

Communicable Diseases Weekly Report

Epi-Week 24: 09 June – 15 June 2014

In summary, we report:

- [Meningococcal disease](#) – one new fatal case
- [Influenza](#) – increasing activity in the community
- [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.

[Meningococcal disease](#)

There was one fatal case of invasive meningococcal disease (IMD) notified this week (Table 1). The case (due to a serogroup B strain) was in a young child from the Hunter New England Local Health District. The local public health unit has investigated the case to identify and manage close contacts. Up to 10 per cent of patients with invasive meningococcal disease in Australia die as a result of the infection. In NSW in 2013 there were 46 IMD notifications, including two deaths.

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 until recently there has been 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 Hajj or Umrah in Saudi Arabia.

A vaccine (Bexsero®) against serogroup B meningococcal disease has recently become available and expected to provide protection against around 76 per cent of the serogroup B strains in Australia. Follow the link for recent information for immunisation providers on the newly licensed [meningococcal B vaccine](#) (external link).

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

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

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Influenza

* Please also note that comprehensive [NSW influenza surveillance reports](#) are also published each week by the Communicable Diseases Branch.

There were 44 laboratory-confirmed influenza cases notified this week (Table 1). This year there was an unseasonal increase in influenza notifications in January and February before a return to typical inter-season activity (Figure 1). The recent increasing trend in influenza notifications, particularly in influenza A viruses, parallels a recent increase in influenza-like illness (ILI) presentations at NSW Emergency Departments (Figure 2).

Figure 1: Influenza notifications in NSW residents, by month of disease onset. January 2010 to June 2014.

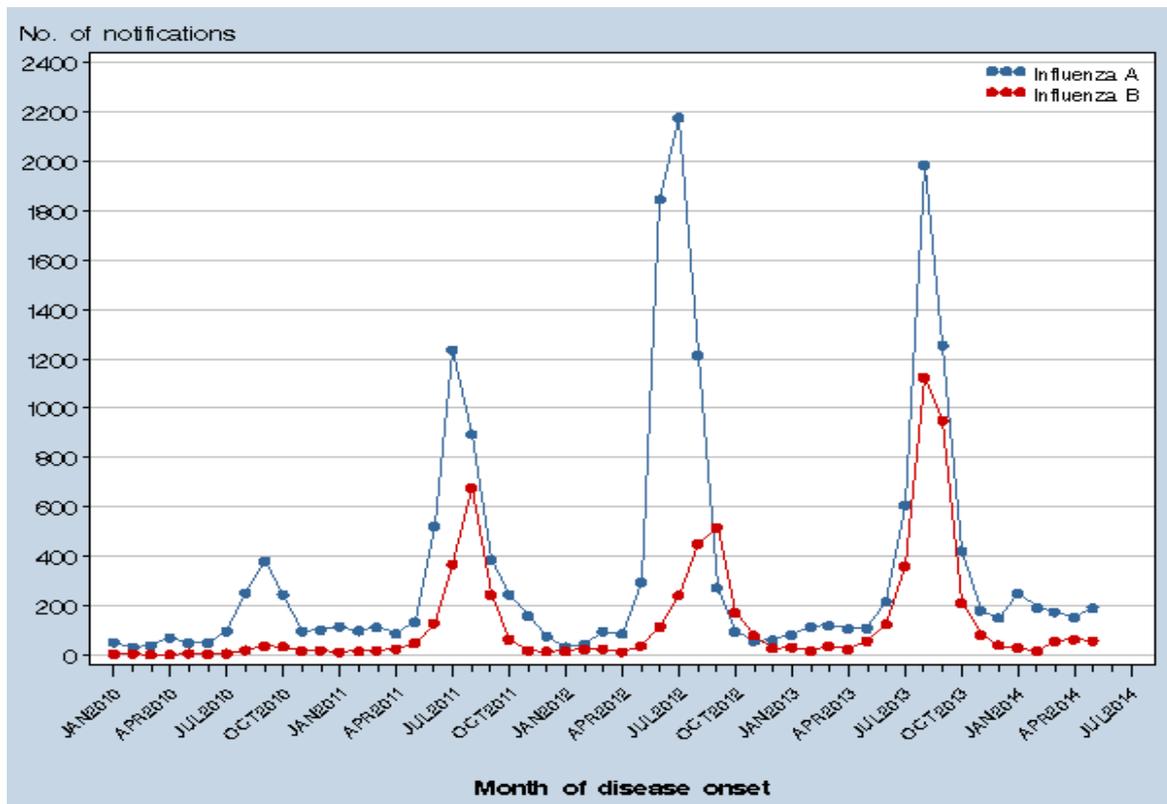
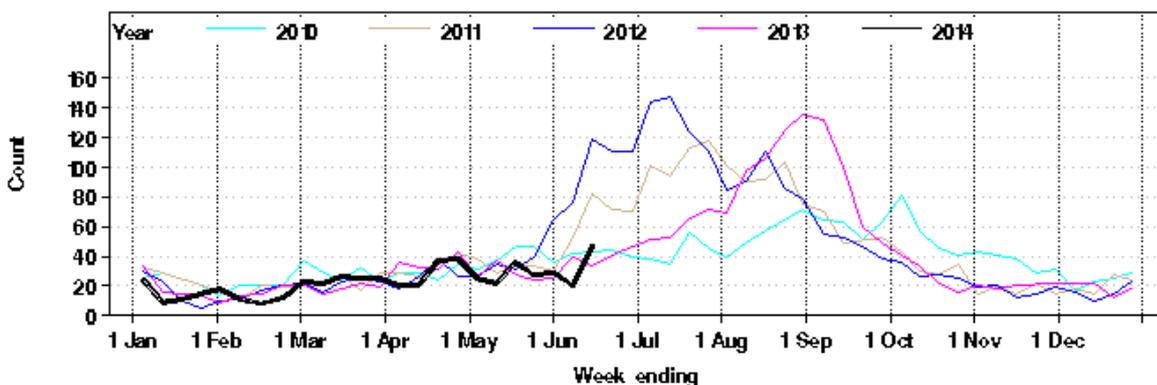


Figure 2: Total weekly counts of Emergency Department presentations for influenza-like illness, for 2014 (black line), compared with each of the five previous years (coloured lines) excluding 2009, persons of all ages, for 59 NSW hospitals.



The Emergency Department surveillance system uses a statistic called the 'index of increase' to indicate when ILI presentations are increasing at a statistically significant rate. With a threshold value of 15, the index is useful for signalling the increase in presentations when influenza starts circulating in the population.

On 15 June 2014, the index of increase for ILI presentations was 15.2 which may indicate the start of the 2014 influenza season. Based on the index, last year's influenza season started around 26 June, peaked on 20 August and ended around 17 September.

Influenza, or flu, is a highly contagious respiratory illness caused by influenza viruses. There are three main types of influenza virus that cause infection in humans - types A, B and C - and many sub-types or strains. Influenza can occur throughout the year but influenza activity usually peaks in winter. Three strains of influenza are continuing to circulate at low levels in the community.

It is not too late to vaccinate. Follow the link for further information on [influenza vaccination](#).

Other practical steps to stop the spread of influenza include:

- Covering your face when you cough or sneeze and throwing used tissues in a rubbish bin.
- Washing your hands thoroughly and often. Wash hands for at least 10 seconds, especially after coughing, sneezing or blowing your nose, or use an alcohol-based hand rub.
- Staying at home until you're well. Wait at least 24 hours after your symptoms resolve so you are less likely to infect other people.

Follow the link for further [influenza data](#).

Follow the link for the [influenza homepage](#).

Follow the link for [WinterWise campaign](#) information.

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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 09 June to 15 June 2014, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	5	3	240	911	427	1131	655
	Giardiasis	35	60	1491	1244	1181	2240	2014
	Hepatitis A	3	1	38	36	19	62	41
	Hepatitis E	1	0	11	12	4	16	10
	Listeriosis	1	1	14	22	19	33	36
	Rotavirus	8	8	170	193	326	508	1759
	STEC/VTEC	1	0	24	17	9	24	14
	Salmonellosis	51	89	2501	2051	1622	3485	2942
	Shigellosis	1	4	118	59	68	136	131
Respiratory Diseases	Influenza	44	74	1324	889	1335	8401	8037
	Legionellosis	1	1	36	48	69	107	107
Sexually Transmissible Infections	Chlamydia	332	412	10759	10365	10696	21081	21263
	Gonorrhoea	46	84	2208	2097	1937	4267	4115
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	0	143	363	166	509	269
	Measles	1	0	56	12	18	33	174
	Meningococcal Disease	1	0	15	13	28	48	67
	Pertussis	28	29	805	1172	3484	2378	5998
	Pneumococcal Disease (Invasive)	13	16	156	200	208	489	564
	Rubella	1	0	4	5	7	12	11
Vector Borne Diseases	Barmah Forest	1	5	109	275	191	440	352
	Dengue	1	7	215	130	170	302	287
	Ross River	10	22	299	322	423	513	597
Zoonotic	Psittacosis	1	0	5	3	14	8	22

* 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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