

# Communicable Diseases Weekly Report

## Week 30, 25 July to 31 July 2016

In summary, we report:

- [Haemophilus influenzae type b](#) – 1 new case reported
- [Salmonella Hvittingfoss](#) – outbreak investigation
- [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.

### Haemophilus influenzae type b

There was one new case of Haemophilus influenzae type b (Hib) disease identified in the Hunter New England Local Health District. The case was an infant who due to their age had only received one dose of vaccine. The local public health unit undertook follow-up to identify susceptible contacts and provide clearance antibiotics. There have been three notifications of Hib in NSW so far in 2016 compared to three for the same period in 2015.

Hib disease is caused by infection with Haemophilus influenzae type b bacteria. Humans are the only known reservoir, and the organism can be carried asymptotically in the naso- and oropharynx. Hib is predominantly transmitted from asymptomatic carriers by direct contact with respiratory droplets or discharges from the nose and throat. It can also rarely be transmitted from infected persons. Infection can lead to serious illness including meningitis and epiglottitis (inflammation of the throat). Since Hib vaccines were included in the routine childhood immunisation schedule in 1993, there has been a reduction of more than 95% in notified cases of Hib. Four doses of Hib vaccine are recommended in NSW for all infants at six to eight weeks, four, six and twelve months of age and is provided as part of free routine immunisation in combination with other vaccines due at those ages.

Follow the link for further information on [Haemophilus influenzae type b](#).

### Salmonella Hvittingfoss

During June and July 2016, a notable increase in Salmonella Hvittingfoss notifications was detected through routine surveillance. A public health investigation was initiated with the aim of identifying any common sources for these infections.

As of 4 August, 49 notifications of S. Hvittingfoss had been received in NSW related to this outbreak. Further details can be found through the media releases from [NSW Health](#), the [NSW Food Authority](#), and [Food Standards Australia New Zealand](#).

S. Hvittingfoss is a relatively uncommon Salmonella serotype in Australia. Historically NSW received an average of 1.3 notifications of this serotype per month. Queensland is usually the jurisdiction with the highest number of S. Hvittingfoss cases. Outbreaks with this Salmonella serotype in Australia have previously been investigated with no clear source identified.

Internationally, S. Hvittingfoss outbreaks are uncommon with the largest reported outbreak being associated with Subway restaurants in Illinois, USA, in 2010. In that outbreak no specific food vehicle was detected but lettuce, tomato, and olives were associated with increased risk of infection.

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 links for further information on [salmonellosis](#) and [salmonellosis 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 25 to 31 July 2016, by date received \***

		Weekly		Year to date			Full Year	
		This week	Last week	2016	2015	2014	2015	2014
Enteric Diseases	Cryptosporidiosis	9	9	765	640	275	1038	429
	Giardiasis	48	67	2333	2174	1789	3415	2942
	Rotavirus	10	10	286	204	245	1036	714
	STEC/VTEC	1	1	26	13	27	29	31
	Salmonellosis	72	100	3100	2706	2825	4044	4274
	Shigellosis	2	1	183	98	135	172	212
Respiratory Diseases	Influenza	1318	982	7860	4581	3743	30303	20888
	Tuberculosis	6	2	249	244	253	445	475
Sexually Transmissible Infections	Chlamydia	442	410	15044	13051	13456	22548	22899
	Gonorrhoea	145	94	4022	3066	2833	5402	4877
Vaccine Preventable Diseases	Adverse Event Following Immunisation	2	4	148	113	177	182	256
	Haemophilus influenzae type b	1	0	4	3	3	5	6
	Meningococcal Disease	2	2	31	23	19	46	37
	Mumps	1	2	26	32	54	63	82
	Pertussis	182	132	6241	4260	1125	12083	3051
	Pneumococcal Disease (Invasive)	16	16	267	236	263	495	511
Vector Borne Diseases	Dengue	6	9	301	207	284	343	378
	Malaria	4	2	31	23	64	47	87
	Ross River	2	3	342	1318	362	1638	673
Zoonotic Diseases	Q fever	2	1	123	131	108	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.