

Communicable Diseases Weekly Report

Epi-Week 23: 02 June – 08 June 2014

In summary, we report:

- [Hepatitis A](#) – one new case in a food handler
- [Exotic arboviruses update](#) – one Zika virus case and a Brazil yellow fever alert
- [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.

Hepatitis A

There was one new case of hepatitis A notified this week in a person who is believed to have acquired the infection while travelling in Asia (Table 1). The person is a food handler who had prepared ready to eat food at a Sydney restaurant while potentially infectious but before the infection was diagnosed.

A comprehensive risk assessment was undertaken with the assistance of the NSW Food Authority to determine the likelihood of exposure for patrons and other workers at the food premises. The risk assessment concluded that exposure was very unlikely to have occurred given the clinical symptoms of the case (particularly the lack of diarrhoea), and the high-level of hand hygiene and food safety practices of the worker and the other restaurant staff.

Hepatitis A is a viral infection of the liver. Symptoms include feeling unwell, aches and pains, fever, nausea, lack of appetite, and abdominal discomfort, followed by dark urine, pale stools and jaundice. The illness usually lasts from one to three weeks.

Infected people can transmit the virus to others from two weeks before the development of symptoms until one week after the appearance of jaundice. The virus is spread by the faecal-oral route, including through contaminated food or water or after direct contact with an infected person.

A safe and effective vaccine is available against hepatitis A. Vaccination is recommended for people intending to travel to countries where hepatitis A is common (most developing countries) and for other people in a range of higher risk groups.

Follow the link for more [hepatitis A notifications data](#).

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Exotic arboviruses update – Zika virus and yellow fever virus

Zika virus

There was one case of Zika virus infection reported this week (Table 1, *Flavivirus – other & unspecified*). This case was in a returned traveller from Cook Islands where an outbreak of Zika virus has been reported.

Zika virus is a mosquito-borne flavivirus closely related to dengue virus, and which is transmitted to humans by certain species of *Aedes* mosquitoes. Some of these species bite during the day as well as in the late afternoon and evening.

The main symptoms of Zika virus infection are fever, conjunctivitis, transient joint pain (mainly in the smaller joints of the hands and feet) and a maculo-papular rash that often starts on the face and then spreads throughout the body.

In general the symptoms are mild and last from two to seven days, but the illness can rarely be more severe.

Yellow fever virus

With the FIFA football World Cup soon to start in Brazil, attention is also drawn to another flavivirus of international concern, that is the yellow fever virus. Yellow fever is a serious and potentially fatal arbovirus infection transmitted by a range of mosquito species - in urban settings transmission is generally also through certain species of *Aedes* mosquitoes.

The symptoms of yellow fever infection include a sudden onset of fever, chills, muscle pain, backache, headache, nausea and vomiting three to six days after the virus enters the body. After three to four days most patients improve and their symptoms disappear.

However, about 15 percent of patients will go on to have bleeding (from the mouth, nose and eyes and/or stomach), jaundice (yellowing of the skin and eyes), abdominal pain with vomiting and problems with kidney function. For these patients the case fatality rate is from 20 to 50 percent.

Large parts of Brazil are classified as risk areas for yellow fever and travellers to attend the World Cup have been advised to ensure they have been vaccinated against the infection prior to travel. Clinicians should consider yellow fever as a possible diagnosis in travellers who develop a compatible illness on their return from the World Cup in Brazil or other endemic areas.

The Australian Department of Health provides a [factsheet on yellow fever](#) which includes a list of Australia's yellow fever declared places, and information on vaccine requirements for travellers arriving from these countries.

For additional advice on preventing mosquito-borne infections follow the link for the [Mosquitoes are a health hazard](#) factsheet.

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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 02 June to 08 June 2014, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	3	8	237	898	418	1131	655
	Giardiasis	60	62	1468	1207	1134	2240	2014
	Hepatitis A	1	0	36	35	19	62	41
	Listeriosis	1	0	14	22	19	33	36
	Rotavirus	7	7	162	188	313	508	1759
	Salmonellosis	89	91	2450	2002	1587	3485	2942
	Shigellosis	4	1	117	58	66	136	131
Respiratory Diseases	Influenza	73	61	1277	809	966	8401	8037
	Legionellosis	1	0	35	46	69	107	107
	Tuberculosis	6	6	168	192	205	440	469
Sexually Transmissible Infections	Chlamydia	409	431	10459	9975	10309	21081	21263
	Gonorrhoea	84	134	2173	2012	1851	4267	4115
	LGV	1	0	6	17	5	28	28
Vaccine Preventable Diseases	Mumps	2	0	44	49	64	88	110
	Pertussis	26	32	779	1142	3403	2378	5998
	Pneumococcal Disease (Invasive)	16	9	148	190	192	489	564
Vector Borne Diseases	Barmah Forest	5	3	107	263	184	440	352
	Dengue	7	12	214	123	161	302	287
	Flavivirus - other & unspecified	1	1	4	0	0	0	0
	Malaria	1	1	45	41	25	93	68
	Ross River	22	19	288	307	414	513	597
Zoonotic	Q fever	2	2	72	68	67	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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