

# Communicable Diseases Weekly Report

## Week 19, 6 May to 12 May 2018

In summary, we report:

- [Hepatitis A](#) – 4 new cases reported
- [Hepatitis D](#) – 1 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.

### Hepatitis A

Four new cases of hepatitis A infection were reported during this reporting week ([Table 1](#)). One was a traveller who acquired their infection overseas. The other three had no overseas exposure. One likely acquired it in NSW and had male to male sex as a risk factor, one likely acquired it in Victoria and had injecting drug use and male to male sex as a risk factor, and the other had no risk factors identified. None of these cases reported consuming the frozen pomegranate that was recalled in April due to a hepatitis A outbreak.

A total of fifteen people have been affected by the national hepatitis A outbreak linked to consumption of Creative Gourmet Pomegranate Arils in New South Wales (10), Western Australia (2), the Australian Capital Territory (1), Victoria (1) and Queensland (1). The genetic profiles of the viruses from fourteen of the cases are identical. Laboratory tests to confirm whether any of the recent hepatitis cases are 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.

Nineteen of the 51 hepatitis A cases this year have been acquired in Australia. NSW Health investigates each hepatitis A case with an in-depth questionnaire including foods eaten 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](#).

## Hepatitis D

A new case of hepatitis D was notified during this reporting period. The case was a man in his forties living in metropolitan Sydney.

Hepatitis D, also called delta hepatitis, is the least common but most severe form of viral hepatitis. Hepatitis D virus is a defective virus that requires the helper function of the hepatitis B virus to multiply and is therefore only found in people who are infected with hepatitis B. Hepatitis D is not commonly identified, with an average of 13 cases reported in NSW each year between 2008 and 2017.

The symptoms of hepatitis D are similar to hepatitis B, and include: a mild flu-like illness, a yellowing of the skin and eyes (jaundice), abdominal pain, loss of appetite, nausea and vomiting, dark urine and fatigue.

Hepatitis D is found in the blood and so is spread in similar ways to hepatitis B. Infection can occur through sharing injecting equipment, or through needle stick or sharps injuries. It is less common for hepatitis D to be spread through sexual contact, or mother to baby transmission compared to hepatitis B.

Hepatitis D infection can occur as a co-infection, which means it occurs at the same time as hepatitis B infection, or it can occur as a super-infection in people who already have chronic hepatitis B.

Most people who are co-infected with hepatitis D will clear the virus. However, some people who are co-infected with hepatitis B and hepatitis D may experience a more serious acute illness and have a higher risk (2%–20%) of developing acute liver failure compared to people infected with hepatitis B alone.

People with chronic hepatitis B who are also infected with hepatitis D usually develop chronic hepatitis D infection and have a higher risk of developing chronic liver disease and cirrhosis (scarring of the liver) than those infected with hepatitis B alone.

As infection with hepatitis D can only occur with hepatitis B, immunisation against hepatitis B infection will also prevent hepatitis D. Hepatitis B vaccination is part of the routine childhood immunisation program, with a total of four vaccine doses given at birth, 6 weeks, 4 months and 6 months of age.

There is no medication or vaccine to prevent hepatitis D super-infection in people with chronic hepatitis B. Prevention of hepatitis D super-infection can only be achieved through education to reduce exposure to infectious blood. Under the NSW Hepatitis B and C Strategies 2014-2020, NSW Health aims to reduce sharing of injecting equipment among people who inject drugs by 25 per cent by 2020.

For more information on hepatitis D go to the [Hepatitis Australia](#) website.

Follow the links to the NSW Health website for more information on [hepatitis B](#) and [vaccination](#).

## 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 May – 12 May 2018, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2018	2017	2016	2017	2016
Bloodborne Diseases	Hepatitis C - Newly Acquired	1	0	12	12	14	35	25
	Hepatitis D	1	0	5	5	8	21	20
Enteric Diseases	Cryptosporidiosis	11	13	382	932	593	1266	1184
	Giardiasis	55	49	1099	1478	1634	2994	3480
	Hepatitis A	4	2	51	10	20	72	41
	Rotavirus	16	13	357	242	204	2318	750
	STEC/VTEC	1	0	24	25	15	53	65
	Salmonellosis	77	63	1603	1995	2242	3682	4535
	Shigellosis	3	5	83	78	114	235	310
	Typhoid	1	1	28	33	23	55	37
Respiratory Diseases	Influenza	84	91	3957	3201	2721	103851	35540
	Legionellosis	2	3	61	49	56	138	134
	Tuberculosis	10	8	175	183	178	544	535
Sexually Transmissible Infections	Chlamydia	566	684	11725	11181	9732	28977	25990
	Gonorrhoea	213	225	3952	3667	2465	9173	6996
Vaccine Preventable Diseases	Adverse Event Following Immunisation	14	9	93	127	105	271	258
	Pertussis	94	79	1420	2343	4647	5367	10956
	Pneumococcal Disease (Invasive)	8	10	126	130	125	681	545
Vector Borne Diseases	Dengue	5	3	118	127	226	305	485
	Malaria	1	2	22	27	17	68	59
	Ross River	19	22	213	1184	286	1653	595
Zoonotic Diseases	Q fever	1	1	68	87	94	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.