

Communicable Diseases Weekly Report

Epi-Week 44 & 45: 27 October – 9 November 2014

In summary, we report:

- [Hepatitis A cluster](#) – associated with a wedding in Fiji
- [Staphylococcal food poisoning](#) – among a group of tourists
- [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 A cluster](#)

A cluster of three cases of hepatitis A were notified this week. All cases likely acquired their infection while attending a wedding in Fiji. During the investigation a fourth case that had been reported to another state health department was also found to be linked to the wedding. The public health unit conducted contact tracing and provided information to wedding attendees. Details of the cluster were shared with the Fijian health authorities for their investigation.

There is an average of 60 cases of hepatitis A notified to NSW Health each year, the majority of which acquire their infection overseas.

Hepatitis A is a viral infection of the liver. Symptoms include feeling unwell, aches and pains, fever, nausea, lack of appetite, and abdominal discomfort, followed by dark urine, pale stools and jaundice. The illness usually lasts several weeks.

The virus is spread by the faecal-oral route, including through contaminated food or water or after direct contact with an infected person. Infected people can transmit the virus to others from two weeks before the development of symptoms until one week after the appearance of jaundice.

A safe and effective vaccine is available against hepatitis A. Vaccination is recommended for people intending to travel to countries where hepatitis A is common (such as the Pacific Islands, Asia, Africa & South America) and for people in a range of higher risk groups.

Follow the link to the [hepatitis A factsheet](#) and [hepatitis A notification data](#).

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[Staphylococcal food poisoning](#)

During this reporting period, the Liverpool Public Health Unit (PHU) investigated an outbreak of acute gastroenteritis in a group of tourists. The PHU conducted a retrospective cohort study of 27 tourists, of which 11 became ill and four were hospitalised after eating a meal purchased at a restaurant on the Gold Coast in Queensland and transported to Brisbane where it was consumed.

A dish of rice balls with pickled grilled salmon was the only food reportedly consumed by all cases. A rapid onset of profuse vomiting within 15-20 minutes of each other was the predominant symptom, followed by diarrhoea. The laboratory grew *Staphylococcus aureus* by

culture from three stool samples collected from case-patients, with enterotoxin A and D detected on two of the cultures. Food safety investigations were conducted by authorities in Queensland.

S. aureus is a common bacterium found on the skin and in the noses of up to 25% of healthy people and animals. Usually it causes no illness in these healthy people unless it is transmitted to food products. *S. aureus* is important because it has the ability to make several types of toxins, many of which are responsible for food poisoning. Staphylococcal food poisoning is a common cause of foodborne illness in Australia, with the most recent estimates suggesting there are approximately 1,300 cases annually.

Since 2000, approximately 30% of foodborne *S. aureus* outbreaks reported to the Australian food-borne disease surveillance network (OzFoodNet) have been associated with foods prepared by commercial caterers. Toxin producing pathogens such as *S. aureus* should be considered when investigating outbreaks where clinical symptoms include a rapid onset of predominantly vomiting within a short space of time. The incidence of staphylococcal food poisoning is seasonal, with most cases in the late summer when temperatures are warm and food is stored without adequate refrigeration.

Staphylococcal food poisoning occurs when food is consumed that contains enterotoxins produced by *S. aureus*. Food handlers carrying enterotoxin-producing *S. aureus* in their noses or on their hands are regarded as the main source of food contamination via direct contact or through respiratory secretions. Foods high in starch and protein are believed to favour staphylococcal enterotoxin production. Staphylococcal food poisoning symptoms generally have a rapid onset, appearing around 3 hours after ingestion (range: 30 minutes to 6 hours). Common symptoms include nausea, vomiting, abdominal cramps and diarrhoea. Individuals may not demonstrate all the symptoms associated with the illness. In severe cases, headache, muscle cramping and transient changes in blood pressure and pulse rate may occur. Recovery is usually between 1–3 days. Patients with this illness are not contagious, as toxins are not transmitted from one person to another.

It is important to prevent the contamination of food with Staphylococcus bacteria before toxins can be produced.

- Wash hands and under fingernails vigorously with soap and water before handling and preparing food.
- Do not prepare food if you have a nose or eye infection.
- Do not prepare or serve food for others if you have wounds or skin infections on your hands or wrists.
- Keep kitchens and food-serving areas clean and sanitized.
- If food is to be stored longer than two hours, keep hot foods hot and cold foods cold.
- Store cooked food in a wide, shallow container and refrigerate as soon as possible.

Follow the link to the NSW Food Authority for more information on [food poisoning](#)

Follow the link for more information on [S. aureus outbreaks](#)

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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 3 November to 9 November 2014, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	7	5	346	1040	581	1132	655
	Giardiasis	48	60	2538	2017	1824	2242	2014
	Hepatitis A	3	0	61	54	35	62	41
	Listeriosis	1	0	18	31	31	33	36
	Rotavirus	15	21	578	458	1662	508	1759
	Salmonellosis	59	62	3647	3077	2599	3483	2941
	Shigellosis	6	5	188	116	113	136	131
Respiratory Diseases	Influenza	66	101	20399	8122	7800	8403	8036
	Legionellosis	2	3	58	97	98	108	108
	Tuberculosis	7	7	400	388	418	437	468
Sexually Transmissible Infections	Chlamydia	423	484	19877	18612	18946	21090	21267
	Gonorrhoea	83	112	4236	3769	3701	4267	4116
Vaccine Preventable Diseases	Adverse Event Following Immunisation	2	1	210	484	253	509	269
	Meningococcal Disease	1	1	31	42	64	48	67
	Pertussis	109	100	2239	2096	5480	2378	6000
	Pneumococcal Disease (Invasive)	6	8	446	445	515	490	564
Vector Borne Diseases	Barmah Forest	1	0	153	403	311	438	352
	Chikungunya	1	0	20	19	1	22	1
	Dengue	1	3	340	272	266	303	288
	Ross River	20	13	564	474	559	512	598
Zoonotic	Q fever	5	2	150	146	115	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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