

# Communicable Diseases Weekly Report

## Epi-Week 36: 01 September – 07 September 2014

In summary, we report:

- [Hepatitis E](#) – one new locally acquired case and media release
- [Measles](#) – one new case reported
- [Pertussis](#) – continued low notifications for 2014
- [Sexually transmitted infections](#) – first quarter 2014 data report released
- [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.

## Hepatitis E

There has been one new case of hepatitis E virus (HEV) infection notified this reporting week (Table 1) in a person with no history of overseas travel. This case has a history of pork liver consumption. In the following reporting week (epi-week 37) two further locally acquired cases, also with a history of pork liver or pork liver sausage consumption, were notified. This prompted the release of a [media statement](#) advising the public and food handlers to ensure thorough cooking of pork products and good food hygiene of all raw meats.

Many infections with HEV occur without symptoms. When symptoms occur they follow a similar clinical course to hepatitis A with loss of appetite, nausea, vomiting, tiredness, abdominal pain, fever, dark urine and jaundice (yellowing of the skin and eyes) which almost always resolves spontaneously. Older people are more likely to develop symptoms with jaundice. However, serious complications can occur in pregnant women, especially those in the third trimester, and in people with pre-existing liver disease.

HEV and hepatitis A virus are the commonest causes of hepatitis that is spread from the ingestion of faecally-contaminated food or water in developing countries. Travellers to these countries are advised to use bottled or boiled water for drinking and for brushing their teeth, only eat fruit or vegetables they have peeled themselves, and eat food that is freshly cooked and piping hot. Unlike hepatitis A, there is no available vaccine for HEV in Australia.

In developed countries such as the UK and Japan, outbreaks and sporadic cases of HEV have been reported following consumption of raw or undercooked shellfish, pork or deer.

The recent cases in NSW are the first instances where Australian pork has been linked to human cases of HEV. This highlights the need to ensure that pork, (especially pork liver) is appropriately handled and cooked prior to consumption.

Diagnosis of hepatitis E infection is through the presence of HEV antibodies or detection of the virus by nucleic acid testing.

Follow the link for more information from the NSW Food Authority on [keeping food safe](#).

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

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## Measles

This reporting week a case of measles has been notified in an unvaccinated child from metropolitan Sydney who recently returned from travel interstate. The local public health unit has contacted people who may have been exposed, including several unvaccinated children who required exclusion from school to prevent possible further spread.

Measles is a highly contagious disease which is transmitted via respiratory secretions (from coughing and sneezing) in the air. Symptoms of measles include fever, runny nose, sore red eyes and cough, followed 3-4 days later by a red blotchy rash spreading from the head and neck to the rest of the body.

Travellers returning from areas where measles is endemic (especially those who aren't fully vaccinated) should be aware of the symptoms of measles and seek medical advice if those symptoms develop within three weeks of return. The health service should be telephoned before arrival so that arrangements can be made to keep the person with suspected measles away from others who could be at risk of infection.

Measles containing vaccine is free for people born during or after 1966 who have not previously had 2 doses. If you are unsure of your vaccination status, or have not had 2 doses (or measles infection) in the past, consult your GP for more advice.

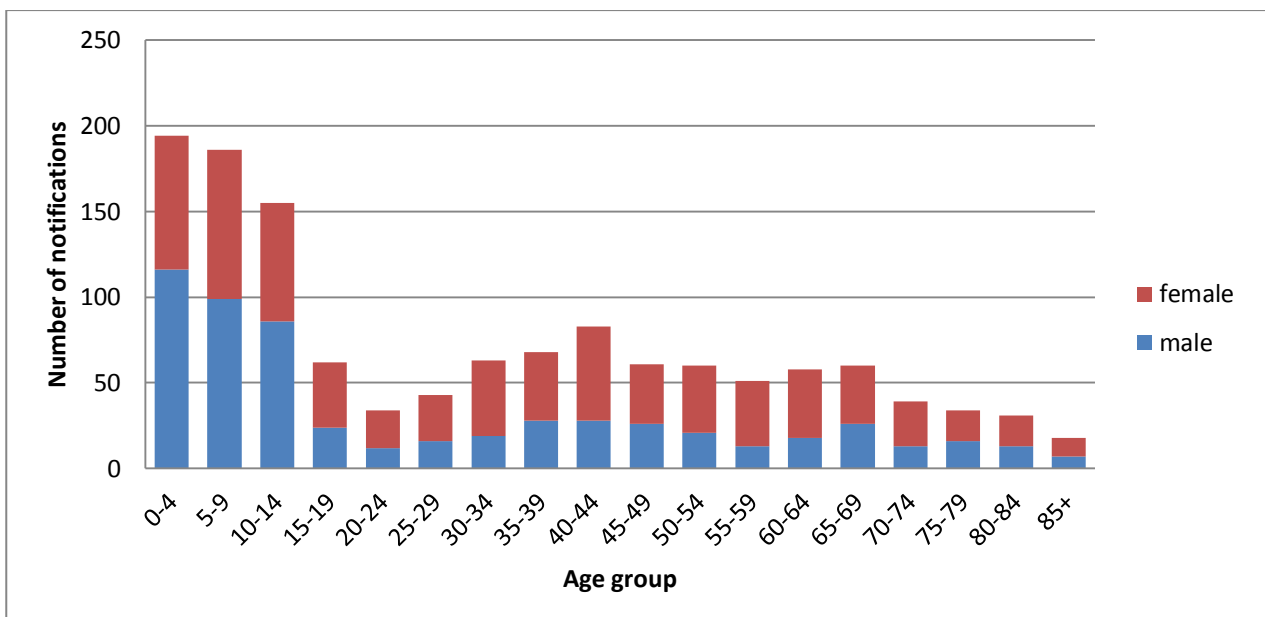
Follow the links for more information on [measles](#), [measles notifications](#) and [measles vaccination](#).

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## Pertussis

For the period 01 January - 31 August 2014, there were 1300 confirmed or probable pertussis notifications in NSW, a 78% reduction compared to the previous 5 year average. The highest numbers of notifications continue to be reported in the 0-4 and 5-9 years age groups. (Figure 1)

**Figure 1: Pertussis notifications in NSW, by age group and gender, January to August 2014**



Pertussis, also known as ‘whooping cough’, is a bacterial infection affecting the respiratory system, caused by the bacteria, *Bordetella pertussis*. It affects individuals of all ages, but is more severe (and can be fatal) in small babies, particularly those too young to be fully vaccinated. Elderly people are also at increased risk of developing complications of pertussis.

Pertussis occurs more commonly in spring and summer, so while the number of notified cases so far this year is low, it is still important to be aware of the symptoms of pertussis, and seek medical advice if they develop. Symptoms of pertussis include a runny nose, tiredness, mild fever and cough. Severe bouts of uncontrollable coughing can then develop, often with a ‘whooping’ sound or followed by vomiting. Newborns may not cough at all, but they can stop breathing and turn blue.

Pertussis is a vaccine preventable disease. It is important that adults and children who are in contact with young babies are fully vaccinated against pertussis in order to protect the baby, as babies can only be fully protected from pertussis after their third dose of vaccine at six months of age.

Vaccination against pertussis is recommended for children at 6 weeks, 4 and 6 months of age, with a booster at 4 years and again at 12 years of age. Vaccination is also recommended for women planning pregnancy or in their third trimester of pregnancy, individuals living with or caring for infants (siblings, grandparents, childcare workers) and health care workers.

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

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## **Sexually transmitted infections**

The [2014 1<sup>st</sup> quarter sexually transmitted infection report](#) was released this week. This report includes notification data for four notifiable sexually transmitted infections (STIs): chlamydia, gonorrhoea, infectious syphilis and lymphogranuloma venereum (LGV), in NSW residents for the period 01 January – 31 March 2014. In summary, there were 5963 cases of chlamydia, 1211 cases of gonorrhoea, 137 cases of infectious syphilis and 3 cases of LGV reported.

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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 01 September to 07 September 2014, by date received.\***

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Giardiasis	46	32	2055	1688	1519	2242	2014
	Hepatitis A	3	0	48	51	25	62	41
	Hepatitis E	1	1	30	13	5	16	10
	Rotavirus	18	14	359	315	918	508	1760
	Salmonellosis	66	46	3107	2550	2099	3483	2941
	Shigellosis	4	1	151	88	95	136	131
	Typhoid	1	0	33	44	31	58	43
Respiratory Diseases	Influenza	1629	2316	16176	6169	6887	8401	8037
	Tuberculosis	9	12	305	305	319	440	469
Sexually Transmissible Infections	Chlamydia	338	445	15950	15112	15368	21089	21267
	Gonorrhoea	63	97	3279	3113	2924	4266	4116
Vaccine Preventable Diseases	Adverse Event Following Immunisation	1	3	183	431	212	509	269
	Measles	1	0	66	15	111	33	174
	Meningococcal Disease	1	0	21	32	56	48	67
	Mumps	1	1	63	71	99	89	110
	Pertussis	46	58	1393	1654	4612	2378	6000
	Pneumococcal Disease (Invasive)	6	13	338	367	410	489	564
	Rubella	1	0	7	11	11	12	11
Vector Borne Diseases	Barmah Forest	3	0	135	344	242	440	352
	Dengue	1	3	298	222	226	303	288
	Ross River	14	10	439	407	491	513	598

### \* 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](#) (external link).
- 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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