

# Communicable Diseases Weekly Report

## Week 7, 10 February to 16 February 2019

In summary, we report:

- [Leprosy](#) – one new case
- [Salmonella Typhimurium](#) – increasing notifications
- [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.

### Leprosy

There was one new case of leprosy (also known as Hansen's disease) notified this week in an adult female. This is the first case notified so far this year and was likely acquired in Nepal. The woman has the tuberculoid form of leprosy, which is the least infectious type. While leprosy is not highly infectious, public health guidelines require close contacts to have expert medical review.

Leprosy is a rare disease in Australia. Between 2000 and 2018, there were 43 confirmed leprosy cases notified in NSW, an average of two cases per year. The majority of leprosy cases notified were acquired overseas.

Leprosy is a chronic infection of the skin and peripheral nerves caused by the bacterium *Mycobacterium leprae*. The organism multiplies very slowly and the incubation period of the disease varies from months to 30 years, with an average of 4 years for tuberculoid leprosy and 10 years for lepromatous leprosy. Left untreated, leprosy can lead to progressive and permanent damage of nerves which can lead to loss of sensation in the extremities and paralysis of the muscles in the hand, feet and face.

Leprosy is not highly infectious. People at risk are generally in close and frequent contact with someone with the infection. The exact mechanism of transmission is not well understood, although person to person spread via nasal droplets is believed to be the main route. Leprosy is curable with multi-drug therapy and once a person begins appropriate treatment they quickly become non-infectious.

There are two forms of leprosy: lepromatous and tuberculoid. The clinical presentation is different for each. The person's immune response is also important in determining the clinical symptoms.

In lepromatous leprosy, there is a high bacterial load and the disease is spread more widely throughout the body. Skin nodules (lumps), papules (pimples), macules (skin blemishes) and diffuse infiltrations are symmetrical on both sides of the body and are usually numerous and extensive. The skin lesions may or may not have loss of sensation and may be hyper-pigmented (darker in colour). The nasal mucosa and eyes may be involved. Nerve involvement occurs and can result in loss of sensation or weakness.

In tuberculoid leprosy there is a lower bacterial load and skin lesions are single or few. The skin lesions are sharply demarcated, show loss of sensation or increased sensitivity and are not symmetrical. Nerve involvement tends to be severe. When loss of sensation occurs, injuries (such as burns or fractures) may go unnoticed by the person infected.

The incidence of leprosy worldwide is declining due to various factors including socioeconomic development, the use of Bacillus Calmette–Guérin vaccine and high treatment coverage with multi-drug therapy.

Follow the link for further information from the [leprosy factsheet](#) and [leprosy notification data](#).

Leprosy is a nationally notifiable disease and all cases are reported to the World Health Organization (WHO). WHO has a Global Leprosy Strategy: Accelerating towards a leprosy free world; further information can be obtained from [WHO Leprosy Strategy](#) site.

## **Salmonella Typhimurium**

There have been 113 notifications of salmonellosis this reporting week ([Table 1](#)). Salmonellosis is a form of gastroenteritis caused by *Salmonella* bacteria, which are commonly found in animals. 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 contamination of foods during food preparation are the most common source of salmonellosis in NSW.

Eggs are a healthy and nutritious food, however they also need careful handling to keep them safe. People can follow the NSW Food Authority's nine simple [egg safety recommendations](#) to reduce the risk of *Salmonella* infection from eggs at home.

Restaurants, cafes, bakeries, caterers and manufacturers that make raw egg dressings, desserts and sauces are required to follow "[Food Safety Guidelines for the Preparation of Raw Egg Products](#)" or use alternatives to raw eggs in ready to eat foods. Safer alternatives include commercially produced dressings and sauces, or pasteurised egg products.

Symptoms of salmonellosis include fever, headache, diarrhoea, abdominal pain, nausea, and vomiting. Symptoms usually start around 6 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 the [four food safety tips](#) and [safe handling of raw egg products](#) from the NSW Food Authority.

Follow the link for the NSW Health [salmonellosis 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 10 February – 16 February 2019, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Bloodborne	Hepatitis C - Newly Acquired	1	0	3	7	5	32	36
Enteric Diseases	Cryptosporidiosis	30	36	142	127	302	708	1266
	Giardiasis	82	109	491	443	548	2798	3134
	Hepatitis A	1	5	13	15	7	86	71
	Rotavirus	16	12	94	149	119	806	2319
	STEC/TEC	1	0	15	9	12	57	53
	Salmonellosis	113	103	714	671	798	3343	3681
	Shigellosis	28	16	130	34	46	529	235
	Typhoid	10	6	30	16	26	116	110
Respiratory Diseases	Influenza	603	549	3318	1952	1208	17422	103852
	Legionellosis	2	4	30	20	16	167	138
	Tuberculosis	18	9	64	70	66	513	542
Sexually Transmissible Infections	Chlamydia	679	739	4235	4163	4244	31190	29006
	Gonorrhoea	223	221	1489	1472	1399	10625	9161
	LGV	1	3	10	11	2	85	50
Diseases	Meningococcal Disease	2	1	6	7	9	72	91
	Mumps	1	1	7	19	14	72	127
	Pertussis	102	107	989	547	984	6281	5366
	Pneumococcal Disease (Invasive)	4	6	46	50	48	688	683
Vector Borne Diseases	Chikungunya	1	0	3	2	3	13	47
	Dengue	8	13	54	69	62	289	306
	Malaria	1	2	9	8	11	65	68
	Ross River	8	12	60	45	643	568	1652
Zoonotic Diseases	Q fever	6	7	41	37	34	224	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.