

# Communicable Diseases Weekly Report

## Week 9, 23 February to 1 March 2015

In summary, we report:

- [Scombroid fish poisoning](#) – outbreak from tinned tuna
- [Ross River virus](#) - markedly high activity in coastal areas
- [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.

### Scombroid fish poisoning

A public health unit was notified by general practitioners of seven cases who had all eaten the same tuna salad dish from the same café and then presented with symptoms of scombroid fish poisoning (also known as histamine fish poisoning). The NSW Food Authority inspected the café. The tuna used in the salad is a tinned tuna product sold for catering purposes and not generally available to the public. The NSWFA recalled the batch of tinned tuna that was used to prepare the salad.

Scombroid fish poisoning results from eating fish with high levels of histamine. Histamine is produced by bacteria in fish. When fish are not quickly chilled after capture, or have not been stored at correct temperature prior to consumption, the bacteria can multiply and produce high amounts of histamine. It can occur in many species of fish, including skipjack, mackerel, tuna, sardines, anchovy, marlin, and bonito. Symptoms occur very quickly after eating the contaminated fish, usually within 30 minutes to a few hours and typically last for 4 to 6 hours, and rarely exceed 24 hours. It is easily treated with an antihistamine.

Doctors are required to notify suspected foodborne outbreaks to the local public health unit under the Public Health Act. Members of the public are advised to report food complaints to the NSW Food authority's telephone hotline on 1300 552 406.

Follow the link for further information on [fish histamine poisoning](#) from the NSWFA.

Follow the link for further information on the [NSW Health seafood poisoning factsheet](#)

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### Ross River virus

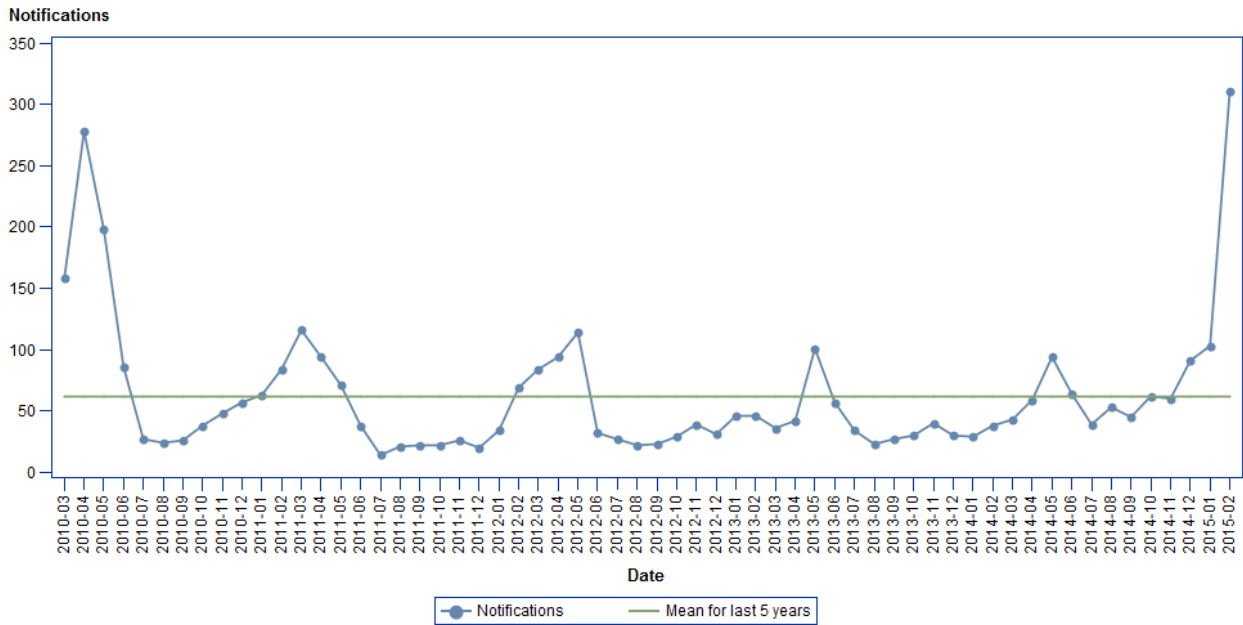
There were 90 notifications of Ross River virus (RRV) infection reported this week (Table 1). This is part of a further and dramatic increase in RRV notifications during February (Figure 1). Notifications continue to be highest among residents of Northern NSW Local Health District, particularly the coastal area bordering southern Queensland (Figure 2), which has also reported increased RRV activity. Activity has also been high in the Mid North Coast and Hunter New England Local Health Districts, and in other areas.

In this reporting week, the NSW arbovirus surveillance and mosquito monitoring program (NSWAP) detected RRV isolates from mosquito collection sites in Griffith, Tweed and at Homebush in Sydney. There have been no arbovirus seroconversions in sentinel chickens in NSW this season.

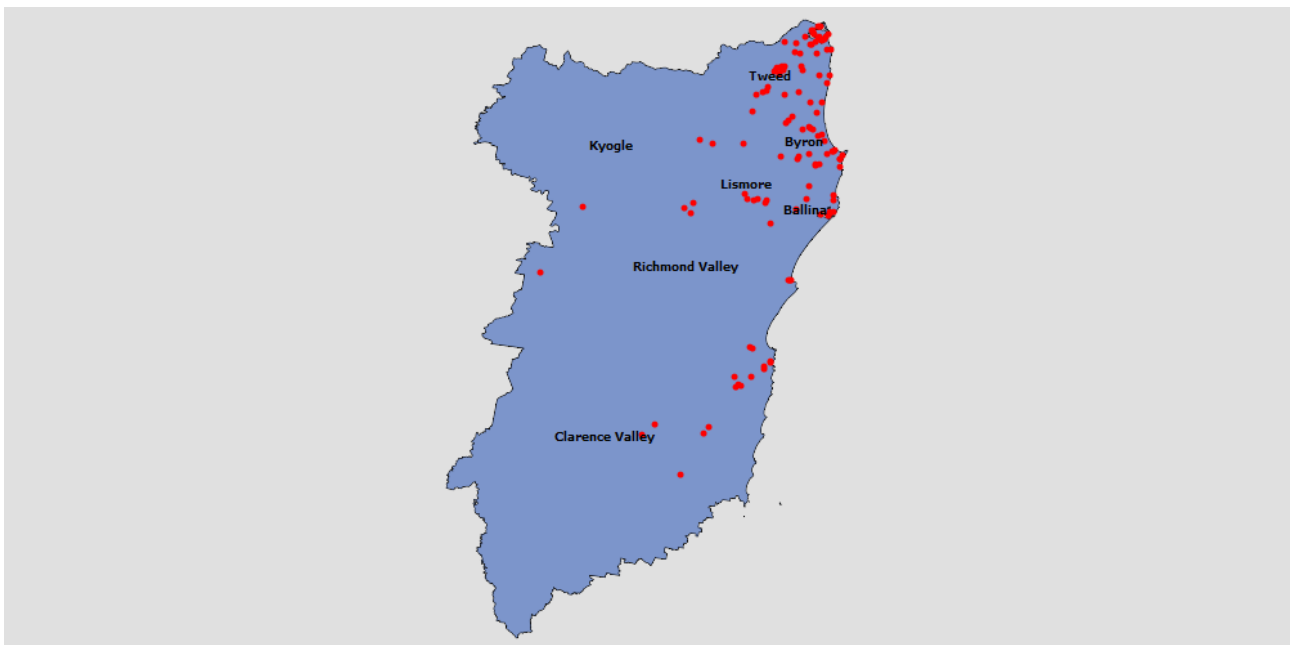
The NSWAP reported a decline in mosquito numbers at inland sites this reporting week which is typical for this time of the year. For coastal areas, mosquito collections were decreased this week

but numbers are expected to increase again following the recent high tides and the heavy rainfall along the north coast.

**Figure 1: Ross River virus notifications in NSW residents, by month of onset. March 2010 to February 2015.**



**Figure 2: Ross River virus notifications in Northern NSW Local Health District area, by approximate case residence, February 2015**



Ross River virus is one of a group of arboviruses ('arthropod-borne' viruses) characterised by transmission through the bite of infected mosquitoes. Some people who are infected with the virus do not develop symptoms, while others experience flu-like symptoms that include fever, chills, headache and aches and pains in the muscles and joints. Some joints can become swollen, and joint stiffness may be particularly noticeable in the morning. A rash may also appear on the torso, arms or legs. The rash and other symptoms usually resolve after 7 to 10 days, although some people may experience symptoms such as joint pain and tiredness for many months.

There are no vaccines to protect against the arboviruses that cause human infections in NSW; therefore prevention relies on measures to avoid being bitten by mosquitoes and to reduce mosquito breeding near homes. Mosquitoes that carry these viruses are usually most active in the hours after sunset and again around dawn, but may bite throughout the day.

During summer and autumn months remember to cover up and take care to reduce your chances of picking up a serious mosquito-borne infection by following these simple precautions:

- Use an effective repellent on exposed skin areas. Re-apply repellent every few hours, according to the instructions, as protection wears off from perspiration, particularly on hot nights or during exercise.
- The best mosquito repellents contain diethyl toluamide (DEET) or picaridin. Botanical based products (e.g. eucalyptus, citronella) provide only short periods of protection.
- Topical repellents are not recommended for use on children below the age of 3 months.
- Note that prolonged or excessive use of repellents can be dangerous, particularly on babies and young children. Avoid putting repellent near eyes and mouth, spread sparingly over the skin, and rinse off once you are indoors.
- Provide mosquito netting, where necessary – both indoors and outdoors.
- Cover up as much as possible with loose fitting clothing and sensible footwear. Avoid tight clothes.
- Cover your clothes with repellent as mosquitoes can bite through material, but be careful as some repellents stain clothes.
- Use mosquito coils outdoors and plug-in devices with vaporising mats indoors.

For further information:

- [NSW Arbovirus surveillance and vector monitoring program](#) (external link)
- NSW Health [Mosquitoes are a Health Hazard](#) factsheet with tips on prevention
- NSW Health [Fight the Bite! campaign posters and media resources](#)
- NSW Health [Ross River virus 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).

**Table 1. NSW Notifiable conditions from 22 February to 1 March 2015, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2015	2014	2013	2014	2013
Enteric Diseases	Cryptosporidiosis	41	32	219	124	384	427	1132
	Giardiasis	90	99	713	612	530	2938	2242
	Hepatitis A	5	6	24	23	28	79	62
	Rotavirus	5	10	81	73	102	709	508
	STEC/VTEC	1	1	5	17	8	31	24
	Salmonellosis	140	116	1141	1175	966	4298	3483
	Shigellosis	5	3	40	69	29	207	136
	Typhoid	3	1	10	15	15	44	58
Respiratory Diseases	Influenza	98	79	646	605	312	20750	8403
	Legionellosis	1	1	17	11	18	72	108
	Tuberculosis	2	9	45	85	80	466	439
Sexually Transmissible Infections	Chlamydia	455	476	4039	4718	4272	22883	21089
	Gonorrhoea	124	115	962	969	922	4863	4267
Vaccine Preventable Diseases	Adverse Event Following Immunisation	7	3	23	55	141	246	509
	Pertussis	102	136	1066	449	606	3032	2378
	Pneumococcal Disease (Invasive)	3	8	47	47	67	509	490
Vector Borne Diseases	Barmah Forest	8	2	29	43	103	163	438
	Dengue	6	8	68	93	50	377	303
	Malaria	2	1	9	22	21	87	93
	Ross River	90	91	448	82	110	677	512
Zoonotic Diseases	Q fever	1	7	30	53	32	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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