

# Communicable Diseases Weekly Report

## Week 39 21 to 27 September 2015

In summary, we report:

- [Salmonellosis](#) – foodborne outbreak
- [Ciguatera seafood poisoning](#) – three new cases reported
- [Influenza](#) – season ending and recommended composition of 2016 Australian influenza vaccines
- [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.

### Salmonellosis

There have been 39 notifications of salmonellosis this reporting week (Table 1). Salmonellosis notifications have been increasing in September as the weather has become warmer.

Health Protection NSW and Liverpool Public Health Unit (PHU) have been investigating a cluster of salmonellosis notifications identified through regular review of disease notification data. The cluster consisted of 10 cases with the same molecular typing profile with specimen collection dates from 6 to 9 September in the Liverpool area. Interviews with 7 of the 10 cases revealed the consumption of Vietnamese style pork rolls on 4 and 5 September in the same area; only two cases could remember the name of the bakery where they had purchased their roll.

The NSW Food Authority (NSWFA) inspected the bakery and found the premises were generally well run but raw egg mayonnaise was being produced and in use. The NSWFA discourages the use of raw egg mayonnaise but when it is used, they advise that strict temperature controls be maintained, batches be kept small and acidification be enacted and measured. Records were not kept to assure that these steps were taken at this bakery. Food and environmental samples were taken; four food samples and two environmental samples were positive for *Salmonella*, including cooked pork, pate, mayonnaise, pork floss, a boot swab and the pate blender swab. The business was prohibited from serving pork rolls until they could show they were clear of *Salmonella*.

*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.

Salmonellosis is a form of gastroenteritis caused by *Salmonella* bacteria, which are commonly found in animals. Symptoms of salmonellosis include fever, headache, diarrhoea, abdominal pain, nausea, and vomiting. Symptoms usually start around six to 72 hours after ingestion of the organism. Symptoms typically last for four to seven days, but can continue for much longer. Occasionally hospitalisation is required for management of dehydration, particularly in young babies, elderly people and those with weakened immune systems.

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](#)

Follow the link for the [salmonellosis factsheet](#)

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## **Ciguatera seafood poisoning**

Three cases of ciguatera poisoning were reported this week in a family who ate a regulation size redthroat emperor fish caught off a regularly fished seamount off the Queensland coast. The fish was purchased whole from a local fish market, cleaned and eviscerated in-store, and cooked and eaten on the same day. The father of the family experienced onset of symptoms within a few hours of eating the head of the fish, which progressively worsened during the week before presenting to an emergency department. The wife and a child reported milder symptoms after eating a small portion of the fish.

Ciguatera poisoning occurs from eating fish containing the ciguatera toxin. This toxin is produced by a dinoflagellate; a small marine organism that lives on coral and algae in tropical and subtropical waters, upon which small herbivorous fish feed. The toxin is concentrated in larger carnivorous fish as it moves up the food chain. Ciguatera poisoning has been previously associated with coral trout, Spanish mackerel, red emperor, wrasse, reef cod, sturgeon fish, trevally, queenfish, chinaman, red bass, groper, barracouta and kingfish. The toxin does not affect the appearance, odour or taste of the fish and it is not destroyed by cooking or freezing.

Symptoms of ciguatera poisoning begin 1–24 hours after exposure, depending on the amount of toxin ingested. Symptoms may include:

- nausea, vomiting and diarrhoea, often with abdominal cramps
- tingling and numbness in fingers, toes, around lips, tongue, mouth and throat
- headache, tiredness, dizziness and fainting
- temperature reversal with a burning sensation on contact with cold water
- intense itchiness
- joint and muscle pain with muscular weakness
- convulsions and difficulty breathing in severe cases.

Most symptoms disappear within days to several weeks, but some may persist for months causing significant distress as the toxin is slowly excreted. Cases are more sensitive to further exposures to the toxin, particularly in the first few months after their illness. They should be advised to avoid eating warm water fish for at least six months. Alcohol should also be avoided as this can trigger symptoms.

Ciguatera poisoning can be avoided by not eating large warm water fish. Fish weight should be limited to about six kilogram as ciguatera poisoning usually occurs when larger fish are eaten. The head, roe, liver and other viscera of warm water ocean fish should not be eaten, as ciguatera toxin is concentrated in these parts of the fish.

There are certain reefs in waters off the Northern Territory and Queensland which are known to be associated with ciguatera poisoning. Fish of any size caught at these reefs should not be eaten.

Follow the link for further information on [seafood poisoning](#).

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## Influenza - Season ending and recommended composition of 2016 Australian influenza vaccines

Influenza activity in NSW over the last few weeks has decreased significantly. Notifications remain elevated but all influenza surveillance systems have continued a downward trend for the last 2-3 weeks. The season peaked in the last week of August with notifications far exceeding those of 2014 (previously the highest year for the number of notifications received). For more detailed influenza surveillance information from a range of sources see the NSW Health [Influenza surveillance reports](#). Follow the link for more information regarding [influenza notifications](#).

The WHO Consultation on the Composition of Influenza Vaccines for the 2016 Southern Hemisphere was held in Memphis on 21-23 September 2015. Following the Consultation, WHO announced its recommendations for the composition of trivalent vaccines for use in the 2016 influenza season (southern hemisphere winter) as follows:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus;
- a B/Brisbane/60/2008-like virus.

It is recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Phuket/3073/2013-like virus.

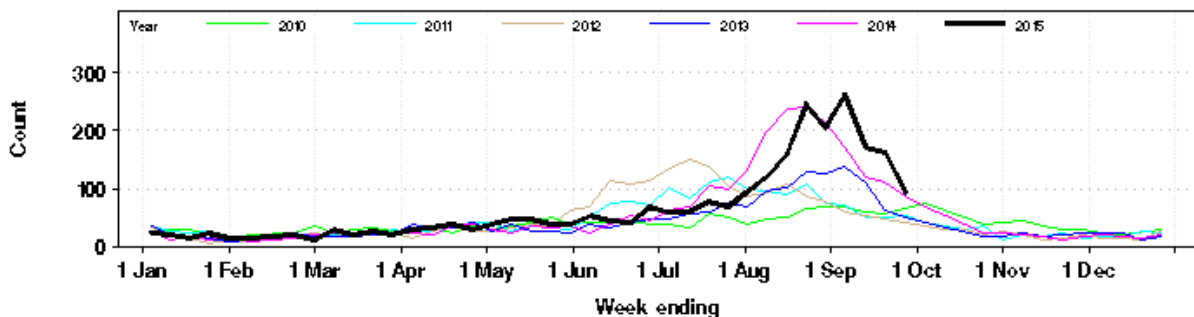
This is a change to both the A/H3 and B viruses from the vaccine recommendations for the southern hemisphere in 2015 and the northern hemisphere in 2015-2016. More details about the most recent recommendations can be found at:

[http://www.who.int/influenza/vaccines/virus/recommendations/2016\\_south/en/](http://www.who.int/influenza/vaccines/virus/recommendations/2016_south/en/)

The Public Health Real-time Emergency Department Surveillance System (PHREDSS) system is managed by the Centre for Epidemiology and Evidence, NSW Ministry of Health. It includes monitoring of presentations for a range of syndromes, discharge diagnoses and outcomes from 59 NSW emergency departments (EDs), representing approximately 85% of metropolitan ED presentations and approximately 60% of rural ED presentations.

In this reporting period, ED monitoring of influenza-like illness \* showed a continuing declining trend in activity, as shown in Figure 1.

**Figure 1. Total weekly counts of ED presentations for influenza-like illness, for 2015 (black line), compared with each of the five previous years, all age groups, up to the week ending 27 September 2015.**



\* Note that this data reflects provisional clinical diagnoses of “ILI syndrome” made by treating doctors in ED. This diagnostic category includes: ‘influenza-like illness’ and ‘influenza’ (including pneumonia with influenza).

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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 21 to 27 September 2015, by date received.\***

		Weekly		Year to date			Full Year	
		This week	Last week	2015	2014	2013	2014	2013
Enteric Diseases	Cryptosporidiosis	7	6	692	316	1004	429	1132
	Giardiasis	46	43	2619	2271	1784	2942	2242
	Hepatitis E	1	0	11	34	13	38	16
	Rotavirus	42	40	488	440	358	714	508
	STEC/VTEC	1	0	13	27	18	31	24
	Salmonellosis	39	53	3116	3358	2680	4302	3483
	Shigellosis	3	0	129	166	98	209	136
Respiratory Diseases	Influenza	1429	2399	27121	19831	7373	20888	8403
	Legionellosis	1	3	79	52	88	72	109
	Tuberculosis	7	4	295	358	335	473	443
Sexually Transmissible Infections	Chlamydia	362	373	16438	17774	16219	22894	21087
	Gonorrhoea	52	62	3679	3748	3349	4875	4264
	LGV	1	0	16	11	27	14	29
Vaccine Preventable Diseases	Adverse Event Following Immunisation	6	4	138	209	448	256	509
	Haemophilus influenzae type b	1	0	5	5	7	6	9
	Meningococcal Disease	1	0	34	24	35	37	48
	Mumps	2	0	38	67	75	82	89
	Pertussis	261	309	6703	1747	1795	3051	2379
	Pneumococcal Disease (Invasive)	10	10	382	395	395	511	490
Vector Borne Diseases	Dengue	1	1	245	333	239	378	303
	Malaria	1	0	32	76	73	87	93
	Ross River	11	22	1516	475	421	677	512

### 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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