

Communicable Diseases Weekly Report

Week 08, 22 February to 28 February 2016

In summary, we report:

- [Lymphogranuloma venereum](#) – 3 new cases reported
- [Invasive meningococcal disease](#) – 2 new cases reported
- [Summary of notifiable conditions activity in NSW](#)

For further information on infectious diseases on-line see [NSW Health Infectious Diseases](#). Also see [NSW Health Infectious Diseases Reports](#) for links to other surveillance reports.

Lymphogranuloma venereum (LGV)

Three new cases of lymphogranuloma venereum (LGV) were notified this reporting week (Table 1). There have been six cases to date in 2016; all cases have been in adult males living in metropolitan Sydney. LGV is rare in NSW; a total of 17 cases were notified in NSW in 2015.

LGV is a sexually transmissible infection (STI) caused by certain rare types of the bacterium *Chlamydia trachomatis*. Other types of *Chlamydia trachomatis* bacteria cause the more common genital chlamydia infections and trachoma, an eye disease. LGV infection is a more aggressive disease than common genital chlamydia infection.

People at increased risk of LGV infection include travellers to countries where LGV is more common who have unprotected sex with someone with the infection, and men who have sex with men, especially those that have unprotected anal sex.

LGV begins as a small painless ulcer at the site of infection. This is usually in the genital area, rectum or mouth. This heals by itself after a few days and most people are not aware of it. Over the next two to six weeks the infection spreads to the local lymph glands usually in the groin or inside the pelvis. Symptoms at this stage may also include fever, tiredness, muscle and joint pain, loss of appetite and headaches.

The infected lymph nodes become swollen and filled with pus. These may open up and discharge the pus to the surface of the skin or to the inside of the rectum (or vagina in women). The infected lymph nodes and adjacent infected tissues are called buboes. If untreated, the course of the disease is prolonged with scarring that may result in deformity in the affected area.

LGV can be spread even when the infected person has no symptoms. LGV is spread through unprotected anal, vaginal or oral sex, especially if there is trauma to the skin or mucous membranes.

LGV often coexists with other sexually transmitted infections (including HIV) and hepatitis C, so it is important to conduct tests for other STIs. Having ulcers due to LGV increases the risk of becoming infected with HIV.

Using condoms for anal and vaginal sex, and dental dams and condoms for oral sex, reduces the risk of spreading LGV. To avoid infection, sex partners should not share sex toys, or toys should be washed and protected with a fresh condom between partners.

Antibiotics are effective in treating LGV infection. People who have LGV should not have sex until they have completed a course of antibiotics to prevent spreading the infection to others. Sexual partners of people diagnosed with LGV should be tested.

Follow the links for further information on [lymphogranuloma venereum](#) and [LGV data](#).

Invasive meningococcal disease (IMD)

Two cases of invasive meningococcal disease (IMD) were notified this reporting week, an adult and an infant too young to be vaccinated. Both cases were residents of metropolitan Sydney (Table 1).

Ten cases of IMD have been reported so far in 2016, including two people who died from their infection. In the same period of 2015 there were only five cases notified. In 2016 cases have occurred in adults and children with an age range of 0 to 88 years. Four of the cases have been caused by meningococci from serogroup W, four by serogroup B, and two were not able to be typed.

IMD is caused by infection with the bacteria *Neisseria meningitidis*. The bacteria are spread through direct contact of mucous membranes with the organism, such as exposure to respiratory droplets from the nose and throat of an infected person. Contact may result in the bacteria becoming established and reproducing in the throat of the exposed person; in most people this does not cause any symptoms. Only a very small proportion of people go on to develop disease. Disease is typically meningitis (infection of the lining of the brain), septicaemia (infection of the blood) or both. Up to 10 per cent of IMD cases are fatal even with appropriate antibiotic treatment, and survivors may be left with long-term complications.

There are several serogroups of *Neisseria meningitidis* which cause invasive disease. Vaccination against meningococcal C infection is included in the national immunisation schedule at 12 months of age. Combined vaccines against the A, C, Y and W serogroups are generally only recommended for travellers to countries where these 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 for more information on meningococcal [disease](#), [vaccination](#) and [notifications](#).

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 to 28 February 2016, by date received *

		Weekly		Year to date			Full Year	
		This week	Last week	2016	2015	2014	2015	2014
Enteric Diseases	Cryptosporidiosis	29	25	222	209	111	1038	429
	Giardiasis	90	112	758	697	521	3415	2942
	Hepatitis A	3	0	10	24	20	71	80
	Hepatitis E	2	0	7	2	2	20	38
	Rotavirus	5	14	119	78	64	1036	714
	STEC/VTEC	5	1	12	6	16	29	31
	Salmonellosis	108	118	1229	1109	1002	4045	4275
	Shigellosis	3	9	51	42	64	172	212
Respiratory Diseases	Influenza	141	148	977	631	552	30296	20888
	Legionellosis	2	2	13	19	9	95	72
	Tuberculosis	6	3	73	62	74	442	474
Sexually Transmissible Infections	Chlamydia	433	494	3981	3927	4198	22539	22899
	Gonorrhoea	92	100	945	938	872	5400	4875
	LGV	3	1	6	6	2	19	14
Vaccine Preventable Diseases	Adverse Event Following Immunisation	5	0	23	25	44	182	256
	Meningococcal Disease	2	0	10	5	2	46	37
	Pertussis	273	290	2631	1039	406	12079	3052
	Pneumococcal Disease (Invasive)	7	4	45	40	39	494	511
Vector Borne Diseases	Barmah Forest	1	2	7	30	41	184	163
	Dengue	3	7	57	78	86	339	378
	Malaria	2	1	9	9	18	47	87
	Ross River	25	19	120	370	72	1641	673

* 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.