

Communicable Diseases Weekly Report

Epi-Week 42: 13 October – 19 October 2014

In summary, we report:

- [Middle Eastern Respiratory Syndrome Coronavirus](#) – update
- [Ebola Virus disease \(EVD\)](#) – update on preparedness
- [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.

Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV)

Three recently returned travellers from the Middle East have been tested for MERS-CoV infection due to having symptoms suggestive of an infection consistent with the virus. Two travellers were returning from the Hajj pilgrimage and the other traveller had had a stop-over in Dubai. All people tested negative to MERS-CoV; however this comes as a timely reminder to be alert for people with a clinically consistent illness who are returning from the Middle East.

As of 11 October 2014, the World Health Organization (WHO) reported that there had been 877 laboratory-confirmed cases of MERS-CoV, including 317 deaths (case fatality rate 35%), with seven new cases reported in the period 29 September to 11 October.

The virus was first identified in September 2012, with the first known cases having disease onsets in March and April 2012. The majority of cases have occurred between April and October 2013.

All cases have had a history of residence in or travel to the Middle East, or contact with travellers returning from these areas. Affected countries in the Middle East include Jordan, Kingdom of Saudi Arabia, the United Arab Emirates, Qatar, Oman and Kuwait.

Most cases are sporadic but there have been known secondary cases where the infection has spread in households to family members, within health care facilities and one in a workplace that was not a health care facility. However, the virus does not appear to be highly infectious and transmission from person to person in healthcare settings can be prevented by infection control measures.

MERS-CoV disease starts with an influenza-like illness followed by shortness of breath and rapid progression to pneumonia. Multi-organ failure occurs in severe cases. Mild illness and asymptomatic cases have also been reported. Cases with severe symptoms have tended to be older, male and to have underlying medical conditions.

There is evidence that dromedary camels may play a role in the spread of MERS-CoV.

WHO does not recommend the application of any travel restrictions to affected countries but has provided [travel advice for people making pilgrimages in Saudi Arabia](#) (external link).

Follow the link for [further information on MERS-CoV](#), including links to information provided by the Australian Department of Health, WHO and the Centres for Disease Control and Prevention.

Follow the link for [advice for health professionals](#) about the clinical presentation, testing and appropriate infection control for people suspected to have MERS-CoV infection.

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Ebola virus disease (EVD) – update on preparedness

The World Health Organization (WHO) has received reports of 9216 cases (suspected, probable and confirmed) of Ebola virus disease (EVD), including 4555 deaths, up to 14 October 2014. The countries with on-going community transmission are Guinea, Liberia, and Sierra Leone. WHO has reported that the outbreaks in Senegal and Nigeria are now over. Limited local transmission has occurred in Texas (USA) and in Madrid (Spain) but there is no on-going transmission.

NSW Health has recently published a number of resources to assist Local Health Districts to prepare for the unlikely event that a traveller recently returned from one of the three affected countries in West Africa develops an illness consistent with EVD. These include the following:

- [Ebola Factsheet](#)
- [Ebola Patient Risk Assessment Algorithm](#)
- [NSW Viral Haemorrhagic Fever \(VHF\) Contingency Plan](#)
- [Hospital EVD Preparedness Checklist](#)
- [Ebola PHU Control Guidelines](#)

Additional advice for laboratories has been developed by the Public Health Laboratory Network (PHLN) and is available [on-line](#). Please note that in NSW, patients assessed as being at increased risk of EVD will have EVD testing conducted at the ICPMR high-security laboratory at Westmead, as outlined in the NSW VHF Contingency Plan.

Border measures are in place to check people coming from affected countries as they arrive in Australia. NSW Health is notified immediately if a person is unwell, or has had contact with an Ebola case. All people entering Australia from affected countries are provided with information about Ebola and what to do if symptoms develop.

Humanitarian aid healthcare workers returning from Ebola-affected countries cannot return to patient care duties for 21 days after leaving West Africa, and they remain under public health surveillance during that period.

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. After an incubation period up to 21 days (most commonly 8-10 days), the illness typically begins with the sudden onset of fever together with 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 Outbreaks in West Africa Alert](#) page.

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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 13 October to 19 October 2014, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	4	7	324	1020	560	1132	655
	Giardiasis	53	41	2358	1899	1723	2242	2014
	Hepatitis A	1	0	55	54	30	62	41
	Rotavirus	25	25	490	414	1535	508	1759
	Salmonellosis	76	58	3442	2885	2394	3483	2941
	Shigellosis	4	4	175	111	107	136	131
Respiratory Diseases	Influenza	179	169	20039	7837	7687	8403	8036
	Tuberculosis	10	6	365	352	376	438	467
Sexually Transmissible Infections	Chlamydia	376	250	18308	17335	17719	21090	21267
	Gonorrhoea	80	84	3897	3556	3400	4267	4116
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	2	201	469	243	509	269
	Mumps	3	1	68	77	103	89	110
	Pertussis	84	63	1847	1933	5155	2378	6000
	Pneumococcal Disease (Invasive)	14	9	420	426	487	489	564
Vector Borne Diseases	Barmah Forest	3	1	151	366	276	438	352
	Dengue	1	2	328	257	247	303	288
	Malaria	2	2	79	80	58	93	68
	Ross River	23	21	524	442	525	512	598

* 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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