

## Communicable Diseases Weekly Report

### Week 31, 28 July to 3 August 2019

In summary, we report:

- [Haemophilus influenzae type B \(Hib\)](#) – one new case reported
- [Psittacosis](#) – 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.

### **Haemophilus influenzae type B (Hib)**

One case of *Haemophilus influenzae* type b (Hib) disease was notified in this reporting week ([Table 1](#)), in a partially vaccinated infant. This follows two cases of Hib disease in the previous reporting week: one in a fully vaccinated infant and one in an adult aged over 85 years. All three people are from regional areas of NSW but are not linked.

Hib bacteria can live harmlessly in the throats of healthy people. The bacteria are spread through contact with droplets from the nose or throat of someone carrying the bacteria, usually in household-like settings. A person does not have to have symptoms to spread the bacteria.

People with Hib disease usually have a febrile illness characterised by one or more of four clinical syndromes:

- meningitis (infection of the membranes around the brain and spinal cord), causing headache, neck stiffness, drowsiness, nausea
- epiglottitis (severe swelling at the back of the throat), causing difficulty in breathing and swallowing
- pneumonia (infection of the lungs), causing shortness of breath, cough, chest pain
- osteomyelitis (infection of the bone), causing pain and swelling over the affected bone.

Hib was the most common cause of bacterial meningitis in Australian children before the introduction of Hib vaccines to the immunisation schedule in 1993. Without appropriate treatment, Hib meningitis and epiglottitis are often fatal. Hib meningitis may be complicated by brain damage or hearing loss.

Hib disease is now rare in NSW. Vaccination against Hib disease is included as part of the National Immunisation Program, with four doses administered at 6 weeks and at 4, 6 and 18 months of age.

Hib-containing vaccine is also recommended for people who are immunocompromised, including people with functional or anatomical asplenia and people who have received a haematopoietic stem cell transplant.

Hib disease in a fully vaccinated infant or child is rare. More than 95 per cent of infants develop effective protection after receiving their course of Hib vaccines. Although Hib vaccines are believed to provide long-lasting immunity, the exact duration of immunity is not known.

The public health response to a case of Hib aims to protect those at greatest risk of disease by interrupting transmission. This is done both by treating the patient with antibiotics, and providing clearance antibiotics for their close contacts (who may be carriers of the bacteria) who live or work in settings where there are other vulnerable contacts. Vulnerable contacts include infants under 7

months of age, unvaccinated or under-vaccinated children aged between 7 months and 5 years of age, and people who are immunocompromised.

#### Further information

- NSW Health [Hib disease factsheet](#) and [Hib data page](#)
- NSW Health [Hib control guidelines for public health](#)
- The Australian Immunisation Handbook chapter on [Hib vaccination](#).

## Psittacosis

One case of psittacosis (also known as ornithosis) was notified in this reporting week ([Table 1](#)). The affected woman was aged in her 40s and worked in a pet shop in regional NSW where she was exposed to numerous birds and bird products. She also kept birds at her home. She developed flu-like symptoms in mid-July and was later admitted to hospital with pneumonia.

Psittacosis is a relatively rare respiratory infection caused by the bacteria *Chlamydia psittaci* which is commonly carried by birds. All birds are susceptible to infection but pet birds (particularly parrots, parakeets and cockatiels) and poultry (turkeys and ducks) are most frequently involved in passing the infection to humans.

Human infection occurs when a person inhales the bacteria, usually from dried bird droppings from infected birds. People can also become infected by mouth-to-beak contact (kissing) with birds or by handling the feathers or tissues of infected birds. Psittacosis is not spread from person to person.

When a case of human psittacosis is linked to a commercial bird seller or shop, a joint investigation between public health unit officers and NSW Department of Primary Industry is usually conducted to ensure that there is no ongoing risk to people in contact with these birds. Disease control measures typically include the isolation and treatment of sick birds and cleaning/disinfection of cages and other surfaces.

An investigation is currently underway to determine the source of this infection.

#### Further information

- NSW Health [psittacosis factsheet](#)
- NSW Health [psittacosis data page](#).

## 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 28 July – 3 August 2019, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Enteric Diseases	Cryptosporidiosis	9	9	440	508	1078	708	1266
	Giardiasis	33	49	1967	1819	2151	2937	3135
	Hepatitis A	1	0	41	65	19	86	71
	Hepatitis E	1	1	12	12	15	18	20
	Listeriosis	1	0	7	16	12	19	20
	Rotavirus	24	30	463	503	571	808	2319
	Salmonellosis	49	50	2362	2197	2596	3341	3681
	Shigellosis	18	18	519	190	135	530	236
	Typhoid	1	1	43	36	38	58	55
Respiratory Diseases	Influenza	4028	5704	70314	6542	25864	17422	103851
	Tuberculosis	13	7	337	297	302	508	542
Sexually Transmissible Infections	Chlamydia	517	645	18962	19048	17595	31196	29004
	Gonorrhoea	219	227	7116	6360	5614	10619	9159
	LGV	1	3	34	50	20	85	50
Vaccine Preventable Diseases	Haemophilus influenzae type b	1	2	8	3	5	6	9
	Meningococcal Disease	3	6	32	35	42	72	91
	Pertussis	114	111	3652	2355	3596	6282	5366
	Pneumococcal Disease (Invasive)	17	25	357	351	340	682	683
Vector Borne Diseases	Barmah Forest	1	0	47	52	89	74	127
	Dengue	4	13	259	186	188	299	306
	Malaria	1	3	34	41	45	66	68
	Ross River	4	10	428	403	1443	570	1653
Zoonotic Diseases	Psittacosis	1	0	5	5	6	7	9

### \* Notes on Table 1: NSW Notifiable Conditions activity

- Only conditions which had one or more case reports received during the reporting week appear in the table.
- 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.
- Cases involving interstate residents are not included.
- The shigellosis case definition changed on 1 July 2018 to include probable cases (PCR positive only), hence case counts cannot be validly compared to previous years.
- 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](#).
- Chronic blood-borne virus conditions (such as HIV, Hepatitis B and C) are not included here. Related data are available from the [Infectious Diseases Data](#) and the [HIV Surveillance Data Reports](#) webpages.
- Notification is dependent on a diagnosis being made by a doctor, hospital or laboratory. Changes in awareness and testing patterns influence the proportion of patients with a particular infection that is diagnosed and notified over time, especially if the infection causes non-specific symptoms.