

Communicable Diseases Weekly Report

Week 40 28 September to 4 October 2015

In summary, we report:

- [Meningococcal disease](#) – two deaths reported
- [Listeriosis](#) – two new cases reported, including one death
- [MERS](#) – Update on current situation
- [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.

Meningococcal disease

Two deaths from invasive meningococcal disease (IMD) have been reported this week. These are the first deaths from IMD reported this year. The deaths occurred in an elderly individual and an individual in the 20 – 24 years age group. Both occurred in the Hunter New England Local Health District (LHD). The cases were unconnected and caused by different serogroups of the bacterium (serogroup Y and serogroup W135). A third case occurred in an adult from the Murrumbidgee Local Health District. This case was caused by serogroup W135, and has recovered following appropriate therapy.

IMD is a serious disease, with death occurring in up to ten per cent of those affected, even with appropriate treatment. Disease may present with sudden onset of fever, intense headache (with or without vomiting), a stiff neck and sensitivity to light. A petechial (red or purple, spotty, bruise-like) rash may also appear. It is important for anyone with symptoms of IMD to seek immediate medical care such as a hospital emergency department.

In 2015 there have been 36 reported cases of IMD, of which 18 have been caused by serogroup B, 1 by serogroup C, 7 by serogroup Y, and 7 by serogroup W135. Vaccination against meningococcal C infection is included in the national immunisation schedule with vaccination due at 12 months of age. Combined vaccines against the A, C, Y and W135 serogroups are generally only recommended for travellers to countries where these strains are more common and for some people with certain high risk conditions that predispose them to developing IMD such as people without a spleen. A vaccine against some serogroup B strains has recently become available in Australia; it is recommended for young children and adolescents but is not part of the National Immunisation Program.

Follow the links to the [meningococcal data](#) and [meningococcal factsheet](#).

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Listeriosis

Two new case of *Listeria* infections (listeriosis) were reported this week (Table 1). The first case was an elderly female from Northern Sydney LHD who is receiving treatment for cancer and has other comorbidities. The second case was an elderly male from the South Western Sydney LHD who died following sepsis due to *Listeria* and MRSA co-infection. Both cases were hospitalised at different facilities during their exposure period and investigations into foods consumed are ongoing. NSW Food Authority has not identified any issues on review of the hospitals' audit histories, and there is currently no evidence to suggest the cases are linked.

Listeriosis is a rare illness caused by eating food contaminated with a bacterium called *Listeria monocytogenes*. This bacterium is widespread throughout nature, being commonly carried by many species of both domestic and wild animals. Outbreaks of illness have been associated with raw milk, soft cheeses, pre-prepared salads (for example, from salad bars), unwashed raw vegetables, pâté, cold diced chicken and pre-cut fruit and fruit salad. Babies can be born with listeriosis if their mothers eat contaminated food during the pregnancy. *Listeria* survives refrigeration but is sensitive to cooking temperatures.

People at higher risk of *Listeria* infection include pregnant women and their unborn child, newborns, the elderly and people with weakened immune systems; for example, people on cancer treatment or steroids, or people with diabetes, kidney disease, liver disease or HIV infection. Illness may be severe in these individuals, and *Listeria* is a recognised cause of still birth or premature delivery of a very unwell baby.

People at increased risk of listeriosis should not eat pre-packed cold salads including coleslaw and fresh fruit salad, pre-cut fruit, pre-cooked cold chicken, cold delicatessen meats, pâté, raw seafood, uncooked smoked seafood (e.g. smoked salmon), unpasteurised milk or milk products, soft cheeses (e.g. brie, camembert, ricotta or blue-vein), sprouted seeds or raw mushrooms. Fruit and vegetables eaten raw should be thoroughly washed prior to eating.

Follow the links for further [listeriosis data](#) and the [listeriosis factsheet](#).

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MERS update

From September 2012 to 1 October 2015, the World Health Organization (WHO) has been notified of 1,593 laboratory-confirmed Middle East respiratory syndrome (MERS) cases including at least 568 related deaths. MERS is caused by infection with the MERS coronavirus (MERS-CoV). WHO has noted that new confirmed MERS cases have been reported from Saudi Arabia, Jordan and Kuwait in the past fortnight. For the latest updates see [WHO Coronavirus infections website](#).

With the recent conclusion of this year's Hajj (the annual religious event in Saudi Arabia which is attended by millions of pilgrims), Australian pilgrims have been returning to Australia. No MERS cases have been linked to Hajj attendance so far this year.

There have been no cases of MERS-CoV reported in Australia. In this reporting week there were five patients who were assessed and tested for possible MERS infection in NSW; all of these patients tested negative for MERS coronavirus by polymerase chain reaction (PCR) testing. Four of the five patients had attended this year's Hajj.

MERS-CoV does not seem to pass easily from person to person but transmission is more likely in certain settings, such as occurs when providing unprotected care to a patient. The role of hospitals as amplifiers of MERS infections is now well known, making the strict and timely application of appropriate infection prevention and control measures vital.

Healthcare workers need to be prepared for the possibility of MERS cases in people who have travelled from a MERS-affected area in the Middle East in the previous 14 days to enable early detection and the application of infection control precautions.

For more information see the [MERS alert page](#).

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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 28 September to 4 October 2015, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2015	2014	2013	2014	2013
Enteric Diseases	Cryptosporidiosis	9	7	704	323	1008	429	1132
	Giardiasis	55	46	2674	2317	1819	2942	2242
	Hepatitis A	1	0	63	58	51	80	62
	Listeriosis	2	0	18	19	31	23	33
	Rotavirus	53	47	571	471	373	714	508
	Salmonellosis	49	40	3165	3419	2721	4302	3483
	Typhoid	1	0	32	35	48	44	58
Respiratory Diseases	Influenza	1056	1553	28209	20030	7558	20888	8403
	Tuberculosis	3	7	297	364	341	473	443
Sexually Transmissible Infections	Chlamydia	330	392	16816	18093	16526	22893	21087
	Gonorrhoea	69	59	3751	3844	3406	4876	4264
Vaccine Preventable Diseases	Meningococcal Disease	3	1	36	25	35	37	48
	Pertussis	190	264	6861	1830	1824	3051	2379
	Pneumococcal Disease (Invasive)	17	10	395	404	405	511	490
	Rubella	1	0	8	7	12	10	12
Vector Borne Diseases	Barmah Forest	2	0	169	145	357	163	438
	Dengue	1	2	249	335	243	378	303
	Ross River	16	11	1526	493	424	677	512
Zoonotic	Q fever	1	5	172	143	124	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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