

Communicable Diseases Weekly Report

Week 42, 12 to 18 October 2015

In summary, we report:

- [MERS](#) – surveillance update
- [Australian bat lyssavirus \(ABLV\)](#) – bat exposure risk warning
- [Emergency department \(ED\) surveillance](#) – pneumonia events high in young adults
- [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.

MERS – surveillance update

From September 2012 to 12 October 2015, the World Health Organization (WHO) has been notified of 1,595 laboratory-confirmed Middle East respiratory syndrome (MERS) cases including at least 571 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 and Jordan in the past fortnight. For the latest updates see the [WHO Coronavirus infections website](#).

In this reporting week there were three people who were assessed and tested for possible MERS infection in NSW; all of these patients tested negative for MERS. Two of the three patients had attended this year's Hajj.

Since 30 September 2015 there have been 14 people tested for MERS in NSW following travel to the Middle East; none tested positive for MERS but influenza viruses (5), rhinoviruses (4) and a parainfluenza virus were detected. There have been no cases of MERS-CoV reported in NSW or elsewhere in Australia.

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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Australian bat lyssavirus – bat exposure risk

Biosecurity NSW (Department of Primary Industries) has reported that a bat recently rescued in Penrith has tested positive for Australian bat lyssavirus (ABLV). The bat which was carefully collected by a wildlife worker and cared for by a veterinarian (both vaccinated); neither was bitten or scratched by the bat. This was the third bat to test positive for ABLV in NSW this year.

In two other incidents this week, people in the community were scratched while attempting to rescue injured bats. Both bats were euthanized and fortunately tested negative for ABLV.

Lyssaviruses are a group of viruses that includes ABLV and rabies. ABLV is found in all species of bats in Australia, from the small insectivorous microbats to the larger flying fox species. Rabies virus is carried by a range of mammals in many overseas countries. Lyssaviruses are spread by bites and scratches from infected animals. Almost all human cases are fatal once symptoms commence.

NSW Health has issued a [media release](#) this week to warn the community of the dangers associated with handling injured or trapped bats. This coincides with the bat birthing season in October and November which is a period of increased risk of exposure as some bat pups fall to the ground and people may be tempted to assist them. People should avoid all contact with adult bats and bat pups as there is always the possibility of being scratched or bitten. All bats and flying foxes should be assumed to be infectious, regardless of whether the animal looks sick or not.

Anyone who comes across an injured bat should be advised to contact the local Wildlife Information Rescue and Education Service (WIRES) network on 1300 094 737. WIRES have trained staff equipped with appropriate personal protective equipment who can deal with bats safely. A veterinarian may also be able to offer assistance and advice.

Travellers are advised to avoid contact with any wild or domestic mammal in a rabies endemic country. This includes bats and wild or domestic dogs, cats, and monkeys. Travellers to Bali and Thailand should avoid handling monkeys as if they are bitten treatment will be required. Following any bite or scratch from a mammal in a rabies endemic country or a bat in Australia the wound should be rapidly and thoroughly cleaned and the person be assessed for post-exposure rabies vaccination. For more information follow the link to the [Rabies / ABLV](#) factsheet.

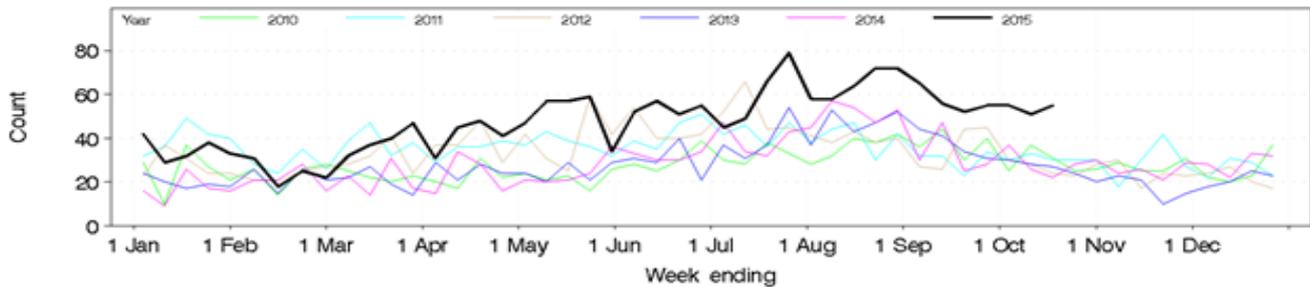
Emergency department (ED) surveillance – update

On 18 October 2015 the index of increase for influenza-like illness presentations to NSW EDs was low at 3.9. Based on the index season threshold of 15, this year's influenza season commenced around 26 June, peaked on 19 August, and ended around 25 September.

The number of pneumonia presentations to EDs decreased to 458, but was significantly above the usual range for this time of year (mean = 351). Presentations for pneumonia remain particularly elevated among persons aged 17–34 years (Figure 1). Invasive pneumococcal disease (IPD) is frequently associated with pneumonia complicating influenza. However this year notifications of IPD are not elevated so the cause of increased pneumonia presentations is unknown, but may be due to other complications of influenza infection.

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Figure 1. Total weekly counts of ED presentations for pneumonia, for 2015 (black line), compared with each of the five previous years (coloured lines), persons aged 17–34.



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 12 to 18 October 2015, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2015	2014	2013	2014	2013
Enteric Diseases	Cryptosporidiosis	10	9	722	333	1020	429	1132
	Giardiasis	59	32	2772	2423	1899	2942	2242
	Haemolytic Uremic Syndrome	1	0	9	6	8	7	10
	Hepatitis E	1	0	13	35	13	38	16
	Listeriosis	2	1	21	19	31	23	33
	Rotavirus	45	53	690	535	414	714	508
	STEC/VTEC	1	0	14	30	18	31	24
	Salmonellosis	68	39	3292	3542	2885	4302	3483
Shigellosis	5	2	138	179	111	209	136	
Respiratory Diseases	Influenza	421	608	29438	20353	7837	20888	8403
	Legionellosis	1	0	80	53	92	72	109
	Tuberculosis	2	3	308	392	355	473	443
Sexually Transmissible Infections	Chlamydia	372	333	17837	18923	17330	22892	21084
	Gonorrhoea	60	55	3903	4039	3554	4875	4264
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	6	150	223	469	256	509
	Meningococcal Disease	2	0	38	26	38	37	48
	Pertussis	356	221	7543	2017	1934	3051	2379
	Pneumococcal Disease (Invasive)	9	11	418	430	426	511	490
Vector Borne Diseases	Barmah Forest	1	2	172	151	366	163	438
	Dengue	5	4	261	344	257	378	303
	Ross River	17	11	1557	524	442	677	512
Zoonotic Diseases	Brucellosis	1	0	10	3	1	3	4
	Q fever	3	6	191	149	135	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. The onset date for the illness may have been earlier.
- Data cells in the 'Adverse Event Following Immunisation' category refer to suspected cases only. Reports are referred to the Therapeutic Goods Administration (TGA) for assessment. Information 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. Information on 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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