is recommended for people at higher risk of infection, such as travellers to countries where hepatitis A is common (including most developing countries).

Follow the link for more information on [hepatitis A notifications](#).

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Chikungunya infection

One new case of chikungunya infection was notified this week (Table 1). The case was in a traveller recently returned from a trip to the island of Bali, Indonesia. Of the 13 cases of chikungunya infection notified to date this year, 10 cases are believed to have been acquired in Indonesia including nine people who had only travelled to Bali.

Chikungunya infections are acquired by people after being bitten by a mosquito that is infected with the chikungunya virus. Symptoms include fever, rash and sore joints, and so may sometimes be mistaken for dengue infection. The chikungunya transmission occurs in many parts of Africa, South-East Asia, India, Sri Lanka, Papua New Guinea and the Philippines.

In recent years, Bali has been a frequently suspected area of infection for chikungunya cases reported in Australian travellers, although it also a very common travel destination for Australians. Bali is also one of the most commonly reported suspected areas of dengue infection, which is transmitted by the same mosquitoes that transmit chikungunya.

Travellers to affected areas including Bali should avoid mosquito bites to prevent infection. Mosquitoes (*Aedes* spp.) are most active during the day. When outside, travellers should cover up as much as possible with light-coloured, loose-fitting clothing and covered footwear. Use of an effective mosquito repellent on all exposed skin and re-application every few hours (according to instructions) is recommended as protection wears off from perspiration, particularly on hot nights or during exercise. The best mosquito repellents contain Diethyl Toluamide (DEET) or Picaridin.

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

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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 02 September 2013 to 08 September 2013, by date received

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	5	4	987	538	274	655	354
	Giardiasis	40	30	1636	1495	1822	2015	2377
	Hepatitis A	4	2	52	24	45	41	60
	Rotavirus	14	10	294	788	548	1761	1208
	Salmonellosis	22	50	2463	2045	2830	2942	3567
	Shigellosis	2	2	84	95	88	131	126
Respiratory Diseases	Influenza	1013	775	5399	6621	4629	8039	5791
	Legionellosis	1	3	69	84	80	105	105
	Tuberculosis	7	8	255	282	350	440	538
Sexually Transmissible Infections	Chlamydia	369	362	14539	14980	14373	21261	20448
	Gonorrhoea	101	68	3019	2834	1836	4114	2818
	LGV	1	0	25	11	29	28	36
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	4	407	203	283	262	352
	Meningococcal Disease	1	2	30	55	51	68	72
	Pertussis	42	41	1592	4533	9199	5996	13411
	Pneumococcal Disease (Invasive)	14	12	357	392	368	563	530
Vector Borne Diseases	Barmah Forest	8	7	328	229	390	344	471
	Chikungunya	1	0	13	0	7	1	11
	Ross River	6	4	386	478	505	596	591
Zoonotic	Brucellosis	1	0	1	4	4	5	6
	Leptospirosis	1	0	9	21	31	23	40
	Q fever	1	1	101	85	91	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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