

Communicable Diseases Weekly Report

Week 25, 20 June to 26 June 2016

In summary, we report:

- [OzFoodNet – NSW Fourth Quarter Summary, October-December 2015 published](#)
- [Chlamydia – increased number of notifications](#)
- [Shigellosis – increase in locally acquired infections](#)
- [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.

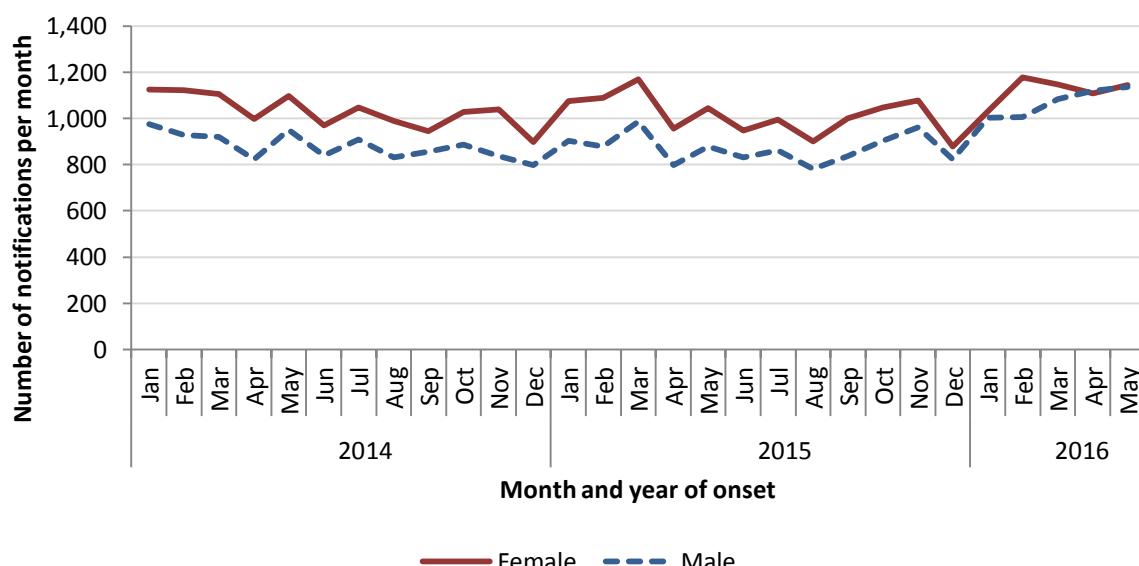
OzFoodNet

The NSW OzFoodNet Fourth Quarter Summary, October-December 2015 is now available on the [NSW Health OzFoodNet reports website](#). The report summarises data for enteric conditions collected through notifications and investigations of outbreaks of gastroenteritis and foodborne illness. In this issue, we highlight increases in notifications of *Shigella*, *Salmonella*, Shiga-toxin producing *E. coli* (STEC), cryptosporidiosis, and the findings of 18 foodborne (or suspected foodborne) outbreak investigations.

Chlamydia

Chlamydia notifications have risen in recent months, particularly amongst men. There were 5,350 *Chlamydia* notifications in males between January and May 2016, a 20% increase compared to the same period in 2015 (4,444 notifications) (Figure 1). *Chlamydia* notifications in females increased by 5% over the same period (from 5,336 notifications between January and May 2015, to 5,606 in the same period in 2016).

Figure 1: Chlamydia notifications in males and females by month, NSW, January 2014 to May 2016.

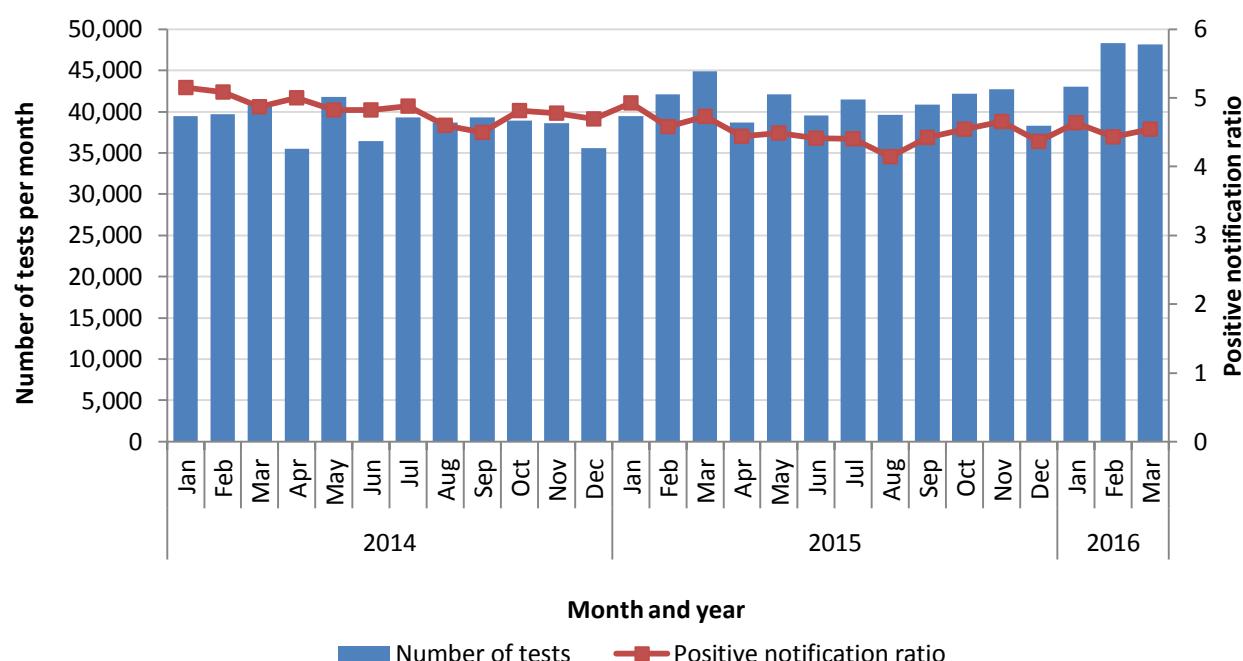


Source: NSW Notifiable Conditions Information Management System (via SAPHaRI)

Analysis of testing data between 2014 and 2016 shows that there has been an increase in the number of tests performed during February and March 2016, and that the ratio of notifications to tests done has remained stable (Figure 2). This suggests that the rise in notifications is largely due to an increase in testing and better detection of infections rather than an upswing in new infections.

Sexual health screening of gay and bisexual men who are considering taking antiretroviral drugs to prevent HIV (pre exposure prophylaxis, or PrEP) as part of a large clinical trial that commenced on 01 March 2016 may also be contributing to the increase in *Chlamydia* tests and notifications. A similar increase in the number of HIV tests performed in February and March 2016 was also reported (see [NSW HIV Strategy 2016-2020 Quarter 1 2016 Data Report](#)).

Figure 2. Chlamydia test data and positive notification ratio, by month, NSW, January 2014 – March 2016.



Source: NSW Denominator data project, NSW Health.

Chlamydia is a sexually transmissible infection caused by the bacterium *Chlamydia trachomatis*. Many people who are infected with *Chlamydia* do not have symptoms but can still transmit it. *Chlamydia* can affect the urethra (the urine passage), cervix (the neck of the womb), rectum, anus, throat, and eyes. If *Chlamydia* is not properly treated it can cause serious complications, including infertility.

Symptoms can occur within 2-14 days after infection. However, a person may have *Chlamydia* for months, or even years, without knowing it. In women, symptoms can include lower abdominal cramps or pain, bleeding between regular periods, pain when passing urine, bleeding or pain during or after sex, and a change in vaginal discharge. In men symptoms include a discharge from the penis, pain when passing urine, and swollen and sore testicles. *Chlamydia* is easily treated by a single dose of antibiotics.

It is important to see a doctor or sexual health clinic to get tested and treated. Using a condom correctly for vaginal, anal and oral sex can significantly reduce the risk of getting *Chlamydia* and other sexually transmitted infections. Always use condoms with new or casual partners.

The [Play Safe website](#) has more information about *Chlamydia*, other common STIs and safe sex.

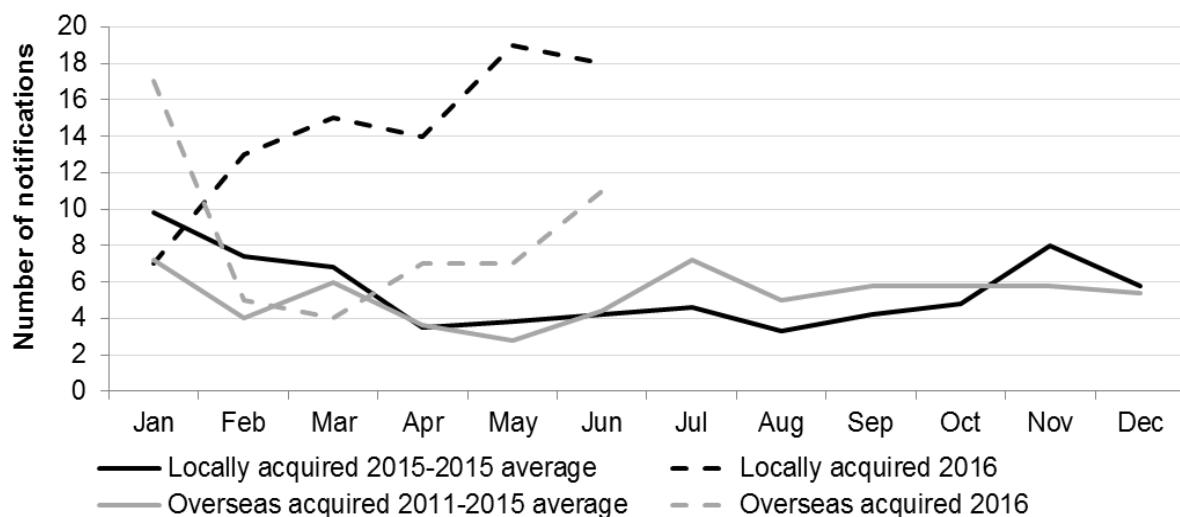
Follow the link for more information on [Chlamydia notification data](#).

Shigellosis

There were nine notifications of shigellosis reported this week (Table 1). Two are yet to be interviewed, two were acquired overseas and five were likely acquired locally from male to male sexual contact (MSM). All cases are typed *Shigella sonnei*.

Shigella notifications are the highest year to date since notifications began in 2001. In 2016, there have been 155 notifications, which is twice the expected number (the 5-year average for the same period). January saw much higher notifications of overseas acquired infections with February - June seeing higher numbers of locally acquired infections (Figure 3). The increase is due primarily to cases with MSM exposures.

Figure 3. Shigellosis notifications by month and place of acquisition (where known)



Shigellosis is a diarrhoeal disease caused by infection with *Shigella* bacteria. Symptoms include diarrhoea (often containing blood and mucous), fever, nausea, vomiting and abdominal cramps. The symptoms usually begin around one to three days after exposure.

Shigella infection spreads easily from person to person by the faecal-oral route. Ingestion of only a small number of organisms is sufficient to result in infection. Shigellosis can be prevented by thorough hand washing after any possible exposures to human faecal material, including after toileting, changing nappies and sexual activity. People who have shigellosis should not have sex where there is any contact with the anus, to avoid transmitting *Shigella* bacteria to the mouth.

People with shigellosis should not go to work or school until their diarrhoea has stopped. Children in child care should be excluded until their diarrhoea has ceased for 24 hours. People who are food handlers, or care for patients, children or the elderly should not attend work until 48 hours after their symptoms have resolved.

For further information on [shigellosis](#) and [Shigella 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 20 to 26 June 2016, by date received *

		Weekly		Year to date			Full Year	
		This week	Last week	2016	2015	2014	2015	2014
Enteric Diseases	Cryptosporidiosis	13	14	711	589	246	1038	429
	Giardiasis	60	53	2061	1883	1560	3415	2942
	Rotavirus	7	7	244	166	189	1036	714
	Salmonellosis	72	72	2692	2450	2584	4044	4274
	Shigellosis	9	5	155	81	120	172	212
Respiratory Diseases	Influenza	259	211	3956	2400	1473	30302	20888
	Tuberculosis	9	8	211	198	203	445	475
Sexually Transmissible Infections	Chlamydia	472	429	12679	10950	11357	22548	22899
	Gonorrhoea	162	108	3334	2504	2394	5401	4877
Vaccine Preventable Diseases	Adverse Event Following Immunisation	4	6	129	98	162	182	256
	Meningococcal Disease	1	2	26	20	16	46	37
	Pertussis	143	116	5524	3354	909	12079	3051
	Pneumococcal Disease (Invasive)	10	18	200	170	169	494	511
Vector Borne Diseases	Dengue	5	7	266	181	238	342	378
	Ross River	6	7	327	1258	319	1638	673
Zoonotic Diseases	Q fever	3	1	106	110	88	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.