

Communicable Diseases Weekly Report

Epi-Week 30: 21 July – 27 July 2014

In summary, we report:

- [Hepatitis E](#) – two new cases reported
- [Gastroenteritis in institutions](#) – increase in aged care facility notifications
- [Measles](#) – one new 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.

Hepatitis E

There were two cases of hepatitis E notified this reporting week (Table 1). Both were identified via retrospective testing of stored blood samples which has been undertaken in response to a locally acquired cluster reported previously. One of these cases has most likely acquired their infection in Thailand while the other case has no recent history of overseas travel and is possibly part of the locally acquired cluster.

Most infections with hepatitis E virus (HEV) occur without symptoms. When symptoms occur they follow a similar clinical course to hepatitis A with nausea, vomiting, tiredness, abdominal pain, fever, dark urine and jaundice (yellowing of the skin and eyes) which resolves spontaneously. Older people are more likely to develop symptoms with jaundice. However, serious complications can occur in pregnant women, especially those in the third trimester, infants and people with pre-existing liver disease.

Worldwide, HEV along with hepatitis A virus are the commonest causes of hepatitis that is spread from the ingestion of contaminated food or water. Travellers to developing countries are advised to use bottled or boiled water for drinking and brushing their teeth, only eat fruit or vegetables they have peeled themselves and eat food that is freshly cooked and piping hot. Unlike hepatitis A, there is no available vaccine in Australia.

While most outbreaks of hepatitis E are due to contaminated water, outbreaks and sporadic cases have been reported in developed countries following consumption of raw or undercooked shellfish, pork or deer. This highlights the need to ensure that pork and other meat is cooked appropriately prior to consumption.

Diagnosis of hepatitis E infection is through the presence of HEV antibodies or detection of the virus by nucleic acid testing.

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

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

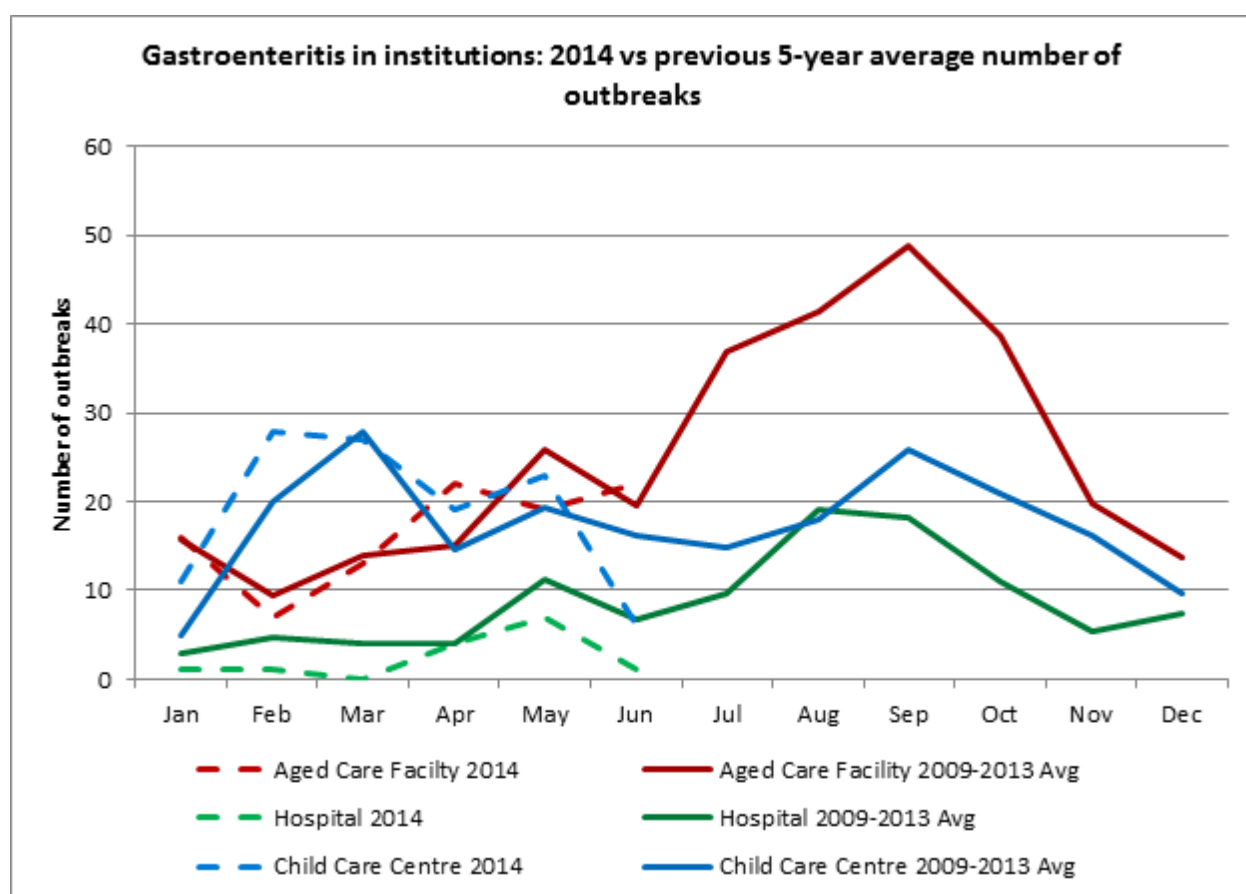
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Gastroenteritis in institutions

There were 16 outbreaks of gastroenteritis in an institution notified in this reporting period (Figure 1), affecting at least 103 people. The previous five year average for July was 14 outbreaks per week. Eight outbreaks occurred in aged care facilities, five occurred in child care centres and three occurred in hospitals.

All outbreaks appeared to have been caused by a virus and spread from person to person. Stool specimens have been collected in four outbreaks with norovirus detected in three of these outbreaks. Viral gastroenteritis tends to peak in winter and spring months. Prevention of outbreaks is crucial. People with symptoms of gastroenteritis should not visit aged care facilities to avoid introducing the infection, and children with symptoms should stay at home until diarrhoea and vomiting have resolved. Outbreaks should be reported promptly to the local public health unit, which can provide advice on outbreak control.

Figure 1: Gastroenteritis in institutions – number of outbreaks by month and institution type in 2014 compared to 5-year average.



Follow the links for further information:

- [Norovirus factsheet](#)
- [Controlling viral gastroenteritis outbreaks](#)
- [Guidelines for the public health management of gastroenteritis outbreaks due to norovirus](#)
- [Childcare Centre Gastro Pack](#)
- [Hospital Gastro Pack](#)
- [Gastro Info Kit for Aged Care Facilities](#)

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Measles

One measles case was notified in this reporting week (Table 1) in a child from Sydney Local Health District. The source of the child's infection has not been identified. During their infectious period they attended a number of public places in Sydney's inner west including Leichhardt Market Place and Norton Plaza. The local public health unit used local and social media to alert the public to be aware of symptoms of measles and to check they had received two doses of measles vaccine.

In addition, the ACT Health Department informed NSW Health about an ACT resident diagnosed with measles who was in Sydney while infectious. The case acquired their infection in the Philippines and attended an emergency department, general practice and other locations around Bondi and the Sydney central business district while infectious.

There have been 59 measles cases in NSW in 2014, of whom 24 acquired their infection overseas (mostly from the Philippines, Vietnam and Indonesia). There are also outbreaks in other Australian states following introduction of measles in travellers who came from South-East Asia and Papua New Guinea.

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 is offering a measles vaccine catch-up program in over 140 high schools in the areas of lowest vaccination coverage in Term 3 2014.

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 21 July to 27 July, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	5	5	276	967	502	1132	655
	Giardiasis	39	50	1772	1459	1362	2242	2014
	Hepatitis E	2	0	21	13	5	16	10
	Rotavirus	7	10	240	243	449	508	1760
	Salmonellosis	52	60	2805	2312	1823	3486	2942
	Typhoid	1	2	28	42	30	58	43
Respiratory Diseases	Influenza	842	582	3679	1912	4825	8401	8037
	Legionellosis	1	3	43	61	81	108	108
	Tuberculosis	3	13	238	246	257	440	469
Sexually Transmissible Infections	Chlamydia	281	393	13292	12763	13032	21089	21267
	Gonorrhoea	66	95	2779	2635	2427	4266	4116
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	1	164	400	192	509	269
	Measles	1	1	59	14	48	33	174
	Meningococcal Disease	1	1	19	19	45	48	67
	Pertussis	51	40	1057	1405	4033	2378	6000
	Pneumococcal Disease (Invasive)	21	18	262	282	300	489	564
Vector Borne Diseases	Chikungunya	1	0	10	11	0	22	1
	Dengue	1	3	267	183	192	302	288
	Malaria	1	2	62	58	39	93	68
	Ross River	10	5	360	372	460	513	598
Zoonotic Diseases	Q fever	3	4	98	98	83	162	131

* 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](#) (external link).
- 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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