

Communicable Diseases Weekly Report

Week 32, 6 to 12 August 2017

In summary, we report:

- [Invasive meningococcal disease](#) – five notifications
- [Hepatitis A](#) – three notifications
- [Summary of notifiable conditions activity in NSW](#)

For further information see NSW Health [infectious diseases page](#). This includes links to other NSW Health [infectious disease surveillance reports](#) and a [diseases data page](#) for a range of notifiable infectious diseases.

Invasive meningococcal disease

Five unrelated cases of invasive meningococcal disease (IMD) were notified this week ([Table 1](#)). The cases were all in adults. This brings the total number of cases for 2017 to 48, a notable increase on the 34 notifications reported over the same period in 2016. IMD tends to be most prevalent in late winter and early spring, although cases occur all year round.

IMD is caused by infection with one of several serogroups of *Neisseria meningitidis* bacteria. The most common invasive serogroups in Australia are B, C, W and Y. The bacteria are spread through direct contact of mucous membranes with the organism, such as exposure to respiratory droplets from the nose and throat of an infected person. Close contact may result in the bacteria colonising the throat of the exposed person but in most people this does not cause any disease.

In only a very small proportion of people the bacteria does invade from the throat to other parts of the body, causing IMD; usually involving meningitis (infection of the lining of the brain), septicaemia (infection of the blood) or both. Up to 10 per cent of IMD infections are fatal even with appropriate antibiotic treatment, and survivors may be left with long-term complications.

It is important to identify symptoms of IMD early and immediately seek medical advice. Symptoms in young children and adults include fever, headache, nausea or vomiting, diarrhoea, sore muscles and stiff neck. For infants, infection may also be associated with irritability, a high pitched cry, refusal to feed, and extreme tiredness or floppiness. Meningococcal disease often presents with a distinctive red/purple rash, generally later in the disease.

Following the introduction of a serogroup C vaccine in 2003, which is provided free of charge at 12 months of age, the number of infections caused by serogroup C has decreased substantially. However, serogroup W has become the predominant strain Australia-wide with NSW case notifications almost tripling from 2015 to 2016.

In February 2017 the NSW Government announced the NSW Meningococcal W Response Program which provides free meningococcal ACWY vaccine (4vMenCV) to Year 11 and 12 students at their schools. Altogether, 103,862 students were vaccinated in Term Two, with more to be vaccinated in Terms Three and Four. This will provide individual protection for these students as well as contributing to herd immunity in the broader population. Teenagers aged 17 to 18 years who do not attend secondary school are able to access the free vaccine through their GP.

The meningococcal ACWY vaccine is also recommended for travellers to countries where these serogroups are more common, and required for pilgrims to the Hajj. A vaccine against some serogroup B strains is also now available in Australia. It is recommended for young children and adolescents but is not part of the National Immunisation Program. People with certain high risk conditions that predispose them to developing IMD, such as those without a spleen, are also recommended to be vaccinated against all available meningococcal serogroups.

Follow the links for more information on [meningococcal disease, vaccination and notification data](#).

Hepatitis A

Three new cases of hepatitis A infection were reported this week (Table 1). One case likely acquired their infection while travelling in Asia and the Pacific where hepatitis A is common. The other two cases were in adults who had no overseas travel. One case has no fixed address so has not been able to be contacted for interview. The other case reported consuming shellfish and possible contact with sewage in the 50 days before onset of symptoms, which are known risk exposures for hepatitis A.

There is currently a multi-jurisdictional outbreak investigation into locally-acquired cases of hepatitis A with possible frozen berry consumption. Food Standards Australia New Zealand (FSANZ) issued a consumer level food recall on 2 June 2017 for the Creative Gourmet brand of Mixed Frozen Berries 300g with a best before date of 15 January 2021. Consumers are advised to return any opened or unopened product to the place of purchase for a full refund or dispose of them. None of the locally acquired cases of hepatitis A in NSW have reported eating these berries prior to their illness.

Hepatitis A is a viral infection of the liver. Symptoms include feeling unwell, aches and pains, fever, nausea, lack of appetite, and abdominal discomfort, followed by dark urine, pale stools and jaundice (yellowing of the skin and eyes). The illness usually lasts from one to three weeks. People who experience these symptoms are advised to see their local GP.

Infected people can transmit the virus to others from two weeks before the development of symptoms until one week after the appearance of jaundice. The virus is spread by the faecal-oral route, including through the consumption of contaminated food or water or by direct contact with an infected person. While infectious, people diagnosed with hepatitis A should avoid preparing food or drink for other people, sharing utensils or towels, or having sex for at least one week after onset of jaundice.

There is no specific treatment for hepatitis A and people sometimes require hospitalisation for supportive care. A safe and effective vaccine is available. Hepatitis A vaccination is routinely recommended for people at higher risk of infection and those who are at increased risk of severe liver disease. These include travellers to countries where hepatitis A is common (most developing countries), some occupational groups, men who have sex with men, people with developmental disabilities and people with chronic liver disease.

People exposed to hepatitis A can be protected from developing the disease if they receive the vaccine or protective antibodies within two weeks of exposure.

Follow the links for NSW Health [hepatitis A notification data](#) and the NSW Health [hepatitis A fact sheet](#).

Follow the link for more information on the [FSANZ recall of Creative Gourmet Frozen Mixed Berries](#).

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 6 – 12 August 2017, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2017	2016	2015	2016	2015
Enteric Diseases	Cryptosporidiosis	15	10	1097	786	653	1184	1040
	Giardiasis	57	55	2138	2452	2300	3481	3413
	Hepatitis A	3	1	22	28	54	41	72
	Rotavirus	44	52	594	306	255	750	1033
	Salmonellosis	52	50	2653	3246	2820	4544	4022
	Shigellosis	1	3	133	194	114	310	172
	Typhoid	1	0	39	26	29	37	41
Respiratory Diseases	Influenza	8634	6582	34010	12178	9141	35541	30297
	Tuberculosis	8	13	284	301	264	534	445
Sexually Transmissible Infections	Chlamydia	488	402	17776	16224	14152	25990	22525
	Gonorrhoea	142	137	5710	4338	3395	7004	5395
Vaccine Preventable Diseases	Adverse Event Following Immunisation	2	3	201	162	120	257	186
	Meningococcal Disease	5	3	48	34	27	75	47
	Mumps	2	1	77	30	35	67	65
	Pertussis	112	139	3712	6590	4973	10957	12079
	Pneumococcal Disease (Invasive)	31	22	372	296	288	544	494
Vector Borne Diseases	Barmah Forest	1	0	77	28	154	35	184
	Chikungunya	4	0	14	8	29	39	38
	Dengue	3	4	184	336	221	481	344
	Malaria	2	0	47	34	26	59	47
	Ross River	12	8	1350	346	1359	541	1635
Zoonotic Diseases	Q fever	3	2	128	134	142	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.