

Communicable Diseases Weekly Report

Week 29 13 July - 19 July 2015

In summary, we report:

- [Leptospirosis](#) – one new case
- [Hepatitis A](#) – five cases reported this month
- [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.

Leptospirosis

There was one new case of leptospirosis reported this week ([Table 1](#)) in an adult resident of Western Sydney Local Health District. The case is suspected to have been exposed when conducting building work and mouse pest control on a vacant lot. The case was infected by the Arborea serovar of *Leptospira*; this serovar is found world-wide in rats and mice.

Leptospirosis is a disease of humans and animals caused by *Leptospira* bacteria that are found in infected animal urine and animal tissues. Many different animals can harbour *Leptospira* bacteria in their kidneys, including rodents, dogs, cattle and pigs. The urine of infected rats and other rodents are the most common source associated with human infection.

Common symptoms of leptospirosis are fever, severe headache, sore muscles, chills, vomiting, and red eyes. Some people have mild symptoms while others go on to develop severe disease, which can be fatal if not treated.

Leptospira bacteria usually enter the body through skin cuts or abrasions, and occasionally through the lining of the mouth, nose, or eyes. Water, soil and mud that have been contaminated with animal urine can be the source of infection. Eating contaminated food or drinking contaminated water has occasionally been responsible for transmission.

People at most risk are those who have close contact with infected animals or who are exposed to water, mud, soil, or vegetation that has been contaminated with animal urine. Some occupations are at higher risk (e.g. farmers especially sugar cane and banana farmers, veterinarians and abattoir workers). Recreational activities that involve contact with contaminated water or soil can also allow leptospirosis to be transmitted, for example during camping, gardening, bushwalking, white water rafting, and other water sports. People who work with animals should remember to cover cuts and abrasions with a waterproof dressing, and wear protective clothing when working with animals that could be infected, especially if there is a chance of contact with urine. People should avoid swimming or wading in water where there is a possibility of heavy contamination with animal urine, particularly flood water, and also remember to cover cuts and abrasions with waterproof dressings to prevent exposure to soil, mud or water that may be contaminated with animal urine.

Although leptospirosis is relatively rare in Australia, it is more common in warm and moist regions such as north-eastern NSW and Queensland.

Follow the link for further information on NSW [leptospirosis data](#).

Further information on *Leptospira* serovars and national leptospirosis surveillance is available from the [WHO/FAO/OIE Collaborating Centre for Reference and Research on Leptospirosis, Australia and Western Pacific Region](#).

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Hepatitis A

There have been five cases of hepatitis A reported this month including one reported this week (Table 1). Two of these cases had acquired their infection overseas; one case had travelled to Fiji and consumed local shellfish and kava, and the other had recently arrived in Australia from India. Three cases acquired their infection in Australia; one case likely acquired his infection from asymptomatic younger siblings who had recently spent 8 months in Samoa. Risk factors for the other two cases are still being investigated but include consuming seafood. These cases are unlikely to be linked to the outbreak associated with frozen mixed berries earlier this year.

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 by 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 travelers 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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Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period (Table 1).

		Weekly		Year to date			Full Year	
		This week	Last week	2015	2014	2013	2014	2013
Enteric Diseases	Cryptosporidiosis	6	13	637	275	959	429	1132
	Giardiasis	68	49	2113	1789	1417	2942	2242
	Hepatitis A	1	2	53	43	44	80	62
	Hepatitis E	1	1	7	25	12	38	16
	Listeriosis	1	0	16	17	23	23	33
	Rotavirus	7	6	185	245	231	714	508
	Salmonellosis	47	53	2693	2845	2276	4302	3483
	Shigellosis	2	4	96	135	71	210	136
Respiratory Diseases	Influenza	426	379	4051	3743	1656	20888	8403
	Legionellosis	3	3	60	43	61	72	109
	Tuberculosis	7	8	223	252	236	473	443
Sexually Transmissible Infections	Chlamydia	363	398	12618	13455	12311	22897	21089
	Gonorrhoea	92	97	2944	2834	2560	4876	4266
Vaccine Preventable Diseases	Adverse Event Following Immunisation	7	2	109	177	397	256	510
	Meningococcal Disease	2	1	23	19	18	37	48
	Mumps	1	0	30	54	61	82	89
	Pertussis	191	163	4121	1125	1360	3051	2379
	Pneumococcal Disease (Invasive)	11	11	229	263	268	512	490
Vector Borne Diseases	Dengue	4	2	194	284	171	378	303
	Malaria	1	0	23	64	53	87	93
	Ross River	7	13	1364	362	362	677	512
Zoonotic	Bruceellosis	1	0	8	2	0	3	4
	Leptospirosis	1	0	6	8	6	16	11

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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