

# Communicable Diseases Weekly Report

## Epi-Week 43: 20 October – 26 October 2014

In summary, we report:

- [Australian Bat Lyssavirus \(ABLV\)](#) – Bat breeding season
- [Ross River Virus](#) – increased monthly notifications and season forecast
- [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.

### [Australian Bat Lyssavirus and bat breeding season](#)

Over the past month, 32 people required rabies post exposure prophylaxis (PEP) following high-risk exposures to potentially infected animals. Five of the people had reported local bat exposures while the remaining 27 people had animal bites or scratches while travelling overseas. In NSW in 2014, there have been three people who were bitten or scratched by bats that were later confirmed to have had the potentially deadly Australian Bat lyssavirus (ABLV) infection, highlighting the importance of avoiding all bat bites and scratches. ABLV infection can result in a rabies-like illness which is very serious and, if not prevented, is fatal. October to November is the bat birthing season, where young and miscarried pups may be on the ground, prompting people to pick them up or attempt to rescue them.

ABLV belongs to the lyssavirus genus of viruses and is closely related to rabies virus. There have been three known human cases of ABLV infection; all resulted in death. All three cases were in Queensland and the infection was acquired from a bat bite. The most recent case was in an eight year old child in February 2013.

The best protection against being exposed to deadly lyssaviruses is to avoid handling any bat in Australia, and any wild or domestic mammal in a rabies-endemic country. This includes bats and wild or domestic dogs, cats, and monkeys in Asia and Africa. People should avoid all contact with bats as there is always the possibility of being scratched or bitten and it leading to infection. It should be assumed that all bats and flying foxes are infectious, regardless of whether the animal looks sick or not.

Only people who have been fully vaccinated against rabies, use protective equipment and have been trained in bat handling should touch a bat. Injured or trapped bats should be reported to the local Wildlife Information Rescue and Education Service (WIRES) network on 1300 094 737 or at [www.wires.org.au](http://www.wires.org.au) .

Anyone who is bitten or scratched by a bat should immediately wash the wound thoroughly with soap and copious water for at least five minutes and then apply an antiseptic such as povidone-iodine or alcohol. Urgent medical care should be sought so that rabies immunoglobulin can be injected into the wound in the case of a bite, and a course of four doses of rabies vaccine given over two weeks administered for both bites and scratches. Medical practitioners should contact their local public health unit for advice and to arrange immunisation.

Follow the link for further information on [rabies and ABLV infection](#).

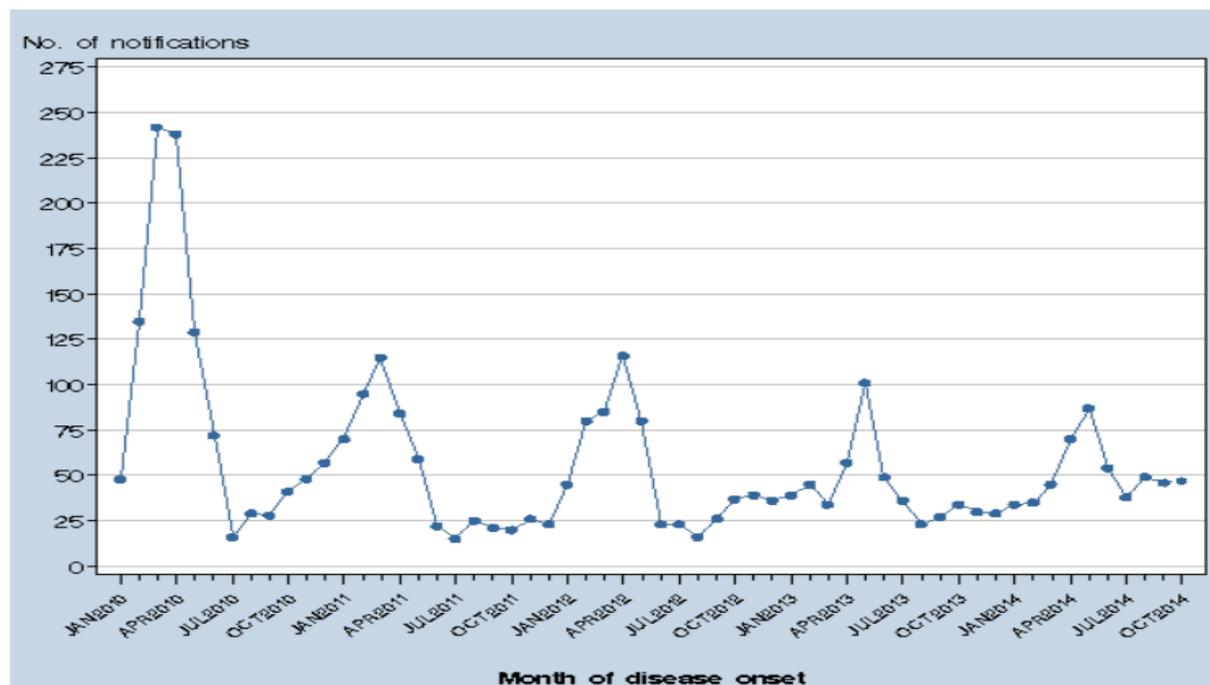
Follow the link to the [NSW Health media release](#) that warns members of the public about the dangers of handling bats.

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## Ross River virus (RRV)

There were 13 notifications of Ross River virus (RRV) infection reported this week (Table 1). RRV notifications from August to October are elevated compared to previous years (Figure 1).

**Figure 1. Ross River virus infection notifications in NSW residents, January 2010 to October 2014, by month of onset.**



Source: NSW Health website - <http://www0.health.nsw.gov.au/data/diseases/rossriver.asp>

With a relatively wet start to Spring, entomologists have already reported increasing numbers of mosquitoes and it is likely that the conditions will continue to favour transmission of RRV and also Barmah Forest virus. Risk modelling does not currently suggest an elevated risk of Murray Valley encephalitis.

Ross River virus is one of a group of arboviruses ('arthropod-borne' viruses) characterised by transmission through the bite of infected mosquitoes. Some people who are infected with the virus do not develop symptoms, while others experience flu-like symptoms that include fever, chills, headache and aches and pains in the muscles and joints. Some joints can become swollen, and joint stiffness may be particularly noticeable in the morning. A rash may also appear on the torso, arms or legs. The rash and other symptoms usually resolve after 7 to 10 days, although some people may experience symptoms such as joint pain and tiredness for many months.

There are no vaccines to protect against the arboviruses that cause human infections in NSW; therefore prevention relies on measures to avoid being bitten by mosquitoes and to reduce mosquito breeding near homes. Mosquitoes that carry these viruses are usually most active in the hours after sunset and again around dawn, but may bite throughout the day.

During summer and autumn months remember to cover up and take care to reduce your chances of picking up a serious mosquito-borne infection by following these simple precautions:

- Use an effective repellent on exposed skin areas. Re-apply repellent every few hours, according to the instructions, as protection wears off from perspiration, particularly on hot nights or during exercise.
- The best mosquito repellents contain Diethyl Toluamide (DEET) or Picaridin. Botanical based products (e.g. Eucalyptus, Citronella) provide only limited periods of protection.
- Topical repellents are not recommended for use on children below the age of 3 months.
- Note that prolonged or excessive use of repellents can be dangerous, particularly on babies and young children. Avoid putting repellent near eyes and mouth, spread sparingly over the skin, and rinse off once you are indoors.
- Provide mosquito netting, where necessary – both indoors and outdoors.
- Cover up as much as possible with loose fitting clothing and sensible footwear. Avoid tight clothes.
- Cover your clothes with repellent as mosquitoes can bite through material, but be careful as some repellents stain clothes.
- Use mosquito coils outdoors and plug-in devices with vaporising mats indoors.

Follow the link for the [Mosquitoes are a health hazard](#) factsheet.

Follow the link for information on the [NSW arbovirus surveillance and monitoring program](#).

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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 20 October to 26 October 2014, by date received.\***

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	7	4	332	1025	566	1132	655
	Giardiasis	49	55	2423	1936	1748	2242	2014
	Hepatitis A	1	1	56	54	32	62	41
	Hepatitis E	1	0	33	13	7	16	10
	Rotavirus	33	27	520	435	1575	508	1759
	STEC/VTEC	1	0	29	18	13	24	14
	Salmonellosis	50	76	3516	2962	2459	3483	2941
	Shigellosis	3	4	181	113	109	136	131
Respiratory Diseases	Influenza	126	182	20199	7933	7728	8403	8036
	Tuberculosis	7	11	374	361	384	437	468
Sexually Transmissible Infections	Chlamydia	381	397	18860	17770	18077	21090	21267
	Gonorrhoea	72	88	4000	3633	3504	4267	4116
Vaccine Preventable Diseases	Meningococcal Disease	1	0	27	40	62	48	67
	Pertussis	97	90	1982	1977	5277	2378	6000
	Pneumococcal Disease (Invasive)	9	14	430	430	492	490	564
	Rubella	2	0	9	12	11	12	11
Vector Borne Diseases	Barmah Forest	3	3	151	392	290	438	352
	Dengue	4	1	331	263	255	303	288
	Malaria	1	2	82	81	59	93	68
	Ross River	13	22	531	450	535	512	598
Zoonotic	Q fever	1	1	140	137	112	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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