

Communicable Diseases Weekly Report

Epi-Week 40: 29 September – 5 October 2014

In summary, we report:

- [Ebola virus disease \(EVD\)](#) – global update
- [Hepatitis A](#) – five new cases including a family cluster
- [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.

[Ebola virus disease \(EVD\) – global update](#)

The World Health Organization (WHO) has received reports of 8033 cases (suspected, probable and confirmed) of Ebola virus disease (EVD), including 3879 deaths, up to 5 October 2014.

The countries with on-going community transmission are Guinea, Liberia, and Sierra Leone. Limited local transmission occurred in Nigeria following a single introduced case but appears to have now ceased. Single introduced cases have been reported from Senegal and from the United States of America. The first case of local EVD transmission outside of Africa has recently been reported in Spain, in a healthcare worker who had cared for a patient with EVD who had been evacuated from Sierra Leone.

The past week has seen a continuation of recent trends: the situation in Guinea, Liberia, and Sierra Leone continues to deteriorate, with widespread and persistent transmission of EVD. Problems with data gathering in Liberia continue. It should be emphasized that the reported fall in the number of new cases in Liberia over the past three weeks is unlikely to be genuine. Rather, it reflects a deterioration in the ability of overwhelmed responders to record accurate epidemiological data. It is clear from field reports and first responders that EVD cases are being under-reported from several key locations, and laboratory data that have not yet been integrated into official estimates indicate an increase in the number of new cases in Liberia. There is no evidence that the EVD epidemic in West Africa is being brought under control, though there is evidence of a decline in incidence in the districts of Lofa in Liberia, and Kailahun and Kenema in Sierra Leone.

EVD (formerly known as Ebola Haemorrhagic Fever) is a rare, severe and often fatal illness that occurs almost exclusively in some countries in East, Central and West Africa. EVD typically begins with a sudden onset of fever, muscle and joint aches, weakness, and headache, progressing to vomiting, diarrhoea, rash, and liver and kidney failure. Some outbreaks have been associated with profuse internal and external bleeding, but bleeding has not been as prominent a feature in the current outbreak.

The infection is transmitted by direct contact with the blood, body fluids and tissues of infected animals or people. It is not spread by the airborne route which means that once identified it should be easier to contain than other viral infections like measles, provided appropriate resources for infection control are available.

In some outbreaks more than half of the people infected with the virus have died, but the survival rate improves markedly when people have access to basic supportive care.

For further information see the NSW Health [EVD website](#) and [EVD Outbreaks in West Africa Alert](#) page.

[Back to top](#)

Hepatitis A

Five new cases of hepatitis A were notified this week (Table 1), all of which were acquired overseas. One of the cases was an unvaccinated traveller recently returned from a trip in Indonesia. Health authorities in the Northern Territory conducted the contact tracing for this case and provided post-exposure prophylaxis. Another case was notified in an unvaccinated teenager who acquired their infection during travel in Afghanistan.

The remaining three notifications were unvaccinated young siblings who had travelled to their father's home village in Fiji with their family, where they likely acquired their infections. A fourth sibling who was not tested also became unwell shortly after returning from Fiji.

Hepatitis A is a viral infection of the liver. The virus can survive in the environment for several weeks in the right conditions (for example, in sewage). Hepatitis A is usually transmitted when virus from an infected person is swallowed by another person through: eating contaminated food, drinking contaminated water, handling nappies, linen and towels soiled with the faeces of an infectious person, or through direct contact (including sexual) with an infectious person.

An effective hepatitis A vaccine is available but may take up to two weeks to provide protection. Hepatitis A vaccination is recommended for people at higher risk of infection, such as travellers to countries where hepatitis A is common (including most developing countries).

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

[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 29 September to 5 October 2014, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	8	6	318	1008	548	1132	655
	Giardiasis	50	49	2265	1819	1656	2242	2014
	Hepatitis A	5	1	56	51	29	62	41
	Rotavirus	25	16	441	373	1377	508	1760
	Salmonellosis	56	48	3327	2721	2260	3483	2941
	Shigellosis	7	2	168	104	102	136	131
Respiratory Diseases	Influenza	407	652	19836	7557	7553	8402	8036
	Tuberculosis	8	11	345	339	350	440	469
Sexually Transmissible Infections	Chlamydia	413	418	17697	16528	16871	21090	21267
	Gonorrhoea	88	95	3709	3407	3233	4267	4116
Vaccine Preventable Diseases	Adverse Event Following Immunisation	1	3	196	452	234	509	269
	Pertussis	61	57	1692	1823	4974	2378	6000
	Pneumococcal Disease (Invasive)	12	7	399	405	466	489	564
Vector Borne Diseases	Barmah Forest	6	2	145	358	261	439	352
	Chikungunya	1	2	19	17	0	22	1
	Dengue	6	1	323	243	238	303	288
	Ross River	8	16	485	425	511	513	598
Zoonotic	Q fever	2	1	133	124	101	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](#)