

Communicable Diseases Weekly Report

Week 46: 12 November – 18 November 2012

In summary, we report:

- [Hepatitis A infections](#) – 2 cases reported
- [Avian influenza](#) – H7 poultry outbreak in the Maitland area reported
- [Viral Meningitis](#) – increase in activity
- [Summary of notifiable conditions activity in NSW](#)

For information on other communicable diseases in NSW, see the [A-Z of Infectious diseases](#) and the [NSW Public Health Bulletin](#) and the [National Notifiable Diseases Surveillance System fortnightly report](#) or the [Communicable Diseases Intelligence](#) journal for Australian data.

Note: click on the heading of each section to see a fact sheet. Updated data are provided in the links below each section where available.

[Hepatitis A infections](#)

There were two new cases of hepatitis A reported this week (Table 1). Both of the cases were from the South Western Sydney Local Health District. One of the cases is believed to have been acquired locally. The second case was in an unvaccinated child who had recently returned from South Asia. Overseas travel to countries with endemic hepatitis A (particularly in South and South East Asia) is the most common risk factor for hepatitis A cases identified in NSW.

Hepatitis A is usually transmitted when virus from an infected person is swallowed by another person through eating contaminated food, drinking contaminated water, handling nappies, linen and towels soiled with the faeces of an infectious person, or through direct contact (including sexual) with an infectious person.

A safe and effective vaccine is available against hepatitis A. The vaccine may take up to two weeks to provide protection. Vaccination is recommended for travellers to countries where hepatitis A is common (most developing countries).

Follow the link for updated [hepatitis A data](#) (note that cases are summarised by onset date).

Follow the link for a [recent review of hepatitis A notifications in NSW](#) in the NSW Public Health Bulletin.

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[Avian Influenza](#)

The NSW Department of Primary Industries has reported an outbreak of H7 avian Influenza virus in a flock of layer hens near Maitland. The outbreak has been successfully controlled, with 50,000 hens on the property having been culled and with testing on nearby poultry facilities indicating the virus has not spread.

Follow up testing and surveillance will continue over coming weeks to confirm that the virus is no longer present. The infected property will remain in quarantine until disinfection and testing is finished.

Public health officers identified people who may have been exposed on the farm without appropriate protection. These people were offered antiviral post-exposure prophylaxis and monitored for symptoms for seven days following their last exposure. Appropriate personal protective equipment (PPE) with respiratory protection was recommended for all persons directly involved in outbreak control activities on the farm.

Close monitoring of the people potentially exposed on the farm has shown no evidence of infection and they have now passed the period in which illness might have been expected to develop.

Follow the link to the [NSW Department of Primary Industries avian influenza website](#) for more information on the outbreak.

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Viral Meningitis

Surveillance of presentations to NSW Emergency Departments has shown a moderate increase in diagnoses of 'meningitis' or 'encephalitis' above the usual range for this time of year, particularly in children. Some NSW laboratories have also noted an increase in the frequency of cerebro-spinal fluid (CSF) samples positive for enteroviruses submitted as part of investigations into cases of viral meningitis.

Viral meningitis is generally less severe than bacterial meningitis and resolves without specific treatment. The symptoms of viral meningitis are fever, headache, and stiff neck sometimes associated with nausea and vomiting, photophobia (sensitivity to light), and confusion. The symptoms are similar to those for bacterial meningitis, which can be fatal, but is treatable with specific antibiotics, so it is important to see a doctor immediately if someone has symptoms of meningitis.

Most viral meningitis cases are caused by infection with an enterovirus, however other viruses such as mumps, herpes viruses, measles and influenza can also cause meningitis. Enterovirus infections are common but in most cases do not cause any symptoms, or cause gastro symptoms such as diarrhoea and vomiting, or blisters in and around the mouth, hands and feet ([Hand foot and mouth disease](#)). Only a small number of people with enterovirus infections develop meningitis.

Enteroviruses are most often spread from person to person through faecal contamination. Enteroviruses can also be spread through respiratory secretions of an infected person.

Enterovirus infections are more common in the summer months and more common in children under 5 years of age and people with suppressed immune systems.

Careful attention to hygiene is essential; frequent thorough hand washing with soap and water is the most effective way of preventing spread. Hands should be washed when they come into contact with oral or nasal secretions or faeces, before preparing food and before eating. Covering the mouth and nose when coughing or sneezing will also prevent transmission of these viruses.

Children with gastro symptoms (nausea, vomiting and diarrhoea) should not return to school or use public swimming pools until symptoms have resolved.

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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 12 November to 18 November 2012 (by date received).

		This week	Last Week	Year to Date			Full Year	
				2012	2011	2010	2011	2010
Enteric Diseases	Cryptosporidiosis	8	7	588	318	319	353	354
	Giardiasis	30	30	1802	2194	2137	2375	2312
	Hepatitis A	2	1	36	54	85	60	88
	Listeriosis	1	0	31	17	23	20	27
	Rotavirus	25	56	1665	1115	1109	1207	1221
	Salmonellosis	93	41	2617	3316	3321	3574	3686
	Shigellosis	2	2	114	111	98	126	112
	Typhoid	1	1	38	44	37	45	38
Respiratory Diseases	Influenza	26	33	7821	5652	1390	5784	1514
	Legionellosis	1	0	88	85	85	93	91
	Tuberculosis	4	10	225	487	448	529	500
Sexually Transmissible Infections	Chlamydia	315	326	18569	18710	16634	20442	18271
	Gonorrhoea	71	52	3570	2534	2138	2818	2316
Vaccine Preventable Diseases	Adverse Event Following Immunisation	1	3	171	213	160	228	165
	Pertussis	104	94	5463	12181	7237	13317	9057
	Pneumococcal Disease (Invasive)	10	11	522	482	465	527	499
Vector Borne Diseases	Barmah Forest	9	10	297	453	227	471	251
	Dengue	2	2	239	125	189	145	218
	Malaria	1	3	62	74	104	82	117
	Ross River	16	8	555	567	1020	589	1080

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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