Communicable Diseases Weekly Report

Week 12 18 March 2013 – 24 March 2013

In summary, we report:

- **Viral meningitis and Hand Foot and Mouth disease** – Update on ED surveillance.
- **Meningococcal disease** – three new cases reported
- **Arbovirus surveillance update** – decline in mosquito numbers
- **Summary of notifiable conditions activity in NSW**

For further information on communicable diseases in NSW see the NSW Health Infectious Diseases website.
Click on the heading of each section to see a related factsheet. Updated data are provided in the links below each section, where available.

Viral meningitis and Hand Foot and Mouth Disease

For NSW as a whole, Emergency Department surveillance indicates that the number of patients presenting with meningitis or encephalitis increased in early November 2012, peaked in early January 2013 and then declined (Figure 1). In the past week, the number of meningitis/encephalitis presentations increased and remained above the usual range for this time of year. There was a sharp increase in presentations among persons aged 17-34 years (Figure 1A) in the last week.

Figure 1. Total weekly counts of Emergency Department presentations for meningitis/encephalitis, for March 2013 (black line), compared with each of the 5 previous years (coloured lines), for 59 NSW hospitals.

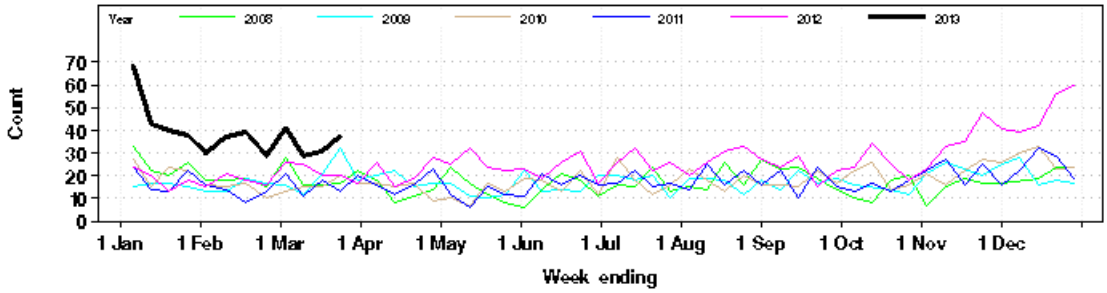
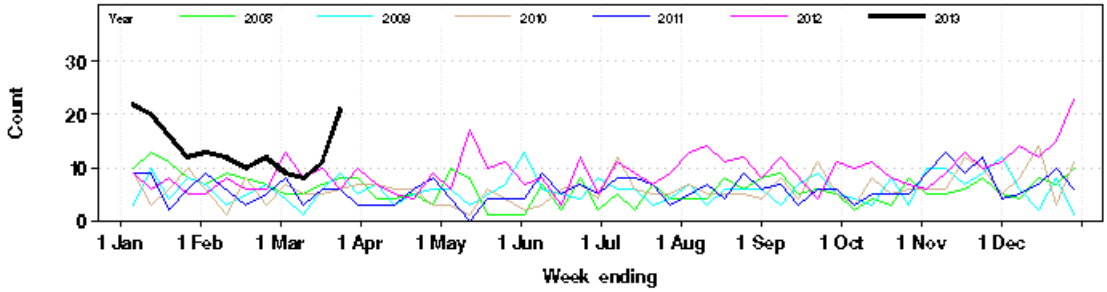


Figure 1A. Total weekly counts of Emergency Department presentations for meningitis/encephalitis, for March 2013 (black line), compared with each of the 5 previous years (coloured lines), persons aged 17-34 years for 59 NSW hospitals.



For NSW as a whole, Emergency Department surveillance indicates that the number of patients assigned a diagnosis of hand, foot and mouth disease had peaked in the previous week, decreased this week, but was still well above usual levels. These cases were predominantly in the in the under-5 year-old age group, which also decreased this week. (Figure 1B).

Figure 1B. Total weekly numbers of emergency department presentations assigned a diagnosis of hand, foot and mouth disease, persons 0-5 years of age, 59 NSW Emergency Departments, 1 January 2012 to 23 March 2013.

Compared with the previous week, South Eastern Sydney LHD showed a marked decrease while Northern Sydney LHD showed a smaller decline. Both LHDs remained above usual levels.

Viral meningitis is generally less severe than bacterial meningitis and resolves without specific treatment. In Australia, most viral meningitis cases in the summer months are caused by enteroviruses. Only a very small number of people with enterovirus infections develop meningitis, encephalitis or other serious complications.

Hand, foot and mouth disease is generally a mild illness caused by enteroviruses, particularly coxsackieviruses. It is not usually a serious illness and is not related to the foot and mouth disease that affects animals. It mainly occurs in children under 10 years of age but can also occur in older children and adults.

Enteroviruses are most often spread from person to person through faecal contamination (such as by not washing hands properly after using the toilet). Enteroviruses can also be spread through respiratory secretions (saliva, sputum, or nasal mucus) of an infected person, and possibly through contaminated swimming and wading pools.

See the NSW Health Enterovirus Alert page for more information on enterovirus neurological disease.

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Meningococcal disease

There were three cases of invasive meningococcal disease reported this week (Table 1). Two of the cases were serogroup C infections in older adults, and included one fatal case. These were the first serogroup C cases notified since November 2012. The third report was a serogroup B case in a young child. The local public health units have investigated these cases to identify and manage close contacts.

Meningococcal disease is caused by infection with meningococcus bacteria of which there are several serogroups. In NSW, the most common form is serogroup B. There is no vaccine that is effective against serogroup B in NSW. Compared with serogroup B, disease caused by serogroup C is rare in NSW, especially since the introduction of the meningococcal C vaccine.

Two types of meningococcal vaccine are available. Meningococcal C conjugate vaccine protects against meningococcal group C disease. It is recommended for all children at one year of age (as part of free routine immunisation). Meningococcal polysaccharide vaccine protects against groups A, C, Y and W135 and is recommended for travellers to countries where there are epidemics of meningococcal disease (eg. sub-Saharan Africa and people travelling to the Hajj in Saudi Arabia).

Follow the link for further information on meningococcal surveillance data.

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Arbovirus surveillance update

Notifications for Barmah Forest Virus and Ross River Virus infections were within the normal range for this time of year, and lower than the previous week (Table 1).

The NSW arbovirus surveillance and vector monitoring program reports that cooler weather patterns have led to lower mosquito numbers around the state. There were five arbovirus isolates detected in mosquito surveillance but the types identified have only rarely been reported as causing human disease. There were no seroconversions in the sentinel chickens. Follow the link for further information on arboviral notifications surveillance data.

Follow the links for further information and data from the NSW Arbovirus surveillance and vector monitoring program (external link) and the NSW Health Fight the Bite! campaign poster.

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Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period (Table 1). See explanatory notes below.

Table 1. NSW Notifiable Conditions activity for the period 18 March to 24 March 2013 (by date received).

		This week	Last week	Year to date			Full Year	
				2013	2011	2012	2011	2012
Enteric Diseases	Botulism	1	0	1	0	0	2	0
	Cryptosporidiosis	58	57	498	89	162	354	655
	Giardiasis	36	62	614	739	591	2376	2015
	Rotavirus	6	4	106	191	183	1207	1761
	Salmonellosis	78	88	1088	1540	956	3571	2947
	Shigellosis	1	4	33	44	46	126	131
Respiratory Diseases	Influenza	42	44	385	374	200	5790	8041
	Legionellosis	2	2	19	20	39	101	103
	Tuberculosis	2	3	63	126	98	538	432
Sexually Transmissible Infections	Chlamydia	373	483	4976	4797	5434	20448	21264
	Gonorrhoea	88	75	1059	582	965	2817	4114
	LGV	2	0	10	14	4	36	28
Vaccine Preventable Diseases	Adverse Event Following Immunisation	38	35	212	60	65	343	261
	Meningococcal Disease	3	0	7	17	9	71	68
	Mumps	3	3	21	9	21	60	110
	Pertussis	31	27	645	3657	2063	13403	5992
	Pneumococcal Disease (Invasive)	8	4	77	69	54	529	569
Vector Borne Diseases	Barmah Forest	9	10	115	219	90	472	344
	Dengue	3	5	49	54	92	146	287
	Malaria	1	1	21	20	12	82	68
	Ross River	5	8	116	246	167	590	598
Zoonotic	Q fever	2	2	27	31	35	138	121

Notes on Table 1: NSW Notifiable Conditions activity

- 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.
- 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.
- Only conditions for which at least one case report was received appear in the table. HIV and other blood-borne virus case reports are not included here but are available from the Infectious Diseases Data webpage.

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