

Communicable Diseases Weekly Report

Week 16, 15 April to 21 April 2018

In summary, we report:

- [Enterovirus 71](#) – increase in EV71-viral meningitis in Illawarra Shoalhaven
- [Hepatitis A](#) – 2 new cases 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.

Enterovirus 71

The Illawarra Shoalhaven Local Health District (ISLHD) has reported an increase in cases of viral meningitis, including 12 cases since late March 2018 who were admitted to hospital. While one case was in an infant, most of the cases have been in adults including one person aged in their 60s.

ISLHD has been investigating this increase but has not identified any likely links between the cases, other than two patients being from the same family, and two other patients having relatives at the same childcare centre. All patients have recovered without complications. For further information, see the [ISLHD media release](#). Typing results received from the reference laboratory this week showed that all 12 patients were infected with enterovirus 71 (EV-71).

Enteroviruses are part of a large family of related viruses that includes polioviruses. Apart from poliovirus, enteroviruses are not notifiable infections in NSW.

Many enterovirus infections cause no symptoms but some are associated with relatively mild childhood illnesses such as [hand, foot and mouth disease](#) (HFMD). They are spread from person to person through contamination of hands or objects with infected faeces, or through contact with saliva, nasal mucous or phlegm. The infection can also be spread through direct contact with fluid from the blisters of people with HFMD. None of the Illawarra patients had HFMD, and only one reported a contact with this syndrome.

EV-71 is one of a number of enteroviruses that are more likely to cause neurological complications, and has caused several outbreaks in NSW, most recently in 2013. During outbreaks, a small proportion of cases are complicated by neurological illness. Children under 5 years are more likely to be affected and may present with acute fever, headache, weakness, sensitivity to light and other signs of meningitis (inflammation of the lining of the brain) or encephalitis (inflammation of the brain). Signs of complicated EV-71 infection include myoclonic jerks (jerky movements, particularly during sleep), irritability, unsteady gait, paralysis, vomiting and respiratory distress.

There is no specific treatment for EV-71 but assessment and supportive treatment in a hospital setting is important. There is some evidence that intravenous immunoglobulin may improve outcomes in severe cases (see Teoh et al, JAMA Neurol. 2016;73(3):300-307. doi:10.1001/jamaneurol.2015.4388).

As with other enteroviruses, good hygiene including hand washing after going to the toilet, after changing nappies and before preparing or eating food is the most effective way to prevent the spread of EV71 infection.

ISLHD and Health Protection NSW have alerted local clinicians to be alert for new cases, and strengthened surveillance in other areas. For further information on clinical aspects and diagnosis

of EV71 and other serious enterovirus infections, see the NSW Health fact sheet [Enteroviruses and parechoviruses – information for clinicians](#).

Hepatitis A

Two new cases of hepatitis A infection were reported during this reporting week ([Table 1](#)). One was an adult from metropolitan Sydney who had eaten frozen pomegranate arils before they became unwell, and the other was an adult, also from metropolitan Sydney, who is likely to have acquired their infection overseas.

A total of nine people have been affected by the national hepatitis A outbreak linked to consumption of Creative Gourmet Pomegranate Arils in New South Wales (6), Western Australia (1), the Australian Capital Territory (1) and Queensland (1). The genetic profiles of the viruses from all nine cases are identical. Laboratory tests to confirm whether this recent adult is also part of the outbreak are pending. The product has been recalled. See the [NSW Health Hepatitis A Alert](#) for further information about the outbreak and what to do if you have eaten this product.

Of the 43 hepatitis A cases notified so far this year, 13 have been acquired in NSW, including three of which were directly linked to an imported (acquired overseas) case. NSW Health investigates each hepatitis A case with an in-depth questionnaire including foods eaten and travel 15 to 50 days before onset to try to determine the possible source of their infection. NSW Health will continue to investigate possible sources of locally-acquired hepatitis A infection in conjunction with the NSW Food Authority.

Hepatitis A is a viral infection of the liver. Symptoms include feeling unwell, lack of appetite, aches and pains, fever, nausea, 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 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. 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 the 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 and 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.

Routine hepatitis A vaccination requires two doses spaced at least six months apart. This has been shown to provide high levels of protection against infection for many years. 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.

Follow the links for NSW Health [hepatitis A notification data](#) and the NSW Health [hepatitis A 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 15 April – 21 April 2018, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2018	2017	2016	2017	2016
Enteric Diseases	Cryptosporidiosis	21	20	349	836	498	1266	1184
	Giardiasis	49	58	941	1287	1428	2994	3480
	Hepatitis A	2	2	43	10	19	72	41
	Hepatitis E	1	1	4	8	10	20	16
	Rotavirus	17	16	311	205	184	2318	750
	STEC/VTEC	2	0	21	21	14	53	65
	Salmonellosis	80	85	1404	1763	1980	3687	4544
	Shigellosis	3	7	74	66	93	235	310
	Typhoid	1	2	25	28	22	55	37
Respiratory Diseases	Influenza	126	128	3690	2769	2304	103851	35540
	Tuberculosis	10	7	130	155	156	534	534
Sexually Transmissible Infections	Chlamydia	634	661	9847	9522	8164	28978	25990
	Gonorrhoea	227	221	3316	3129	2046	9174	6999
	LGV	3	1	25	9	17	50	60
Vaccine Preventable Diseases	Adverse Event Following Immunisation	1	4	53	106	77	271	258
	Mumps	2	2	31	47	10	128	67
	Pertussis	64	75	1180	1971	4161	5367	10956
	Pneumococcal Disease (Invasive)	7	3	105	103	92	682	545
Vector Borne Diseases	Barmah Forest	2	3	31	27	15	127	40
	Dengue	3	6	107	111	189	305	485
	Malaria	1	0	19	23	12	68	59
	Ross River	10	8	150	1070	240	1653	595
Zoonotic Diseases	Q fever	1	1	61	76	81	210	231

* 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.