

# Communicable Diseases Weekly Report

## Week 29, 18 July to 24 July 2016

In summary, we report:

- [Mumps](#) – two new cases
- [Hepatitis C](#) – World Hepatitis Day
- [NSW Zoonoses Annual Report](#) – 2015 issue published online
- [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.

### Mumps – two new cases

There have been two confirmed cases of mumps this week. One in an adult from Hunter New England Local Health District and a second in a child from Northern Sydney Local Health District ([Table 1](#)). The child was fully vaccinated and the vaccination status of the adult is unknown. There have been 25 cases of mumps reported in NSW this year compared to 32 reported in NSW in the same time period last year.

Mumps is an acute viral disease. Common symptoms include fever, loss of appetite, tiredness and headaches followed by swelling and tenderness of the salivary glands. Complications are rare but can be serious including encephalitis and meningitis, orchitis (infection of the testes), spontaneous abortion and hearing loss. The mumps virus is transmitted through contact with respiratory secretions; usually from respiratory droplets through the airborne route but also through direct contact with the saliva of an infected person.

Mumps is a vaccine preventable disease, and notifiable in NSW. Vaccination against mumps is with the measles-mumps-rubella (MMR) or measles-mumps-rubella-varicella (MMRV) vaccine, given as part of the National Immunisation Program and scheduled at 12 and 18 months of age respectively.

There is an ongoing outbreak of mumps in Western Australia. Of the 514 mumps cases notified nationally to July 1 this year 82 per cent have been from WA. The outbreak is primary among fully vaccinated Aboriginal teenagers and young adults. For further details see the [Fortnight 13](#) CDNA report.

Globally there have been reports of outbreaks in highly vaccinated populations, including outbreaks in the US, UK and Europe. Although mumps is the least immunogenic component of the MMR vaccine the majority of cases occur in unvaccinated individuals. Studies conducted during outbreaks have found the attack rate in those with two doses of the vaccine to be 2.2 – 3.6 per cent compared to 31.8 – 42.9 per cent in those who were unvaccinated demonstrating that the vaccine is still highly protective.

If you or your child have not received this vaccine, it is important that you see your general practitioner to discuss a catch-up schedule particularly if you are planning international travel. Additional doses of MMR vaccine are safe, so anyone unsure of their vaccination status should be vaccinated. MMR vaccine is provided free in NSW to all people born during or after 1966 who do not have written documentation of receiving two doses.

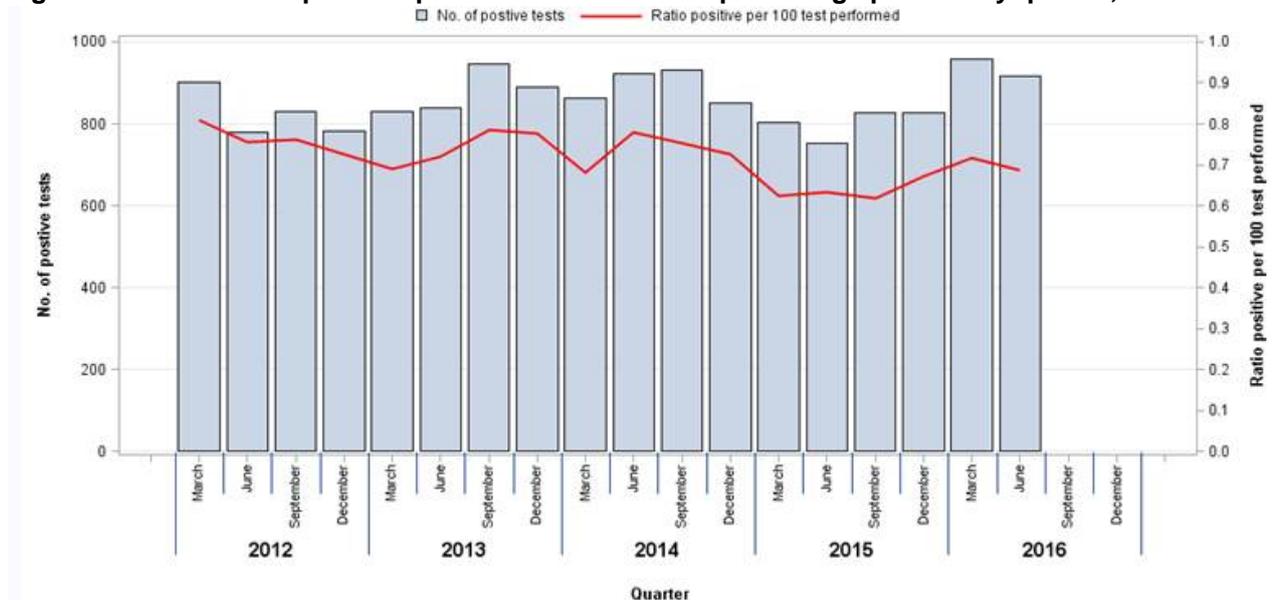
For more information see the [NSW Health Mumps factsheet](#).

## Hepatitis C

World Hepatitis Day was celebrated on Thursday 28 July 2016. NSW Health has marked this day by encouraging people with chronic hepatitis C to access the newly available treatments, which have a cure rate of over 90%. An awareness event was held in conjunction with Hepatitis NSW and a [media statement issued](#).

The NSW hepatitis C notification rate was remarkably stable from 2010 to 2015 after declining steadily between 2000 and 2010. However in 2016, the number of notifications has increased since February, coinciding with increased testing since the introduction of the new treatments on 1 March 2016. Because hepatitis C is usually asymptomatic at the time of infection, and for many years following infection, the diagnosis of hepatitis C infection is usually made when someone with one or more risk factors for hepatitis C is screened for the condition. Therefore, the rate of notifications is likely to be dependent on the number of tests performed during the period of observation. Figure 1 shows that the increase in hepatitis C notifications in 2016 is associated with an increase in the number of tests done: i.e the ratio of notifications to the number of tests has not changed significantly.

**Figure 1. Number of Hepatitis C positive tests and tests percentage positive by quarter, 2012-2016**



Hepatitis C is caused by a virus that infects the liver, which can result in severe liver damage with liver failure and/or liver cancer. About 80% of people who are infected with hepatitis C virus will go on to have a chronic (long lasting) liver infection.

HCV is transmitted from person to person when the blood of an infected person enters the bloodstream of an uninfected person. In Australia, this most frequently occurs when people use injecting equipment that is contaminated with the blood of an infected person. Needle and syringe program outlets throughout NSW supply clean injecting equipment to encourage people to protect themselves from acquiring hepatitis C. The use of sterile injecting equipment also protects against hepatitis B and HIV infections, as well as preventing bacterial infections that can lead to serious bloodstream infections.

New treatments for hepatitis C became available in Australia from 1 March 2016. These medicines, called direct acting antivirals (DAAs):

- are highly effective with a cure rate of over 90%;
- have few side effects;
- need to be taken for only 12 weeks for most people, or for 24 weeks in some instances; and
- are taken in tablet form, without the need for injections (in most cases).

In contrast, the previously available treatments were less effective, frequently had severe side effects and injections were required for six to 12 months.

Hepatitis C treatment improves people's liver health by stopping liver damage caused by the hepatitis C virus. Following treatment some of the damage that has already occurred may repair.

Successful treatment clears the virus so that the person can no longer transmit hepatitis C virus to another person.

People living with hepatitis C virus are strongly recommended to see their general practitioner about accessing hepatitis C treatment.

The *NSW Hepatitis C Strategy 2014-2020* aims to reduce hepatitis C infections in NSW and improve the health outcomes of people living with hepatitis C in NSW, by reducing sharing of injecting equipment among people who inject drugs by 25% and increasing the number of people accessing hepatitis C treatment.

Follow the links for further information about [hepatitis C](#), the [NSW Hepatitis C Strategy 2014-2020](#) and the [2015 Annual Data Report](#) of the *NSW Hepatitis B and C Strategies 2014-2020*.

## NSW Zoonoses Annual Report

The inaugural NSW Zoonoses Annual Report 2015 was recently published on the [NSW Health website](#). Produced primarily for public health professionals, researchers and similar groups, the Report provides a snapshot of notifications of selected zoonoses in humans, animal health events investigated in collaboration with the NSW Department of Primary Industries, and post-exposure treatments delivered for the prevention of rabies and Australian Bat Lyssavirus (ABLV) during 2015. The Report covers surveillance for, and the associated public health response to, anthrax, avian/animal influenza, brucellosis, Hendra virus, leptospirosis, psittacosis, Q fever, and rabies and ABLV.

## 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 18 to 24 July 2016, by date received \***

		Weekly		Year to date			Full Year	
		This week	Last week	2016	2015	2014	2015	2014
Enteric Diseases	Cryptosporidiosis	9	12	756	629	271	1038	429
	Giardiasis	67	50	2285	2111	1750	3415	2942
	Rotavirus	10	6	276	195	238	1036	714
	STEC/VTEC	1	2	25	12	27	29	31
	Salmonellosis	100	70	3028	2667	2777	4044	4274
	Shigellosis	1	10	181	94	135	172	212
Respiratory Diseases	Influenza	982	740	6542	3844	2838	30303	20888
	Legionellosis	3	5	81	61	42	96	72
	Tuberculosis	2	7	243	231	248	445	475
Sexually Transmissible Infections	Chlamydia	410	463	14602	12625	13097	22548	22899
	Gonorrhoea	94	160	3877	2958	2743	5402	4877
	LGV	2	0	29	13	8	20	14
Vaccine Preventable Diseases	Adverse Event Following Immunisation	4	5	146	111	174	182	256
	Meningococcal Disease	2	0	29	23	18	46	37
	Mumps	2	2	25	32	53	63	82
	Pertussis	132	137	6059	4059	1067	12083	3051
	Pneumococcal Disease (Invasive)	16	16	251	222	241	495	511
Vector Borne Diseases	Barmah Forest	3	1	23	147	124	185	163
	Dengue	9	6	295	203	278	343	378
	Malaria	2	0	27	23	62	47	87
	Ross River	3	4	340	1303	352	1638	673
Zoonotic Diseases	Q fever	1	1	121	126	103	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.