

# Communicable Diseases Weekly Report

## Epi-Week 16: 14 April 2014 – 20 April 2014

In summary, we report:

- [Tetanus](#) – one new case
- [Chikungunya infection](#) – one new case
- [Chlamydia](#) – update on trends
- [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.

### Tetanus

One clinical case of tetanus was notified this week (Table 1). Tetanus is rare in NSW, with only 1 or 2 cases reported each year. This case was in a young male who had sustained minor skin trauma. The patient's tetanus vaccination history was unknown.

Tetanus (sometimes called lock-jaw) is a disease caused by infection with the bacteria *Clostridium tetani*. The bacteria are found in soil, dust and animal faeces. Infection may occur after minor injury to the skin that is contaminated with soil, dust or manure or after major injuries and burns.

The disease usually occurs after an incubation period of 3 to 21 days, but this may be extended to several months. Toxin produced by the bacteria attacks a person's nervous system causing a variety of symptoms, including painful muscle spasms that begin in the jaw (lock jaw). Although the disease is now uncommon in Australia it can be fatal.

Immunisation protects against tetanus. Tetanus vaccine is given at 6 – 8 weeks, 4 and 6 months of age, with boosting doses at 3½ - 4 years, and 12 years of age. Adults who haven't had a booster in the last ten years should get a booster against tetanus- diphtheria-whooping cough when they turn 50.

People who get an injury that is potentially contaminated with dirt should clean it thoroughly and receive a booster dose of tetanus vaccine if more than 5 years have passed since their last dose. If it cannot be confirmed that the person had completed a primary tetanus vaccination course they should also receive a dose of tetanus immunoglobulin to provide immediate passive protection.

Follow the link for further information on [tetanus notifications](#).

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### Chikungunya infection

One new case of chikungunya infection was notified this week (Table 1). The case was in a traveller recently returned from a trip to the island of Bali, Indonesia. This is the sixth case of chikungunya infection notified this year, and the third acquired in Indonesia.

Chikungunya infections are acquired by people after being bitten by a mosquito that is infected with the chikungunya virus. Symptoms include fever, rash and sore joints, and so may sometimes be mistaken for dengue infection. Chikungunya infections are reported from many parts of Africa,

South-East Asia, India, Sri Lanka, Papua New Guinea and the Philippines. An [outbreak of chikungunya](#) has also been recently reported in the Kingdom of Tonga.

In recent years, Indonesia (and particularly Bali) has been a frequently suspected source of infection for chikungunya cases reported in Australian travellers. Bali is also one of the most commonly reported suspected sources of dengue infection, which is transmitted by the same mosquitoes that transmit chikungunya.

Travellers to affected areas including Bali should avoid mosquito bites to prevent infection. Mosquitoes that carry chikungunya virus (*Aedes* spp.) are most active during the day and tend to come indoors and hide in cool dark places such as under tables. Travellers should cover up as much as possible with loose-fitting clothing and covered footwear, use an effective mosquito repellent on all exposed skin and re-apply every few hours (according to instructions) as protection wears off from perspiration, particularly in the heat or during exercise. The best mosquito repellents contain Diethyl Toluamide (DEET) or Picaridin.

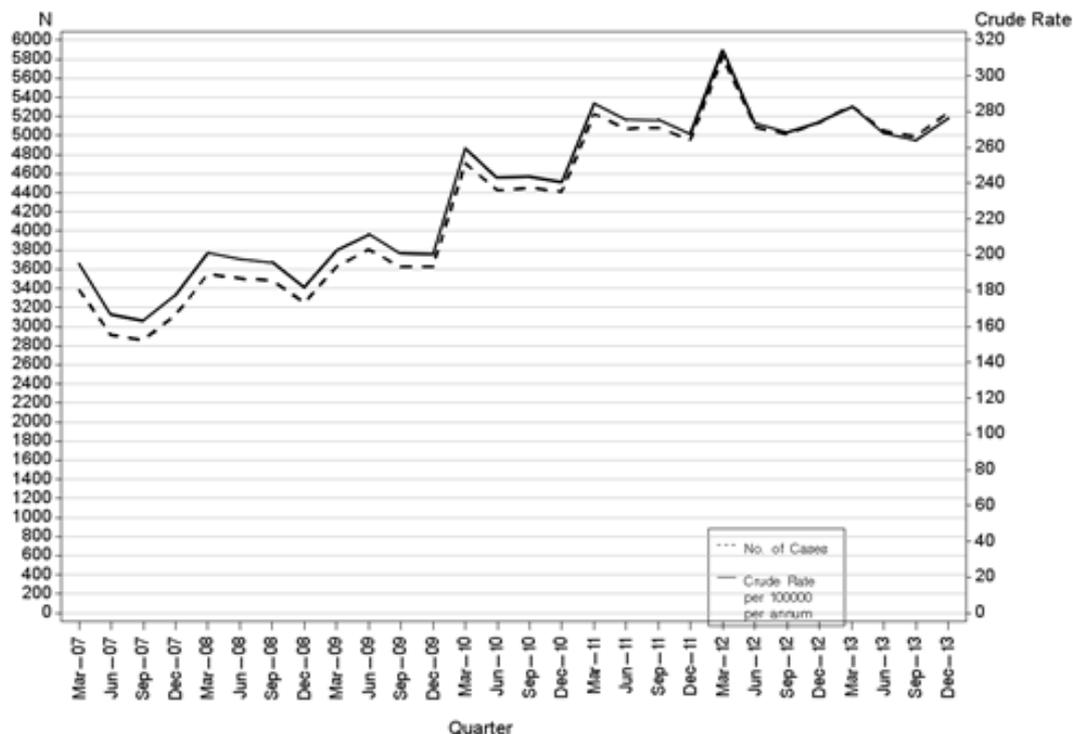
Follow the link for more information on [preventing mosquito infections](#).

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## Chlamydia

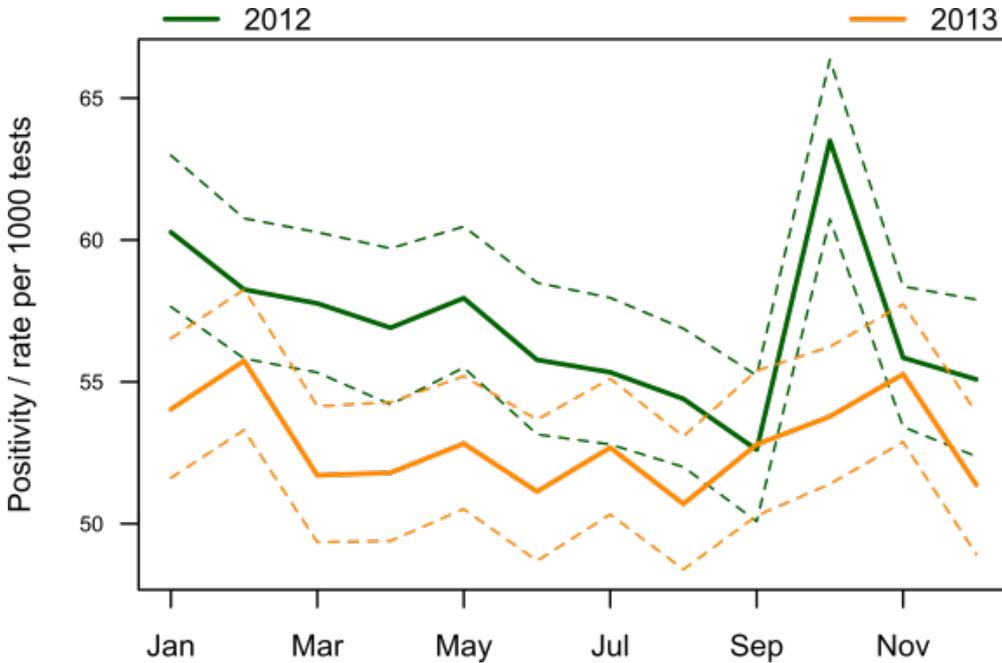
Chlamydia notifications show an increasing trend from 2007 to 2012, however have plateaued during recent quarters (Figure 1). Chlamydia notifications remain more common in females and in older teenagers and young adults. Analysis of testing data between 2012 and 2013 identified a decrease in the positivity rate per 1000 tests in 2013 (5.3%) compared to 5.7% in 2012 (Figure 2). This data indicates that the plateau in notifications is due to a stabilisation of transmission rather than a decrease in testing.

**Figure 1: Chlamydia notifications and rates (per 100,000 population) for NSW by quarter, 2007-2013**



Note: Became notifiable in Aug 1998  
Source: NCIMS (SAPHARI)

**Figure 2. Chlamydia positivity rate per 1,000 tests\* - NSW residents, January 2012 –December 2013. Dotted lines denote 95% confidence interval for positivity**



\* Testing data is submitted by 14 public and private laboratories and represent 88% of the total notifications for the selected conditions.

Chlamydia is a sexually transmissible infection caused by the bacteria *Chlamydia trachomatis*. Many people who are infected with the bacteria do not have symptoms but can still transmit it. Chlamydia can affect the urethra (the urine passage), cervix (the neck of the womb), rectum, anus, throat, and eyes. If chlamydia is not properly treated it can cause serious complications, including infertility.

Symptoms can occur within 2-14 days after infection. However, a person may have chlamydia for months, or even years, without knowing it. In women, symptoms include lower abdominal cramps or pain, bleeding between regular periods, pain when passing urine, bleeding or pain during or after sex, and a change in vaginal discharge. In men symptoms include a discharge from the penis, pain when passing urine and swollen and sore testicles. Chlamydia is easily treated by a single dose of antibiotics.

It is important to see a doctor or sexual health clinic to get tested and treated. Using a condom correctly for vaginal or anal sex can significantly reduce the risk of getting chlamydia and other sexually transmitted infections. Always use condoms with new or casual partners.

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

More detail on trends of sexually transmitted infections is available from the [STI report](#).

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## 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 14 April to 20 April 2014, by date received.\***

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	8	9	177	725	287	1132	655
	Giardiasis	56	78	1040	887	825	2240	2012
	Listeriosis	1	1	8	20	14	33	36
	Rotavirus	7	4	109	155	227	508	1758
	Salmonellosis	93	112	1807	1514	1269	3486	2942
	Shigellosis	4	4	105	46	54	136	131
Respiratory Diseases	Influenza	26	62	878	547	317	8402	8037
	Legionellosis	2	2	25	31	51	104	107
	Tuberculosis	5	4	119	137	151	439	469
Sexually Transmissible Infections	Chlamydia	321	375	7255	7075	7271	21077	21261
	Gonorrhoea	68	71	1479	1491	1288	4270	4115
Vaccine Preventable Diseases	Adverse Event Following Immunisation	5	8	104	298	110	508	269
	Measles	1	0	51	3	5	33	174
	Meningococcal Disease	1	5	10	10	15	48	68
	Mumps	3	1	36	28	31	88	110
	Pertussis	14	26	550	849	2557	2378	5998
	Pneumococcal Disease (Invasive)	4	5	81	105	92	490	564
	Tetanus	1	0	1	1	0	2	1
Vector Borne Diseases	Barmah Forest	9	6	77	178	133	440	352
	Chikungunya	1	0	6	7	0	22	1
	Dengue	3	4	144	88	112	299	287
	Malaria	2	0	30	37	17	93	68
	Ross River	18	16	155	172	273	513	596

### \* 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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