

Communicable Diseases Weekly Report

Week 32, 8 August to 14 August 2016

In summary, we report:

- [Australian bat lyssavirus](#) – exposures
- [Lymphogranuloma venereum](#) – seven new cases
- [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.

Australian bat lyssavirus (ABLV)

In this past reporting week, three individuals required post-exposure treatment to prevent lyssavirus infection after being attacked by an aggressive flying fox at a skate park in Evans Head, northern NSW. Victims included a young boy that was bitten and scratched and two adult males who were scratched on the hands and fingers while rescuing the child. Laboratory testing of saliva and brain samples from the bat subsequently confirmed it was infected with Australian Bat Lyssavirus (ABLV). During 2016 to date, 362 potential exposures to rabies or ABLV have been reported to NSW public health units, including 91 exposures to bats in NSW. Five bats have tested positive for ABLV so far this year in NSW.

Lyssaviruses are a group of viruses that includes ABLV and rabies virus. ABLV is found in all species of bats in Australia, from the small insectivorous microbats to the larger flying fox species. Rabies virus is carried by a range of mammals in many overseas countries. Lyssaviruses are spread by bites and scratches from infected animals. Almost all human cases of lyssavirus infection are fatal.

All bats and flying foxes should be assumed to be infectious with ABLV, regardless of their age, or whether the animal looks sick or not. People should avoid all contact with bats as there is always the possibility of being scratched or bitten by a bat infected with this lethal virus. If bats must be handled then appropriate personal protective equipment (PPE) should be worn and the bat handler must have been vaccinated with an appropriate course of rabies vaccine. PPE includes puncture-resistant gloves and gauntlets, long sleeved clothing, safety eyewear or face shield to prevent mucous membrane exposures, and a towel to hold the bat. A garden fork, spade or other implement should be used to move dead bats.

Anyone who comes across an injured bat is advised to contact the local Wildlife Information Rescue and Education Service (WIRES) network on 1300 094 737. WIRES have trained and vaccinated staff equipped with appropriate personal protective equipment who can deal with bats safely. A veterinarian may also be able to offer assistance and advice.

Overseas travellers are advised to avoid contact with any wild or domestic mammal in a rabies endemic country. This includes bats and wild or domestic dogs, cats, and monkeys. Travellers to Bali and Thailand should avoid handling monkeys as if they are bitten or scratched preventive treatment against rabies will be required. Following any bite or scratch from a mammal in a rabies endemic country or a bat in Australia, the wound should be rapidly and thoroughly cleaned with soap and water for at least five minutes and an antiseptic applied; the person should be assessed urgently for post-exposure rabies vaccination.

For more information follow the link to the [Rabies / ABLV](#) factsheet.

Lymphogranuloma venereum

Seven new cases of lymphogranuloma venereum (LGV) were detected this reporting week. There have been 30 cases to date in 2016; all cases have been in adult males mostly living in metropolitan Sydney. LGV is not common in NSW but case numbers have increased in 2016. There were 18 cases notified in 2015.

LGV is a sexually transmissible infection (STI) caused by certain rare types of the bacterium *Chlamydia trachomatis*. Other types of *Chlamydia trachomatis* bacteria cause the more common genital chlamydia infections and trachoma, an eye disease. LGV infection is a more aggressive disease than common genital chlamydia infection.

People at increased risk of LGV infection include travellers to countries where LGV is more common who have unprotected sex with someone with the infection, and men who have sex with men, especially those that have unprotected anal sex.

LGV begins as a small painless ulcer at the site of infection. This is usually in the genital area, rectum or mouth. This heals by itself after a few days and most people are not aware of it. Over the next two to six weeks the infection spreads to the local lymph glands usually in the groin or inside the pelvis. Symptoms at this stage may also include fever, tiredness, muscle and joint pain, loss of appetite and headaches.

The infected lymph nodes become swollen and filled with pus. These may open up and discharge the pus to the surface of the skin or to the inside of the rectum (or vagina in women). If untreated, prolonged symptoms may occur, which may lead to scarring and deformity in the affected area.

LGV can be spread even when the infected person has no symptoms. LGV is spread through unprotected anal, vaginal or oral sex, especially if there is trauma to the skin or mucous membranes.

LGV often coexists with other sexually transmitted infections (including HIV) and hepatitis C, so it is important to conduct tests for other STIs and for hepatitis C. Having ulcers due to LGV increases the risk of becoming infected with HIV.

Using condoms for anal and vaginal sex, and dental dams and condoms for oral sex, reduces the risk of spreading LGV. To avoid infection, sex partners should not share sex toys, or toys should be washed and protected with a fresh condom.

Antibiotics are effective in treating LGV infection. People who have LGV should not have sex until they have completed a course of antibiotics to prevent spreading the infection to others. Sexual partners of people diagnosed with LGV should be tested.

Follow the links for further information on [lymphogranuloma venereum](#) and [LGV data](#).

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 8 to 14 August 2016, by date received *

		Weekly		Year to date			Full Year	
		This week	Last week	2016	2015	2014	2015	2014
Enteric Diseases	Cryptosporidiosis	11	11	787	648	285	1038	429
	Giardiasis	48	68	2449	2275	1892	3415	2942
	Hepatitis A	1	0	27	53	45	71	80
	Rotavirus	7	9	303	237	273	1036	714
	Salmonellosis	59	88	3249	2800	2930	4044	4273
	Shigellosis	4	5	192	109	140	172	212
Respiratory Diseases	Influenza	2496	1884	12247	7120	6980	30303	20888
	Legionellosis	1	4	86	66	48	96	72
	Tuberculosis	9	7	267	257	269	445	475
Sexually Transmissible Infections	Chlamydia	446	450	16013	13865	14385	22548	22899
	Gonorrhoea	143	138	4319	3290	2993	5401	4876
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	0	151	118	187	182	256
	Meningococcal Disease	3	1	35	25	20	46	37
	Pertussis	187	147	6576	4752	1237	12083	3051
	Pneumococcal Disease (Invasive)	11	18	295	269	282	495	511
Vector Borne Diseases	Dengue	5	7	319	218	294	343	378
	Malaria	1	3	34	24	66	47	87
	Ross River	1	2	343	1347	386	1638	673
Zoonotic Diseases	Brucellosis	1	0	6	8	2	10	3

* 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.