

Communicable Diseases Weekly Report

Week 41, 10 October to 16 October 2016

In summary, we report:

- [Australian bat lyssavirus](#) – public health warning
- [Infection control breaches in a Bankstown Dental Practice](#)
- [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

Each year with the start of the bat breeding season in October there is an increase in NSW residents getting bitten or scratched by bats when they attempt to rescue young and miscarried pups that may be on the ground. Contact between bats and humans also increases in spring and summer when bats get caught in netting around fruit trees. So far this year five bats that scratched or bit a person in NSW have been confirmed as carrying the potentially fatal Australian bat lyssavirus (ABLV), which part of the lyssavirus family, which includes the rabies virus. Due to the risk of any bat carrying ABLV, NSW Health is warning people to not handle injured bats and flying foxes.

Infection with any of the lyssaviruses (including rabies) can result in encephalomyelitis which, if not prevented, is fatal. The lyssavirus enters the body through the bite or scratch of an infected animal. The virus can remain unnoticed at the entry site for weeks or even years, but eventually travels via nerves to the brain causing encephalitis. Symptoms start with headache, fever and a feeling of apprehension, and can progress to excitability (classically with hydrophobia or fear of water), or delirium and convulsions. In about one-third of patients paralysis is the predominant presentation. Patients progress to coma and death within weeks.

As there is no effective treatment for lyssavirus infection once symptoms commence, prevention is crucial. Firstly, unless vaccinated against rabies and using protective equipment, members of the public should not handle any bat. If bitten or scratched by a bat the wound should be immediately cleaned for at least five minutes with soap and copious water, and an antiseptic such as Betadine® applied. This first aid can reduce the risk of infection by 90%. Nevertheless, urgent medical assessment of the need for rabies immunoglobulin and vaccine is also required.

Overseas, lyssavirus infection is a risk from dogs, cats, bats, monkeys and other mammals. The World Health Organization estimates there are approximately 60,000 human deaths per year from rabies infection. These mainly occur in resource poor settings where affordable vaccination is not available, and disproportionately affect children.

So far this year, more than 400 NSW residents have been given post exposure prophylaxis (PEP) vaccination following high-risk exposures to potentially infected animals. About one-quarter had been bitten or scratched by a bat in Australia, while the others had come into contact with potentially rabies-infected animals overseas.

For more information see our NSW Health Fact Sheet on [Rabies and Australian bat lyssavirus infection](#).

The World Health Organization has a [website](#) on rabies control strategies.

Infection control breaches in a Bankstown Dental Practice

On Monday 17 October 2016, a joint [media statement](#) was issued by South Western Sydney Local Health District and the Dental Council of NSW, advising patients who had undergone an invasive procedure at practices operated by Dr Chau Bao Dinh, to attend their doctor for blood borne virus testing.

A public health investigation found instruments used in the Liberty Plaza practice (Unit 45, 256 Chapel Road Bankstown) operated by Dr Chau Bao Dinh from July 2014 were not cleaned, sterilised or stored in accordance with guidelines set by the Dental Board of Australia. It is likely that similar problems have occurred at other locations where Dr Dinh previously practised; these are thought to be Unit 2, 324 Chapel Rd, Bankstown and Fetherstone Rd, Bankstown. Dr Dinh's registration has been suspended, and his practice is now closed.

Patients for whom address details were available were contacted directly by mail. However, due to a lack of patient records, the media statement was issued to the Bankstown local press, and Vietnamese print media. An alert was sent to general practitioners within the Bankstown, Fairfield and Liverpool local government areas.

The overall risk of blood-borne virus transmission to individual patients of Dr Dinh has been assessed by the NSW Health Blood Borne Viruses Advisory Panel as low. No cases of blood borne virus infection have been identified as associated with this dental practice. However, patients who believe they have had an invasive procedure at any of Dr Dinh's Bankstown practices are recommended, as a precaution to visit their general practitioner and request testing for [hepatitis B](#), [hepatitis C](#) and [HIV](#).

For more information see the [Frequently Asked Questions](#), [Information for GPs](#) and letter for patients in [English](#) and [Vietnamese](#).

Summary of notifiable conditions activity in NSW

The following table (Table 1) summarises notifiable conditions activity over the reporting period.

Table 1. NSW Notifiable conditions from 10 to 16 October 2016, by date received *

		Weekly		Year to date			Full Year	
		This week	Last week	2016	2015	2014	2015	2014
Enteric Diseases	Cryptosporidiosis	18	4	875	710	323	1038	429
	Giardiasis	47	42	2894	2708	2317	3415	2942
	Hepatitis E	1	0	15	13	34	20	38
	Listeriosis	1	0	30	19	19	26	23
	Rotavirus	22	22	414	635	471	1036	714
	STEC/VTEC	4	0	39	14	28	29	31
	Salmonellosis	55	48	3711	3185	3395	4040	4273
	Shigellosis	2	8	240	136	173	172	212
	Typhoid	2	0	62	66	70	82	88
Respiratory Diseases	Influenza	648	660	32820	28904	20030	30306	20888
	Tuberculosis	10	3	373	336	365	445	475
Sexually Transmissible Infections	Chlamydia	498	464	20505	17481	18097	22548	22899
	Gonorrhoea	92	112	5423	4254	3844	5400	4876
Vaccine Preventable Diseases	Adverse Event Following Immunisation	4	4	201	148	215	186	258
	Meningococcal Disease	2	1	63	36	25	46	37
	Mumps	2	2	42	44	68	64	82
	Pertussis	218	164	8467	7097	1829	12083	3051
	Pneumococcal Disease (Invasive)	16	9	435	403	404	495	511
Vector Borne Diseases	Chikungunya	1	0	16	34	19	37	27
	Dengue	8	5	363	261	335	343	378
	Malaria	4	2	45	33	78	47	87
	Ross River	2	3	376	1470	492	1638	673
Zoonotic Diseases	Q fever	6	2	170	195	143	265	190

* Notes on Table 1: NSW Notifiable Conditions activity

- Data cells represent the number of notifiable disease 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 in the current reporting week 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.