

Communicable Diseases Weekly Report

Week 20, 14 May to 20 May 2017

In summary, we report:

- [Acute Rheumatic Fever and Rheumatic Heart Disease](#) – one new case of RHD
- [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.

Acute Rheumatic Fever and Rheumatic Heart Disease

One case of rheumatic heart disease (RHD) was reported this week in an Aboriginal girl from Hunter New England LHD. She was diagnosed after presenting with an unrelated condition.

There have been 41 notifications of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) in NSW since the addition of these conditions to the list of notifiable diseases on 2 October 2015. Twenty of the notifications were persons diagnosed with ARF, 15 were in persons diagnosed with RHD and six in persons with both ARF and RHD at first notification.

Over 80% of cases were in people aged less than 25 years, with 56% of the cases reported in people aged between five and 14 years. Seventy-five per cent of notifications were in people born in Australia with the remainder being born in New Zealand (7%), Asia (7%) and the Pacific Islands (5%). Over 85% of cases occurred in people from what are considered high risk populations for ARF and RHD, including: 44% in Aboriginal and Torres Strait Islander people, 32% in people reporting Maori and Pacific Islander ancestry and 10% in people born in other countries with a high RHD prevalence.

ARF is a rare but serious inflammatory complication of infection with bacteria known as group A streptococci (GAS). Often the site of GAS infection is the throat so there may be a history of a sore throat before the onset of symptoms of ARF. Polyarthrititis (pain and swelling in several joints) is the most common symptom of ARF. Other signs and symptoms may include carditis (inflammation of the heart), chorea (jerky limb movements arising from inflammation of the brain), erythema marginatum (a distinctive skin rash) and nodules under the skin. Fever is also typically present. Repeated episodes of ARF may occur and these can cause permanent damage to the heart valves leading to RHD.

ARF most commonly affects children aged 5-14 years, and higher rates of ARF and RHD occur in some groups, including Aboriginal and Torres Strait Islander people, Maori and Pacific peoples and people born outside of Australia, particularly those from Southeast Asia and Africa. Higher rates are also seen in women and in people living in disadvantaged conditions and where access to health services is poor.

There is no specific treatment for an acute episode of ARF. Supportive treatment can be given with the aim of reducing joint pain, swelling, and fever. However, people diagnosed with ARF should receive long-term follow-up, including administration of benzathine penicillin G every 21-28 days for a minimum of 10 years. This prevents repeat GAS infections, which then prevents repeat episodes of ARF and worsening damage to the heart valves. People with ARF are also recommended to have an annual doctor and dental review and an ultrasound of the heart to assess the amount of damage every two years. People with RHD may require more frequent clinical review.

NSW Health has established a register for people diagnosed with ARF and RHD to assist patients and their doctors to make sure that penicillin injections are given every month and the appropriate

clinical reviews are done. Notification of people diagnosed with ARF of all ages and RHD in those aged less than 35 years is the first step in accessing the NSW RHD Register.

Further information is available from [NSW Health](#) and [RHD Australia](#).

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 14 – 20 May 2017, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2017	2016	2015	2016	2015
Enteric Diseases	Cryptosporidiosis	23	26	955	614	546	1184	1040
	Giardiasis	59	59	1537	1735	1597	3481	3413
	Listeriosis	1	0	7	20	12	36	26
	Rotavirus	20	18	261	212	142	746	1033
	Salmonellosis	75	69	2076	2328	2190	4543	4022
	Shigellosis	3	1	82	122	71	310	172
Respiratory Diseases	Influenza	225	175	3423	2872	1774	35538	30301
	Tuberculosis	2	10	164	184	162	532	444
Sexually Transmissible Infections	Chlamydia	511	568	11576	10250	9260	25995	22525
	Gonorrhoea	167	150	3868	2615	2117	7005	5397
Vaccine Preventable Diseases	Adverse Event Following Immunisation	12	9	138	116	83	257	186
	Meningococcal Disease	1	2	28	20	13	75	47
	Mumps	3	4	55	12	19	67	65
	Pertussis	122	119	2462	4779	2564	10957	12079
	Pneumococcal Disease (Invasive)	12	10	144	132	124	542	494
Vector Borne Diseases	Barmah Forest	3	2	32	18	127	35	184
	Dengue	7	2	130	232	159	481	344
	Malaria	1	1	28	17	19	59	47
	Ross River	28	31	1109	288	1200	541	1635
Zoonotic Diseases	Leptospirosis	1	2	10	8	5	15	15
	Q fever	3	3	87	95	99	230	264

* 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.