

# Communicable Diseases Weekly Report

## Week 22, 30 May to 5 June 2016

In summary, we report:

- [Hepatitis A](#) – two new cases notified
- [Influenza](#) – influenza season approaching
- [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.

### Hepatitis A

Two new Hepatitis A cases were notified this week (Table 1). Both cases likely acquired their infection while visiting relatives in Pakistan. The first case was a 30 month-old infant who was not vaccinated prior to travel. The second (unrelated) case was a 33 year-old who was also unvaccinated but who reported eating at many restaurants and street food vendors in Pakistan.

Hepatitis A is a viral infection of the liver. Symptoms include feeling unwell, aches and pains, fever, nausea, lack of appetite, and abdominal discomfort, followed by dark urine, pale stools and jaundice. The illness usually lasts from one to three weeks. Infected people can transmit the virus to others from two weeks before the development of symptoms until one week after the appearance of jaundice.

Hepatitis A is spread by the faecal-oral route, including through contaminated food or water or by direct contact with an infectious person. Symptoms start two to seven weeks after exposure.

There is no specific treatment for hepatitis A and people sometimes require hospitalisation for supportive care. There is, however, a safe and effective vaccine available to prevent infection.

Hepatitis A vaccination is routinely recommended for travellers to, and expatriates living in, countries where hepatitis A is common (including most developing countries). The vaccine should be given at least two weeks prior to travel so that protective antibodies are present prior to exposure. Vaccinated travellers should continue to practice appropriate food safety precautions while travelling. See the advice in the [Staying healthy when travelling overseas](#) factsheet.

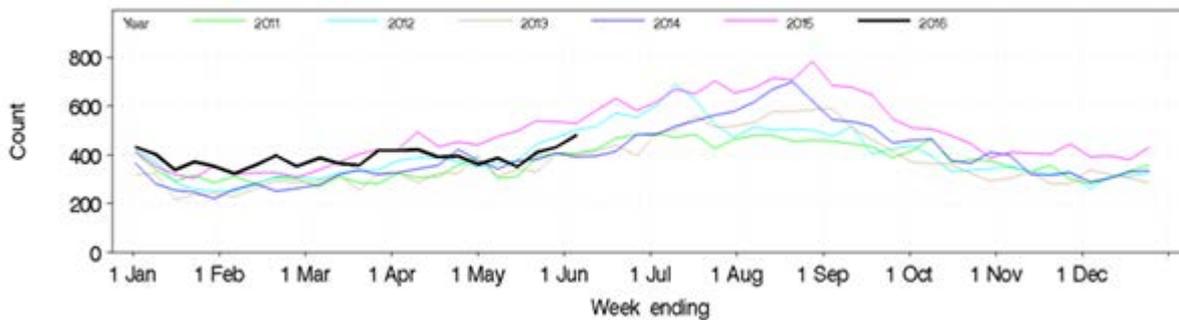
Hepatitis A vaccination is also routinely recommended for people at higher risk of infection and those who are at increased risk of severe liver disease. This includes some occupational groups, men who have sex with men, people with developmental disabilities and people with chronic liver disease. Certain monovalent hepatitis A and combination (hepatitis A and B) vaccines are licensed for use in children from the age of 1 year (see [The Australian Immunisation Handbook](#) for further details).

Further information is available from NSW Health on [hepatitis A](#) and [hepatitis A notifications data](#).

### Influenza – still time to get vaccinated

Rising influenza notifications (Table 1) and other influenza surveillance data indicate that the start of the winter influenza season is approaching, possibly in the next few weeks. The recent increase in pneumonia presentations seen in NSW emergency departments (Figure 1) is also likely to be related to the increasing levels of influenza and other respiratory viruses circulating in the community.

**Figure 1. Total weekly counts of emergency department presentations for pneumonia, from January – 5 June 2016 (black line), compared with each of the 5 previous years (coloured lines).**



NSW Health has implemented a new advertising campaign this year targeting people medically at-risk and Aboriginal people in NSW. The campaign aims to improve awareness towards the topic of influenza and also to educate people on the consequences of not vaccinating and the support services that are available to the public.

The influenza vaccination messages will be delivered through general practices and via out-of-home advertising (shopping centres escalator rails and transit interiors). In addition, a mix of both broad mainstream and indigenous media (such as the Koori Mail) will be used to target Aboriginal audiences. Displays commenced the last week of May and will continue until late June.

Influenza is a highly contagious respiratory illness caused by influenza viruses. There are three main types of influenza virus that cause infection in humans - types A, B and C - and many subtypes or strains. Influenza can occur throughout the year but activity usually peaks in winter. In most people influenza presents with fever, a cough, runny nose, headache and aching muscles and the symptoms last around one week. In some people influenza is complicated by bronchitis or pneumonia, which often requires hospitalisation.

Certain groups are at higher risk of complications if infected with influenza. Influenza vaccine is strongly recommended and available free for people aged 65 years and over, people aged 6 months and over with medical conditions predisposing to severe influenza, pregnant women, and all Aboriginal and Torres Strait Islander people aged six months to 5 years or aged 15 years and over.

Influenza spreads readily among children due to low levels of immunity (if they have not been vaccinated or exposed to that strain of flu before), close and frequent mixing in schools and childcare, and behaviours that facilitate transmission such as putting toys in their mouth and infrequent hand washing.

Influenza can also spread quickly in hospitals and residential institutions, particularly in aged care facilities. NSW Health encourages people with symptoms of influenza or other illness to delay visiting friends or family members in hospital or aged care until they have fully recovered.

Follow the link for further information on [seasonal influenza vaccination 2016](#).

Follow the link for more [Winter Wise](#) information.

For more detailed influenza surveillance information from a range of sources see the NSW Health [influenza surveillance reports](#). Follow the link for more information regarding [influenza 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 30 May to 5 June 2016, by date received**

		Weekly		Year to date			Full Year	
		This week	Last week	2016	2015	2014	2015	2014
Enteric Diseases	Cryptosporidiosis	21	20	655	561	233	1038	429
	Giardiasis	60	75	1869	1686	1412	3415	2942
	Hepatitis A	2	0	22	48	35	71	80
	Listeriosis	2	0	22	12	14	26	23
	Rotavirus	4	7	210	153	159	1036	714
	STEC/VTEC	1	0	18	11	23	29	31
	Salmonellosis	75	79	2474	2283	2360	4045	4275
	Shigellosis	4	4	129	72	110	172	212
Respiratory Diseases	Influenza	197	178	3245	1880	1241	30302	20888
	Tuberculosis	6	8	187	177	177	445	475
Sexually Transmissible Infections	Chlamydia	450	488	11131	9764	10091	22549	22900
	Gonorrhoea	116	121	2762	2237	2107	5402	4877
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	2	109	87	150	182	256
	Meningococcal Disease	2	1	22	14	14	46	37
	Mumps	1	2	12	20	43	63	82
	Pertussis	181	153	5090	2790	805	12079	3051
	Pneumococcal Disease (Invasive)	15	8	162	135	125	494	511
	Rubella	1	0	6	4	3	6	10
Vector Borne Diseases	Dengue	7	6	239	166	210	342	378
	Malaria	1	2	21	19	45	47	87
	Ross River	6	8	301	1227	268	1638	673
Zoonotic Diseases	Q fever	3	7	102	102	77	265	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.