

Communicable Diseases Weekly Report

Week 35, 27 August to 02 September 2017

In summary, we report:

- [Hepatitis A](#) – two notifications
- [Influenza](#) – continuing decline in activity
- [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.

Hepatitis A

Two new cases of hepatitis A infection were reported this week (Table 1). The two cases were in adults who had no overseas travel.

From July 25 to September 2, 2017, there have been thirteen cases of hepatitis A reported in NSW. On average, there are three cases reported in NSW per month, and most cases acquire their infection overseas. Only three of the thirteen recent cases have any overseas exposure.

Molecular typing of the viruses isolated from recent cases has shown ten of these cases share a common partial genome sequence suggesting a common source of infection in NSW for these cases. Half of the cases (5) are residents of South Eastern Sydney Local Health District (LHD), with the other cases residents of Northern Sydney LHD (2), Sydney LHD (1), Illawarra Shoalhaven LHD (1) and Hunter New England LHD (1). Both of the cases who live outside Sydney reported travel to the Sydney area during their incubation period. Nine of the ten cases are male and two cases report being men who have sex with men (MSM). The median age of cases is 45.5 years (range 29 to 69 years).

The molecular typing of hepatitis A viruses in this cluster shows they are very similar to a strain currently circulating in Europe associated with a large, multi-country outbreak. Since June 2016, 1,500 confirmed hepatitis A cases and 2,660 probable or suspected cases have been reported in Europe, predominantly among MSM (see the [ECDC report](#)).

Since the cases share overlapping incubation periods and the timing of symptom onset is close together, it is suspected that the cases were exposed to a common source. Health Protection NSW and public health units in conjunction with the NSW Food Authority are jointly investigating possible sources of infection (see the related [media release](#)). Despite extensive investigation, to date no common food item or possible exposure has been found in common with all the cases.

The recent NSW cases are unrelated to the national outbreak of hepatitis A linked with 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 match the genetic type of this outbreak, and few have reported eating any brand of frozen 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](#).

Influenza

In this reporting week influenza activity continued to decline but remains high. Activity is expected to continue to decline throughout September. Influenza A strains remain predominant but are declining. Influenza B activity is steady.

Key points from this week's [influenza surveillance report](#) are:

- Hospital surveillance – emergency department presentations for respiratory illness, including influenza-like illness (ILI), decreased further. Overall activity remained high.
- Laboratory surveillance – the total number of influenza isolations decreased further, and the influenza-positive test rate was lower at 43.4%. The proportion of influenza A fell while influenza B was steady.
- Community surveillance – influenza notifications decreased overall. ASPREN GP and FluTracking surveillance both indicated further declines in ILI activity. Influenza outbreaks in institutions declined but there were still 41 outbreaks in residential aged care facilities.

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

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 27 August to 02 September 2017, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2017	2016	2015	2016	2015
Enteric Diseases	Cryptosporidiosis	2	9	1113	812	664	1184	1040
	Giardiasis	37	42	2255	2622	2446	3481	3413
	Hepatitis A	2	1	30	29	60	41	72
	Rotavirus	78	102	846	327	359	750	1033
	STEC/VTEC	2	2	38	29	13	65	29
	Salmonellosis	58	30	2776	3405	2931	4544	4022
	Shigellosis	7	7	153	207	127	310	172
	Typhoid	1	0	42	28	31	37	41
Respiratory Diseases	Influenza	11112	12244	67340	22320	19882	35540	30296
	Legionellosis	2	3	85	96	75	134	96
	Tuberculosis	5	10	327	327	287	534	445
Sexually Transmissible Infections	Chlamydia	501	506	19512	17698	15368	25991	22525
	Gonorrhoea	185	139	6260	4734	3709	7003	5395
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	1	206	173	128	257	186
	Meningococcal Disease	1	4	53	46	31	70	46
	Mumps	1	0	78	37	39	67	65
	Pertussis	71	94	3983	7125	5786	10956	12078
	Pneumococcal Disease (Invasive)	15	13	424	345	332	544	494
Vector Borne Diseases	Chikungunya	1	0	22	11	30	39	38
	Dengue	1	3	197	356	239	481	344
	Ross River	6	6	1371	356	1397	541	1635
Zoonotic Diseases	Q fever	1	3	146	144	161	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.