

Communicable Diseases Weekly Report

Week 7, 11 to 17 February 2018

In summary, we report:

- [Hepatitis A](#) – three new cases
- [Hepatitis C](#) – one case of re-infection 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

Three new cases of hepatitis A infection were reported this week ([Table 1](#)), one a child under 10 years of age, one a man in his thirties, and one a woman in her forties. All three cases likely acquired their infections overseas, having visited either Tonga, The Philippines or Lebanon during their exposure period. On average, there are three cases reported in NSW per month, and usually most cases have acquired their infection overseas.

These cases are thought to be unrelated to the locally transmitted outbreak of hepatitis A from 25 July 2017 to 17 January 2018, when 43 cases of hepatitis A were reported in adults in NSW. The majority of these infections are thought to have been acquired through male to male sexual transmission.

Hepatitis A vaccination is strongly recommended for men who have sex with men, as anal sex and oral-anal sex have been identified as risk factors for infection (see [media release](#)). The two dose vaccination course is safe and provides high levels of protection. Men who engage in sexual activity with other men are strongly encouraged to speak to their GP or local sexual health clinic about vaccination against hepatitis A. Follow [this link](#) for a list of sexual health clinics.

Other Australian states and territories are also reporting outbreaks of hepatitis A among men who have sex with men (MSM). Of the 43 cases under investigation in NSW, molecular typing of the viruses isolated from 37 cases match one of the three strains that have been reported in outbreaks nationally. The median age of the 43 NSW cases is 37 years (range 21 to 69 years). Thirty-five of the 37 cases are male, with 20 reporting being men who have sex with men (MSM). Thirty-one cases live in the metropolitan Sydney region, and three of the six cases who live outside Sydney reported travel to Sydney during their exposure period. Five of the 37 cases travelled outside Australia during their exposure period.

All viruses detected as part of locally acquired outbreaks in Australia are related to strains currently circulating in Europe associated with a large, multi-country outbreak. Since the start of the outbreak, four times the usual number of hepatitis A cases have been reported across Europe, with 2,873 cases confirmed as outbreak-related by sequencing, predominantly among MSM (see the [ECDC report](#)).

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. While infectious, 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 onset of jaundice.

There is no specific treatment for hepatitis A and people sometimes require hospitalisation for supportive care. 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.

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.

Follow the links for NSW Health [hepatitis A notification data](#) and the NSW Health [hepatitis A fact sheet](#).

Hepatitis C

One case of hepatitis C re-infection was notified in this reporting week. The case, a man in his fifties, had previously been infected with hepatitis C and had cleared the infection following treatment. Laboratory tests indicate that the case has been recently re-infected with hepatitis C virus, but with a different genotype of hepatitis C to that of his previous infection.

Hepatitis C is caused by a virus that infects the liver and can lead to long-term liver disease, cirrhosis and liver cancer. There are at least six genotypes of hepatitis C virus, with genotype 1 and genotype 3 being the most common genotypes in Australia.

Hepatitis C virus (HCV) is transmitted from person to person when the blood of an infected person enters the bloodstream of an uninfected person. In Australia, spread is mostly through sharing needles and other injecting equipment contaminated with blood from an infectious person. Needle and syringe program outlets throughout NSW supply clean injecting equipment to encourage people to protect themselves from acquiring hepatitis C. The use of sterile injecting equipment also protects against hepatitis B and HIV infections, as well as preventing serious bacterial bloodstream infections.

Most people do not experience symptoms when they are infected with hepatitis C. When symptoms do occur, they usually develop within one to three months of infection and can include mild flu-like illness, loss of appetite, jaundice (yellowing of eyes and skin), dark urine, abdominal pain, nausea, vomiting or fatigue. More commonly, hepatitis C is diagnosed through screening asymptomatic people or investigating signs or symptoms of chronic liver disease. Following infection, 20-25% of people clear the virus from their bloodstream spontaneously. Those who do not clear the virus have chronic hepatitis C infection and are at risk of developing severe liver disease and liver cancer.

Effective new treatments, called direct acting antivirals (DAAs), are now subsidised on the Pharmaceutical Benefits Scheme for the treatment of adults with chronic hepatitis C. DAAs have a cure rate of over 95% and have few side effects. They need to be taken for only 12 weeks for most people (24 weeks for some) and are available in tablet form for most cases. Hepatitis C treatment improves people's liver health by stopping liver damage caused by HCV. Following treatment some of the damage that has already occurred may repair. Successful treatment clears the virus so that the person can no longer transmit HCV to another person. People living with hepatitis C are strongly recommended to see their general practitioner about accessing hepatitis C treatment.

The NSW Hepatitis C Strategy 2014-2020 aims to reduce hepatitis C infections in NSW and improve the health outcomes of people living with hepatitis C, by reducing sharing of injecting equipment among people who inject drugs by 25% and increasing the number of people accessing hepatitis C treatment. Follow the link for information from the PBS on [hepatitis C treatments](#).

Follow the links for further information about [hepatitis C](#), the [NSW Hepatitis C Strategy 2014- 2020](#) and the [2016 Annual Data Report](#) of the NSW Hepatitis B and C Strategies 2014-2020.

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 11 to 17 February 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	1	5	5	3	43	25
Enteric Diseases	Cryptosporidiosis	23	13	124	298	179	1266	1184
	Giardiasis	66	69	393	546	630	2994	3480
	Hepatitis A	3	3	15	7	7	72	41
	Listeriosis	2	2	13	2	8	20	36
	Rotavirus	16	27	145	120	114	2318	750
	STEC/VTEC	1	2	9	12	8	53	65
	Salmonellosis	96	105	662	796	1069	3686	4544
	Shigellosis	6	6	34	46	47	235	310
Respiratory Diseases	Influenza	257	351	1881	1207	757	103862	35540
	Legionellosis	4	4	17	16	12	138	134
	Tuberculosis	4	7	54	66	72	524	534
Sexually Transmissible Infections	Chlamydia	556	630	3958	4248	3627	28980	25992
	Gonorrhoea	175	221	1461	1407	893	9228	7002
Vaccine Preventable Diseases	Adverse Event Following Immunisation	1	0	8	21	17	268	258
	Mumps	3	7	18	14	6	128	67
	Pertussis	75	81	525	988	2239	5366	10956
	Pneumococcal Disease (Invasive)	6	8	46	48	36	682	545
Vector Borne Diseases	Barmah Forest	2	2	9	13	9	127	40
	Dengue	3	6	63	61	59	305	485
	Ross River	4	8	43	643	71	1653	594
Zoonotic Diseases	Q fever	4	2	29	34	41	209	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.