

## Communicable Diseases Weekly Report

### Week 41, 6 October to 12 October 2019

In summary, we report:

- [Hepatitis E](#) – one new locally-acquired case
- [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 E

There was one new case of hepatitis E virus (HEV) infection notified this week ([Table 1](#)). The affected person had not travelled overseas and has denied consumption of any known high-risk foods for HEV, such as pork products or shellfish, in their incubation period. This is the second locally-acquired infection reported within the last 28 days. An extensive review of both infections has not yet identified any links between the two cases or likely sources.

HEV infection occurs worldwide, more commonly in resource-limited countries with limited access to essential water, sanitation, hygiene and health services. HEV infection is a rarely reported infection in Australia: there are usually between 10 and 20 HEV cases notified each year in NSW. In 2014, an outbreak of HEV infection in NSW was determined to be due to a pork liver dish made from Australian pork liver (1).

NSW Health actively follows up all people who have been notified as having a HEV infection to determine their likely source of infection and prevent further cases. Almost all cases in previous years in NSW have been in people who had travelled overseas in the period they were likely to have been infected or, rarely, in the household contacts of infected travellers. Locally acquired foodborne cases are thought to occur from time to time, likely associated with eating undercooked pork products.

Most HEV infections occur without symptoms. When symptoms occur, there is usually a self-limited, acute illness characterised by nausea, vomiting, fatigue, abdominal pain, fever, dark urine and jaundice (yellowing of the skin and eyes). HEV infections in high-risk groups – particularly infants, people with pre-existing liver disease and pregnant women – can lead to fulminant liver failure or other serious complications.

HEV is usually spread by the faecal-oral route. The most common source of infection in resource-limited countries is thought to be consumption of faecally-contaminated drinking water. Sporadic HEV outbreaks in more developed countries have been reported following consumption of raw or undercooked pork or deer meat. Consumption of shellfish was a risk factor in one recently described outbreak.

One Australian study has shown that some local pig herds have evidence of having been exposed to HEV but it was not able to determine the risk of swine HEV transmission to humans (2).

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<sup>1</sup> Yapa C, Furlong C, Rosewell A, et al. First reported outbreak of locally acquired hepatitis E virus infection in Australia. *Med J Aust* 2016; 204: 274. doi: 10.5694/mja15.00955.

<sup>2</sup> Chandler JD, Riddell MA, Li F, et al. Serological evidence for swine hepatitis E virus infection in Australian pig herds. *Vet Microbiol* 1999; 68: 95-105.

Nevertheless, this highlights the need to ensure that pork and other meat is cooked appropriately prior to consumption.

HEV and other potentially harmful micro-organisms that may be associated with pork are destroyed by thorough cooking and proper handling. Pork livers and other pork products need to be cooked all the way through to kill any organisms that may be present – lightly searing the surface is not enough.

Travellers to countries where the safety of the local water supply is not certain should only drink bottled or boiled water (boil water for at least one minute). Raw food such as salads or fruit may be contaminated; if in doubt wash, cook or peel fruit yourself using bottled or boiled water. All meat, seafood and poultry should be cooked all the way through. ‘Street food’ should also be avoided.

### Further information

- NSW Health [hepatitis E factsheet](#) and the NSW Food Authority’s [keeping food safe](#) advice
- NSW Health [Staying healthy when travelling overseas factsheet](#)
- NSW Health [hepatitis E notification data](#).

## 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 October – 12 October 2019, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Enteric Diseases	Cryptosporidiosis	4	5	490	597	1154	708	1266
	Giardiasis	34	44	2723	2342	2587	2937	3135
	Hepatitis A	1	2	50	75	53	86	71
	Hepatitis E	1	0	18	13	16	18	20
	Rotavirus	21	32	878	658	1772	808	2319
	STEC/VTEC	3	1	51	41	43	57	53
	Salmonellosis	50	51	2840	2616	2978	3339	3680
	Shigellosis	16	17	673	332	180	531	236
	Typhoid	1	2	56	47	47	58	55
Respiratory Diseases	Influenza	529	1033	112444	14947	99949	17423	103851
	Legionellosis	1	1	119	117	98	171	138
	Tuberculosis	10	11	437	399	411	508	542
Sexually Transmissible Infections	Chlamydia	488	567	25032	24878	22737	31190	28999
	Gonorrhoea	194	208	9339	8511	7247	10617	9159
Vaccine Preventable Diseases	Pertussis	91	88	4873	3807	4420	6280	5366
	Pneumococcal Disease (Invasive)	18	15	539	539	559	681	683
Vector Borne Diseases	Dengue	7	3	345	219	232	299	306
	Malaria	2	0	52	58	59	66	68
Zoonotic Diseases	Q fever	2	2	187	176	170	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](#), the [HIV Surveillance Data Reports](#) and the [Hepatitis B and C Strategies 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.