

Communicable Diseases Weekly Report

Week 35 24 August - 30 August 2015

In summary, we report:

- [Influenza \(Flu\)](#) – Emergency Department surveillance update; activity steady
- [Hepatitis A](#) – overseas acquired infections
- [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 reports on Influenza, HIV/STIs and foodborne disease, see the [NSW Health Infectious Diseases Reports](#) webpage.

[Influenza \(Flu\)](#)

There were 3,347 influenza (flu) notifications in NSW in this reporting period, a slight decrease compared to the previous week (Table 1), but still one of the highest weekly totals on record.

The NSW Health Public Health Real-time Emergency Department Surveillance System (PHREDSS, managed by the Centre for Epidemiology and Evidence, NSW Ministry of Health) monitors presentations for influenza-like illnesses and other respiratory illnesses during the winter influenza season. This includes data from 59 NSW emergency departments (EDs).

In this reporting period ED activity was particularly notable for:

- A decrease in the overall number of presentations for influenza-like illness (ILI), suggesting a downward trend in activity from a peak around the middle of August (Figure 1).
- Continuing high numbers of ILI presentations in the 5-16 year age-group (Figure 2), also reflected in high numbers of presentations to the Children's Hospital at Westmead (Figure 3).
- An increase in the number of patients presenting with pneumonia (n=732), which was above the usual range for this time of year and higher than peaks of recent years. Presentations were particularly elevated in the 5 to 16 year age-group (Figure 4).

Influenza is a highly contagious respiratory illness caused by influenza viruses. There are three main types of influenza virus that cause infection in humans - types A, B and C - and many subtypes or strains. Influenza can occur throughout the year but activity usually peaks in winter. In most people influenza presents with a cough, runny nose, fever, headache and aching muscles and the symptoms last around one week. In some people influenza is complicated by bronchitis or pneumonia, which often requires hospitalisation. The increase in pneumonia seen in NSW EDs last week (Figure 4) is probably related to the high levels of influenza and other respiratory viruses currently circulating in the community.

Certain groups are at higher risk of complications if infected with influenza. This includes young children, the elderly, people with chronic illness such as kidney or heart disease, pregnant women and Aboriginal people. Influenza vaccine is strongly recommended and available free for people over 65, people with chronic disease, pregnant women, Aboriginal children aged up to 5 years and Aboriginal people aged 15 years and over, and can be given from six months of age. Influenza spreads readily amongst children due to low levels of immunity (if they have not been vaccinated or exposed to that strain of flu before), close and frequent mixing in schools and childcare, and

behaviours that facilitate transmission such as putting toys in their mouth and infrequent handwashing.

Follow the link for further information on [seasonal influenza vaccination 2015](#).

For more detailed influenza surveillance information from a range of sources see the NSW Health [Influenza surveillance reports](#). Follow the link for more information regarding [influenza notifications](#).

Figure 1. Total weekly counts of ED presentations for influenza-like illness, for 2015 (black line), compared with each of the five previous years, all age groups.

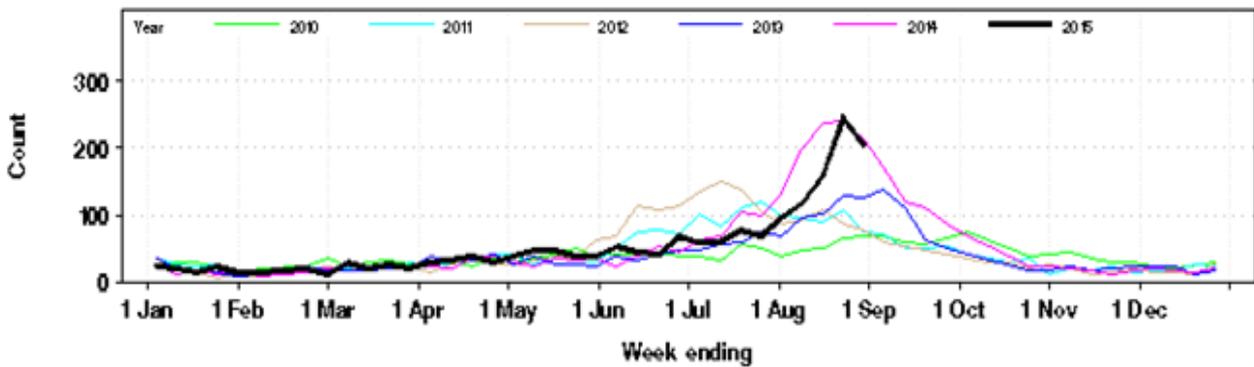


Figure 2. Total weekly counts of ED presentations for influenza-like illness, for 2015 (black line), compared with each of the five previous years, persons aged 5 to 16 years.

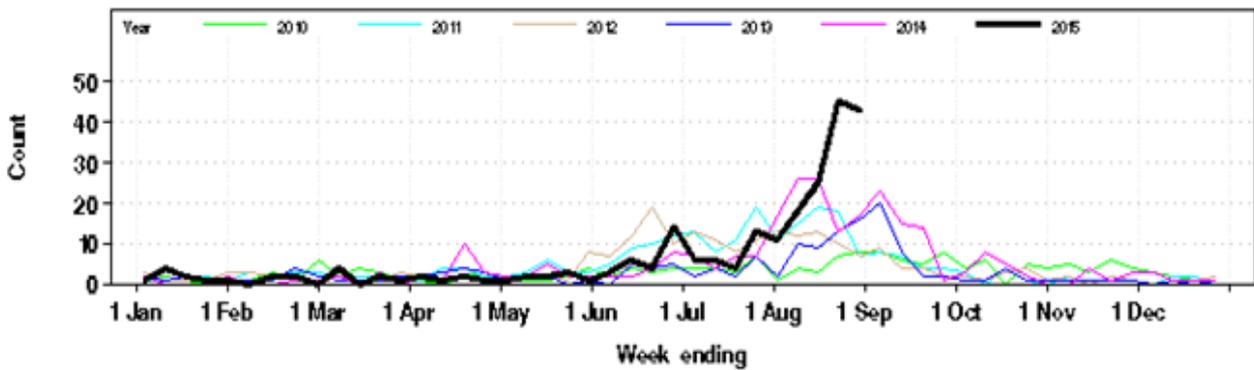


Figure 3. Total weekly counts of ED presentations for influenza-like illness, for 2015 (black line), compared with each of the five previous years, persons of all ages, The Children's Hospital at Westmead.

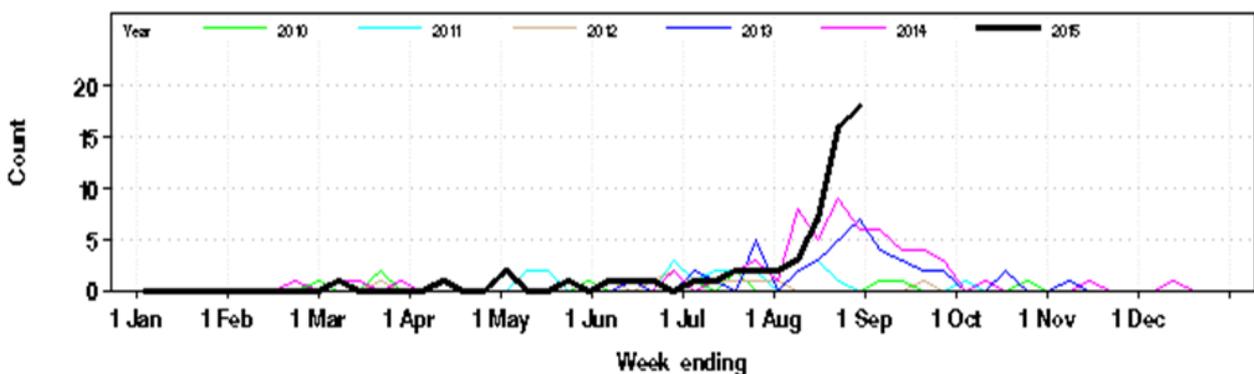
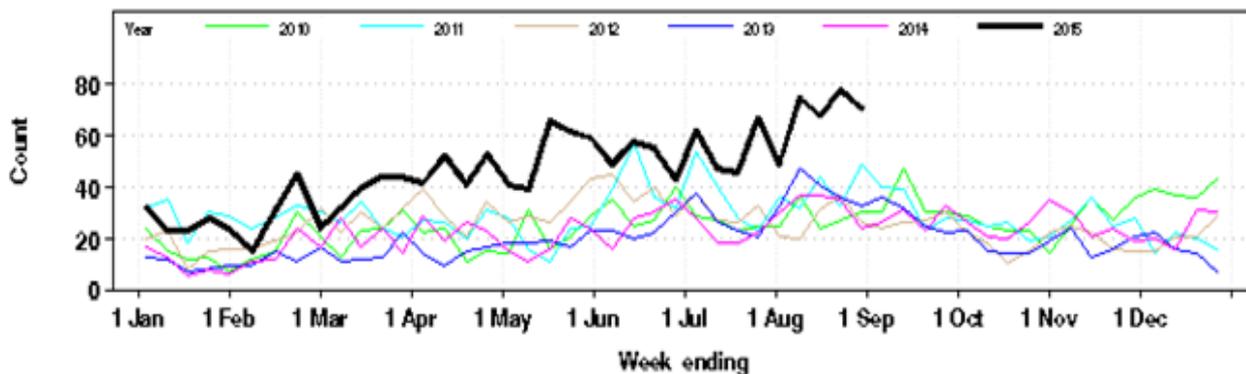


Figure 4. Total weekly counts of ED presentations for pneumonia, for 2015 (black line), compared with each of the five previous years, persons aged 5 to 16 years.



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Hepatitis A

Eight cases of hepatitis A virus infection have been notified in NSW since July 2015, including two cases in the current reporting period (Table 1). All cases were acquired overseas: two cases in India, two in Fiji, one in Samoa, two in the Philippines, and one had travelled in several countries in South-East Asia. Routine follow-up of these cases by local public health units identified that one case was employed in the food industry in NSW, while another case was found to have assisted in preparing food for a church function while infectious. These cases highlight the importance of hepatitis A vaccination for all travellers to countries where hepatitis A is endemic. It also illustrates the importance of collecting information on occupation and participation in food preparation activities to enable an appropriate public health response.

Hepatitis A virus is spread by the faecal-oral route, including through contaminated food or water, or after direct contact with an infectious person. Following an incubation period ranging from 15-50 days (most commonly 28-30 days), cases usually experience onset of acute fever, malaise, anorexia, nausea and abdominal discomfort, followed a few days later by dark urine and jaundice. Most cases are infectious from a few days before onset of prodromal symptoms until one week after onset of jaundice.

There is no specific treatment for hepatitis A. Hospitalisation is sometimes required 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:

- Travellers ≥ 1 year of age to hepatitis A endemic areas, including most developing countries
- Persons occupationally at increased risk, including persons who live or work in rural and remote Indigenous communities, workers in early childhood education/care, carers of people with developmental disabilities, plumbers and sewage workers
- Persons with lifestyle risks, including persons who engage in anal intercourse (including men who have sex with men and sex industry workers) and persons who inject drugs
- Persons with developmental disabilities
- Persons with chronic liver disease, including liver solid organ recipients and chronic hepatitis B or C infections.

Further information is available from NSW Health on [hepatitis A](#) and [hepatitis A notification 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 24 August to 30 August 2015, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2015	2014	2013	2014	2013
Enteric Diseases	Cryptosporidiosis	6	3	663	296	990	429	1132
	Giardiasis	45	44	2414	2070	1646	2942	2242
	Hepatitis A	2	4	60	50	51	80	62
	Rotavirus	46	24	331	367	300	714	508
	Salmonellosis	30	42	2946	3136	2509	4302	3483
	Shigellosis	8	1	125	152	84	209	136
	Typhoid	1	0	30	32	43	44	58
Respiratory Diseases	Influenza	3347	3486	16755	16211	5447	20888	8403
	Legionellosis	1	5	71	50	72	72	109
	Tuberculosis	3	1	250	315	294	472	443
Sexually Transmissible Infections	Chlamydia	319	361	14818	16077	14729	22895	21088
	Gonorrhoea	53	85	3440	3342	3041	4875	4265
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	2	124	199	426	256	509
	Pertussis	279	276	5625	1474	1611	3051	2379
	Pneumococcal Disease (Invasive)	17	14	324	337	359	511	490
Vector Borne Diseases	Barmah Forest	2	1	159	133	332	163	438
	Dengue	5	2	224	310	217	378	303
	Malaria	2	2	30	69	66	87	93
	Ross River	28	12	1462	437	397	677	512
Zoonotic	Q fever	4	2	140	128	111	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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