

Communicable Diseases Weekly Report

Week 27 01 July 2013 – 07 July 2013

In summary, we report:

- **Enterovirus infections** – decrease in activity
- **HIV infections** – rise in notifications for 2012
- **MERS-CoV** – global update and revised recommendations
- **Summary of notifiable conditions activity in NSW**

For further information on infectious diseases see the [NSW Health Infectious Diseases](#) webpage.

Follow the [Infectious Disease Factsheets](#) and [Disease Data](#) links for more information on specific infectious diseases.

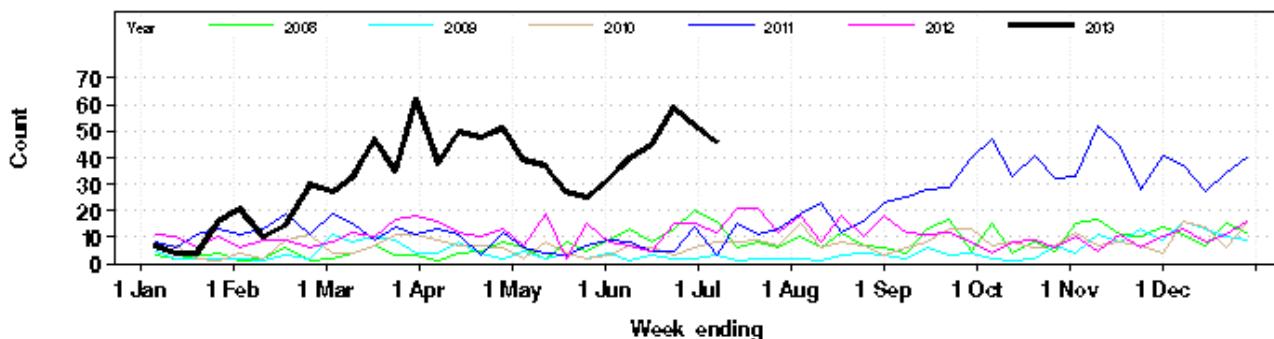
For links to other surveillance reports, including influenza and enterovirus surveillance reports, see the [NSW Health Infectious Diseases Reports](#) webpage.

Enterovirus infections

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

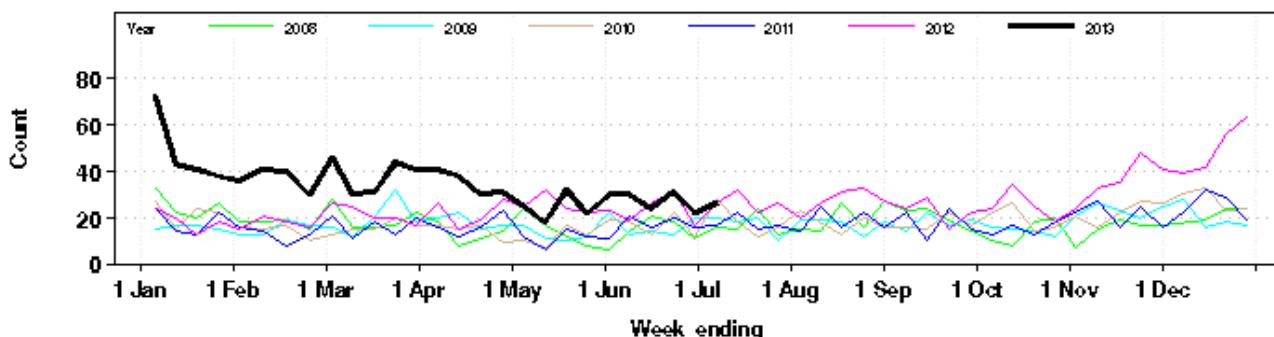
HFMD ED presentations decreased further this week but remained well above the usual range. HFMD presentations were mainly in children under 5 years (Figure 1).

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.



In the past week, the number of patients presenting with “meningitis or encephalitis” increased to 27 and was at the upper end of the usual range for this time of year (Figure 2).

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.



The two NSW reference laboratories conducting additional typing of enterovirus samples report that there have been at least 70 patients who have tested positive for Enterovirus 71 (EV71) this year. Other enteroviruses, including coxsackieviruses and echoviruses, have also been regularly identified.

The National Enterovirus Reference Laboratory in Melbourne has also [recently reported](#) that some EV71 isolates from NSW and other parts of Australia this year have been confirmed to be C4a, a sub-genogroup circulating in China and South East Asia in recent years, which has been associated with more severe neurological complications than other sub-genogroups.

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

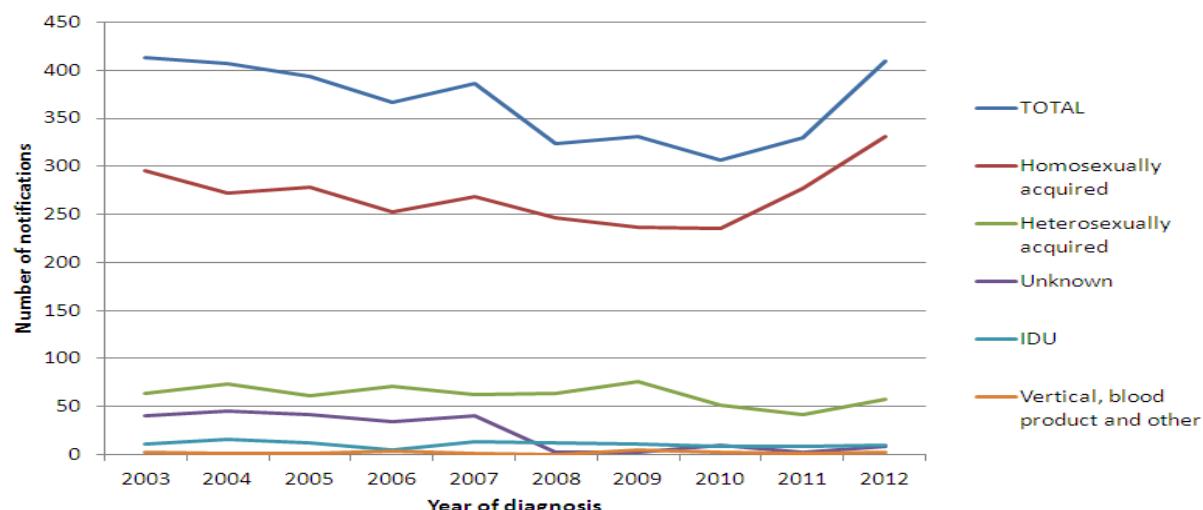
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HIV Infections – 2012 rise in notifications

There was a 24 per cent rise in HIV infections in 2012 among NSW residents; 409 NSW residents were newly diagnosed with HIV infection in 2012 compared to 330 in 2011.

Of the 409 NSW residents notified with newly diagnosed HIV infections in 2012, 372 (91%) were men and the median age at diagnosis was 35 years. Most infections were reported to be homosexually acquired (81%), with other risk exposure categories reported as heterosexual contact (14%), injecting drug use (2.4%) and other/unknown (2.7%) (Figure 3).

Figure 3: Notifications of people with newly diagnosed HIV infection in NSW residents by risk exposure category, 2003-2012.



Men who have sex with men are recommended to be tested for HIV at least once a year to ensure early diagnosis, which may result in accessing more effective treatment and preventing further transmission. The proportion of people with newly diagnosed homosexually acquired HIV who reported an HIV test in the year prior to diagnosis decreased slightly from 42% in 2011 to 40% in 2012, while the proportion of those who had never had an HIV test rose from 14% in 2011 to 17% in 2012.

NSW Health is reminding the public to ‘get tested’, as part of the HIV Strategy 2012-2015 ‘A New Era’, launched in December 2012, which aims to raise awareness and improve health outcomes for people with HIV. The ‘New Era’ strategy is aimed at driving down HIV infections, and improving health outcomes for individuals with HIV through:

- Reinforcing the importance of condom use
- Earlier detection through increased testing
- Promoting the benefits of early treatment
- Implementing a new advice and support program for doctors and their patients at the time of diagnosis.

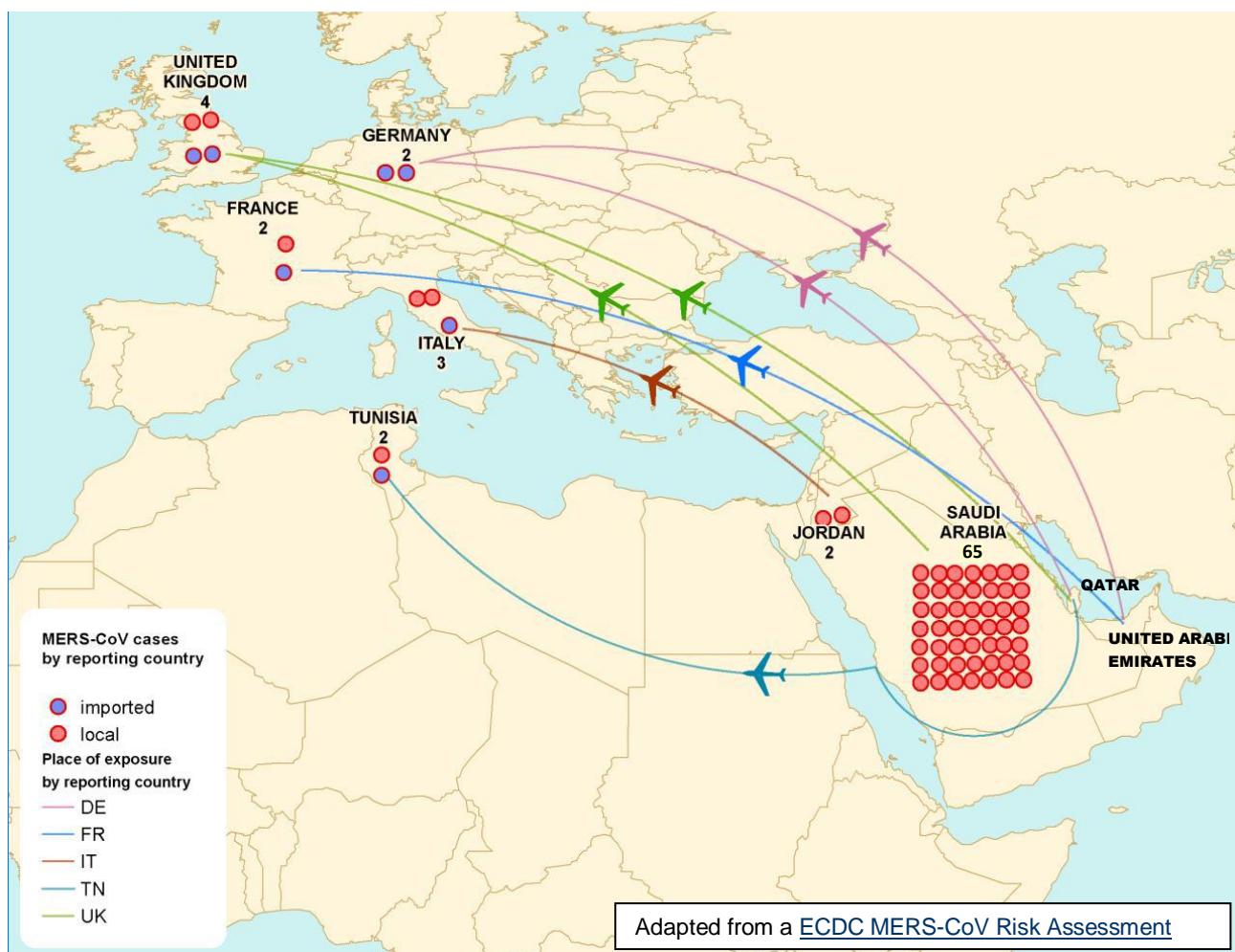
Follow the links for further information on [HIV data](#) and the [HIV Support Program](#).

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MERS-CoV update

As of 7 July 2013, the novel coronavirus termed Middle East Respiratory Syndrome coronavirus (MERS-CoV) had been identified in 80 patients in or from Saudi Arabia, Jordan, Qatar, the United Arab Emirates, United Kingdom, France, Italy, Germany, and Tunisia (Figure 4). It has been associated in most cases with a severe acute pneumonia and 44 cases (55%) have died.

Figure 4. Distribution of confirmed MERS-CoV cases by place of reporting and place of exposure, April 2012 to 7 July 2013 (n=80)



Please note that a [NSW Health MERS-CoV update](#) has been issued for clinicians, laboratories and public health personnel.

In patients with pneumonia or pneumonitis with a history of travel in the Arabian Peninsula in the **14 days** [previously 10 days] before illness onset, or contact with known confirmed or probable cases in the 14 days before illness onset, the following is recommended:

1. The patient should be placed in a single room with negative pressure air-handling, and implement transmission-based precautions (contact and airborne), including the use of personal protective equipment (PPE).
2. Investigations and management should be performed as for community acquired pneumonia. Appropriate specimens should also be collected for MERS-CoV PCR testing.
3. The Public Health Unit in your Local Health District should be notified promptly of any suspected (and probable or confirmed) cases in order to discuss and co-ordinate testing and management of contacts - call 1300 066 055.

Note: Transiting through an international airport (<24hours duration, remaining within the airport) on the Arabian Peninsula is not considered to be risk factor for infection.

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

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 01 July – 07 July 2013 (by date received).

		This week	Last week	Year to date			Full Year		
				2013	2012	2011	2012	2011	
Enteric Diseases	Cryptosporidiosis	7	9	925	453	223	655	354	
	Giardiasis	30	33	1298	1245	1480	2015	2377	
	Hepatitis A	3	2	42	20	38	41	60	
	Rotavirus	9	9	206	357	402	1761	1208	
	Salmonellosis	55	37	2099	1686	2481	2943	3566	
	Shigellosis	2	2	63	74	75	131	126	
	Typhoid	1	0	39	27	30	43	45	
Respiratory Diseases	Influenza	137	90	1104	2500	1401	8041	5791	
	Legionellosis	2	3	51	68	65	105	104	
	Tuberculosis	4	6	162	202	263	441	538	
Sexually Transmissible Infections	Chlamydia	356	399	10992	11463	10726	21263	20449	
	Gonorrhoea	92	97	2264	2112	1346	4114	2818	
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	10	362	174	226	262	352	
	Pertussis	36	37	1226	3676	7029	5996	13410	
	Pneumococcal Disease (Invasive)	15	15	230	238	227	563	530	
Vector Borne Diseases	Barmah Forest	5	3	285	192	340	344	471	
	Dengue	4	6	117	176	81	289	148	
	Malaria	3	1	44	29	40	68	82	
	Ross River	5	14	328	434	469	596	591	
Zoonotic	Q fever		4	1	70	72	68	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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