

Communicable Diseases Weekly Report

Epi-Week 37: 08 September – 14 September 2014

In summary, we report:

- [Ebola virus disease](#) – global update
- [Malaria](#) – two new cases reported
- [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.

Ebola virus disease

The World Health Organization (WHO) has received reports of 4963 cases (suspected, probable and confirmed) of Ebola virus disease (EVD) from Guinea, Liberia and Sierra Leone up to 13 September, including 2453 deaths ([WHO Ebola situation report - 16/09/2014](#)).

Almost half of the cases had been identified in the preceding 21 days, highlighting the rapidly increasing scale of the outbreak. Smaller outbreaks in Nigeria and Senegal are believed to be contained. A major escalation of the international response to support the EVD-affected countries is underway.

EVD (formerly known as Ebola Haemorrhagic Fever) is a rare, severe and often fatal illness that occurs almost exclusively in some countries in East, Central and West Africa.

EVD typically begins with a sudden onset of fever, muscle and joint aches, weakness, and headache, progressing to vomiting, diarrhoea, rash, and liver and kidney failure. Some outbreaks have been associated with profuse internal and external bleeding, but bleeding has not been as prominent a feature in the current outbreak.

The infection is transmitted by direct contact with the blood, body fluids and tissues of infected animals or people. It is not spread by the airborne route which means that once identified it should be easier to contain than other viral infections like measles, provided appropriate resources for infection control are available.

In some outbreaks more than half of the people infected with the virus have died, but the survival rate improves markedly when people have access to basic supportive care.

Consult the [EVD outbreak in West Africa Alert](#) for links to further information about the outbreak.

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Malaria

Two new cases of malaria infection were notified in this reporting week (Table 1). One of the cases had been acquired in Kenya while the other case was acquired in Sierra Leone. The case acquired in Sierra Leone was not investigated for Ebola virus disease (EVD) because they had returned to Australia in July, well outside the 21-day incubation period for EVD. Neither case had used anti-malaria prophylaxis while travelling.

Malaria is an infection of the liver and red blood cells caused by protozoan parasites. Malaria symptoms usually develop 9-14 days after being bitten by an infected mosquito. Occasionally

symptoms develop weeks or months later. Some types of malaria can recur months or years after exposure.

There are five types of *Plasmodium* parasites that cause malaria: *P. ovale*, *P. malariae*, *P. knowlesi*, *P. vivax* and *P. falciparum*. Symptoms of malaria include sudden onset of fever, chills, headache, sweating, nausea, vomiting and pain in joints and muscles. In severe cases symptoms can include seizures, confusion, kidney failure, breathing difficulty and coma. The infection is sometimes fatal. Malaria caused by the *P. falciparum* parasite can be especially dangerous.

Mainland Australia is free of malaria, but malaria is occasionally found in the Torres Strait Islands. Australians can contract malaria while travelling in tropical and subtropical areas of Asia, Africa, Central and South America, the Pacific Islands and parts of the Middle East.

Malaria is endemic in most parts of West Africa and it is a more likely cause of febrile illness than EVD in travellers returning from that region. Of the 70 cases of malaria reported for the year to date (Table 1), 11 cases (18%) have been acquired during travel in Sierra Leone.

Almost all malaria cases are people who have travelled to malaria-affected countries and who did not take anti-malarial medications or who did not take them as directed. Overseas travellers can prevent malaria by avoiding mosquito bites together with anti-malarial medications which kill the parasite. People intending to travel to malaria-affected areas should visit their local doctor or a travel health clinic from four to six weeks before their travel to obtain specific advice about preventing malaria based on their itinerary, season of travel and medical history.

For further information on malaria, including practical measures to avoid being bitten by mosquitoes while travelling, see the [malaria factsheet](#). Follow the link for more [malaria notifications data](#).

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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 08 to 14 September 2014, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	4	0	298	998	544	1132	655
	Giardiasis	46	46	2106	1716	1561	2242	2014
	Hepatitis E	2	2	33	13	5	16	10
	Listeriosis	1	0	17	30	25	33	36
	Rotavirus	13	19	376	323	1042	508	1760
	Salmonellosis	62	63	3162	2583	2148	3483	2941
	Shigellosis	1	4	153	90	98	136	131
	Typhoid	2	1	34	44	32	58	43
Respiratory Diseases	Influenza	1461	1737	17641	6703	7131	8401	8037
	Legionellosis	1	0	53	79	93	108	108
	Tuberculosis	10	11	315	312	323	440	469
Sexually Transmissible Infections	Chlamydia	358	338	16315	15500	15744	21089	21267
	Gonorrhoea	81	90	3395	3186	2990	4266	4116
Vaccine Preventable Diseases	Adverse Event Following Immunisation	1	1	185	438	218	509	269
	Pertussis	58	53	1463	1719	4745	2378	6000
	Pneumococcal Disease (Invasive)	18	6	356	377	427	489	564
Vector Borne Diseases	Barmah Forest	2	3	135	348	245	440	352
	Chikungunya	1	0	16	17	0	22	1
	Dengue	2	2	302	228	227	303	288
	Malaria	2	0	70	67	49	93	68
	Ross River	9	13	446	413	493	513	598
Zoonotic	Q fever	2	2	122	118	95	163	131

* 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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