

Communicable Diseases Weekly Report

Epi-Week 35: 25 August – 31 August 2014

In summary, we report:

- [Rabies and Australian bat lyssavirus](#) – increased reports of exposures to potentially infected animals
- [Hajj travel advice](#) – the Hajj pilgrimage is being undertaken in Saudi Arabia this week
- [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.

Rabies and Australian bat lyssavirus

In this reporting week there were sixteen people who required rabies post exposure prophylaxis (PEP) following high-risk exposures to potentially infected animals. This was double the average number of reports for the previous three weeks. Nine of the people had reported local bat exposures while the remaining seven people had animal bites or scratches while travelling overseas.

Rabies and Australian bat lyssavirus (ABLV) infection are closely related viral diseases of mammals most often transmitted to humans through the bite of a rabid animal. The best protection against being exposed to rabies or ABLV is to avoid handling any bat in Australia, and any wild or domestic mammal in a rabies-endemic country. This includes bats and wild or domestic dogs, cats, and monkeys.

Only people who have been vaccinated against rabies/ABLV and who have been trained in the care of bats should ever handle bats (including 'flying foxes'). Anyone who comes across an injured bat should contact the local Wildlife Information Rescue and Education Service (WIRES) network on 1300 094 737.

In certain areas of the world, including but not limited to parts of Africa and Asia, rabies in dogs is still a major problem, and access to preventive treatment may be difficult. Rabies vaccine is used to protect against rabies and ABLV infection. A course of three injections, given over one month, is recommended for people whose job or other activities place them at increased risk of being bitten or scratched by bats in Australia or overseas, or mammals in rabies endemic countries.

Anyone potentially exposed to either virus from contact with the saliva or neural tissues of a bat in Australia, or any mammal (including bats) in a rabies-endemic country, requires PEP to prevent infection. When given prior to the onset of symptoms, rabies vaccine is effective at preventing both rabies and ABLV. Without vaccine, infection with rabies or ABLV almost always results in death.

For most people PEP consists of four doses of rabies vaccine given over 14 days. People who are immunosuppressed are recommended to have a fifth dose. Rabies immunoglobulin may also be given with the first rabies vaccine for people who have had a particularly high-risk exposure (such as bites or scratches that pierce the skin, or where mucous membranes are contaminated by an animal's saliva). People who have completed a rabies vaccine course prior to the exposure only need two additional doses of rabies vaccine and no immunoglobulin.

Rabies vaccine and PEP recommendations are provided in [The Australian Immunisation Handbook \(10th edition\)](#) in part 4.16: Rabies and Other Lyssaviruses (including Australian Bat

[Lyssavirus](#)). Clinicians should contact their local public health unit on 1300 066 055 for advice and to order PEP for potentially exposed people.

Follow the link for more information on [rabies and Australian bat lyssavirus infection](#).

[Back to top](#)

Hajj Travel Advice

The annual Hajj pilgrimage to Mecca, Saudi Arabia, is among the largest mass gatherings in the world. Hajj draws about three million Muslims from around the world each year, including many Australians. This year, Hajj will take place between 2 to 7 October. Umrah is a similar pilgrimage that can be undertaken at any time of the year.

Because of the crowds, mass gatherings such as Hajj and Umrah are associated with unique health risks. Travellers to perform the Hajj and Umrah can reduce their risk of illness and injury through simple precautions taken before and during their pilgrimage.

The World Health Organization (WHO) has issued updated health advice for pilgrims related to the risk of MERS coronavirus (MERS-CoV). This includes the following advice:

- People with pre-existing major medical conditions (for example diabetes, chronic lung disease, or immune deficiency) should consult a doctor before travelling to review the risk and assess whether making the pilgrimage is advisable.
- Travellers should delay their travel to Saudi Arabia if they develop a respiratory illness with fever and cough.
- Travellers should avoid contact with camels, not visit farms, and not consume raw camel milk or urine or undercooked meat.

The Kingdom of Saudi Arabia Ministry of Health also recommends that certain groups should postpone the performance of Umrah and Hajj this year, including:

- Elderly people
- Pregnant women and children
- People with chronic diseases (such as heart disease, kidney disease, diabetes, or respiratory disease, or immune deficiency).

The reporting of MERS-CoV infections from Saudi Arabia and other affected countries on the Arabian Peninsula has decreased markedly in recent weeks. Nevertheless, clinicians should consider MERS-CoV infections in pilgrims and other travellers returning from this region who develop pneumonia or pneumonitis within 14 days of their return.

Follow the link for further information, including vaccination and other health recommendations, on [Hajj Travel Advice](#).

Follow the link for further information on [MERS coronavirus](#).

[Back to top](#)

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 25 August to 31 August 2014, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	6	2	294	990	538	1132	655
	Giardiasis	31	50	2010	1646	1495	2242	2014
	Hepatitis E	1	0	29	13	5	16	10
	Rotavirus	14	28	349	300	789	508	1760
	Salmonellosis	46	40	3051	2509	2044	3483	2941
	Shigellosis	1	7	148	84	95	136	131
Respiratory Diseases	Influenza	2302	2806	14775	5445	6619	8401	8037
	Tuberculosis	8	8	290	294	309	440	469
Sexually Transmissible Infections	Chlamydia	399	411	15568	14729	14982	21089	21267
	Gonorrhoea	85	68	3189	3041	2835	4266	4116
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	3	183	426	210	509	269
	Mumps	1	0	62	67	98	89	110
	Pertussis	57	55	1352	1610	4535	2378	6000
	Pneumococcal Disease (Invasive)	13	17	330	359	393	489	564
	Rubella	1	0	7	11	11	12	11
Vector Borne Diseases	Dengue	2	1	296	217	220	303	288
	Malaria	1	1	68	66	48	93	68
	Ross River	10	14	430	398	480	513	598
Zoonotic	Q fever	2	4	112	111	91	163	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.

[Back to top](#)