Communicable Diseases Weekly Report

Week 49, 1 to 7 December 2014

In summary, we report:

- **Hepatitis E** - two new cases, one locally acquired case with a history of consuming pork
- **Salmonellosis outbreaks** - five outbreaks investigated
- **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 virus (HEV) infection notified this reporting week (Table 1). One case acquired their infection in India. The other case had no history of overseas travel but reported eating pork sausage during their exposure period. It is not known whether these sausages contained pork liver. This year there has been a small number of people who have acquired HEV after eating pork products, mainly pork liver, in NSW. In September 2014 NSW Health released a media statement advising the public and food handlers to ensure thorough cooking of pork products and good food hygiene of all raw meats.

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

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

In developed countries such as the UK and Japan, outbreaks and sporadic cases of HEV have been reported following consumption of raw or undercooked shellfish, pork or deer.

The recent cases in NSW are the first instances where Australian pork has been linked to human cases of HEV. This highlights the need to ensure that pork, (especially pork liver) is appropriately handled and cooked 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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Salmonellosis

There have been 106 notifications of salmonellosis this reporting week (Table 1). Health Protection NSW and local health district public health units (PHUs) have been investigating five outbreaks of salmonellosis. Two of these outbreaks were reported to PHUs by members of the public, after which the PHUs investigated and confirmed the outbreaks. The other three outbreaks were identified through regular review of disease notification data by PHU staff. Three of the five outbreaks are thought to be due to the consumption of foods containing undercooked eggs: chocolate mousse cakes from a patisserie; fried ice-cream from a Chinese restaurant; and breakfast dishes from a café (including omelette, poached eggs and hollandaise sauce). Another outbreak found illness associated with consuming a pre-prepared lamb dish and the likely source of the infection has not yet been found for the other outbreak.

The NSW Food Authority (NSWFA) is conducting inspections of the related premises. In all cases samples will be taken and advice given to ensure the practices at the food premise meet appropriate food safety and hygiene standards to prevent further illness. These measures include not serving foods that contain raw egg, practices to prevent cross-contamination of ready to eat foods, and cleaning and sanitising of environmental surfaces.

Salmonella notifications usually begin to climb steeply in December each year and peak over summer because *Salmonella* flourishes in warmer weather so is able to produce an infective dose in contaminated food in a shorter time. Products containing undercooked eggs are the most common source of outbreaks of salmonellosis in NSW. Restaurants, cafes, bakeries, caterers and manufacturers that make raw egg dressings, desserts and sauces need to follow safe handling practices. They should try to use alternatives to raw eggs in foods which are not subsequently cooked. Alternatives include commercially produced dressings and sauces, or pasteurised egg products.

Follow the link for further information on safe handling of raw egg products from the NSWFA.

Follow the link for further information on salmonellosis notifications.

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 01 to 07 December 2014, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	15	15	393	1108	633	1132	655
	Giardiasis	55	57	2786	2188	1972	2242	2014
	Hepatitis E	2	0	36	16	9	16	10
	Rotavirus	12	25	665	498	1748	508	1759
	Salmonellosis	106	77	4039	3365	2821	3483	2941
	Shigellosis	7	2	200	134	127	136	131
	Typhoid	4	0	41	55	41	58	43
Respiratory Diseases	Influenza	50	52	20609	8327	7956	8403	8036
	Tuberculosis	1	10	433	419	452	437	468
Sexually Transmissible Infections	Chlamydia	453	499	21814	20446	20702	21090	21267
	Gonorrhoea	94	91	4655	4166	4022	4267	4116
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	5	228	500	266	509	269
	Meningococcal Disease	2	0	36	48	66	48	67
	Mumps	2	2	76	86	107	89	110
	Pertussis	121	83	2668	2293	5862	2378	6000
	Pneumococcal Disease (Invasive)	12	14	491	478	558	490	564
Vector Borne Diseases	Barmah Forest	1	3	159	424	336	438	352
	Dengue	5	4	361	293	283	303	288
	Ross River	25	26	633	504	588	512	598
Zoonotic	Leptospirosis	1	1	13	11	23	11	23
	Q fever	2	3	167	160	127	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.
- 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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