

Communicable Diseases Weekly Report

Week 14 01 April 2013 – 07 April 2013

In summary, we report:

- [Viral meningitis and Hand Foot and Mouth disease](#) – Update.
- [Avian influenza H7N9 in China](#) – Update.
- [Dengue](#) – five cases reported and Solomon Islands outbreak.
- [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/encephalitis and hand foot and mouth disease

In the past week, the number of meningitis/encephalitis presentations decreased but remained above the usual range for this time of year (Figure 1) overall, and decreased for children aged under 5 years (Figure 1A).

Figure 1. Total weekly counts of Emergency Department presentations for meningitis/encephalitis, to 7 April 2013 (black line), compared with each of the 5 previous years (coloured lines), for 59 NSW hospitals.

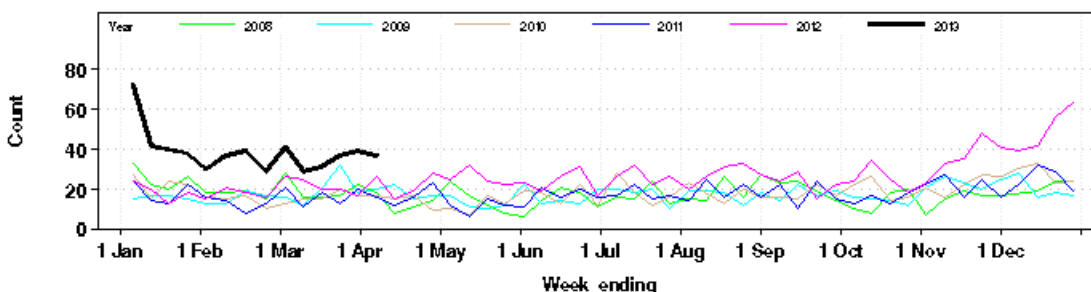
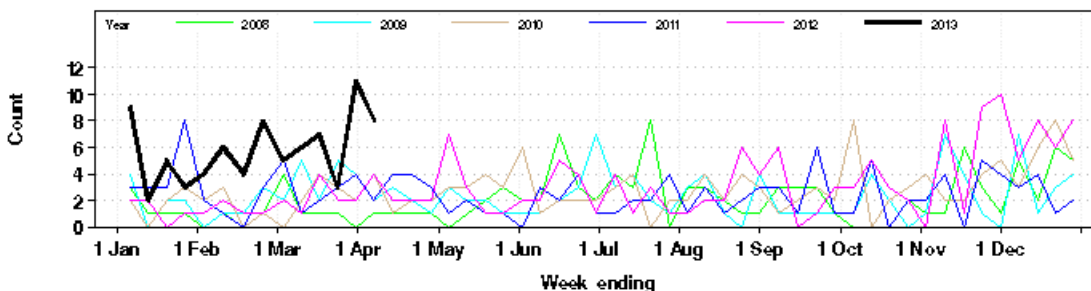


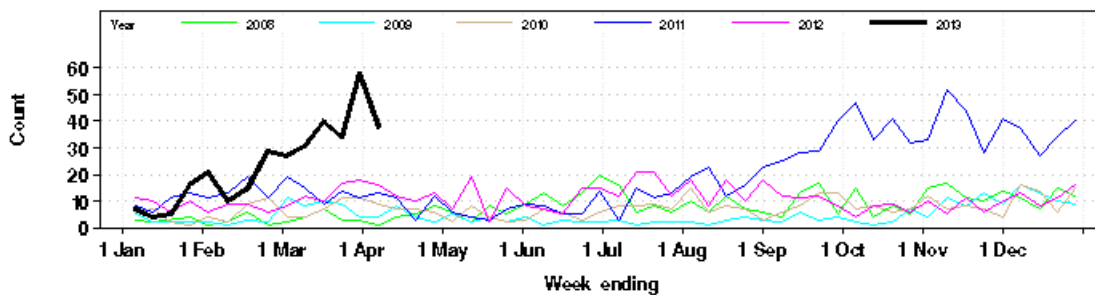
Figure 1A. Total weekly counts of Emergency Department presentations for meningitis/encephalitis, to 7 April 2013 (black line), compared with each of the 5 previous years (coloured lines), children aged under 5 years for 59 NSW hospitals.



In NSW in March 2013, the number of ED presentations for hand, foot and mouth disease increased above usual levels. In the past week, numbers decreased but remained well above the usual range. These cases were predominantly in the under-5 year-old age group (Figure 1B). There was a sustained increase of a similar scale in the last quarter of 2011.

In 2013, increases started first in the Northern, South-Eastern and South Western Sydney Local Health Districts (LHD), but in the last week, increases started in Northern NSW and Mid North Coast LHDs.

Figure 1B. Total weekly counts of Emergency Department presentations for hand, foot and mouth disease, to 7 April 2013 (black line), compared with each of the 5 previous years (coloured lines), children aged under 5 years, for 59 NSW hospitals.



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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Avian Influenza H7N9 in China

The World Health Organization (WHO) has reported a number of human infections with avian influenza A (H7N9) viruses in three provinces in China. The first cases were announced by WHO on 1 April 2013. The WHO is providing regular updates on the [WHO website](#).

This is the first time avian influenza A (H7N9) viruses have been detected in humans. The infections so far have predominantly resulted in severe respiratory illness and, often fatal, although there have been some mild cases identified. According to WHO, there has been no person-to-person transmission identified to date, and the cases do not have a known epidemiological link to one another.

The Chinese government is actively investigating this event and has heightened disease surveillance. Retrospective testing of recently reported cases with severe respiratory infection may uncover additional cases that were previously unrecognized. The animal health sector has also intensified investigations into the possible sources and reservoirs of the virus.

WHO Collaborating Centres for Reference and Research on Influenza and other partners are working on materials for diagnosis and treatment and vaccine development. No vaccine is currently available for this subtype of the influenza virus. Preliminary test results provided by the WHO Collaborating Centre in China suggest that the virus is susceptible to the neuraminidase inhibitors (oseltamivir and zanamivir).

NSW Health, in collaboration with other jurisdictions, has developed guidance for clinicians in cases suspect cases are identified in recent travellers from China. This information is available at the NSW Health [H7N9 Avian Influenza](#) website.

Any suspected cases identified in NSW should be immediately reported to your local public health unit on **1300 066 055**.

Further information about avian influenza viruses and how they spread is available at the NSW Health [Avian Influenza \("Bird Flu"\) factsheet](#).

Travellers to China should also consult the Smartraveller [Avian Influenza travel bulletin](#) from the Australian Department of Foreign Affairs and Trade.

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Dengue virus infection

Five case of dengue virus infection were reported this week. All were imported cases, with likely exposures including countries in south Asia, south-eastern Asia and the Pacific.

The Solomon Islands government has reported a large outbreak of dengue infections due to dengue virus type 3, with more than 2000 cases identified this year. A team comprising doctors, nurses and dengue experts from Australia and New Zealand has been deployed to assist local authorities and other international partners in efforts to fight the outbreak, following a formal request by the Solomon Islands Ministry of Health and Medical Services.

Dengue is viral infection that is caused by four dengue viruses (types 1-4). It is spread by two types of mosquito: the Dengue mosquito (*Aedes aegypti*) and the Asian Tiger mosquito (*Aedes albopictus*). These mosquitoes become infected when they feed on someone who has dengue during their infection. Once infected, the virus multiplies inside the mosquito and can infect other people when the mosquito feeds again.

People who travel to dengue-affected areas are at risk. Affected areas include many tropical countries throughout Asia, the Pacific, parts of sub-Saharan Africa and the Middle East.

Travellers should avoid being bitten by mosquitoes. The dengue mosquito prefers to live and bite people indoors, especially during daylight and in the early evening. The mosquito hides under furniture and tends to bite around the feet and ankles. People may not notice they are being bitten.

Travellers to dengue-affected areas should stay in accommodation with screened windows and doors, wear loose fitting clothing that covers the arms and legs and apply insect repellent containing DEET or Picaridin to exposed skin, especially during daylight hours and in the early evening. Insecticidal surface sprays inside the home can kill the adult mosquitoes.

Follow the link for further information on [dengue notification data](#).

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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 01 April to 07 April 2013 (by date received).

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	50	43	590	203	108	655	354
	Giardiasis	55	43	724	692	890	2015	2376
	Listeriosis	1	0	15	11	6	36	20
	Rotavirus	11	7	124	208	226	1761	1207
	STEC/VTEC	1	0	10	6	1	14	9
	Salmonellosis	71	62	1224	1099	1730	2947	3571
	Shigellosis	3	3	39	51	47	131	126
	Typhoid	1	4	23	15	23	43	45
Respiratory Diseases	Influenza	22	25	434	242	428	8041	5790
	Tuberculosis	1	8	78	114	146	435	538
Sexually Transmissible Infections	Chlamydia	342	358	5735	6245	5680	21264	20447
	Gonorrhoea	84	65	1214	1085	687	4114	2817
Vaccine Preventable Diseases	Adverse Event Following Immunisation	18	15	247	81	123	261	343
	Haemophilus influenzae type b	1	0	2	0	2	2	4
	Meningococcal Disease	1	0	8	10	24	68	71
	Mumps	1	1	24	24	15	110	60
	Pertussis	28	33	706	2299	4174	5993	13407
	Pneumococcal Disease (Invasive)	4	3	84	67	79	569	529
Vector Borne Diseases	Barmah Forest	7	14	138	109	244	344	472
	Chikungunya	1	0	5	0	4	1	11
	Dengue	5	1	54	99	58	287	146
	Malaria	2	3	26	13	24	68	82
	Ross River	7	9	134	206	305	596	591

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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