

Communicable Diseases Weekly Report

Week 6, 5 to 11 February 2017

In summary, we report:

- [Influenza](#) – increased out-of-season activity
- [Australian bat lyssavirus](#)
- [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.

Influenza

There were 162 influenza notifications reported this week (Table 1), which was reduced compared to the previous week (197 notifications). However, notifications for the year to date (1001 notifications) are well above the number for the same period in 2016 (603 notifications).

Many countries in the northern hemisphere and in east Asia have had early starts to their influenza seasons and influenza A(H3N2) strains have predominated. It is likely that the increased influenza activity seen in NSW is at least partly related to overseas travellers returning with influenza infections; however, ongoing community transmission is evident as several residential care facilities have also reported influenza outbreaks.

Residential care facilities need to be aware that respiratory outbreaks (including influenza) can occur in facilities at any time of the year and that early detection and isolation of symptomatic residents is key to preventing further spread within the facility. It is also important that relatives and staff members be reminded to stay away from the facility if they are unwell.

Increased testing is also thought to be contributing to increasing influenza notifications. The number of respiratory tests on patients in NSW in January has increased from 3541 in 2014 to 5920 in 2015 to 8079 in 2016 and 9981 in 2017.

Influenza is a highly contagious respiratory illness caused by influenza viruses. There are three main types of influenza virus that cause infection in humans - types A and B - and many sub-types or strains. Influenza can occur throughout the year but activity usually peaks in winter.

The 2017 seasonal influenza vaccines for Australia will become available in autumn. The vaccines are being updated, with the A(H1N1) component changed for the first time since the influenza A(H1N1) pandemic strain was added to the seasonal vaccine in 2010. The A(H3N2) and B components will not be changed and they remain well-matched to the strains currently circulating in the northern hemisphere.

Influenza vaccination is particularly recommended (and funded under the National Immunisation Program) for all people aged 65 years and over, Aboriginal children aged from 6 months to 4 years, Aboriginal people aged 15 years and over, pregnant women, and all people aged 6 months and over with medical conditions predisposing to severe influenza. Follow the link for further information on [influenza vaccination](#).

Other practical steps to stop the spread of influenza include:

- Catch it: cover your face when you cough or sneeze
- Bin it: throw used tissues into a rubbish bin.
- Kill it: wash your hands thoroughly and often. Wash hands for at least 10 seconds, especially after coughing, sneezing or blowing your nose, or use an alcohol-based hand rub.

- Stay at home until you're well. Wait at least 24 hours after your symptoms resolve so you are less likely to infect other people.

Follow the link for further [influenza notifications data](#). Please also note that comprehensive [NSW influenza surveillance reports](#) are also available. These are published monthly in the inter-seasonal period and weekly during the influenza season.

Follow the link to the [influenza homepage](#) for a range of additional influenza resources.

Australian bat lyssavirus (ABLV)

The recent heatwave conditions across NSW have led to mass mortalities among flying-foxes. In the past week over 2000 flying foxes were reported to have died from the heatwave conditions in Richmond Valley Council area, with many members of the local community and wildlife carers involved in trying to assist distressed bats. Unfortunately, this has led to more than 30 people requiring post-exposure prophylaxis for Australian bat lyssavirus (ABLV) after they sustained bat bites or scratches.

Bats often become distressed during heatwaves but all bats and flying foxes should be assumed to be infectious, regardless of the age of the animal or whether it looks sick or not. People should avoid all contact with adult bats and bat pups as there is always the possibility of being scratched or bitten. Dead bats may be disposed using a garden fork, spade or other similar implement.

Distressed or unwell bats should only be handled by trained bat handlers who are wearing appropriate personal protective equipment (PPE) and who have received prior rabies vaccination. Appropriate PPE includes puncture-resistant gloves and gauntlets, long sleeved clothing, safety eyewear or face shield to prevent mucous exposures, and a towel to hold the bat.

Lyssaviruses are a group of viruses that includes ABLV and rabies. 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 are fatal once symptoms commence.

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

Following any bite or scratch from a bat in Australia or overseas, or any wild or domestic mammal in a rabies endemic country, the person should immediately wash the wound thoroughly with soap and water, apply an antiseptic with anti-virus action, and seek medical attention as soon as possible to care for the wound and assess the risk of infection and requirement for post-exposure treatment.

For further information see the [Rabies and Australian bat lyssavirus infection 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 5 to 11 February 2017, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2017	2016	2015	2016	2015
Enteric Diseases	Cryptosporidiosis	60	44	246	152	137	1184	1040
	Giardiasis	80	89	448	513	475	3482	3412
	Hepatitis A	2	0	7	7	13	40	71
	Listeriosis	1	0	1	5	3	36	26
	Rotavirus	8	12	104	99	59	745	1033
	Salmonellosis	133	112	678	946	825	4543	4022
	Shigellosis	5	5	38	36	31	306	172
	Typhoid	6	4	20	24	12	74	82
Respiratory Diseases	Influenza	162	194	1001	603	442	35533	30301
	Legionellosis	2	2	13	10	17	133	96
	Tuberculosis	6	3	38	66	43	531	444
Sexually Transmissible Infections	Chlamydia	650	600	3540	3065	2905	25998	22547
	Gonorrhoea	209	238	1210	760	681	7010	5399
	LGV	1	0	1	1	6	57	20
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	2	16	17	14	253	186
	Measles	1	0	5	1	4	16	9
	Mumps	1	3	9	4	9	62	64
	Pertussis	124	150	877	1950	771	10941	12081
	Pneumococcal Disease (Invasive)	7	3	32	32	31	543	494
Vector Borne Diseases	Barmah Forest	2	0	8	6	19	35	184
	Dengue	5	10	46	50	57	465	343
	Malaria	3	1	11	6	6	59	47
	Ross River	68	85	504	56	203	532	1637
Zoonotic Diseases	Q fever	3	3	22	34	29	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.