

Communicable Diseases Weekly Report

Week 33, 11 August to 17 August 2019

In summary, we report:

- [Hepatitis A](#) – two cases and alert to South Korean community
- [Q fever](#) – two cases and Q fever awareness campaign
- [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

Two new cases of hepatitis A infection were reported this week ([Table1](#)). Both infections occurred in Sydney residents of South Korean heritage who have not travelled recently. These two cases bring the total to eight Sydney and Australian Capital Territory cases of South Korean heritage reported with hepatitis A in recent weeks, of which only two have relevant overseas travel history where they could have acquired the infection.

These cases have prompted NSW Health to issue a [health alert](#) urging the South Korean community to take precautions and watch for symptoms of hepatitis A. The NSW Food Authority is supporting the investigation to determine whether the cases are linked to a food source.

South Korea, where hepatitis A is usually uncommon, is experiencing a large outbreak of hepatitis A, with over 11,000 cases reported so far this year.

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.

There is no specific treatment for hepatitis A and people sometimes require hospitalisation for supportive care. People who experience symptoms of hepatitis are advised to see their doctor straight away.

The hepatitis A 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 with hepatitis A can transmit the virus to others from two weeks before the development of symptoms until one week after the appearance of jaundice. This means that 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.

A safe and effective hepatitis A vaccine is available, with two doses spaced at least six months apart shown to provide high levels of protection against infection for many years. At least one dose is strongly recommended prior to travel to South Korea or other countries (most developing countries) where hepatitis A poses a risk. The hepatitis A vaccine is available through a prescription from GPs.

Hepatitis A vaccination is routinely recommended for people at higher risk of infection, including travellers to countries where hepatitis A is common, people in some occupational groups, men who have sex with men, and people who inject drugs. Vaccination is also recommended for people with chronic liver disease, and for people with developmental disabilities and their carers.

People exposed to hepatitis A can be protected from developing the disease if they receive the vaccine or protective antibodies (immunoglobulin) within two weeks of their exposure.

Further information

- Follow the links for NSW Health [hepatitis A notification data](#) and the NSW Health [hepatitis A fact sheet](#).
- For more information on hepatitis A vaccine recommendations see the [Australian Immunisation Handbook](#).

Q fever

Two cases of Q fever were reported this week ([Table 1](#)). One case developed symptoms of illness during August, while the other case is most likely to be related to a chronic infection. Both were male residents of regional local health districts in NSW, and aged over 40 years.

This brings the total number of Q fever notifications reported to date in 2019 to 151, compared to 136 in the same period last year. Seventeen percent of cases notified this year are for long-standing infections, which may indicate more awareness and testing for the disease.

Q fever is a disease caused by the bacteria *Coxiella burnetii*, which is spread to humans from animals. The main carriers of the disease are farm animals such as cattle, sheep and goats, but other animals such as kangaroos, bandicoots, and domestic pets (e.g. dogs and cats) can also be infected.

People usually get infected by breathing in infected aerosols or dust when working with infected animals, animal tissues or discharges (blood, placenta, urine, faeces or milk) or animal products (e.g. wool, hides). Infection can also occur through skin injuries (e.g. cuts with contaminated knives), and rarely through ticks, consuming unpasteurised milk or milk products, or (very rarely) from person-to-person.

People working in industries with regular exposure to animals, animal products or environments where animals are kept are at increased risk of contracting Q fever. Anyone who works or lives on a livestock farm, in particular, is at risk of infection.

In NSW, most Q fever infections occur in farmers, followed by shearers, stockyard workers and livestock transporters. People who live on/near or visit (including tradespeople, fencers, labour hire workers and guests) livestock farms may also be at risk even if they do not handle animals. Veterinary staff are also at increased risk of contracting zoonotic infections, including Q fever, due to their high level of contact with sick animals.

Approximately 60% of people infected with *C. burnetii* have no or few symptoms. Those who become sick develop a flu-like illness about 2-3 weeks after exposure, which may include high fevers and chills, severe sweats, severe headaches (often behind the eyes), muscle and joint pains and extreme fatigue (tiredness). Most people make a full recovery and become immune to repeat infections.

About 10–20% of acute cases develop a post-Q fever fatigue syndrome, which can occur up to two years after the initial infection and last for many years. Two per cent of acute cases develop chronic Q fever months or years following the initial infection, with involvement of the heart valves (endocarditis). Certain conditions (e.g. pregnancy, immunosuppression, pre-existing heart valve lesions, vascular abnormalities or prostheses) may predispose individuals to chronic Q fever.

A vaccine is available to protect people against infection. Vaccination is recommended for all people who are working in, or intend to work in, a high-risk occupation such as abattoir work, veterinary care or farming. Pre-vaccination screening with both a blood test and a skin test is required before Q fever vaccination.



Workplaces at risk of Q fever are required to implement risk control measures, including pre-screening and vaccination, and other safe work practices for all workers, contractors and others who may be exposed.

NSW Health has recently developed an [online Q fever education module](#) with the Australian College of Rural and Remote Medicine to help GPs working in rural and remote areas diagnose Q fever and provide the vaccine to at-risk people.

NSW Health has also launched a [Q fever education campaign](#) to raise awareness among people at risk of the disease.

Further information

- See the [NSW Health Q fever page](#) for more information and links to [advice on farms](#), [advice for veterinary staff](#), [information for aboriginal people](#), [vaccine recommendations](#), notifications data, and workplace requirements.

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 August – 17 August 2019, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Enteric Diseases	Cryptosporidiosis	2	10	459	528	1100	708	1266
	Giardiasis	47	62	2082	1933	2253	2937	3135
	Hepatitis A	2	1	45	67	27	86	71
	Rotavirus	31	24	528	522	688	808	2319
	STEC/VTEC	1	2	40	36	34	57	53
	Salmonellosis	50	50	2463	2292	2680	3340	3681
	Shigellosis	12	22	550	225	143	529	236
Respiratory Diseases	Influenza	4281	5195	83554	7850	45093	17423	103851
	Tuberculosis	9	13	354	313	328	507	542
Sexually	Chlamydia	585	629	20301	20295	18652	31196	29003
	Gonorrhoea	263	214	7610	6813	5933	10619	9159
	LGV	2	2	38	53	23	85	50
Vaccine Preventable	Meningococcal Disease	1	0	32	37	49	72	91
	Pertussis	131	140	3927	2634	3819	6280	5366
	Pneumococcal Disease	15	22	395	399	397	682	683
Vector Borne	Dengue	9	10	282	196	202	299	306
	Malaria	3	2	40	43	49	66	68
	Ross River	8	7	443	423	1466	571	1653
Zoonotic Diseases	Psittacosis	1	0	6	6	7	7	9
	Q fever	2	4	151	136	152	228	210

* 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.