

# Communicable Diseases Weekly Report

## Week 2, 7 to 13 January 2018

In summary, we report:

- [Invasive meningococcal disease](#) – two new cases
- [Listeriosis](#) – three new cases
- [Dengue](#) – ten new cases from Samoa
- [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

Two cases of invasive meningococcal disease (IMD) were notified this week (Table 1). These unrelated cases occurred in residents of Illawarra Shoalhaven and South Western Sydney Local Health Districts. Both cases occurred in adults, with no links identified between the two cases. One case has been typed as Serogroup Y with results for the other pending.

Close contacts of the cases have been provided with clearance antibiotics. The main rationale for clearance antibiotics is to clear the meningococcal bacteria from the nose and throat from any carrier within the network of contacts close to each case. This reduces the risk of further transmission of what may be a more virulent strain of the organism within the contact network and prevents further cases of invasive disease. Clearance antibiotics are not a treatment for meningococcal disease.

IMD is caused by infection with one of several serogroups of *Neisseria meningitidis* bacteria. The most common invasive serogroups in Australia are B, C, W and Y. The bacteria are spread through direct contact of mucous membranes with the organism, such as exposure to respiratory droplets from the nose and throat of an infected person.

In a very small proportion of people the bacteria invades from the throat to other parts of the body, causing IMD; usually involving meningitis (infection of the lining of the brain), septicaemia (infection of the blood) or both. It is important to identify symptoms of IMD early and immediately seek medical advice as early antibiotic treatment is lifesaving. For more information see the [Meningococcal disease fact sheet](#).

Following the introduction of a serogroup C vaccine in 2003, which is provided free of charge at 12 months of age, the number of infections caused by serogroup C has decreased substantially. Serogroup B has previously been the most common cause of IMD in Australia; however, serogroup W has become the predominant type Australia-wide with NSW case notifications almost tripling from 2015 to 2016.

In February 2017 the NSW Government announced the NSW Meningococcal W Response Program which provides free meningococcal ACWY vaccine (4vMenCV) to Year 11 and 12 students at their schools in 2017. In 2018, 4vMenCV will be offered to year 10 and 11 students. For more information see the [NSW Meningococcal W Response Program](#).

Follow the links for more information on [meningococcal disease](#), [vaccination](#) and [notification data](#).

## Listeriosis

Three new cases of *Listeria* infections (listeriosis) were reported this week ([Table 1](#)). The first case was in an otherwise healthy 80 year old man who reported eating some high risk foods, but also reported poor food handling practices which could contribute to listeria proliferation. The second case was in a 71 year old man who had listeria cultured from an infected knee, thought to have been transmitted from the skin during the birth of a calf. The third case was in a 71 year old woman with multiple pre-existing medical conditions. Her family reported that she had consumed a number of high risk foods in the incubation period. The cases are not thought to be related to each other, however typing is pending on all cases.

Listeriosis is a rare illness caused by eating food contaminated with a bacterium called *Listeria monocytogenes*. For more information on the illness see the [Listeriosis fact sheet](#).

People at increased risk of listeriosis – including older people, people with weakened immune systems and pregnant women – should not eat a range of higher risk foods, and fruit and vegetables eaten raw should be thoroughly washed prior to eating.

For further information on which people are at increased risk of listeriosis and which foods to avoid see the [Listeriosis fact sheet](#) and the NSW Food Authority [Food safety during pregnancy brochure](#).

Follow the link for further information on [listeriosis notifications](#).

## Dengue

There were 13 new cases of dengue notified this week (Table 1). Ten of these cases were in people who became infected during travel in Samoa, a country that has been experiencing a dengue outbreak since August 2017. Dengue has also been recently reported in Fiji and Kiribati. See the [WHO Pacific Syndromic Surveillance report](#) for more information.

Dengue is a mosquito-borne viral infection transmitted by the bite of particular *Aedes* mosquitoes. Dengue usually causes severe flu-like symptoms, including sudden fever, chills, severe headache with pain behind the eyes, swollen glands, muscle and joint pain and extreme fatigue. For more information on the illness see the [Dengue fact sheet](#).

All people who travel to dengue-affected countries such as Samoa are at risk. Travellers to dengue-affected areas should stay in accommodation with screened windows and doors, wear light-coloured clothing that covers the arms and legs, and apply insect repellent containing DEET or picaridin to exposed skin, and re-apply during the day according to the manufacturer's instructions. Repellents containing oil of lemon eucalyptus (OLE) or para menthane diol (PMD) also provide adequate protection.

For specific advice on steps to avoid being bitten by mosquitoes see the [Mosquitoes are a Health Hazard Fact sheet](#).

Follow the link for further information on [dengue 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 7 – 13 January 2018, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2018	2017	2016	2017	2016
Bloodborne Diseases	Hepatitis C - Newly Acquired	1	0	1	1	2	43	25
Enteric Diseases	Cryptosporidiosis	27	8	35	73	30	1266	1184
	Giardiasis	55	31	85	103	147	2994	3480
	Listeriosis	2	0	2	0	2	20	36
	Rotavirus	17	15	32	38	35	2318	750
	STEC/VTEC	1	2	3	7	5	53	65
	Salmonellosis	117	86	198	187	241	3686	4544
	Shigellosis	4	3	7	14	14	232	310
Respiratory Diseases	Influenza	236	130	356	302	155	103862	35540
	Legionellosis	1	2	3	3	5	137	134
	Tuberculosis	6	6	12	24	18	507	534
Sexually Transmissible Infections	Chlamydia	589	364	917	994	954	28976	25994
	Gonorrhoea	216	147	363	340	231	9249	7004
	LGV	1	2	3	0	1	49	60
Vaccine Preventable Diseases	Meningococcal Disease	2	1	3	4	1	91	70
	Mumps	1	1	2	3	2	123	67
	Pertussis	87	61	147	304	762	5363	10956
	Pneumococcal Disease (Invasive)	8	3	11	13	15	681	544
Vector Borne Diseases	Barmah Forest	2	0	2	3	3	125	40
	Dengue	13	4	17	10	9	297	485
	Malaria	1	2	3	3	3	68	59
	Ross River	2	5	7	148	18	1650	594
Zoonotic Diseases	Q fever	5	1	6	10	9	202	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.