Communicable Diseases Weekly Report

Week 31 27 July - 2 August 2015

In summary, we report:

- **Lymphogranuloma venereum (LGV)** – one new case reported
- **Hepatitis E** – two new cases reported, including one locally-acquired case
- **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.

Lymphogranuloma venereum (LGV)

One new case of lymphogranuloma venereum (LGV) was notified this reporting week (Table 1). There have been 14 cases to date in 2015; all cases have been in adult males living in metropolitan Sydney.

LGV is a sexually transmissible infection (STI) caused by certain rare types of the bacterium *Chlamydia trachomatis*. Other types of *Chlamydia trachomatis* bacteria cause the more common chlamydia infection and trachoma, an eye disease. LGV and chlamydia, although both STIs, are quite different infections.

LGV begins as a small painless ulcer at the site of infection. This is usually in the genital area, rectum or mouth. This heals by itself after a few days and most people are not aware of it. Over the next two to six weeks, the infection spreads to the local lymph glands usually in the groin or inside the pelvis. Symptoms at this stage may also include fever, tiredness, muscle and joint pain, loss of appetite and headaches.

Infected lymph nodes become swollen and filled with pus. These may open up and discharge the pus to the surface of the skin or to the inside of the rectum or vagina in women. The infected lymph nodes and adjacent infected tissues are called buboes. If untreated, the course of the disease is prolonged with scarring that may result in deformity in the affected area.

LGV is spread through unprotected anal, vaginal or oral sex, especially if there is trauma to the skin or mucous membranes. Having ulcers due to LGV increases the risk of becoming infected with HIV.

Using condoms for anal and vaginal sex, and dental dams and condoms for oral sex, reduces the risk of spreading LGV. To avoid infection, sex partners should not share sex toys, or toys should be washed and protected with a fresh condom between partners.

Antibiotics are effective in treating LGV infection. People who have LGV should not have sex until they have completed a course of antibiotics to prevent spreading the infection to their partner. Sexual partners of people diagnosed with LGV should be tested.

Follow the links for further information on lymphogranuloma venereum and LGV data.

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Hepatitis E

There were two new cases of hepatitis E virus (HEV) infection notified this week (Table 1). One was acquired overseas (in Pakistan), while the other case was an adult Sydney resident with no recent history of overseas travel. The locally acquired case reported eating pork several times in his exposure period.

Most HEV infections occur without symptoms. When symptoms occur there is usually a self-limited, acute illness characterised by nausea, vomiting, tiredness, abdominal pain, fever, dark urine and jaundice (yellowing of the skin and eyes). HEV infections in high-risk groups – particularly infants, people with pre-existing liver disease and pregnant women – can lead to fulminant liver failure or other serious complications.

HEV infection occurs widely in developing countries. HEV infection is a rarely reported infection in Australia: there are usually between 10 and 20 HEV cases notified each year in NSW. In 2014 an outbreak of HEV in NSW was determined to be due to a pork liver dish made from Australian pork liver, prior to this it was thought all infection was overseas acquired.

NSW Health actively follows-up all people who have been notified as having a HEV infection to determine their likely source of infection and prevent further cases. Almost all cases in previous years in NSW have been in people who had travelled overseas in the period they were likely to have been infected or, rarely, in the household contacts of infected travellers.

HEV is usually spread by the faecal-oral route. The most common source of infection in developing countries is thought to be consumption of faecally-contaminated drinking water. Sporadic HEV outbreaks have been reported in developed countries following consumption of raw or undercooked pork or deer meat. Consumption of shellfish was a risk factor in one recently described outbreak.

One Australian study has shown that some local pig herds have evidence of having been exposed to HEV but it was not able to determine the risk of swine HEV transmission to humans. Nevertheless, this highlights the need to ensure that pork and other meat is cooked appropriately prior to consumption.

HEV and other potentially harmful viruses and bacteria that may be associated with pork are all destroyed by thorough cooking and proper handling. Pork livers and other pork products need to be cooked all the way through to kill any organisms that may be present – lightly searing the surface is not enough.

Follow the link for more information from the NSW Food Authority on keeping food safe.

Follow the link for further information on HEV hepatitis E data.

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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 27 July to 2 August 2015, by date received.

		Weekly		Year to date			Full Year	
		This week	Last week	2015	2014	2013	2014	2013
Enteric Diseases	Cryptosporidiosis	6	11	646	285	974	429	1132
	Giardiasis	50	60	2227	1892	1499	2942	2242
	Hepatitis E	2	0	9	28	13	38	16
	Rotavirus	12	8	217	273	248	714	508
	Salmonellosis	46	39	2785	2950	2346	4302	3483
	Shigellosis	4	4	105	140	75	210	136
Respiratory Diseases	Influenza	959	706	6147	6980	2305	20888	8403
	Legionellosis	1	3	63	48	63	72	109
	Tuberculosis	5	8	232	268	250	473	443
Sexually Transmissible Infections	Chlamydia	369	400	13404	14384	13156	22897	21089
	Gonorrhoea	92	75	3133	2994	2704	4876	4266
	LGV	1	0	14	9	24	14	29
Vaccine Preventable Diseases	Adverse Event Following Immunisation	1	2	113	187	402	256	509
	Meningococcal Disease	2	0	25	20	23	37	48
	Mumps	3	0	34	58	65	82	89
	Pertussis	239	200	4591	1237	1441	3051	2379
	Pneumococcal Disease (Invasive)	18	13	260	283	293	512	490
	Rubella	2	0	7	5	11	10	12
Vector Borne Diseases	Barmah Forest	2	0	151	129	306	163	438
	Dengue	4	3	202	294	190	378	303
	Malaria	1	0	24	66	59	87	93
	Ross River	21	19	1403	386	375	677	512
Zoonotic	Q fever	2	4	123	113	101	190	163

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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