

Communicable Diseases Weekly Report

Week 15 08 April 2013 – 14 April 2013

In summary, we report:

- [Viral meningitis and Hand Foot and Mouth disease](#) – Update.
- [Avian influenza H7N9 in China](#) – Update.
- [Listeria infection](#) – two cases reported and cluster investigation.
- [Summary of notifiable conditions activity in NSW](#)

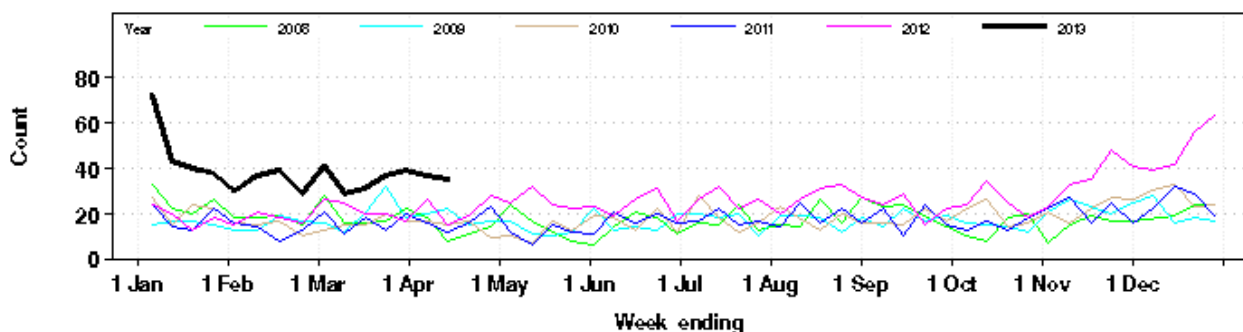
For further information on communicable diseases in NSW see the [NSW Health Infectious Diseases](#) website.

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

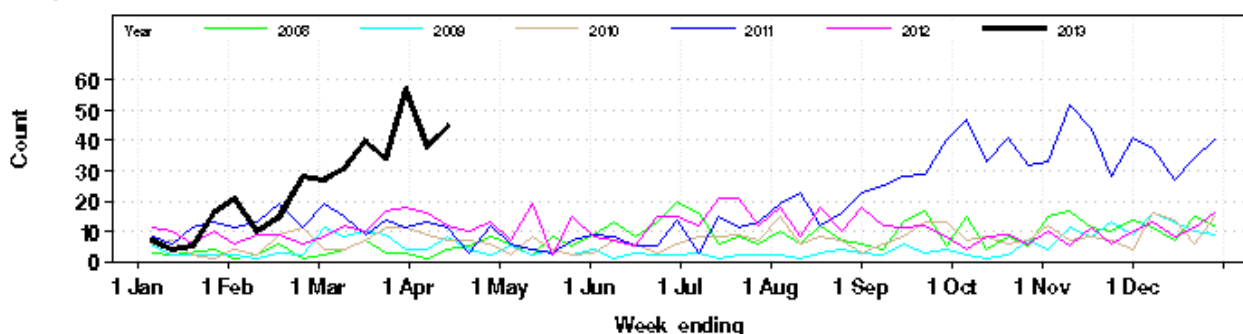
In the past week, the number of meningitis/encephalitis presentations decreased again but remained above the usual range for this time of year (Figure 1). Increases in presentations for adults at Liverpool and Bathurst Hospitals were noted.

Figure 1. Total weekly counts of Emergency Department presentations for meningitis/encephalitis, to 14 April 2013 (black line), compared with each of the 5 previous years (coloured lines), 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 increased and remained well above the usual range. The majority of these were in children under 5 years (Figure 1A). There was a sustained increase of a similar scale in the last quarter of 2011.

Figure 1A. Total weekly counts of Emergency Department presentations for hand, foot and mouth disease, to 14 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 further cases human infections with avian influenza A (H7N9) viruses in multiple provinces in eastern China and in Beijing. 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 continues to be no evidence of person-to-person transmission identified to date.

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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Listeria infection

Two cases of Listeria infection (Listeriosis) were reported this week, including one case was being treated for a terminal illness and tested positive for listeriosis after his death. Both cases were in adults from metropolitan Sydney (Table 1). These cases and one case reported in the previous week share an unusual biotype are not linked to the outbreak related to soft cheese consumption reported earlier in the year.

All three case had been in hospital for treatment of pre-existing serious conditions and preliminary results suggest that the cases may be linked to consumption of profiteroles served to patients in March and early April. Follow the link for a [media release](#) related to the recent cluster.

Listeriosis is a rare illness caused by eating food contaminated with bacteria called *Listeria monocytogenes*. Listeria bacteria are widespread throughout nature, being commonly carried by many species of both domestic and wild animals.

Listeria infection is usually contracted through eating food contaminated with the Listeria bacteria, particularly raw meat, unpasteurised milk and milk products, raw fruit and vegetables. Babies can be born with listeriosis if their mothers eat contaminated food during the pregnancy. 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 and pre-cut fruit and fruit salad.

People at risk of Listeria infection include pregnant women and the foetus, newborns, the elderly and people with weakened immune systems (for example: people on cancer treatment or steroids and people with diabetes, kidney disease, liver disease and HIV infection).

Follow the link for further information on [listeriosis 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 08 April to 14 April 2013 (by date received).

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	51	50	641	234	120	655	354
	Giardiasis	42	56	767	742	951	2015	2376
	Listeriosis	2	1	17	12	7	36	20
	Rotavirus	10	11	134	219	235	1761	1207
	STEC/VTEC	1	1	11	7	2	14	9
	Salmonellosis	75	71	1300	1150	1818	2947	3571
	Shigellosis	4	3	43	52	48	131	126
Respiratory Diseases	Influenza	33	22	467	275	456	8041	5790
	Tuberculosis	6	1	87	120	154	435	538
Sexually Transmissible Infections	Chlamydia	345	342	6079	6623	6113	21264	20447
	Gonorrhoea	90	84	1304	1148	720	4114	2817
Vaccine Preventable Diseases	Adverse Event Following Immunisation	17	19	267	90	136	261	343
	Haemophilus influenzae type b	1	1	3	0	2	2	4
	Pertussis	41	29	749	2387	4405	5993	13410
	Pneumococcal Disease (Invasive)	3	5	88	74	87	569	529
Vector Borne Diseases	Barmah Forest	9	7	147	115	251	344	472
	Dengue	4	7	60	103	60	287	146
	Ross River	8	7	142	226	331	596	591
Zoonotic	Q fever	2	2	32	46	37	121	138

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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