

Communicable Diseases Weekly Report

Week 14, 4 April to 10 April 2016

In summary, we report:

- [Ciguatera fish poisoning](#)
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- [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.

Ciguatera fish poisoning

NSW Health was notified of two instances of ciguatera fish poisoning from people who had caught Spanish mackerel from northern New South Wales coastal waters. The first instance was three people who developed reverse temperature sensations, tingling/numbness in their hands and around their mouth, chest tightness/pain, diarrhoea and nausea within 3 hours of consuming part of a 40kg Spanish mackerel caught off the coast of Crowdy Head, NSW on 28/03/2016. The second instance was one person who developed tingling/numbness in their hands and around their mouth, loose stools, aching teeth and reverse temperature sensations 24 hours after consuming part of a 20kg Spanish mackerel caught off Crescent Head, NSW on 04/04/2016.

Ciguatera outbreaks from Spanish mackerel caught in NSW have become more common at this time of the year, as detailed in this [NSWFA publication about outbreaks in recent years](#). NSWFA has this week released [advice to fishers on the mid north coast to avoid eating Spanish mackerel above 10kgs](#).

Ciguatera poisoning occurs from eating fish containing the ciguatera toxin. The toxin is concentrated as it moves up the food chain. Large predator fish that feed in warm ocean waters are potential carriers of large amounts of ciguatera poison.

Fish species that have caused ciguatera poisoning in humans include coral trout, Spanish mackerel, red emperor, wrasse, reef cod, sturgeon fish, trevally, queenfish, chinaman, red bass, groper, barracouta and kingfish.

Ciguatera toxin does not affect the appearance, odour or taste of the fish, and cooking or freezing does not destroy the toxin.

Symptoms of ciguatera poisoning begin one to 24 hours after eating fish containing ciguatera toxin. The time taken for symptoms to develop in an individual depends on how much fish is eaten and on how much toxin is in the fish. Symptoms can include:

- nausea, vomiting and diarrhoea, often with abdominal cramps;
- tingling and numbness in fingers, toes, around lips, tongue, mouth and throat;
- headache, tiredness, dizziness and fainting;
- temperature reversal with a burning sensation on contact with cold water;
- intense itchiness;
- joint and muscle pain with muscular weakness; and
- convulsions and difficulty breathing in severe cases.

Most symptoms disappear within days to several weeks, but some may persist for months causing significant distress. People who have had ciguatera poisoning are more sensitive to further exposure to the toxin, particularly in the first few months after their illness. They should avoid eating warm water fish for at least six months. Alcohol should also be avoided as this can trigger ciguatera poisoning symptoms. Ciguatera toxin is only slowly excreted from the human body.

Ciguatera poisoning can be avoided by not eating large warm water fish. Fish for consumption should be limited to about six kilograms. The head, roe, liver and other viscera of warm water ocean fish should not be eaten, as ciguatera toxin is concentrated in these parts of the fish.

There are certain reefs in waters off the Northern Territory and Queensland which are known to be associated with ciguatera poisoning. Fish of any size caught at these reefs should not be eaten.

Follow the links for further information on [seafood poisoning](#).

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Dengue

There were 10 new cases of dengue fever reported in this reporting week (Table 1); 7 cases were likely acquired in Indonesia, with 1 case each from Fiji, Argentina and Vietnam. Locations in Indonesia (particularly Bali) are most commonly associated with dengue infection in NSW travellers, accounting for 142 (42%) of the 340 cases reported in 2015. Of the 121 cases reported so far in 2016 (by onset date), 51 (42%) cases were most likely acquired in Bali. Malaysia, Thailand and Samoa have been the next most common sources for dengue cases reported in 2016.

Dengue is a viral infection that is caused by one of four dengue viruses (types 1-4). It is usually spread by one of two types of mosquito: the yellow fever or dengue mosquito (*Aedes aegypti*) and the Asian tiger mosquito (*Aedes albopictus*). These mosquitoes become infected when they feed on someone who has dengue virus in their bloodstream. Once the mosquito is infected, the virus multiplies inside the mosquito over several days and can infect other people when the mosquito feeds again.

People who travel to dengue-affected areas are at risk. Affected areas include many tropical countries throughout Asia, the Pacific, Latin America and the Caribbean, and parts of sub-Saharan Africa and the Middle East. For a world map showing areas where dengue is likely to be present see [HealthMap Dengue](#).

There is currently no vaccine against dengue. Travellers to dengue-affected areas should avoid being bitten by mosquitoes. Peak biting activity of the dengue mosquito is during daylight hours. These mosquitoes will often enter buildings and hide in dark places such as under furniture. They tend to bite around the feet and ankles. People may not notice they are being bitten.

Travellers to dengue-affected areas should stay in accommodation with screened windows and doors and wear light-coloured clothing that covers the arms and legs. Travellers should apply insect repellent containing DEET or Picaridin to exposed skin, and re-apply during the day according to the manufacturer's instructions. Repellents containing oil of lemon eucalyptus (OLE) or para menthane diol (PMD) also provide adequate protection. Insecticidal surface sprays inside the home can also reduce the risk of infection.

For additional advice on steps to avoid being bitten by mosquitoes see the [Mosquitoes are a Health Hazard Factsheet](#).

For additional information on dengue notifications in NSW residents see the [dengue notifications 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 4 April to 10 April 2016, by date received *

		Weekly		Year to date			Full Year	
		This week	Last week	2016	2015	2014	2015	2014
Enteric Diseases	Cryptosporidiosis	59	30	422	381	162	1038	429
	Giardiasis	94	75	1251	1153	923	3414	2942
	Hepatitis A	2	0	17	39	30	71	80
	Listeriosis	1	2	15	8	8	26	23
	Rotavirus	11	7	159	108	103	1036	714
	Salmonellosis	109	82	1797	1663	1620	4045	4275
	Shigellosis	4	6	81	55	95	172	212
	Typhoid	1	0	21	15	17	41	44
Respiratory Diseases	Influenza	193	157	1841	1113	822	30296	20887
	Legionellosis	3	5	31	24	21	96	72
	Tuberculosis	4	5	112	95	117	441	474
Sexually Transmissible Infections	Chlamydia	535	458	7074	6257	6631	22541	22897
	Gonorrhoea	130	92	1547	1483	1355	5399	4875
Vaccine Preventable Diseases	Adverse Event Following Immunisation	1	3	45	54	103	182	256
	Measles	3	1	8	4	51	9	68
	Meningococcal Disease	1	0	12	7	4	46	37
	Pertussis	194	191	3819	1683	568	12076	3052
	Pneumococcal Disease (Invasive)	13	6	84	63	72	494	511
	Rubella	1	0	3	3	2	7	10
Vector Borne Diseases	Dengue	10	9	132	126	141	340	378
	Ross River	25	16	240	855	126	1640	673
Zoonotic Diseases	Q fever	2	3	60	62	63	267	190

* 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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