

Communicable Diseases Weekly Report

Week 8, 17 February to 23 February 2019

In summary, we report:

- [Tetanus](#) – one new case
- [Listeriosis](#) – one new 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.

Tetanus

One case of tetanus was notified in this reporting week ([Table 1](#)). The case occurred in an elderly woman who had suffered a minor skin wound while gardening. The woman had received a Boostrix (dTpa) tetanus vaccine in 2015. It is unclear, however, if she had ever received a primary course of tetanus vaccine. Without a prior primary vaccine course, a single dose of tetanus vaccine may not be protective, even if given within the last 5 years.

Tetanus is uncommon in Australia and this is only the fourth case in NSW in the last five years.

Tetanus is caused by the bacterium *Clostridium tetani* which is widely found in soil, dust and animal faeces. Infection occurs through breaks in the skin, including minor wounds. In Australia it is more common in older people who are inadequately immunised. In areas with lower immunisation coverage, younger people are also at risk.

The bacteria produces a neurotoxin which causes painful involuntary muscle spasm. The incubation period (the time from exposure to onset of symptoms) is usually 3-21 days, but ranges from 1 day to several months. Symptoms present gradually over several days with a characteristic feature being spasm of the jaw muscles that prevents mouth opening ('lock-jaw'). Other features include violent generalised spasms, abdominal rigidity, and autonomic dysfunction such as fever, hypertension (high blood pressure) and tachycardia (rapid heart rate). Spasm of muscles surrounding the airway can also cause breathing difficulties.

Tetanus is preventable through vaccination and a three dose primary course is offered in infancy under the National Immunisation Program, with boosters recommended at 18 months and 4 years of age and in the first year of high school. All tetanus vaccines in Australia contain protection against other conditions, usually diphtheria and whooping cough, with some also providing protection against polio, hepatitis B and *Haemophilus influenzae* type b.

People aged ten years or older with tetanus-prone wounds who have previously received three doses of tetanus-containing vaccine should receive a tetanus booster if it has been more than 5 years since their last dose. Those with tetanus-prone wounds and an uncertain vaccination history should receive tetanus vaccine and tetanus immunoglobulin, followed by a primary course and boosters as required. Free catch-up vaccination is available for anyone under 20 years of age.

Adults who have had a primary course of tetanus vaccine should receive booster doses at 50 and 65 years if it has been more than 10 years since the last dose. Adults who have never received a primary course should receive a three dose primary course of tetanus-containing vaccine, followed by booster doses at 10 and 20 years.

Follow the link for the [Tetanus factsheet](#)

For further information on tetanus vaccination see the [Australian Immunisation Handbook](#)

Listeriosis

One new infection of *Listeria* (listeriosis) was reported this week ([Table 1](#)) in an 89 year old woman who subsequently passed away due to her illness. A family member reported that during the incubation period for her illness the woman was likely to have eaten a number of food types which are considered at increased risk of carrying *Listeria* bacteria. Preliminary laboratory typing suggests that this case is not related to any other the other listeriosis cases reported in recent months.

Listeriosis is a rare illness caused by eating food contaminated with a bacterium called *Listeria monocytogenes*. This bacterium is widespread throughout nature, being commonly carried by many species of both domestic and wild animals. *Listeria* survive refrigeration but are killed at cooking temperatures.

Outbreaks of illness have been associated with raw milk, soft cheeses, pre-prepared salads (for example, from salad bars), unwashed raw vegetables, pâté, cold diced chicken, pre-cut fruit, fruit salad and most recently rockmelon.

Babies can be born with listeriosis if their mothers eat contaminated food during the pregnancy.

People at increased risk of listeriosis include pregnant women and their unborn child, newborns, older people and people with weakened immune systems, for example: people on cancer treatment or steroids, or people with diabetes, kidney disease, liver disease or living with HIV infection. Listeriosis may be severe in these individuals, and infections during pregnancy may cause still birth or premature delivery.

People at increased risk of listeriosis should not eat the following foods:

- rockmelon (cantaloupe)
- pre-cut fruit, including fruit salad
- pre-packed cold salads, including coleslaw
- frozen vegetables, unless cooked prior to consumption
- pre-cooked cold chicken, cold delicatessen meats, paté or meat spreads
- raw seafood, smoked seafood (unless cooked and served hot), chilled seafood
- unpasteurised milk or milk products
- soft cheeses such as brie, camembert, ricotta, or blue-vein cheese
- soft serve ice cream
- sprouted seeds.

Fruit and vegetables eaten raw should be thoroughly washed prior to eating.

Follow the links for further [listeriosis data](#), the [listeriosis factsheet](#) and the NSW Food Authority [Food safety during pregnancy brochure](#).

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 17 February – 23 February 2019, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Enteric Diseases	Cryptosporidiosis	28	30	172	157	388	708	1266
	Giardiasis	82	82	582	521	643	2798	3135
	Hepatitis A	2	2	16	15	7	86	71
	Listeriosis	1	0	2	14	2	19	20
	Rotavirus	5	17	100	176	128	806	2319
	STEC/VTEC	3	1	18	11	12	57	53
	Salmonellosis	108	110	826	759	929	3343	3681
	Shigellosis	17	28	148	38	50	530	235
	Typhoid	8	12	42	18	30	116	110
Respiratory Diseases	Influenza	528	656	3912	2238	1391	17422	103852
	Legionellosis	3	3	36	24	19	167	138
	Tuberculosis	10	17	74	79	74	514	542
Sexually Transmissible Infections	Chlamydia	672	714	4964	4937	4874	31190	29006
	Gonorrhoea	220	228	1726	1679	1599	10625	9161
	LGV	1	1	12	12	3	85	50
Vaccine Preventable Diseases	Measles	1	0	13	0	6	18	32
	Meningococcal Disease	2	2	8	8	10	72	91
	Mumps	3	1	10	20	18	72	127
	Pertussis	72	102	1062	626	1105	6281	5366
	Pneumococcal Disease (Invasive)	6	4	52	57	54	688	683
	Tetanus	1	0	1	0	0	0	1
Vector Borne Diseases	Barmah Forest	2	1	11	11	13	75	127
	Dengue	6	8	62	75	68	289	306
	Malaria	1	1	10	9	12	65	68
	Ross River	8	9	69	59	701	569	1652
Zoonotic Diseases	Q fever	2	6	44	37	41	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.
- 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.