

Communicable Diseases Weekly Report

Week 26, 27 June to 3 July 2016

In summary, we report:

- [Gastroenteritis](#) – NSW Health alert on unseasonal increase in activity
- [Influenza](#) – influenza season commenced
- [Burkholderia cepacia](#) - NSW case in cluster linked to contaminated oral hygiene product
- [Summary of notifiable conditions activity in NSW](#)

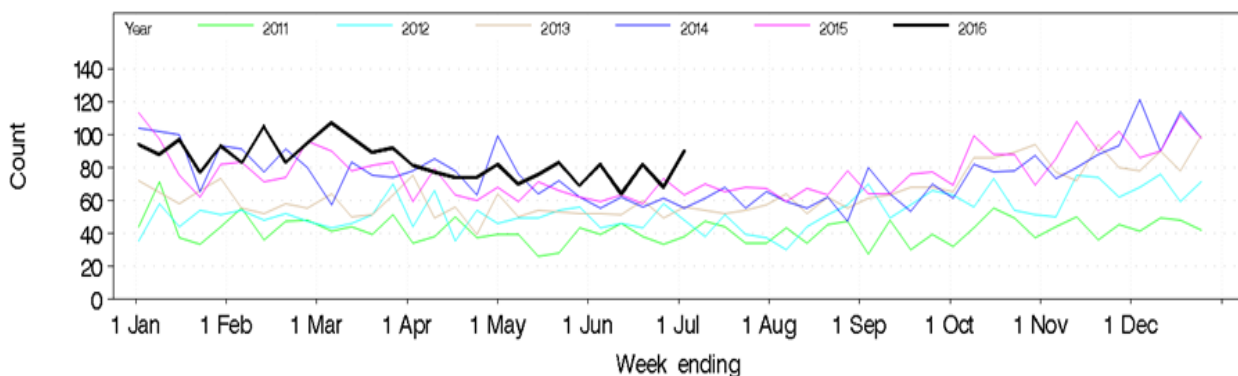
For further information on infectious diseases on-line see [NSW Health Infectious Diseases](#). Also see [NSW Health Infectious Diseases Reports](#) for links to other surveillance reports.

Gastroenteritis – unseasonal increase in activity

Emergency department (ED) surveillance has shown an unseasonal increase in gastroenteritis activity, with 1,695 presentations and 436 admissions recorded in the past week. The increase was particularly notable in admission for young adults aged 17-34 years (Figure 1).

This category includes provisional ED diagnoses of gastroenteritis, vomiting, diarrhoea and food poisoning, with an average of 1,403 ED presentations and 312 admissions usually observed during this period. Western Sydney Local Health District (LHD) observed the largest increases (data not shown).

Figure 1. Total weekly counts of Emergency Department presentations for gastroenteritis that were admitted, for 2016 (black line), compared with each of the 5 previous years (coloured lines); persons aged 17–34 years, for 60 NSW hospitals.



Many early childhood education and care centres, aged care facilities and some hospitals have also been affected by outbreaks of viral gastroenteritis. Since June 1 there have been 56 outbreaks of gastroenteritis in institutions reported, affecting at least 550 people. Norovirus was detected as the cause of illness in 10 of these outbreaks. A NSW Health [media alert](#) related to the increase was issued 7 July 2016.

Viral gastroenteritis is a common intestinal infection caused by a number of different viruses, usually resulting in vomiting and diarrhoea. Norovirus infections are the most frequent cause and are most common during the cooler months. Symptoms may include nausea, vomiting, diarrhoea, fever, abdominal pain, headache and muscle aches. These symptoms can take between one and three days to develop and usually last between one and two days, sometimes longer. Dehydration often follows bouts of vomiting and diarrhoea, particularly in young children. Those infected should rest well and increase the amount of fluids they drink, and if concerned see your local doctor.

Viral gastroenteritis is highly infectious and is spread by the vomit or faeces of an infected person through close contact with infected persons, contact with contaminated surfaces or through

consuming contaminated food or drink. Viruses are often transmitted from person-to-person on unwashed hands.

The best way to prevent the spread of viral gastroenteritis is to wash your hands thoroughly with soap and running water for at least 10 seconds, particularly after using the toilet, assisting someone with diarrhoea or vomiting, attending nappy changes, and before preparing and eating food. It is vital that if you or your family contract gastroenteritis that you stay home from work or keep a child home from school or childcare if they are sick for at least 24 hours after the last symptom of gastroenteritis.

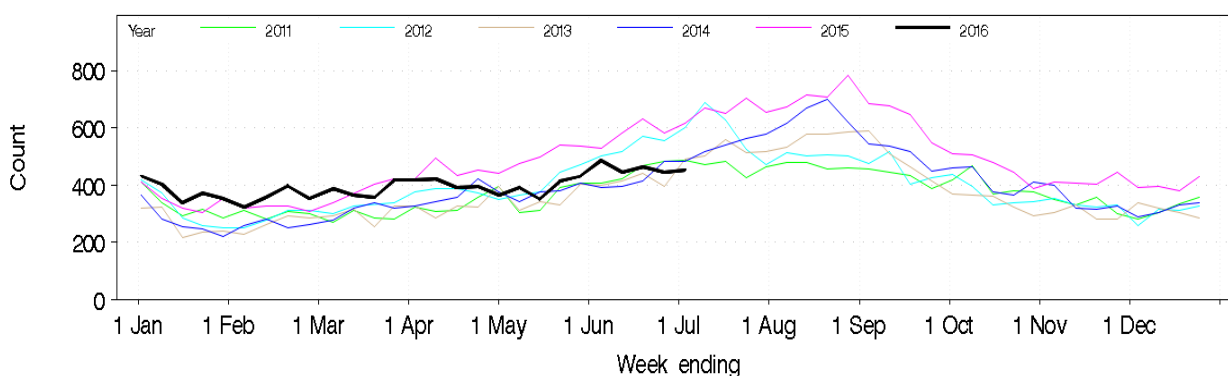
People who are sick with gastroenteritis should also avoid visiting others in vulnerable settings such as hospitals or aged care facilities. If your work involves handling food, or looking after children, the elderly or patients, do not return to work until 48 hours after symptoms have stopped.

Follow the link for further information on [viral gastroenteritis](#).

Influenza – start of the 2016 winter flu season

All influenza surveillance data indicate that the season has commenced. Although the rate of influenza remains low, over the next few weeks activity is expected to increase further. The peak of the season usually occurs 5-8 weeks after the season onset. The recent increase in pneumonia presentations seen in NSW emergency departments (Figure 2) is also likely to be related to the increasing levels of influenza and other respiratory viruses circulating in the community.

Figure 2. Total weekly counts of emergency department presentations for pneumonia, from January – 3 July 2016 (black line), compared with each of the 5 previous years (coloured lines).



Influenza is a highly contagious respiratory illness caused by influenza viruses. There are two main types of influenza virus that cause infection in humans - types A, and B - 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 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.

For more detailed influenza surveillance information from a range of sources see the NSW Health [influenza surveillance reports](#). Follow the links for more information regarding [influenza notifications](#) and [seasonal influenza vaccination 2016](#).

***Burkholderia cepacia* – cluster linked to contaminated product**

Professional Dentist Supplies Pty Ltd, in consultation with the Therapeutic Goods Administration (TGA), is recalling a single batch of *Chlorofluor Gel* (batch number BK119, all sizes) due to bacterial contamination. *Chlorofluor Gel* is an oral hygiene product containing chlorhexidine. It can be purchased over-the-counter and is used in private settings, as well as in hospitals.

The contamination was identified following a cluster of cases of colonisation or infection in intensive care patients at a single hospital in South Australia. Investigations are ongoing but have included testing of unopened bottles of *Chlorofluor Gel* from the same batch that was used in the treatment of the affected patients in SA. This testing detected high levels of the bacterium *Burkholderia cepacia*. At this stage the cause of the contamination is not known.

Another case of *B. cepacia* infection linked to exposure to *Chlorofluor Gel* has been identified this week from an intensive care patient in the Hunter New England LHD. The bacterium was identified in a sputum specimen collected from the patient who had been admitted with influenza. It is believed that the *B. cepacia* infection further complicated the patient's illness but they have now been discharged from intensive care.

B. cepacia usually poses little risk to healthy people. However, people with weakened immune systems, such as intensive care patients, may be more susceptible to infections. The effects of *B. cepacia* infection range from no symptoms, to serious respiratory infections (especially in people with chronic lung diseases such as cystic fibrosis) or blood stream infections (septicaemia).

All health care facilities and health care practitioners should actively identify and quarantine any of the implicated product, even if not thought to be a routinely ordered product, and ensure that it is not used in patient care. Instructions on what to do with the implicated product have been provided in the TGA [Chlorofluor Gel recall alert](#).

Clinicians are requested to report any cases of *B. cepacia* infection to their local public health unit for further investigation.

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 27June to 3 July 2016, by date received *

		Weekly		Year to date			Full Year	
		This week	Last week	2016	2015	2014	2015	2014
Enteric Diseases	Cryptosporidiosis	11	13	722	600	256	1038	429
	Giardiasis	47	60	2108	1940	1616	3415	2942
	Hepatitis A	1	0	24	48	40	71	80
	Listeriosis	1	0	26	15	16	26	23
	Rotavirus	6	8	251	175	210	1036	714
	STEC/VTEC	1	0	22	12	26	29	31
	Salmonellosis	84	72	2776	2513	2632	4044	4274
Shigellosis	9	9	164	85	122	172	212	
Respiratory Diseases	Influenza	312	260	4270	2701	1623	30302	20888
	Tuberculosis	8	9	219	210	216	445	475
Sexually Transmissible Infections	Chlamydia	392	528	13138	11412	11807	22548	22899
	Gonorrhoea	137	162	3474	2602	2492	5401	4877
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	4	132	100	163	182	256
	Meningococcal Disease	2	1	27	20	17	46	37
	Mumps	1	2	18	27	48	63	82
	Pertussis	128	144	5654	3551	944	12079	3051
	Pneumococcal Disease (Invasive)	13	10	209	188	180	494	511
	Rubella	1	0	7	4	4	6	10
Vector Borne Diseases	Dengue	1	5	268	187	250	342	378
	Malaria	1	0	23	22	53	47	87
	Ross River	3	6	331	1273	332	1638	673
Zoonotic Diseases	Q fever	3	4	110	116	92	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.