

Communicable Diseases Weekly Report

Week 5, 27 January to 2 February 2019

In summary, we report:

- [Salmonellosis](#) – an increase in the number of notifications
- [Influenza](#) – high out of season activity
- [Botulism](#) – case confirmed in an infant
- [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.

Salmonellosis

There have been 85 notifications of salmonellosis this reporting week (Table 1). Salmonellosis notifications have been increasing in recent months as the weather in NSW has become warmer.

Salmonella notifications usually begin to climb steeply in December each year and peak over summer. This is because *Salmonella* bacteria thrive in warmer weather and can produce an infective dose in contaminated food in a shorter time. Products containing undercooked eggs and improper separation of foods during food preparation are the most common source of outbreaks of salmonellosis in NSW.

Of the 750 cases of salmonellosis notified between 1 December to 2 February, 45 cases (6%) have been linked to an ongoing investigation into locally acquired *Salmonella* Enteritidis occurring in the metropolitan Sydney region. As at 1 February, a total of 99 people have become unwell with the outbreak strain since it was first reported in May 2018. All but one case lives in metropolitan Sydney and surrounds, or have travelled to Sydney prior to their illness. As a result of the joint NSW Health and NSW Food Authority investigation, consumers are advised to check for any eggs that are marked with the identifying stamp BEC or BEC115 because they may be contaminated with *Salmonella*. The affected eggs may have been sold in unlabelled cartons, or mixed with other eggs with different stamps, so it is important to check each egg before use.

More information on the *Salmonella* Enteritidis outbreak is available from the NSW Health [Salmonella Enteritidis outbreak webpage](#) and NSW Food Authority [media release](#).

NSW Health is also continuing to investigate a small number of outbreaks of salmonellosis illness, some of which have been linked to restaurants using raw egg products. Restaurants, cafes, bakeries, caterers and manufacturers that make raw egg dressings, desserts and sauces need to follow safe handling practices. These businesses must use alternatives to raw eggs in foods which are not subsequently cooked. Alternatives include commercially produced dressings and sauces, or pasteurised egg products.

At home, people can reduce their risk of *Salmonella* poisoning by following the NSW Food Authority's [four food safety tips](#).

Salmonellosis is a form of gastroenteritis caused by *Salmonella* bacteria, which are commonly found in animals. Symptoms of salmonellosis include fever, headache, diarrhoea, abdominal pain, nausea, and vomiting. Symptoms usually start around six to 72 hours after eating food contaminated with the organism. Symptoms typically last four to seven days, but can continue for

much longer. Occasionally hospitalisation is required for management of dehydration, particularly in young babies, elderly people and those with weakened immune systems.

Follow the link for further information on [safe handling of raw egg products](#) from the NSW Food Authority.

Follow the link for the [salmonellosis factsheet](#).

Influenza

Following a relatively low impact influenza season in Australia in winter 2018, many states and territories saw an unusually high level of flu activity in the spring and summer. This was seen mainly in tropical regions, and in NSW was most notable in the north of the state. However, in January there has been a further increase in influenza notifications across NSW, and increased attendances at emergency departments for influenza-like illness.

To 2 February 2019, 2009 confirmed influenza notifications have been reported to NSW Health, higher than 1306 at this time in 2018, and 865 in 2017 ([Table 1](#)).

Influenza A strains remained predominant over influenza B strains, and the reference laboratory reported that the circulating strains remain similar to those seen during winter, and are well-matched to the vaccine.

In the most recent [global influenza update](#), the World Health Organization has reported that influenza activity is continuing to increase in the temperate zone of the northern hemisphere, with influenza A(H1N1) virus accounting for the majority of influenza detections.

It is likely that the increased inter-seasonal influenza activity seen in NSW is at least partly related to overseas travellers returning with influenza infections, which may trigger local transmission and may be linked to a recent increase in influenza outbreaks reported in residential care facilities.

Residential care facilities need to be aware that respiratory outbreaks (including influenza) can occur in facilities at any time of the year and that early detection and isolation of symptomatic residents is key to preventing further spread within the facility. It is also important that relatives and staff members be reminded to stay away from the facility if they are unwell.

Influenza is a highly contagious respiratory illness caused by influenza viruses. There are two main types of influenza virus that cause infection in humans - types A and B - and many sub-types or strains. Influenza can occur throughout the year but activity usually peaks in winter. For further information on the illness see the NSW Health [Influenza fact sheet](#).

From April 2019 the NSW Government will again provide free influenza vaccines for all NSW children aged from six months to under five years of age who are not already eligible under the National Immunisation Program (NIP). Parents can access the free flu shot from their usual immunisation provider: their GP, community health centre or participating local council. For further information see the NSW Health [Free flu shots for children aged 6 months to under 5 years program](#).

The 2019 seasonal influenza vaccines are being updated, with the A(H3N2) component and the influenza B changed to be best matched to the strains that are predicted to be circulating in the southern hemisphere during winter. The A(H1N1) component will not be changed as it remains well-matched to the strain currently circulating in the northern hemisphere.

Influenza vaccination is also particularly recommended (and funded under the NIP) for all people aged 65 years and over, all Aboriginal people aged six months and over, pregnant women, and people aged six months and over with medical conditions that put them at greater risk of severe influenza. Follow the link for further information on [influenza vaccination under the NIP](#).

Follow the link for further [influenza notifications data](#). Please also note that comprehensive [NSW influenza surveillance reports](#) are also available. These are published monthly in the inter-seasonal period and weekly during the influenza season.

Follow the link to the NSW Health [influenza homepage](#) for a range of additional influenza resources.

Botulism

One case of botulism was notified in this reporting week in an infant from the Sydney metropolitan area ([Table 1](#)). The infant had no apparent high risk exposures, such as eating honey. The child was hospitalised and treated with botulinum immunoglobulin (BabyBIG), and is now recovering.

Botulism is a rare but serious illness. Infants under the age of 12 months are at highest risk. It causes a descending paralysis. In infants, it presents as constipation followed by lethargy, weakness, poor feeding, difficulty swallowing, an altered cry, loss of head control and eventually a flaccid paralysis.

Most cases in infants are sporadic with no identified risk factors. For reasons not well understood, rarely some infants get botulism when the spores get into their gut, grow, and produce the botulinum toxin. The bacteria that cause the disease occur naturally in soil and dust. For healthy children and adults, ingesting botulism spores (rather than the toxin) will not cause botulism.

Most infant botulism cases cannot be prevented. Honey is, however, a known risk factor for infant botulism with *C botulinum* spores identified in honey fed to affected infants in more than 35 cases worldwide. For this reason, honey should not be fed to infants aged less than 12 months.

Food borne botulism is probably the best known form of the disease and is caused by the ingestion of toxins produced by the bacterium *Clostridium botulinum* in contaminated food. Food borne botulism can be caused by improperly processed canned foods and care should be taken when canning fruit, vegetables and meat at home.

Intoxication can also arise from contaminated wound infection.

For further information see the [Botulism factsheet](#).

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 27 January – 2 February 2019, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Enteric Diseases	Botulism	1	0	1	1	0	1	0
	Cryptosporidiosis	19	19	78	91	187	708	1266
	Giardiasis	69	72	287	294	374	2798	3134
	Haemolytic Uremic Syndrome	1	0	1	0	0	3	2
	Hepatitis A	2	0	7	9	5	86	71
	Rotavirus	9	12	65	105	100	806	2319
	STEC/VTEC	3	3	14	6	10	57	53
	Salmonellosis	85	112	486	474	553	3343	3681
	Shigellosis	19	23	88	22	37	530	235
Typhoid	2	2	14	12	14	116	110	
Respiratory Diseases	Influenza	413	466	2009	1306	865	17422	103852
	Legionellosis	1	6	20	10	11	167	138
	Tuberculosis	10	6	39	53	44	511	542
Sexually Transmissible Infections	Chlamydia	489	647	2640	2881	2918	31189	29006
	Gonorrhoea	171	234	966	1066	1003	10628	9161
Vaccine Preventable Diseases	Measles	1	3	10	0	4	18	32
	Meningococcal Disease	1	1	3	5	9	72	91
	Mumps	1	0	5	8	10	72	127
	Pertussis	112	169	771	379	745	6281	5366
	Pneumococcal Disease (Invasive)	7	8	35	36	24	688	683
	Rubella	2	0	2	0	0	2	5
Vector Borne Diseases	Barmah Forest	3	2	6	5	10	75	127
	Dengue	5	7	30	59	42	290	306
	Ross River	8	4	37	32	482	568	1652
Zoonotic Diseases	Bruceilosis	1	1	2	2	0	9	6
	Q fever	3	3	22	28	24	223	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.
- 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.