

Communicable Diseases Weekly Report

Week 40, 30 September to 6 October 2018

In summary, we report:

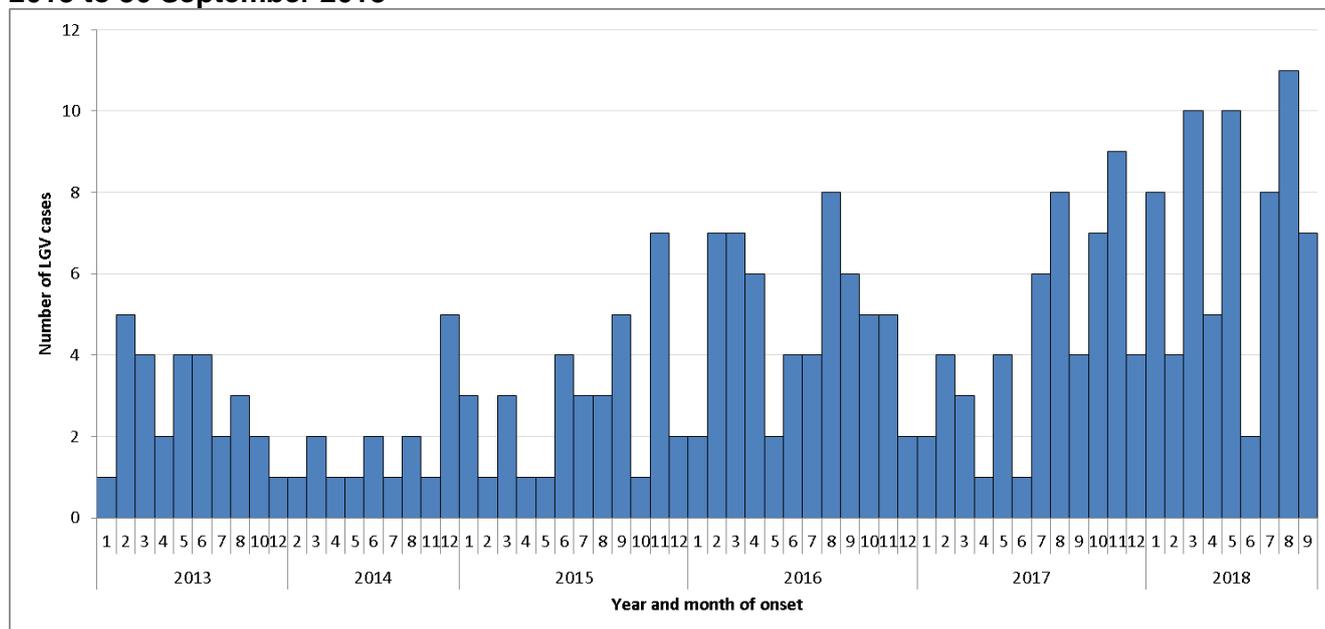
- [Lymphogranuloma venereum](#) – increasing trend
- [Schoolies Week](#) – check your vaccinations are up to date now!
- [Summary of notifiable conditions activity in NSW.](#)

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.

Lymphogranuloma venereum

An increasing trend in the number of lymphogranuloma venereum (LGV) notifications has been observed in NSW in 2018. A total of 66 LGV cases were notified to NSW Health in 2018 to September 30, twice the number of cases (33) notified during the same period in 2017 (Figure 1).

Figure 1. Number of lymphogranuloma venereum (LGV) cases by month, NSW, 1 January 2013 to 30 September 2018



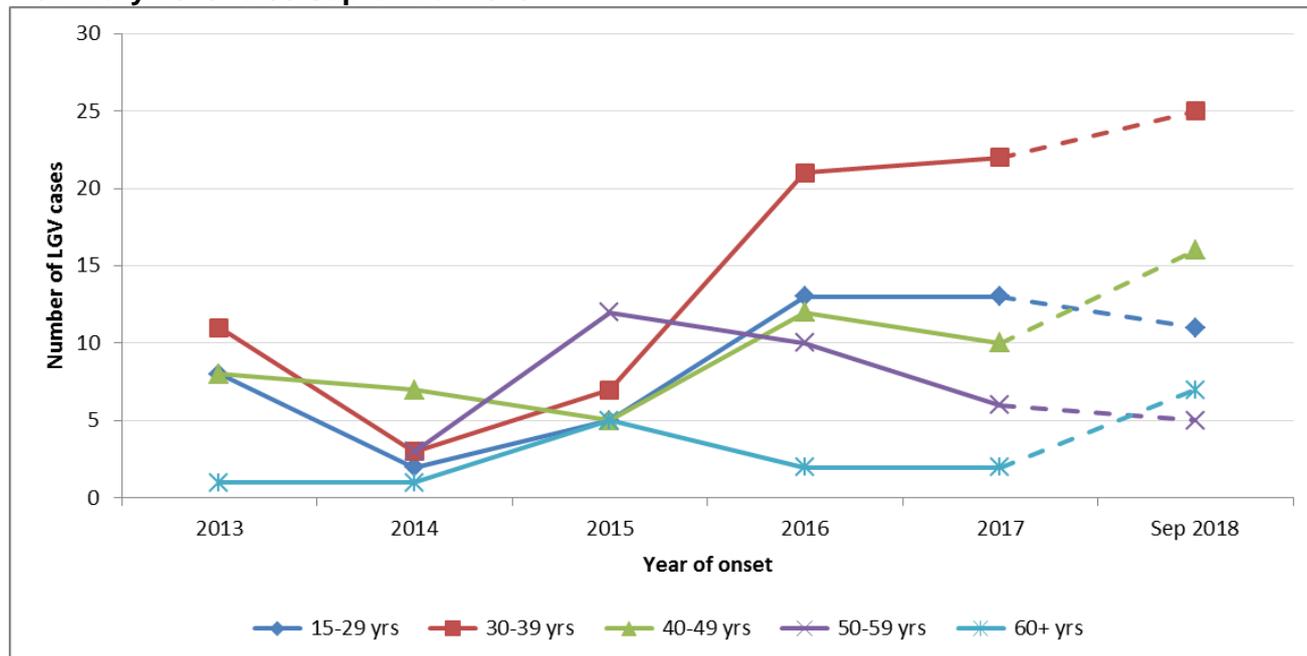
Data source: NCIMS, NSW Health; data extracted 10 Oct 2018.

Transmission of LGV infection in Australia is mainly seen in gay and bisexual men and is rare in heterosexual people. The majority (91%) of cases notified to NSW Health in 2018 to 30 September were males residing in metropolitan Sydney. Of those, 38% were aged 30-39 years (Figure 2).

The characteristics of LGV cases in 2018 are likely to be consistent with cases previously identified in the investigation of LGV among gay and bisexual men in 2017 where high risk sexual activities were found to be a risk factor for infection. Sexual health screening of gay and bisexual men participating in high risk sexual activities who are taking antiretroviral drugs to prevent HIV (pre-exposure prophylaxis or PrEP), together with a decrease in condom use in this population may be

contributing to the increase. An [alert](#) was sent to clinicians in January 2017, encouraging LGV testing for gay and bisexual men with proctitis, which may also have contributed to the increase.

Figure 2. Number of lymphogranuloma venereum (LGV) cases by age group and year, NSW, 1 January 2013 to 30 September 2018



Data source: NCIMS, NSW Health; data extracted 10 Oct 2018.

LGV is a sexually transmissible infection (STI) caused by certain rare types of the bacterium *Chlamydia trachomatis*. Other types of *Chlamydia trachomatis* bacteria cause the more common chlamydia infection and trachoma, an eye disease. LGV and chlamydia, although both STIs, are quite different infections.

LGV begins as a small painless ulcer at the site of infection. This is usually in the genital area, rectum or mouth. This heals by itself after a few days and most people are not aware of it. Over the next two to six weeks, the infection spreads to the local lymph glands usually in the groin or inside the pelvis. Symptoms at this stage may also include fever, tiredness, muscle and joint pain, loss of appetite and headaches.

Infected lymph nodes become swollen and filled with pus. These may open up and discharge to the surface of the skin or to the inside of the rectum (or vagina in women). The infected lymph nodes and adjacent infected tissues are called buboes. If untreated, the course of the disease is prolonged with scarring that may result in deformity in the affected area.

Rectal exposure in women or gay and bisexual men can result in proctocolitis with mucoid or bloody discharge, anal pain, constipation, fever and a constant urge to pass stools. Proctocolitis may be difficult to distinguish from other conditions such as inflammatory bowel disease, colorectal cancer and lymphoma. If left untreated it can lead to chronic colorectal fistulas and strictures.

LGV is spread through unprotected anal, vaginal or oral sex, especially if there is trauma to the skin or mucous membranes. Having ulcers due to LGV increases the risk of becoming infected with HIV.

Using condoms for anal and vaginal sex, and dental dams and condoms for oral sex, reduces the risk of spreading LGV. To avoid infection, sex partners should not share sex toys, or toys should be washed and protected with a fresh condom between partners.

Antibiotics are effective in treating LGV infection. People who have LGV should not have sex until they have completed a course of antibiotics to prevent spreading the infection to their partner. Sexual partners of people diagnosed with LGV should be tested.

Follow the links for further information on [lymphogranuloma venereum](#).

Schoolies Week

This week NSW Health issued a [media release](#) to remind school leavers to check they have received important vaccinations before they head off for Schoolies celebrations. The reminder was sent well ahead of Schoolies starting, as it can take some time to check vaccination records, and if needed, vaccinations should be received at least two weeks before travel, whether young people are celebrating in Australia or overseas.

The two key vaccinations to check are to protect from measles and meningococcal ACWY disease, as the risk of being exposed to these infections increases with social mixing and travel.

All school leavers should have received two doses of measles-containing vaccine (which may be called “MMR”, “Priorix”, or potentially other brand names). Most young people would have received measles vaccine in childhood, and the records should be available from the Australian Immunisation Register, your general practitioner, or childhood vaccination clinic. If records can’t be found it is safe to receive an extra dose, and the vaccine is funded by NSW Health.

School leavers should have been offered a dose of meningococcal ACWY vaccine in school clinics in 2017; only one dose of this vaccine is needed for long term protection. Those who missed vaccination at school can receive a dose funded by NSW Health from their general practitioner.

Young people who are travelling overseas for Schoolies should also discuss with their GP other vaccines they may need, such as hepatitis A, hepatitis B (most will have had a course in childhood or high school), typhoid, or a tetanus booster (which was offered in Year 7 and doesn’t need to be repeated for 10 years).

School leavers who don’t have written records of their vaccinations can access their records on the Australian Immunisation Register by:

- using their Medicare online account through [MyGov](#)
- using the [Medicare Express Plus App](#)
- calling the AIR General Enquiries Line on 1800 653 809.

For vaccines that were given in school, records can be obtained by calling the local public health unit on 1300 066 055.

Follow the link for more information about the [Meningococcal W Response Program](#).

Follow the link for current [measles alerts](#).

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 30 September to 6 October 2018, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2018	2017	2016	2017	2016
Bloodborne Diseases	Hepatitis D	2	0	9	16	14	21	20
Enteric Diseases	Cryptosporidiosis	3	11	583	1148	856	1266	1184
	Giardiasis	43	40	2094	2544	2847	3134	3480
	Hepatitis A	1	2	75	50	30	72	41
	Rotavirus	22	17	644	1607	395	2319	750
	STEC/VTEC	3	0	40	43	35	53	65
	Salmonellosis	33	51	2573	2944	3646	3680	4533
	Shigellosis	3	10	310	172	239	235	310
	Typhoid	1	0	46	46	30	55	37
Respiratory Diseases	Influenza	522	722	14334	98090	32175	103853	35540
	Tuberculosis	6	17	404	403	381	543	533
Sexually Transmissible Infections	Chlamydia	438	563	24098	22224	20077	28973	25988
	Gonorrhoea	176	219	8250	7101	5331	9171	6993
	LGV	3	0	69	32	48	50	60
Vaccine Preventable Diseases	Adverse Event Following Immunisation	2	4	241	239	201	279	262
	Meningococcal Disease	4	3	55	72	56	91	70
	Mumps	2	1	61	91	46	128	67
	Pertussis	141	191	3634	4347	8270	5365	10956
	Pneumococcal Disease (Invasive)	17	17	534	539	420	683	545
Vector Borne Diseases	Dengue	2	5	207	228	384	306	485
	Malaria	1	2	54	57	41	68	59
	Ross River	10	7	477	1537	411	1653	595
Zoonotic Diseases	Q fever	4	2	159	167	166	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 (i.e. by report date). Note that [notifiable disease data](#) available on the NSW Health website are reported by onset date so case totals are likely to vary from those shown here.
- 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.