

# Communicable Diseases Weekly Report

## Week 49, 3 to 9 December 2017

In summary, we report:

- [Chlamydia](#) – review of increased notification rates in the first half of 2017
- [Acute Rheumatic Fever](#) – one new case reported
- [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.

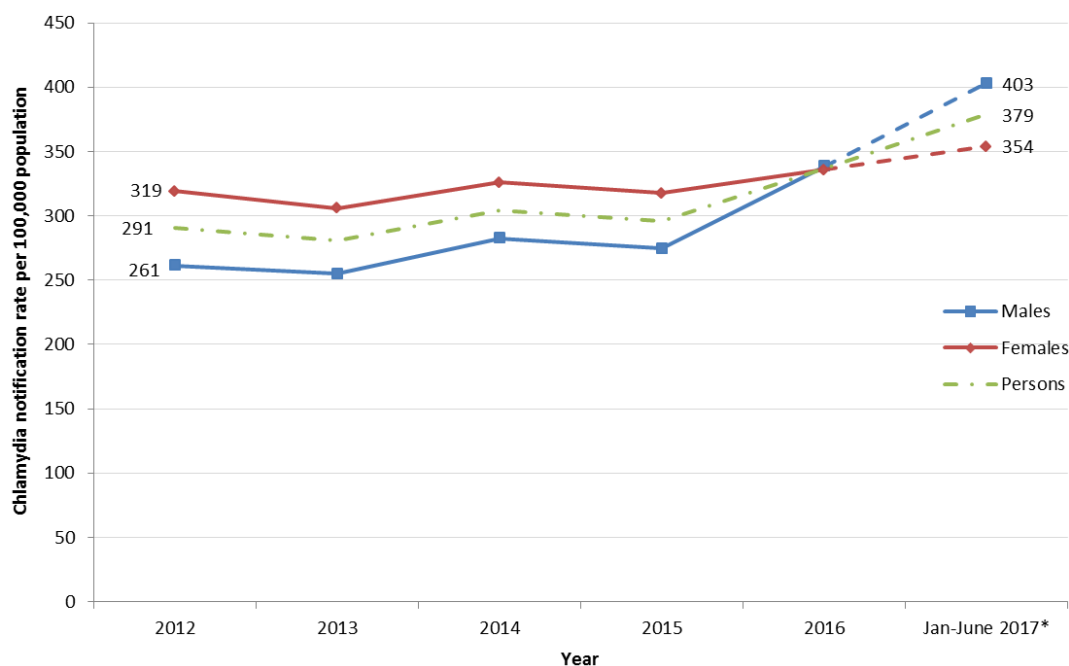
## Chlamydia

Chlamydia notification rates increased among both males and females in the first half of 2017. Between January and June 2017, the annualised chlamydia notification rate was higher in males than females (403 per 100,000 males compared to 354 per 100,000 females, Figure 1). These notification rates represent increases of 19% in males and 5% in females when compared to the chlamydia notification rates for the full year of 2016.

The number of chlamydia tests (NAAT) performed in NSW between January and June 2017 was also 8.5% higher than in the same period in 2016.

Sexual health screening of gay and bisexual men who are considering taking antiretroviral drugs to prevent HIV (pre exposure prophylaxis, or PrEP), or who are part of the large clinical trial that commenced on 1 March 2016 may be contributing to the increase in chlamydia tests and male chlamydia notifications. The trial requires a complete STI screen on entry and every three months. Over 8,000 participants have now been enrolled in the trial.

**Figure 1: Gender specific chlamydia notification rate, NSW, 1 January 2012- 30 June 2017**



Data source: NCIMS (via SAPHARI), NSW Health; data extracted 26 Sept 2017.

\* The 2017 rates are based on 6 months of data between Jan-June 2017 adjusted to annual rates.

Chlamydia can affect the urethra (the urine passage), cervix (the neck of the womb), rectum, anus, throat, epididymis (tubes near the testes that carry sperm) and eyes. If chlamydia is not properly treated it can cause serious complications, including infertility in both women and men.

Symptoms can occur within 2-14 days after infection. However, a person may have chlamydia for months, or even years, without knowing it. In women, symptoms can include lower abdominal cramps or pain, bleeding between regular periods, pain when passing urine, bleeding or pain during or after sex, and a change in vaginal discharge. In men symptoms include a discharge from the penis, pain when passing urine and swollen and sore testicles. Chlamydia is easily treated by a single dose of antibiotics.

It is important to see a doctor or sexual health clinic to get tested and treated if the test shows chlamydia. All sexually active people aged 15-29 years should have a test for chlamydia once a year. Using a condom correctly for vaginal, anal and oral sex can significantly reduce the risk of getting chlamydia and other sexually transmitted infections. Always use condoms with new or casual partners.

The [Play Safe website](#) has more information about chlamydia, other common STIs and safe sex.

Follow the links for more information on [chlamydia notification data](#) and the [NSW STI Strategy 2016-2010 data reports](#).

## **Acute Rheumatic Fever**

One case of acute rheumatic fever (ARF) was reported this week in an Aboriginal child from Northern NSW LHD. The child was subsequently also diagnosed with rheumatic heart disease (RHD).

There have been 42 ARF and 38 RHD notifications in NSW since these conditions were made notifiable on 2 October 2015. Over 80% of cases were in people aged less than 25 years, with 56% of the cases reported in children aged between 5 and 14 years. Overall, 65% of cases were in people born in Australia, 11% of cases were born in New Zealand, and 10 % were born in the Pacific Islands. Over 85% of cases occurred in people from populations that are considered high risk for ARF and RHD, including: 43% in Aboriginal and Torres Strait Islander people, 39% in people reporting Maori and Pacific Islander ancestry and 5% in people born in other countries with a high RHD prevalence.

ARF is a rare but serious inflammatory complication of infection with Group A *Streptococcus* (GAS), which commonly presents as a sore throat. Polyarthrits (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 subcutaneous nodules. Fever is also typically present. Episodes of ARF can cause permanent damage to the heart valves leading to RHD.

ARF most commonly affects children aged between 5 and 14 years, and higher rates of ARF and RHD occur in particular population sub-groups, including Aboriginal and Torres Strait Islander people, Maori and Pacific Islander people, and people born outside of Australia, particularly those from South-east 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 require long-term follow-up, including administration of benzathine penicillin G every 21-28 days for a minimum of 10 years. This is given to prevent repeat GAS infections, which may lead to repeat episodes of ARF and worsening valvular disease. People with ARF also require annual medical and dental review, and they should have an echocardiogram 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 manage adherence to regular penicillin prophylaxis and clinical reviews. Notification is required for new cases of ARF in people of all ages and RHD in those aged less than 35 years. Notification is the first step in accessing the NSW RHD Register for both new and

existing cases. NSW Health has also recently released a [Framework](#) to guide services in the diagnosis and management of ARF and RHD patients at a local level.

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 3- 9 December 2017, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2017	2016	2015	2016	2015
Bloodborne Diseases	Hepatitis C - Newly Acquired	1	0	38	25	29	25	29
Enteric Diseases	Cholera	1	0	1	1	0	1	0
	Cryptosporidiosis	17	17	1241	1063	953	1184	1040
	Giardiasis	46	51	2884	3340	3272	3480	3413
	Hepatitis A	2	1	66	37	70	41	72
	Rotavirus	29	37	2117	675	990	750	1033
	Salmonellosis	74	51	3521	4294	3801	4544	4022
	Shigellosis	9	6	219	293	163	310	172
Other Diseases	Acute Rheumatic Fever	1	0	17	13	4	14	4
Respiratory Diseases	Influenza	89	211	103535	35210	30218	35540	30295
	Legionellosis	5	3	135	123	92	134	96
	Tuberculosis	8	3	474	490	424	534	445
Sexually Transmissible Infections	Chlamydia	585	577	27526	24855	21601	25993	22525
	Gonorrhoea	169	180	8760	6668	5161	7004	5395
Vaccine Preventable Diseases	Meningococcal Disease	2	0	86	67	44	70	46
	Mumps	1	4	118	62	61	67	65
	Pertussis	97	91	5160	10462	11176	10956	12078
	Pneumococcal Disease (Invasive)	5	5	661	529	478	544	494
Vector Borne Diseases	Dengue	3	8	285	469	323	485	344
	Malaria	1	0	67	55	45	59	47
	Ross River	9	14	1638	490	1595	594	1634
Zoonotic Diseases	Brucellosis	1	2	6	10	10	10	10
	Q fever	4	2	187	218	252	231	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 chronic blood-borne virus case reports are not included here but are available from the [Infectious Diseases Data](#) webpage.