

# Communicable Diseases Weekly Report

## Week 43 21 October 2013 – 27 October 2013

In summary, we report:

- [HIV](#) – 179 notifications of newly diagnosed HIV infection, January to June 2013
- [Invasive Meningococcal Disease](#) – 2 cases this reporting week
- [Avian Influenza](#) – second poultry outbreak at an egg farm
- [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.

## HIV

There were 179 notifications of newly diagnosed HIV infection in NSW in the period 01 January 2013 to 30 June 2013 (Figure 1). This is similar to the previous four year average for the same period.

Of 179 NSW residents newly diagnosed with HIV infection between January and June 2013, 169 (94%) were male and 10 (6%) were female. Over 80% newly diagnosed HIV notifications were homosexually acquired (Figure 2).

Thirty-nine percent of the new diagnoses to June 30 2013 were defined as “early” (Figure 3). The number of notifications in the early category may be underestimated. Trends in the proportion of diagnoses by stage of infection at diagnosis provides an indication of whether the time between HIV infection and diagnosis is reducing via increased testing in high risk groups. However an increase in “early” diagnoses may also represent an increase in HIV incidence.

The *NSW HIV Strategy 2012–2015: A New Era* was launched in December 2012 with the ambitious goal of working towards the virtual elimination of HIV transmission by 2020. The 2015 targets of the Strategy are to:

- Reduce HIV transmission by 60% among men who have sex with men
- Reduce heterosexual transmission of HIV and transmission of HIV among Aboriginal populations by 50%
- Sustain the virtual elimination of mother to child transmission of HIV
- Sustain the virtual elimination of HIV transmission in the sex industry
- Sustain the virtual elimination of HIV among people who inject drugs
- Reduce the average time between HIV infection and diagnosis
- Increase to 90% the proportion of people living with HIV on ART
- Sustain the virtual elimination of HIV related deaths.

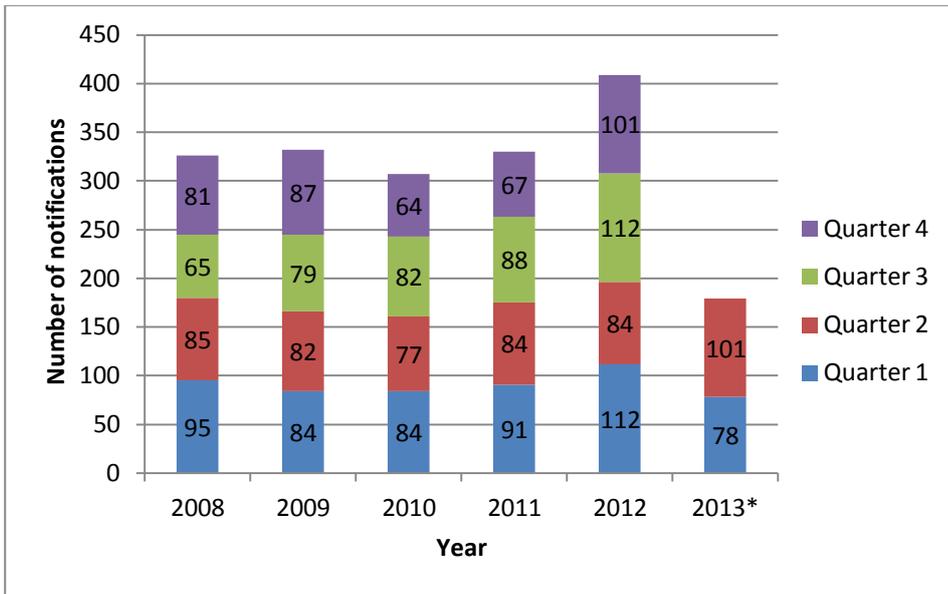
Priority actions focus on:

- Promoting condom use, safe injection and risk reduction behaviour among priority populations
- Improving access to and uptake of HIV testing for those who need it
- Encouraging and supporting people with HIV infection to start and maintain anti-retroviral treatment in accordance with evidence based clinical guidelines.

Follow the link for more information on [HIV notifications, prevention, testing and treatment in 2013](#).

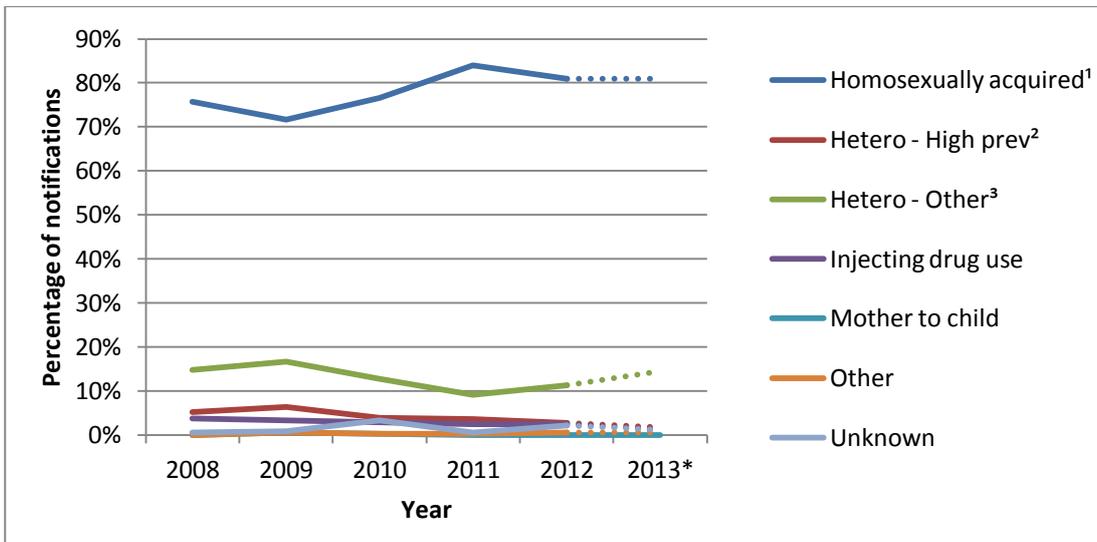
Follow the link for the [NSW HIV Strategy 2012–2015: A New Era](#).

**Figure 1: Number of notifications of newly diagnosed HIV infection in NSW residents, by quarter, 1 January 2008 – 30 June 2013**



Data source: NSW HIV/AIDS data base, Health Protection NSW, \* Data from 1 January to 30 June 2013 only

**Figure 2: Percentage of annual newly diagnosed HIV notifications in NSW residents by risk exposure category, January 2008 – 30 June 2013**



<sup>1</sup> Includes those who report both homosexual contact and injecting drug use

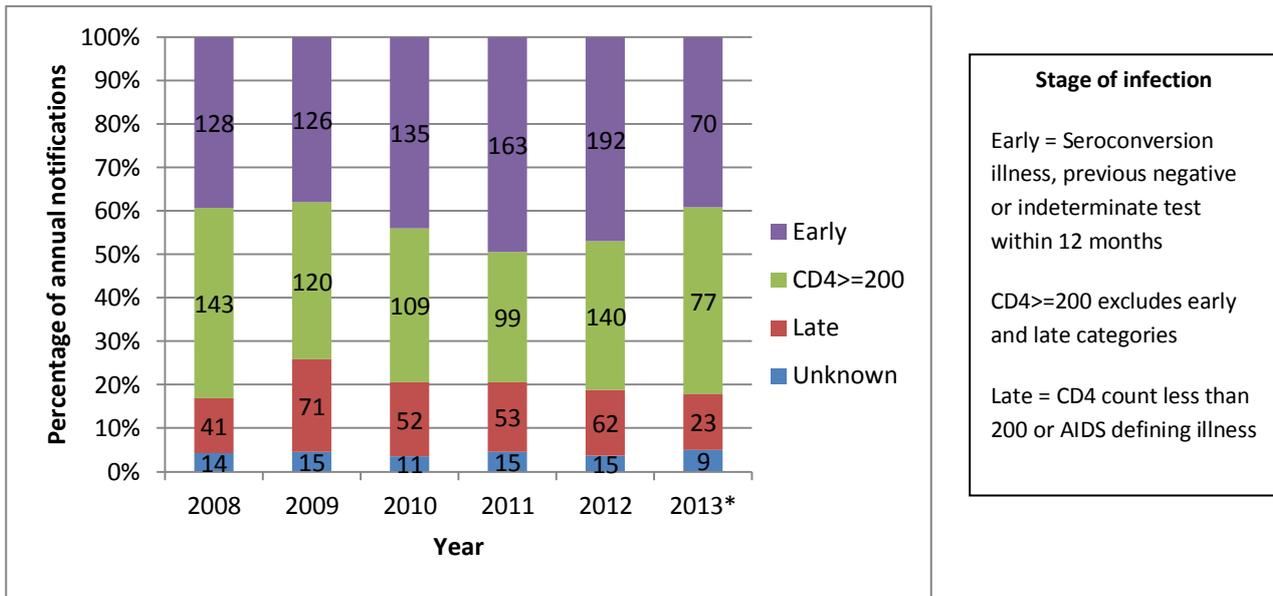
<sup>2</sup> HIV infections in people born in countries with a high prevalence of HIV. High prevalence countries are defined as those with an estimated number of adults aged 15-49 years living with HIV/AIDS greater than one percent

<sup>3</sup> HIV infections in people born in countries with a low or medium prevalence of HIV, which includes Australia

Data source: NSW HIV/AIDS data base, Health Protection NSW

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**Figure 3: Proportion of annual notifications of newly diagnosed HIV infection in NSW residents, by stage of infection at diagnosis, 1 January 2008 – 30 June 2013**



Data source: NSW HIV/AIDS data base, Health Protection NSW

## Meningococcal disease

Two cases of invasive meningococcal disease were reported this week (Table 1). The first case was serogroup B meningitis in a child from South Eastern Sydney LHD who had been vaccinated with meningococcal serogroup C vaccine. The local public health unit investigated this case and identified around 30 close contacts who were offered prophylactic antibiotics.

The second case was in an elderly woman from a residential aged care facility in Greater West LHD who died of her infection. The local public health unit investigated this case to identify and manage close contacts. The meningococcal serogroup that caused this infection is not yet known.

There have been 37 cases of invasive meningococcal disease to date in NSW in 2013, compared to 60 for the same period in 2012. This decrease in cases for 2013 has been largely due to a reduction in meningococcal disease caused by serogroup B (21 cases in 2013 compared to 40 for the same period in 2012).

Meningococcal disease is caused by infection with *Neisseria meningitidis* bacteria, of which there are several serogroups. In NSW, most reported cases are due to serogroup B, for which there is no vaccine available in Australia. Disease caused by serogroup C bacteria has become rare in NSW since the introduction of serogroup C vaccines into the routine childhood immunisation schedule in 2003.

Meningococcal C vaccination is recommended for all children at one year of age and is provided as part of free routine immunisation. Quadrivalent meningococcal vaccines protect against serogroups A, C, Y and W135 and 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 disease notifications](#).

Follow the link for further information on [meningococcal vaccines](#) (external link).

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## Avian Influenza

The NSW Department of Primary Industries (DPI) has confirmed a second outbreak of H7 avian influenza in a small poultry egg farm near Young linked to the affected farm reported in the previous week. The local Public Health Unit has been working with DPI and the farm owners to identify and contact all people likely to have been exposed on the farm during the outbreak. Monitoring of these people is on-going but to date there has been no evidence of human infection with the H7 avian influenza virus.

Avian influenza refers to influenza A viruses usually found in birds. Influenza A viruses infect a broad range of avian species and many other species, including humans, pigs, and horses. There are many different strains of avian influenza virus but only a few cause severe disease in poultry and other birds, and even fewer cause infections in humans

Follow the link for further information on [avian influenza from DPI](#) (external link).

## 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 21 October 2013 to 27 October 2013, by date received.**

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	6	6	1017	560	299	655	354
	Giardiasis	42	37	1885	1722	2056	2013	2373
	Rotavirus	16	18	401	1536	975	1761	1208
	Salmonellosis	84	78	2839	2394	3100	2941	3567
	Shigellosis	3	3	110	107	99	131	126
Respiratory Diseases	Influenza	116	144	7806	7690	5443	8039	5791
	Legionellosis	1	0	83	91	90	105	105
	Tuberculosis	4	6	318	347	450	440	538
Sexually Transmissible Infections	Chlamydia	354	370	17113	17715	17017	21261	20448
	Gonorrhoea	66	73	3526	3399	2232	4114	2818
Vaccine Preventable Diseases	Adverse Event Following Immunisation	7	5	450	237	306	263	352
	Measles	1	4	26	168	78	172	88
	Meningococcal Disease	3	0	38	63	65	68	72
	Mumps	2	0	72	103	48	110	61
	Pertussis	53	54	1912	5151	11142	5996	13411
	Pneumococcal Disease (Invasive)	8	12	424	486	453	563	530
Vector Borne Diseases	Barmah Forest	4	5	363	269	421	344	471
	Dengue	3	5	222	249	113	289	149
	Malaria	4	2	77	58	69	68	82
	Ross River	13	7	436	523	543	596	591
Zoonotic	Q fever	3	3	115	101	108	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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