Communicable Diseases Weekly Report

Epi-Week 26: 23 June – 29 June 2014

In summary, we report:

- **Invasive meningococcal disease** – one new case; winter alert
- **Hepatitis E** – four new cases, two locally-acquired
- **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.

Invasive meningococcal disease

One invasive meningococcal disease (IMD) case was notified in this reporting week (Table 1). This serogroup Y case was in a 65 year-old resident of Northern Sydney Local Health District. The local public health unit has investigated the case to identify and manage close contacts. There have been 17 IMD notifications in NSW in 2014, of which four were due to serogroup Y.

Meningococcal disease is caused by infection with Neisseria meningitidis bacteria, of which there are several serogroups. In NSW, most reported cases are due to serogroup B. Disease caused by serogroup C bacteria has become rare in NSW since the introduction of serogroup C vaccines into the routine childhood immunisation schedule in 2003.

Meningococcal C vaccination is recommended for all children at one year of age and is provided as part of free routine immunisation. Quadrivalent meningococcal vaccines protect against serogroups A, C, Y and W135 and are recommended for certain groups including travellers to countries where there are epidemics of these strains (eg sub-Saharan Africa) and for pilgrims performing the Hajj or Umrah in Saudi Arabia.

Follow the link for further information on meningococcal disease notifications.

Follow the link for further information on meningococcal vaccination (external link).

Meningococcal disease – winter advice

The annual meningococcal disease winter advice was published on 30 June 2014 in the Daily Telegraph newspaper and on the NSW Health website. The aim of the advertisement is to provide the general public with information about the peak time for meningococcal disease, what signs and symptoms to look out for and advice to seek medical care immediately if people experience symptoms.

Follow the link to the meningococcal disease – winter advice poster (pdf).

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Hepatitis E

There were four new cases of hepatitis E virus (HEV) infection notified this week (Table 1). Two cases occurred in people who had spent their incubation period in India. The other two cases were in adult Sydney residents with no recent history of overseas travel. One case shares a common exposure with a cluster of locally acquired HEV cases. The definitive source of infection for these cases is being actively investigated. The other case had no links to other locally acquired cases.

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 HEV cases notified each year in NSW. NSW Health has recently requested clinicians consider HEV infection in patients with acute viral hepatitis in light of the recent locally acquired cases. This is likely to result in increased testing and hence could explain some of the recent increase in notifications.

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 in previous years 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 in developed countries 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 that 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. Nevertheless, this highlights the need to ensure that pork and other meat is cooked appropriately prior to consumption.

Follow the link for more information from the NSW Food Authority on keeping food safe. (external link).

Follow the link for further information on HEV disease notifications.

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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 23 June to 29 June 2014, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	10	5	254	927	453	1131	655
	Giardiasis	56	50	1601	1306	1246	2240	2014
	Hepatitis E	4	0	16	12	4	16	10
	Rotavirus	20	10	203	212	357	508	1759
	STEC/VTEC	1	0	26	17	10	24	14
	Salmonellosis	45	85	2608	2143	1686	3485	2942
	Shigellosis	2	4	127	63	74	136	131
	Typhoid	1	1	25	39	27	58	43
Respiratory Diseases	Influenza	146	101	1611	1117	2499	8401	8037
	Tuberculosis	2	9	190	223	228	440	469
Sexually Transmissible Infections	Chlamydia	422	443	11696	11122	11462	21082	21263
	Gonorrhoea	95	119	2467	2287	2112	4266	4115
Vaccine Preventable Diseases	Adverse Event Following Immunisation	1	4	151	380	180	509	269
	Meningococcal Disease	1	1	17	14	34	48	67
	Mumps	1	2	47	60	73	88	110
	Pertussis	32	41	881	1248	3675	2378	5998
	Pneumococcal Disease (Invasive)	10	15	182	230	239	489	564
Vector Borne Diseases	Barmah Forest	3	5	116	283	199	440	352
	Dengue	6	3	234	150	173	302	287
	Malaria	5	2	52	46	29	93	68
	Ross River	14	20	332	340	435	513	597
Zoonotic	Q fever	2	4	80	78	72	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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