

Communicable Diseases Weekly Report

Week 18 29 April 2013 – 05 May 2013

In summary, we report:

- [Measles](#) – one new imported case reported.
- [Hepatitis E](#) – three new imported cases reported.
- [Influenza](#) – has this year's winter influenza season started?
- [Viral meningitis/encephalitis and Hand Foot and Mouth disease](#) – update.
- [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.

[Measles](#)

One laboratory-confirmed measles case was reported this week (Table 1), only the second case reported this year. The case was a young child believed to have acquired the infection while visiting India with family. The case was less than four years of age and had received only one measles vaccination. Public health units have been contacting people who were in close contact with the case while infectious to limit the risk of spread.

Measles is a serious disease that is easily spread through the air. Immunisation is effective in preventing the disease. All children and adults born during or after 1966 should be vaccinated with two doses of MMR vaccine if not already immune.

Follow the link for further [measles notification data](#).

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[Hepatitis E](#)

Three cases of hepatitis E infection were reported this week (Table 1). The cases were not linked to each other and are believed to have been acquired while travelling in Asia.

Hepatitis E is a viral infection that affects the liver. Infection usually occurs after drinking faecally-contaminated water or food. Most people in Australia are infected whilst travelling in developing countries. The virus is common in many parts of central and south-east Asia, the Middle East and North Africa.

Travellers can reduce their risk of infection by using only bottled or boiled water, and avoiding untreated water or ice. Eat only fruit or vegetables that you peel yourself and food that is freshly cooked and piping hot.

Follow the link for further [hepatitis E notification data](#).

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Influenza

Information reported by 59 NSW Emergency Departments (ED) showed that the number of presentations for influenza-like illness was at the lower end of the usual low range for this time of year.

The ED surveillance system uses a statistic called the 'index of increase' to indicate when presentations are increasing at a statistically significant rate. It accumulates the difference between the previous day's count of presentations and the average for that weekday over the previous 12 months. With a threshold value of 15, it is useful for signalling the increased presentations that occur when influenza starts circulating in the NSW population.

On 5 May 2013, the index of increase for influenza-like illness presentation was 6.6, well below the threshold of 15, suggesting that the 2013 winter influenza season has not yet started.

Follow the link for more [influenza surveillance](#) information.

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Viral meningitis/encephalitis and hand foot and mouth disease

During the reporting week, the number of meningitis/encephalitis presentations to NSW Emergency Departments (ED) decrease and were at the upper end of the usual range for this time of year (Figure 1A).

The number of ED presentations for hand, foot and mouth disease decreased in the past week but remained well above the usual range. The majority of these were in children under 5 years (Figure 1B).

Figure 1A. Total weekly counts of ED presentations for meningitis/encephalitis to 05 May 2013 (black line), compared with each of the 5 previous years (coloured lines), persons of all ages, for 59 NSW hospitals.

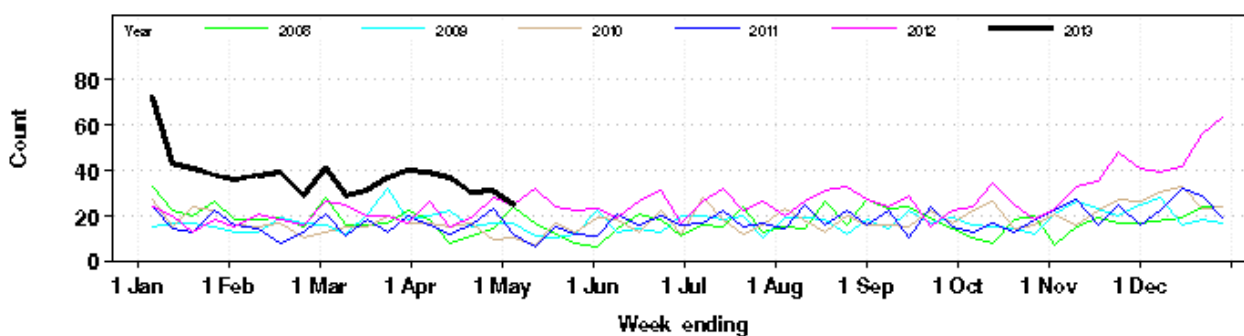
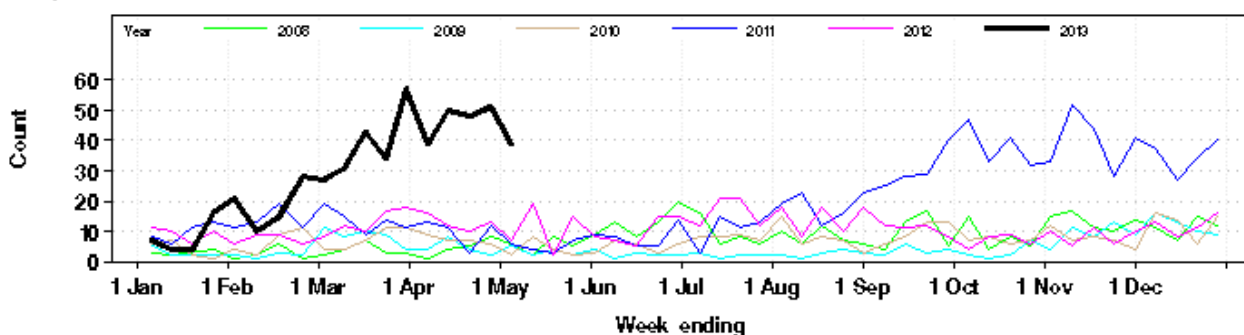


Figure 1B. Total weekly counts of ED presentations for hand, foot and mouth disease, to 05 May 2013 (black line), compared with each of the 5 previous years (coloured lines), children aged under 5 years, for 59 NSW hospitals.



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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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 29 April to 05 May 2013 (by date received).

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	32	26	752	315	146	655	354
	Giardiasis	35	51	908	885	1094	2015	2376
	Hepatitis E	3	0	8	3	8	10	21
	Rotavirus	5	12	155	237	281	1761	1207
	Salmonellosis	62	74	1525	1327	2025	2944	3565
	Typhoid	3	1	27	19	27	43	45
Respiratory Diseases	Influenza	25	30	561	344	529	8041	5790
	Legionellosis	1	3	31	56	51	104	102
	Tuberculosis	4	2	106	142	177	437	538
Sexually Transmissible Infections	Chlamydia	323	371	7265	7793	7086	21265	20447
	Gonorrhoea	74	77	1537	1380	844	4114	2817
Vaccine Preventable Diseases	Adverse Event Following Immunisation	16	7	303	116	166	262	352
	Measles	1	0	2	7	50	172	88
	Meningococcal Disease	1	1	11	20	27	68	71
	Pertussis	29	31	861	2694	5001	5993	13410
	Pneumococcal Disease (Invasive)	7	8	108	101	113	569	529
Vector Borne Diseases	Barmah Forest	12	9	183	138	273	344	472
	Dengue	2	1	73	120	62	287	146
	Malaria	1	2	35	19	32	68	82
	Ross River	10	11	173	310	379	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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