

# Communicable Diseases Weekly Report

## Week 34 19 August 2013 – 25 August 2013

In summary, we report:

- [Haemophilus influenzae type b \(Hib\) disease](#) – one new case reported
- [Enterovirus infections](#) – Emergency Department activity steady
- [MERS coronavirus](#) – three new overseas cases reported
- [Summary of notifiable conditions activity in NSW](#)

For further information on infectious diseases and alerts see the [Infectious Diseases](#) webpage.

Follow the [A to Z of Infectious Diseases](#) link for more information on specific diseases.

For links to other surveillance reports, including influenza and enterovirus surveillance reports, see the [NSW Health Infectious Diseases Reports](#) webpage.

### Haemophilus influenzae type b (Hib) Disease

One new case of *Haemophilus influenzae* Type b (Hib) infection was notified in this reporting week (Table 1), only the fifth case notified in 2013. The case was in an older adult with multiple co-morbidities. Invasive Hib disease is rare in this age-group. The local Public Health Unit is following up the close contacts of this case to protect any susceptible young children.

Infection with Hib bacteria can lead to serious illness including meningitis and epiglottitis. These infections have become rare following the introduction of Hib vaccines. Urgent treatment is necessary as Hib disease can be life threatening.

Four doses of a vaccine containing a Hib component are recommended in NSW for all infants at six to eight weeks of age, and at four, six and twelve months of age.

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

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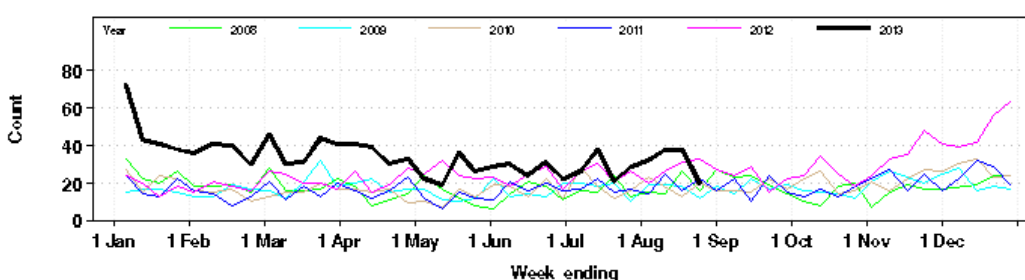
### Enterovirus infections

Enterovirus infections (other than poliomyelitis) are not notifiable in NSW. NSW Health monitors enterovirus activity through NSW Emergency Department (ED) presentations for “meningitis or encephalitis” and for [hand-foot-and-mouth disease](#) (HFMD).

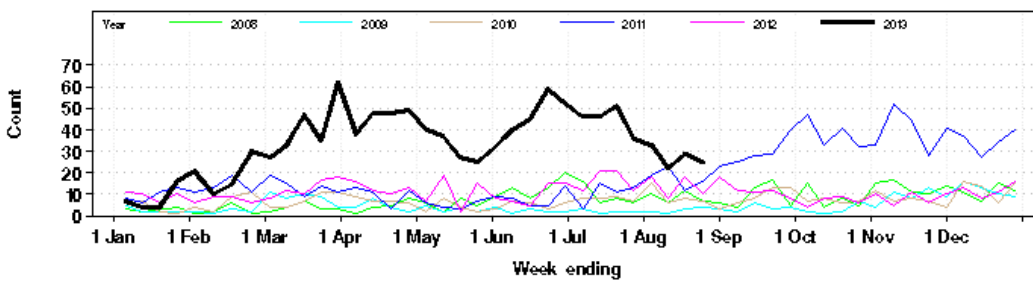
Enterovirus infections can rarely lead to meningitis or encephalitis but there are also a range of other causes for these illnesses. HFMD can be caused by a range of enteroviruses.

In the past few weeks, ED presentations for “meningitis or encephalitis” declined to the usual range (Figures 1). HFMD also decreased but remained just above the usual range (Figure 2).

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



**Figure 2: Total weekly counts of ED presentations for HFMD for 2013 (black line), compared with each of the 5 previous years (coloured lines), children aged under 5 years, for 59 NSW hospitals.**



Follow the link for more information on [enterovirus infections](#).

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### MERS coronavirus (MERS-CoV) update

The Saudi Ministry of Health reported two new laboratory-confirmed cases of MERS-CoV infection this week. One case was also reported from Qatar. There have been no Australian cases.

Scientists reported this week that they had found strong evidence of the MERS-CoV in a bat from Saudi Arabia, suggesting that, as suspected, bats are the natural reservoir of the virus [see the 21 Aug *Emerg Infect Dis* [report](#)].

WHO updates are issued at their Disease Outbreak News site: [www.who.int/csr/don/en/index.html](http://www.who.int/csr/don/en/index.html). WHO has also recently issued [MERS-CoV travel advice for pilgrims to the Hajj and Umrah](#) in Saudi Arabia this year. For further travel advice see the [NSW Health Hajj travel advice factsheet](#).

For more information and links see the [NSW Health MERS-CoV website](#).

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### Summary of notifiable conditions activity in NSW

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

**Table 1. NSW Notifiable conditions activity for the period 19 August 2013 – 25 August 2013 (by date received)**

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	6	1	978	524	264	655	354
	Giardiasis	33	43	1566	1440	1733	2015	2377
	Rotavirus	15	13	270	600	502	1761	1208
	Salmonellosis	43	48	2393	1951	2766	2942	3567
	Shigellosis	2	3	80	89	86	131	126
Respiratory Diseases	Influenza	733	557	3586	6043	4033	8039	5791
	Tuberculosis	8	4	237	260	328	440	538
Sexually Transmissible Infections	Chlamydia	383	375	13784	14190	13479	21261	20448
	Gonorrhoea	85	83	2850	2671	1710	4114	2818
Vaccine Preventable Diseases	Adverse Event Following Immunisation	5	6	396	199	273	262	352
	Haemophilus influenzae type b	1	0	5	2	4	2	4
	Meningococcal Disease	2	3	28	50	48	68	72
	Pertussis	31	51	1506	4327	8605	5996	13411
	Pneumococcal Disease (Invasive)	18	23	331	362	336	563	530
Vector Borne Diseases	Barmah Forest	5	5	313	221	375	344	471
	Dengue	5	10	172	205	96	289	148
	Malaria	3	2	60	43	57	68	82
	Ross River	3	9	377	471	496	596	591
Zoonotic	Q fever	1	2	96	82	88	123	145

**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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