

# Communicable Diseases Weekly Report

Week 22 27 May 2013 – 2 June 2013

In summary, we report:

- [Leptospirosis](#) – one new case reported
- [Mumps](#) – four new cases reported
- [Gastroenteritis outbreaks in institutions](#) – notifications still below the seasonal average
- [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.

## [Leptospirosis](#)

One new case of leptospirosis was notified in this reporting week ([Table 1](#)), only the fourth case notified this year. The case was in an adult from the Hunter New England region. The most likely source of infection was considered exposure to animals while hunting.

Leptospirosis is a serious bacterial disease of humans and animals. It is caused by *Leptospira* bacteria that are found in infected animal urine and animal tissues. *Leptospira* bacteria usually enter the body through skin cuts or abrasions, and occasionally through the lining of the mouth, nose, and eyes. Person to person transmission is rare.

People who work with animals should cover cuts and abrasions with a waterproof dressing, and wear gloves and other protective clothing when working with animals that could be infected, especially if there is a chance of contact with urine.

Follow the link for further information on [leptospirosis notifications data](#).

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## [Mumps](#)

Four new cases of mumps infection were notified in this reporting week ([Table 1](#)). There was an increase in reporting during the month of May in several Sydney local health districts. In 2013, mumps notification rates have been highest along the north coast of NSW, and highest in young adult males.

Mumps is a contagious viral infection that has become uncommon due to immunisation. Similar to measles, people born in the late 1960's to mid-1980s (particularly the 1978-1982 birth cohort) are recognised to be at increased risk of mumps. Many missed being vaccinated or acquiring mumps infection (when vaccine coverage was low and disease incidence was decreasing), and may also have missed catch-up immunisation programs.

Common symptoms of mumps are fever, loss of appetite, tiredness and headaches followed by swelling and tenderness of the salivary glands. One or both of the parotid salivary glands (located near the jaw line) are most frequently affected.

Mumps is usually a more severe illness in people infected after puberty. Complications are uncommon but can include inflammation of the brain (encephalitis), the lining of the brain and spinal cord (meningitis), the testicles (orchitis), the ovaries (oophoritis), the breasts (mastitis), spontaneous abortion and hearing loss.

All children and adults born during or after 1966 should be vaccinated with two doses of MMR vaccine if not already immune. People with mumps should stay away from others for nine days after the onset of swelling of the salivary glands.

Follow the link for more information on [mumps notifications data](#).

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## Gastroenteritis outbreaks in institutions

There were seven outbreaks of gastroenteritis in an institution reported in this period affecting at least 79 people. The average number of reports per week for May/June in the previous five years is 12 outbreaks.

Two outbreaks occurred in aged care facilities, three occurred in child care centres, and two occurred in a hospital. All outbreaks appeared to have been caused by a virus and spread from person to person. No pathogen has yet been detected in any stool samples.

Viral gastroenteritis tends to peak in winter months. Follow the link for more information on [controlling outbreaks of viral gastroenteritis](#).

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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 27 May to 2 June 2013 (by date received).**

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	15	25	856	400	195	655	354
	Giardiasis	52	69	1116	1078	1281	2015	2377
	Hepatitis A	2	1	35	18	34	41	60
	Rotavirus	3	4	175	285	340	1761	1208
	Salmonellosis	70	90	1852	1527	2275	2942	3566
	Typhoid	2	2	36	25	30	43	45
Respiratory Diseases	Influenza	39	34	695	558	675	8041	5790
	Legionellosis	2	2	37	61	58	105	104
	Tuberculosis	1	3	125	168	223	441	538
Sexually Transmissible Infections	Chlamydia	416	554	9040	9594	8663	21264	20447
	Gonorrhoea	51	81	1851	1716	1069	4114	2817
	LGV	1	1	16	5	21	28	36
Vaccine Preventable Diseases	Adverse Event Following Immunisation	11	6	336	145	199	262	352
	Meningococcal Disease	1	0	12	25	30	68	71
	Mumps	4	3	38	53	23	110	61
	Pertussis	48	41	1053	3231	5966	5996	13410
	Pneumococcal Disease (Invasive)	16	27	175	159	160	567	530
	Rubella	2	0	4	6	10	11	17
Vector Borne Diseases	Barmah Forest	13	6	226	168	305	344	472
	Dengue	1	3	91	156	70	289	148
	Malaria	1	0	39	25	36	68	82
	Ross River	17	28	265	399	435	596	591
Zoonotic	Leptospirosis	1	0	4	17	21	23	40
	Q fever	1	1	52	62	52	122	142

**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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