

Communicable Diseases Weekly Report

Week 3, 18 to 24 January 2016

In summary, we report:

- [Zika virus](#) – two new imported cases from the Caribbean region
- [Salmonella outbreak investigation](#) – South East Sydney
- [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.

Zika virus

There was one new case of Zika virus (ZIKV) infection notified in the reporting week (Figure 1), and a second related case was also subsequently reported. These are the first two cases notified this year, with only seven cases notified in NSW since the first notification in 2014. Both cases had recently returned from a country in the Caribbean region where Zika virus transmission has been recently reported.

The first patient was a woman who was not pregnant and has since recovered. The partner of this case had a similar illness but had tested negative on an acute blood sample. This person has also now been confirmed as having had a recent Zika virus infection following antibody seroconversion.

Zika virus infection is a mosquito-borne infection that has recently spread rapidly across the Americas after an initial introduction into Brazil. ZIKV was introduced into the Americas in 2015 but it has previously been found in other parts of the world, and caused outbreaks in a number of Pacific states over the past three years.

Zika virus is closely related to dengue virus and can cause a similar illness. The infection often causes no symptoms but when it does the illness is usually mild and lasts 4-7 days. There is no vaccine against Zika and no specific antiviral treatment.

The recent outbreaks in the Pacific and the Americas, particularly in Brazil, have raised concerns that Zika virus infection might cause birth defects if the mother becomes infected with Zika while pregnant, but further studies are required to confirm or exclude this link.

With the explosive spread of Zika virus in the Americas it is expected that more cases of infection will be identified this year in returned travellers.

The *Aedes aegypti* mosquitoes that are primarily responsible for transmission of ZIKV are not established in NSW but are found in parts of north Queensland. There is a risk that local outbreaks could occur in these areas if an infected person visited and was bitten by mosquitoes (as occasionally occurs with dengue), but this is not a risk in NSW.

Women who are pregnant or planning to become pregnant are being advised to consider delaying their travel to areas with active outbreaks of Zika.

Travellers to affected areas should avoid being bitten by mosquitoes. The *Ae. aegypti* mosquitoes prefer to live and bite people indoors, and peak biting activity is during daylight hours. They hide under furniture and tend to bite the feet and ankles. People may not notice they are being bitten.

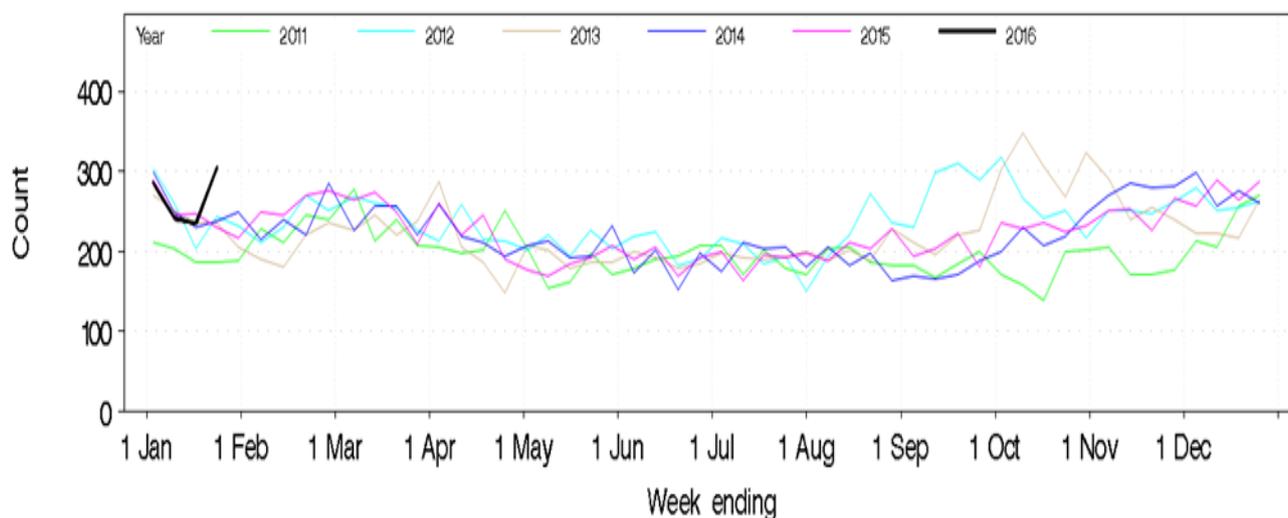
Travellers to affected areas should stay in accommodation with screened windows and doors, wear loose fitting clothing that covers the arms and legs, and apply insect repellent containing DEET or picaridin to exposed skin, especially during daylight hours and in the early evening. For additional advice on steps to avoid being bitten by mosquitoes see the [Mosquitoes are a Health Hazard Factsheet](#).

For more information see the [Zika virus alert](#) and [Zika virus factsheet](#). Also see the Commonwealth Department of Health [Zika virus website](#) for information for medical practitioners and a list of countries with active transmission of the virus.

Salmonella outbreak investigation – South East Sydney

On Sunday 24 January Sutherland Hospital Emergency Department (ED) notified the South Eastern Sydney (SES) Public Health Unit (PHU) of an increase in presentations of gastroenteritis. Increased gastroenteritis presentations were also recorded at St George Hospital ED. Public Health Rapid Emergency Disease and Syndromic Surveillance (PHREDSS) shows a significant increase in gastroenteritis presentations in SES, particularly at Sutherland Hospital, where the weekly count was the highest in the last six years, mainly affecting adults, aged 35 – 64 years (Figure 1).

Figure 1: Total weekly counts of Emergency Department presentations for gastroenteritis, for 2016 (black line), compared with each of the 5 previous years (coloured lines), persons of all ages, for South Eastern Sydney Local Health District.



The preliminary PHU investigation identified that many of the patients reported eating chicken rolls, pork rolls, and vegetable rolls from Box Road Village Bakery, Sylvania.

The NSW Food Authority (NSWFA) was notified on 24 January and visited the bakery on Monday 25 January. The NSWFA closed the bakery due to breaches of food safety legislation. Samples were collected for bacterial analysis.

Active case finding by the PHU as of 29 January has identified 171 cases of gastroenteritis associated with the bakery. Of these cases 131 presented to Sutherland (109) or St George hospitals (22). Other cases were notified by other hospitals, the NSWFA and local GPs. A total of 21 of the 131 presentations to Sutherland and St George were admitted. To date, 43 of the 171 identified gastroenteritis cases have tested positive for Salmonella.

Salmonellosis is a form of gastroenteritis caused by Salmonella bacteria, which are commonly found in animals. Symptoms of salmonellosis include fever, headache, diarrhoea, abdominal pain, nausea, and vomiting. Symptoms usually start 6-72 hours after ingestion of the organism and typically last 4-7 days, but can occasionally persist for weeks. Admission to hospital is sometimes required for management of dehydration, particularly in young babies, elderly people and those with weakened immune systems.

Follow the link for further information on [salmonellosis notifications](#).

Follow the link for the [salmonellosis factsheet](#).

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 January 2016, by date received *

		Weekly		Year to date			Full Year	
		This week	Last week	2016	2015	2014	2015	2014
Enteric Diseases	Cholera	1	0	2	0	0	0	0
	Cryptosporidiosis	23	18	68	41	54	1038	429
	Giardiasis	71	78	254	226	159	3415	2942
	Hepatitis A	3	4	7	4	7	71	80
	Listeriosis	1	1	5	0	4	26	23
	Rotavirus	18	11	61	41	37	1036	714
	Salmonellosis	99	131	456	435	420	4060	4302
	Shigellosis	6	7	22	13	24	167	212
	Typhoid	5	0	6	4	5	41	44
Respiratory Diseases	Influenza	109	70	306	217	259	30300	20888
	Tuberculosis	7	8	24	20	34	438	474
Sexually Transmissible Infections	Chlamydia	551	526	1648	1491	1712	22540	22899
	Gonorrhoea	129	92	349	351	377	5380	4875
Vaccine Preventable Diseases	Mumps	1	0	3	2	7	63	82
	Pertussis	344	372	1255	364	188	12079	3052
	Pneumococcal Disease (Invasive)	6	2	23	23	17	497	511
Vector Borne Diseases	Chikungunya	1	0	3	5	2	37	27
	Dengue	7	3	14	21	39	337	378
	Zika virus	1	0	1	0	0	1	4
	Ross River	7	3	23	70	29	1643	673
Zoonotic	Q fever	3	2	9	17	29	258	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.