

Communicable Diseases Weekly Report

Week 37 09 September 2013 – 15 September 2013

In summary, we report:

- [Paratyphoid fever](#) – cases linked to travel to Cambodia
- [Meningococcal disease](#) – two new cases reported
- [Q fever infection](#) – three new cases reported in farmers
- [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 reports, see the [NSW Health Infectious Diseases Reports](#) webpage.

[Paratyphoid fever](#)

Seven of the 25 cases of paratyphoid A notified year to date have been in people who had recently returned from travel to Cambodia. Nationally, another seven cases have been reported this year with a travel history to Cambodia, while none of the cases in the previous four years reported this exposure. The European CDC has also recently reported on a rise in [paratyphoid A fever cases linked to travel to Cambodia](#). No common exposure source in Cambodia has been identified to date.

Typhoid fever and paratyphoid fever are infections caused by different strains of *Salmonella enterica* bacteria. People with typhoid or paratyphoid fever may experience mild or severe symptoms. The symptoms may include fever, headache, abdominal discomfort and a lack of appetite; constipation is more common than diarrhoea. Some people have rose spots on the trunk of the body. For paratyphoid fever, symptoms usually start 1 to 10 days following infection, and the illness tends to be less severe 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 other strains of salmonella bacteria which usually causes only symptoms of gastroenteritis.

People travelling to countries where typhoid and paratyphoid fever are common should receive the typhoid vaccine at least two weeks prior to travel. The typhoid vaccine can be given to adults and children from 2 years of age, and a vaccine is available for pregnant women. However, there is no vaccine that specifically protects against paratyphoid fever.

Travellers should:

- wash hands thoroughly with soap and water after going to the toilet and before eating
- avoid uncooked foods, including fruit and vegetables unless you are able to peel them yourself
- drink only bottled or boiled water, and be aware that untreated water may have been used to make ice or mixed drinks
- avoid eating from street stalls
- ensure hot food is thoroughly cooked and eaten whilst hot.

Follow the link for further information on [staying healthy when travelling overseas](#).

[Back to top](#)

Meningococcal disease

Two new cases of meningococcal disease were notified this week (Table 1). One case was a serogroup Y infection in a young adult, while the other case was a serogroup B infection in an older adult. The local Public Health Units have investigated these cases to identify and manage close contacts.

Meningococcal disease is caused by infection with *Neisseria meningitidis* bacteria, of which there are several serogroups. Disease caused by serogroup C strains has become rare in NSW since the introduction of serogroup C vaccines into the routine childhood immunisation schedule in 2003. Most reported cases are due to serogroup B, for which until very recently there has been no vaccine in Australia. To date this year, there have been notifications of meningococcal infections with serogroup B (19), C (2), W135 (3), Y (3) and Z (1), with another four cases untyped.

Meningococcal C vaccination is recommended for all children at one year of age and provided as part of free routine immunisation. Meningococcal vaccines that protect against four serogroups (A, C, Y and W135) are recommended for certain groups including travellers to countries where there are epidemics of these strains (eg. sub-Saharan Africa) and for pilgrims performing the annual [Hajj in Saudi Arabia](#). Follow the link for further information on [meningococcal vaccines](#).

Follow the link for more information on [meningococcal disease notifications data](#).

[Back to top](#)

Q fever infection

Three new case of Q fever were notified in this reporting week (Table 1). All three cases were in adult farmers working with sheep and/or cattle and without a history of Q fever vaccination.

Q fever is an illness caused by the bacterium *Coxiella burnetii* and is spread to humans from infected animals. The bacteria survive for long periods in the environment as they are resistant to heat, drying and many disinfectants.

Q fever is usually an acute, short-term infection but it can sometimes lead to a chronic illness. Acute Q fever can cause a severe flu-like illness – with high fever, severe fatigue, and muscle and joint pains – and is sometimes also associated with hepatitis and pneumonia. Chronic Q fever most commonly results in inflammation of the heart (endocarditis) and people who already have heart valve disease are at increased risk.

Q fever is treated with common antibiotics. A cardiac assessment, which may include echocardiography, is required to assess whether there are underlying abnormalities of the heart valves which increase the risk of developing chronic Q fever endocarditis.

A vaccine (Q-Vax®) is available to protect people against Q fever. Vaccination is recommended for all people who are working in, or intend to work in, a high-risk occupation, including farmers. Workplaces at risk should have a vaccination program. Pre-vaccination screening is required before Q fever vaccination.

People who work with animals or materials that may carry Q fever bacteria should use appropriate protective equipment and be aware of the steps required to stop the spread of the bacteria.

Follow the link for more information on [Q fever vaccination and vaccine recommendations](#) [external link].

Follow the link for a recent epidemiological review of [Q fever notifications in NSW from 2001 to 2010](#) [external link].

Follow the link for more information on [Q fever notifications data](#).

[Back to top](#)

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 09 September 2013 to 15 September 2013, by date received

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	5	5	992	539	277	655	354
	Giardiasis	41	40	1677	1520	1857	2015	2377
	Rotavirus	15	14	309	917	571	1761	1208
	Salmonellosis	40	22	2503	2100	2868	2942	3567
	Shigellosis	3	2	87	95	88	131	126
	Typhoid	1	0	44	31	38	43	45
Respiratory Diseases	Influenza	689	1048	6124	6889	4798	8039	5791
	Tuberculosis	6	8	262	292	364	440	538
Sexually Transmissible Infections	Chlamydia	360	400	14953	15366	14706	21261	20448
	Gonorrhoea	60	102	3080	2922	1876	4114	2818
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	3	410	205	284	262	352
	Meningococcal Disease	2	1	32	57	53	68	72
	Pertussis	40	42	1632	4610	9511	5996	13411
	Pneumococcal Disease (Invasive)	7	14	364	409	384	563	530
Vector Borne Diseases	Barmah Forest	10	8	338	235	396	344	471
	Dengue	1	0	185	228	102	289	148
	Malaria	1	0	63	49	62	68	82
	Ross River	9	6	395	489	515	596	591
Zoonotic	Q fever	3	1	104	85	93	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.

[Back to top](#)