Communicable Diseases Weekly Report

Week 17, 22 April to 28 April 2018

In summary, we report:

- Invasive meningococcal disease – three new cases
- Summary of notifiable conditions activity in NSW

For further information see NSW Health infectious diseases page. This includes links to other NSW Health infectious disease surveillance reports and a diseases data page for a range of notifiable infectious diseases.

Invasive meningococcal disease

Three new cases of invasive meningococcal disease (IMD) were notified in this reporting week (Table 1). All three cases occurred in adults, including two cases in individuals aged 55 years or older. The three cases did not have a common link and occurred in different local health districts (Southern NSW, Northern NSW, and South Eastern Sydney).

Two of the cases were found to be due to serogroup W, with results pending for the remaining case. Clearance antibiotics have been provided to all close contacts of the cases, with vaccination offered to contacts of the cases identified as serogroup W.

The provision of antibiotics to close contacts of IMD cases aims to clear meningococcal bacteria from the nose and throat of asymptomatic carriers, who may have passed the virulent strain to the case; and prevent potential additional transmission within the contact network. Clearance antibiotics are not the same as treatment for IMD, and close contacts are advised to be aware of the signs and symptoms of IMD, and seek treatment immediately if they present. For more information see the NSW Health Meningococcal Disease Advice Poster (PDF).

When infection is due to serogroup A, C, W or Y, close contacts are also offered meningococcal vaccine to further reduce the risk of secondary cases arising in the contact network.

Following the introduction of a serogroup C vaccine in 2003, which is provided free of charge at 12 months of age, the number of cases of IMD caused by serogroup C has decreased substantially. Serogroup B was previously the most common cause of IMD in Australia; however, since 2016 both serogroup W and Y have increased Australia-wide. In NSW, serogroup B remains the predominant strain, accounting for 40 per cent of cases since 2016; while serogroup W has been identified as the cause of 27 per cent of NSW cases between January 2016 and April 2018.

These three cases bring the total for the year to 23, the highest number of cases year to date recorded since 2011. Of cases received for the year to date, 41% have been serogroup B, while 27% have been serogroup W. For the same period of 2017, 52% of cases were caused by serogroup B, with only 10% of cases caused by serogroup W.

In February 2017 the NSW Government announced the NSW Meningococcal W Response Program which provided free meningococcal ACWY vaccine (4vMenCV) to Year 11 and 12 students at their schools in 2017. This provides protection for these students as well as contributing to herd immunity in the broader population. In 2018 free meningococcal ACWY vaccine is being offered to students in Years 10 and 11, with free vaccine also available through general practitioners for students who do not attend school, or who miss school clinics.

The Australian Government has announced that from July 2018 the serogroup C vaccine on the National Immunisation Program will be replaced with a vaccine that covers four strains – A, C, W and Y (4vMenCV) – for children at 12 months of age.

A vaccine against some serogroup B strains is also available in Australia. It is recommended for young children and adolescents but is not part of the National Immunisation Program. People with certain high risk conditions that predispose them to developing IMD, such as those without a spleen, are also recommended to be vaccinated against all meningococcal serogroups for which a vaccine is available.

Follow the links for more information on meningococcal disease, vaccination and notification data.

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 22 April – 28 April 2018, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2018	2017	2016	2017	2016
Bloodborne Diseases	Hepatitis B - Newly Acquired	1	0	4	6	7	13	13
	Hepatitis C - Newly Acquired	1	0	11	10	13	39	25
Enteric Diseases	Cryptosporidiosis	9	21	358	862	529	1266	1184
	Giardiasis	51	51	994	1347	1491	2994	3480
	Hepatitis A	2	2	45	10	20	72	41
	Rotavirus	10	17	321	215	196	2318	750
	STEC/VTEC	2	2	23	21	15	53	65
	Salmonellosis	55	80	1460	1836	2051	3687	4544
	Shigellosis	1	3	75	69	98	235	310
	Typhoid	1	1	26	30	22	55	37
Respiratory Diseases	Influenza	76	132	3772	2884	2430	103851	35540
	Tuberculosis	5	6	135	161	168	537	534
Sexually Transmissible Infections	Chlamydia	503	728	10448	10098	8550	28977	25990
	Gonorrhoea	186	241	3517	3324	2141	9174	6998
Vaccine Preventable Diseases	Adverse Event Following Immunisation	15	1	68	113	83	271	258
	Meningococcal Disease	3	0	23	20	16	91	70
	Pertussis	65	64	1245	2099	4305	5367	10956
	Pneumococcal Disease (Invasive)	4	6	108	109	106	681	545
Vector Borne Diseases	Dengue	1	4	108	117	200	305	485
	Ross River	12	10	165	1108	253	1653	595
Zoonotic Diseases	Q fever	1	1	62	80	84	210	231

* 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 chronic blood-borne virus case reports are not included here but are available from the Infectious Diseases Data webpage.