

Communicable Diseases Weekly Report

Week 7, 9 to 15 February 2015

In summary, we report:

- [Hepatitis A](#) – two cases linked to frozen berries
- [Chancroid](#) – one new cutaneous case acquired in Samoa
- [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](#)

Three new cases of hepatitis A were notified this week (Table 1). Two of these cases have been linked to an outbreak of locally acquired hepatitis A associated with the consumption of frozen berries while the third was acquired overseas.

As of 19 February, a total of 13 cases nationally have been linked to the outbreak; four in NSW, five in Queensland, three in Victoria and one in Western Australia. Consumption of Nanna's Mixed Berries is common to all cases. The [NSW Food Authority](#) has advised that four products have been recalled ([Nanna's Mixed Berries 1kg](#), [Nanna's Frozen Raspberries 1kg](#) and [Creative Gourmet Mixed Berries 300g and 500g](#)). An investigation is underway by health and food authorities across Australia. All agencies have issued public advice that people with symptoms of hepatitis should see their doctor for testing and heed the product recall. See the NSW Health media releases on [15 February](#) and [17 February](#) for more information.

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

There is no specific treatment for hepatitis A and people sometimes require hospitalisation for supportive care. A safe and effective vaccine is available. People exposed to hepatitis A can be protected from developing the disease if they receive the vaccine or protective antibodies within two weeks of exposure. Hepatitis A vaccination is routinely recommended for people at higher risk of infection and those who are at increased risk of severe liver disease. This includes travellers to countries where hepatitis A is common (including most developing countries), some occupational groups, men who have sex with men, people with developmental disabilities and people with chronic liver disease.

Further information is available from NSW Health on [hepatitis A](#) and [hepatitis A notifications data](#).

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Chancroid

One new case of chancroid was reported this week (Table 1). The case was in a child who presented with skin lesions on both legs after travelling to Samoa. The infection appears to have been acquired through skin-to-skin contact (non-sexual).

Chancroid is a bacterial infection which is most commonly associated with genital ulcers but which is now rarely seen in Australia. Although the incidence of chancroid is decreasing globally, it is still reported from parts of Africa, Asia and the Caribbean. Chancroid genital ulcer disease is also a known risk factor for the transmission of HIV.

The bacterium that causes chancroid, *Haemophilus ducreyi*, is usually transmitted through anal, oral, or vaginal sex with an infected person. After infection, one or more ulcers (sores) develop on the genitals or around the anus. The ulcers can be very painful in men but women are often unaware of them. Other symptoms include swelling in the groin and pain during sexual intercourse or while urinating.

An infected person can spread the infection from their genital region to other parts of their body. Symptoms usually occur within 4-10 days from exposure to a person infected with *H. ducreyi*. Chancroid is cured with effective antibiotic therapy.

H. ducreyi can also rarely be spread through non-sexual skin-to-skin contact with an infected person. There have been a number of similar reports of chancroid skin lesions acquired in Pacific Island nations so this diagnosis should be considered in patients with skin ulcers and a consistent travel history.

Follow these links for further information on [chancroid](#) and [chancroid notifications](#).

Follow these links to other reports of non-sexually transmitted cutaneous chancroid acquired in the Western Pacific region:

- <http://cid.oxfordjournals.org/content/44/10/e85.long> - three cases in children who had visited Samoa.
- <https://www.mja.com.au/journal/2010/192/6/chronic-cutaneous-ulcers-secondary-haemophilus-ducreyi-infection> - two cases in Australian men living in PNG and Vanuatu.

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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 9 to 15 February 2015, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2015	2014	2013	2014	2013
Enteric Diseases	Cryptosporidiosis	39	28	161	106	264	427	1132
	Giardiasis	108	86	567	449	398	2938	2242
	Hepatitis A	3	3	16	17	25	79	62
	Rotavirus	11	7	67	57	92	709	508
	STEC/VTEC	1	1	4	16	7	31	24
	Salmonellosis	131	139	930	879	815	4297	3483
	Shigellosis	8	4	33	59	21	207	136
	Typhoid	1	0	7	12	12	44	58
Respiratory Diseases	Influenza	79	77	490	492	235	20750	8403
	Legionellosis	2	3	16	8	12	72	108
	Tuberculosis	4	5	39	68	69	466	438
Sexually Transmissible Infections	Chancroid	1	0	1	0	0	0	0
	Chlamydia	506	530	3242	3695	3440	22883	21089
	Gonorrhoea	133	93	764	777	716	4863	4267
Vaccine Preventable Diseases	Adverse Event Following Immunisation	2	1	15	38	68	246	509
	Measles	1	1	4	17	2	68	33
	Meningococcal Disease	1	0	5	2	3	37	48
	Pertussis	137	154	875	367	519	3032	2378
	Pneumococcal Disease (Invasive)	5	3	35	33	53	509	490
	Rubella	1	0	2	2	0	10	12
Vector Borne Diseases	Barmah Forest	5	9	21	34	79	163	438
	Dengue	7	12	56	75	47	377	303
	Malaria	2	2	7	16	20	87	93
	Ross River	79	64	319	64	91	678	512
Zoonotic	Q fever	2	4	20	46	30	190	163

*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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