# Communicable Diseases Weekly Report

## Week 1, 4 to 10 January 2016

In summary, we report:

- Hepatitis B – risk of infection for overseas travellers
- Australian bat lyssavirus (ABLV) – bat testing: one new positive and one negative
- Summary of notifiable conditions activity in NSW

*For further information on infectious diseases on-line see NSW Health Infectious Diseases. Also see NSW Health Infectious Diseases Reports for links to other surveillance reports.*

## Hepatitis B

Two cases of acute hepatitis B infection have been reported in people who had recently returned from overseas travel. Both cases occurred in men aged over 50 years who presented with symptoms of acute hepatitis. Although the cases are not linked, both infections appear to have been acquired while travelling overseas in the Asia-Pacific region.

Hepatitis B is a viral infection of the liver. Many people have no symptoms when they are first infected with hepatitis B. If there are symptoms, they usually develop within one to three months of infection and can include a mild flu-like illness, a yellowing of the skin and eyes (jaundice), abdominal pain, loss of appetite, nausea, dark urine and fatigue. Acute symptoms can last from days to a few weeks.

Most adults with a hepatitis B infection clear the infection without specific treatment. They are then no longer infectious and have lifelong immunity. However, in 5-10 per cent of cases the virus is not cleared leading to a chronic (long-term) hepatitis B infection. Chronic hepatitis B infection slowly damages the liver, so people with this condition may eventually suffer liver failure or cancer of the liver. People with a chronic hepatitis B infection also remain infectious to others.

The hepatitis B virus is spread through contact with body fluids (blood, semen, saliva or vaginal fluid) of an infected person. This can occur in different ways, including having sex without a condom, sharing contaminated equipment for injecting drugs, and coming into contact with infected blood through open cuts. Mothers who have hepatitis B can also pass the virus to their babies or children either during birth or shortly after if preventive measures are not employed.

Hepatitis B is more common in some countries in Asia, Africa and South America than in Australia. Although the risk to most travellers is low, overseas travellers may place themselves at risk of infection by engaging in unsafe practices such as by having unprotected sex with an infected person, having medical or dental procedures in facilities with poor infection control, or getting tattoos or piercings with unsterile needles.

Vaccination offers the best protection against hepatitis B, and is part of the infant vaccination program. It is also available from local doctors, and is offered free at sexual health clinics and some other venues for people at higher risk of infection.

In addition to vaccination, hepatitis B can be avoided by: always using condoms with new or casual sexual partners; never sharing needles, syringes and other injecting equipment; and ensuring tattoo, acupuncture, and body piercing equipment are sterile.

Further information about hepatitis B is available from the NSW Health website.

## Australian bat lyssavirus (ABLV)

During 2015, ten bats tested positive for ABLV. In the first week of 2016, Biosecurity NSW (Department of Primary Industries) reported testing two bats involved in human exposures. The first was an infant grey-headed flying fox rescued from the Wyoming area, the same region where other bats tested positive for ABLV in December last year (see CDWR Week 49/2015). After a few weeks in care, the baby bat displayed abnormal behaviour and scratched the carer, and subsequently tested positive for ABLV. As the carer was previously vaccinated, only booster doses of rabies vaccine were required.

The second bat was from the Manning River area and was submitted for ABLV testing after a vaccinated carer suffered two penetrating injuries. The bat tested negative for ABLV, and post-exposure prophylaxis was able to be discontinued.

Bats often become distressed during heatwaves and so the risk of people coming across bats which have fallen from trees may increase during these times.

All bats and flying foxes should be assumed to be infectious, regardless of the age of the animal or whether it looks sick or not. People should avoid all contact with adult bats and bat pups as there is always the possibility of being scratched or bitten. If bats must be handled then appropriate personal protective equipment (PPE) should be worn and the bat handler must be vaccinated. PPE includes puncture-resistant gloves and gauntlets, long sleeved clothing, safety eyewear or face shield to prevent mucous exposures, and a towel to hold the bat. Use a garden fork, spade or other implements to handle dead bats.

Lyssaviruses are a group of viruses that includes ABLV and rabies. ABLV is found in all species of bats in Australia, from the small insectivorous microbats to the larger flying fox species. Rabies virus is carried by a range of mammals in many overseas countries. Lyssaviruses are spread by bites and scratches from infected animals. Almost all human cases are fatal once symptoms commence.

Anyone who comes across an injured bat is advised to contact the local Wildlife Information Rescue and Education Service (WIRES) network on 1300 094 737. WIRES have trained staff equipped with appropriate PPE who can deal with bats safely. A veterinarian may also be able to offer assistance and advice.

Following any bite or scratch from a bat in Australia or overseas, or any wild or domestic mammal in a rabies endemic country, the person should, immediately wash the wound thoroughly with soap and water, apply an antiseptic with anti-virus action, and seek medical attention as soon as possible to care for the wound and assess the risk of infection and requirement for post-exposure treatment.

Further information about rabies and other lyssaviruses (including ABLV) is available from the NSW Health website.

## 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 4 to 10 January 2016, by date received ***

| | | Weekly | | Year to date | | | Full Year | |
|---|---|---|---|---|---|---|---|---|
| | | This week | Last week | 2016 | 2015 | 2014 | 2015 | 2014 |
| Enteric Diseases | Cryptosporidiosis | 14 | 17 | 20 | 10 | 23 | 1038 | 429 |
| | Giardiasis | 56 | 34 | 72 | 74 | 72 | 3414 | 2942 |
| | Listeriosis | 2 | 0 | 2 | 0 | 4 | 26 | 23 |
| | Rotavirus | 17 | 6 | 19 | 16 | 13 | 1021 | 714 |
| | STEC/VTEC | 3 | 1 | 3 | 0 | 2 | 26 | 31 |
| | Salmonellosis | 108 | 31 | 142 | 140 | 184 | 4049 | 4302 |
| | Shigellosis | 6 | 1 | 10 | 3 | 14 | 167 | 212 |
| | Typhoid | 1 | 1 | 1 | 1 | 2 | 41 | 44 |
| Respiratory Diseases | Influenza | 72 | 11 | 89 | 74 | 123 | 30268 | 20888 |
| | Legionellosis | 2 | 2 | 2 | 3 | 1 | 93 | 72 |
| | Tuberculosis | 6 | 3 | 6 | 8 | 21 | 432 | 474 |
| Sexually Transmissible Infections | Chlamydia | 387 | 121 | 497 | 502 | 683 | 22538 | 22900 |
| | Gonorrhoea | 76 | 44 | 105 | 113 | 138 | 5344 | 4877 |
| | LGV | 1 | 0 | 1 | 2 | 1 | 19 | 14 |
| Vaccine Preventable Diseases | Adverse Event Following Immunisation | 1 | 0 | 2 | 2 | 3 | 182 | 256 |
| | Meningococcal Disease | 1 | 1 | 1 | 3 | 1 | 46 | 37 |
| | Mumps | 1 | 0 | 1 | 2 | 4 | 63 | 82 |
| | Pertussis | 393 | 154 | 538 | 126 | 115 | 12079 | 3052 |
| | Pneumococcal Disease (Invasive) | 13 | 4 | 13 | 11 | 9 | 497 | 511 |
| | Rubella | 1 | 0 | 1 | 0 | 1 | 8 | 10 |
| Vector Borne Diseases | Barmah Forest | 1 | 1 | 1 | 2 | 8 | 187 | 163 |
| | Dengue | 5 | 7 | 6 | 6 | 10 | 333 | 378 |
| | Ross River | 20 | 7 | 24 | 25 | 15 | 1648 | 674 |
| Zoonotic | Brucellosis | 1 | 0 | 1 | 1 | 0 | 10 | 3 |
| | Leptospirosis | 1 | 0 | 1 | 0 | 0 | 14 | 16 |
| | Q fever | 2 | 1 | 2 | 6 | 15 | 253 | 190 |

*** 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.