

Communicable Diseases Weekly Report

Week 8 18 February 2013 – 24 February 2013

In summary, we report:

- [Hepatitis A](#) – eight cases linked in extended family cluster
- [STEC/VTEC](#) – one case reported
- [Arbovirus surveillance update](#) – heavy coastal rains increasing arbovirus risk
- [Novel Coronavirus \(NCoV\) Update](#) – four recent cases overseas
- [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.

[Hepatitis A](#)

There were 11 new cases of hepatitis A reported this week in NSW (Table 1). Eight of the cases occurred in children within one extended household, commencing with two young children who are believed to have acquired their infections during travel to the Middle East and leading to six additional locally-acquired cases. Two additional cases were locally acquired but epidemiologically linked to a suspect case who recently returned from travel to the Pacific region. The final case is believed to have acquired their infection in North Asia.

Hepatitis A is a viral infection of the liver. The virus is spread by the faecal-oral route, including contaminated food or water or direct contact with an infected person.

A safe and effective vaccine is available against hepatitis A. Vaccination is recommended for people intending to travel to countries where hepatitis A is common (including most developing countries) and for other people in a range of [higher risk groups](#).

Follow the link for further information on [hepatitis A surveillance data](#).

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[STEC/VTEC](#)

There was one case of Shiga toxin-producing *Escherichia coli* (STEC) infection reported this week in NSW (Table 1). While the source of exposure for this case was not able to be definitively determined, the patient did report exposure to raw sewerage. There were no common links with STEC cases reported previously this month. The STEC strain for this case was identified as *E. coli* O157.

E. coli are bacteria commonly found in the gastrointestinal tract of people and animals. Many types of *E. coli* are harmless but some types can produce Shiga toxins (also known as verocytotoxins, hence 'VTEC') which cause bloody diarrhoea. HUS is a severe and sometimes fatal complication of some STEC infections and is characterised by kidney failure, bleeding and anaemia.

Follow the link for further information on [STEC/VTEC surveillance data](#).

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[Arbovirus surveillance update](#)

Notifications for [Barmah Forest Virus](#) and [Ross River Virus](#) infections were within the normal range for this time of year (Table 1). Notifications tend to be highest in March and April.

The peak in mosquito numbers for coastal NSW typically occurs at this time of year. Heavy rainfall has been experienced in the region over the last week and many sites were unable to trap mosquitoes. There is a high likelihood of mosquito numbers increasing, resulting in an increased risk of arbovirus infections.

Across the inland region of the state, rainfall continued to be light. In most areas apart from the Riverina, mosquito numbers were low.

No arboviral isolates from the mosquitoes or seroconversions in the sentinel chickens were recorded. There have been no arbovirus isolates identified from the mosquito monitoring program and no arbovirus seroconversions in sentinel chickens recorded this season.

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

Follow the link for further information and data from the [NSW Arbovirus surveillance and vector monitoring program](#) (external link).

Follow the link for the NSW Health [Fight the Bite! campaign poster](#).

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Novel coronavirus (NCoV) update

Four new cases of respiratory infection with a novel coronavirus (NCoV) have been reported since 11 February 2013 – three linked cases from the United Kingdom (UK) and one case from the Saudi Arabia.

The first UK case developed a severe acute respiratory illness after travel to Saudi Arabia and Pakistan. This case also tested positive for influenza A. The other two cases are family members of the first case but with no history of travel. One of these secondary cases who had an underlying medical condition also developed a severe acute respiratory infection and has now died. The other case is recovering from a mild respiratory illness.

The Saudi case was hospitalised in late January and died in early February. No further information has been reported on this case.

Although the UK family cluster strongly suggests at least limited person-to-person transmission, the risk of infection in contacts is still considered to be low. Globally, the total number of reported laboratory-confirmed NCoV cases is now 13 with seven deaths.

So far all the case-patients have had links to the Arabian Peninsula by residence, visiting, or contact with others who had been in the region. No cases have been identified in Australia.

Coronaviruses are common viruses that usually cause mild to moderate upper-respiratory tract illnesses. They are named for the crown-like spikes on their surface. NCoV is different from the coronavirus that caused SARS (Severe Acute Respiratory Syndrome) in 2003. However, like the SARS coronavirus, this novel coronavirus is most similar to coronaviruses found in bats.

Follow the link for further information from:

- [World Health Organization \(WHO\) Coronavirus website](#) (external link).
- [UK Health Protection Agency \(HPA\) Novel Coronavirus website](#) (external link)

Follow the link for further [NCoV information and guidance from NSW Health](#).

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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 18 February to 24 February 2013 (by date received).

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	51	37	260	86	56	654	354
	Giardiasis	67	59	379	360	409	2015	2376
	Hepatitis A	11	3	25	3	13	42	60
	Rotavirus	8	2	83	113	126	1761	1207
	STEC/VTEC	1	3	6	5	0	12	9
	Salmonellosis	112	146	777	620	1066	2944	3572
	Shigellosis	3	2	19	34	30	131	126
	Typhoid	1	0	13	6	13	42	45
Respiratory Diseases	Influenza	31	21	224	105	253	8040	5784
	Tuberculosis	5	4	42	66	81	414	535
Sexually Transmissible Infections	Chlamydia	424	445	3229	3558	3066	21260	20445
	Gonorrhoea	109	92	689	658	385	4114	2817
	LGV	1	0	5	3	7	31	39
Vaccine Preventable Diseases	Adverse Event Following Immunisation	19	20	64	21	13	216	310
	Mumps	1	1	11	16	3	110	60
	Pertussis	53	62	497	1521	2683	5982	13376
	Pneumococcal Disease (Invasive)	4	6	51	40	42	571	529
Vector Borne Diseases	Barmah Forest	12	13	71	48	150	344	472
	Dengue	3	5	37	62	42	286	146
	Malaria	3	2	18	9	15	68	82
	Ross River	14	10	82	89	137	598	589
Zoonotic	Q fever	1	1	16	23	23	116	133

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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