

Communicable Diseases Weekly Report

Epi-Week 20: 12 May 2014 – 18 May 2014

In summary, we report:

- [Listeriosis](#) – two new cases reported
- [Hepatitis E](#) – one new locally-acquired case reported
- [Measles](#) – one new locally-acquired case 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 reports, see the [NSW Health Infectious Diseases Reports](#) webpage.

[Listeriosis](#)

Two cases of *Listeria* infection (listeriosis) were reported this week (Table 1). Both cases were in adults from the Wollongong area. Both cases were immunosuppressed due to treatment for serious illness. Samples from one case were found to be a close molecular match to a listeriosis case from the same area reported in the previous week; the other case has yet to be molecularly typed. Public health authorities are investigating these cases to identify possible food sources of infections; no common foods have yet been identified.

Listeriosis is a rare illness caused by eating food contaminated with the bacteria *Listeria monocytogenes*. Symptoms include fever, muscle aches, and sometimes nausea and diarrhoea. More severe infections can lead to septicaemia (blood poisoning) or meningitis (inflammation of the brain) which can be fatal. Infection during pregnancy can lead to miscarriage.

Listeria bacteria are widespread throughout nature, being commonly carried by many species of both domestic and wild animals. Listeria infection is most commonly linked to the consumption of raw meat, unpasteurised milk and milk products, soft cheeses, or raw fruit and vegetables. Babies can be born with listeriosis if their mothers eat contaminated food during the pregnancy.

People at higher 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 or HIV infection).

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

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[Hepatitis E](#)

One new case of hepatitis E virus (HEV) infection was reported this week (Table 1). This case was in an adult Sydney resident with no recent history of overseas travel. This case is part of a cluster of hepatitis E cases suspected to have been acquired locally. While no definitive source of infection for these cases has been identified, links between these cases are being actively investigated to identify possible common exposures.

Most HEV infections occur without symptoms. When symptoms occur there is usually a self-limited, acute illness characterised by nausea, vomiting, tiredness, abdominal pain, fever, dark urine and jaundice (yellowing of the skin and eyes). HEV infections in high-risk groups –

particularly infants, people with pre-existing liver disease and pregnant women – can lead to fulminant liver failure or other serious complications.

HEV infection occurs widely in developing countries. HEV infection is a rarely reported infection in Australia; there are usually between 10 and 20 hepatitis E cases notified each year in NSW.

NSW Health actively follows-up all people who have been notified as having a HEV infection to determine their likely source of infection and prevent further cases. Almost all cases to date in NSW have been in people who had travelled overseas in the period they were likely to have been infected or, rarely, in the household contacts of infected travellers.

HEV is usually spread by the faecal-oral route. The most common source of infection in developing countries is thought to be consumption of faecally-contaminated drinking water. Sporadic HEV outbreaks have been reported overseas following consumption of raw or undercooked pork or deer meat. Consumption of shellfish was a risk factor in one recently described outbreak.

One [Australian study](#) has shown some local pig herds have evidence of having been exposed to HEV but it was not able to determine the risk of swine HEV transmission to humans.

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

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Measles

One measles case was notified in this reporting week (Table 1). This case was in an unvaccinated Sydney resident aged in their mid-30s. The source of infection for this case remains unknown; the person had no recent history of overseas travel or contact with a known measles cases but their employment involved contact with international travellers. Case investigation and contact tracing is being conducted by the local public health unit (PHU).

There have been 53 measles cases in NSW in 2014, of which 23 have acquired their infection overseas (mostly from the Philippines, Vietnam and Indonesia). This is the sixth case of measles notified in 2014 where the source of infection remains unknown, with the previous such case reported in early March. Measles virus genotyping will be conducted on samples collected from this case to support the PHU's investigation.

Measles is highly infectious and is spread easily through the air. Symptoms can include fever, tiredness, runny nose, cough and sore red eyes which usually last for several days before a red, blotchy rash appears. Complications can range from an ear infection and pneumonia to swelling of the brain.

Children should receive two doses of vaccine, one at 12 months and the second at 18 months of age. Babies who are travelling overseas before their vaccines are due can be given the first dose as early as nine months of age. Children over 18 months who have not had their second dose of measles vaccine can be vaccinated now. Anyone born during or after 1966 should have two doses of vaccine (at least four weeks apart).

NSW Health urges everyone planning international travel to ensure they are up to date with their vaccinations (including measles) prior to their departure.

Follow the link for further information on [measles disease notifications](#).

Follow the link for further information on [measles vaccination](#) (external link).

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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 from 12 May to 18 May 2014, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	12	12	219	845	388	1131	655
	Giardiasis	58	61	1299	1074	1029	2240	2012
	Hepatitis A	1	0	33	33	16	62	41
	Hepatitis E	1	1	10	11	3	16	10
	Listeriosis	2	1	12	21	16	33	36
	Rotavirus	8	9	140	178	268	508	1759
	Salmonellosis	114	91	2209	1826	1489	3485	2942
	Shigellosis	3	2	110	56	62	136	131
	Typhoid	1	2	21	34	25	58	43
Respiratory Diseases	Influenza	43	72	1104	671	461	8401	8037
	Legionellosis	2	0	31	38	63	104	107
	Tuberculosis	5	5	147	170	180	438	469
Sexually Transmissible Infections	Chlamydia	475	498	9265	8779	9118	21080	21263
	Gonorrhoea	90	90	1888	1831	1617	4268	4115
Vaccine Preventable Diseases	Adverse Event Following Immunisation	6	4	123	339	143	508	269
	Measles	1	0	54	5	8	33	174
	Meningococcal Disease	1	1	14	11	22	48	68
	Mumps	1	0	40	39	52	88	110
	Pertussis	21	36	681	1023	3130	2378	5998
	Pneumococcal Disease (Invasive)	11	7	111	158	143	489	564
Vector Borne Diseases	Barmah Forest	7	8	99	219	164	440	352
	Dengue	3	11	175	112	148	300	287
	Malaria	3	1	39	40	25	93	68
	Ross River	25	24	239	261	376	513	596
Zoonotic	Q fever	2	0	62	57	59	154	124

* 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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