

# Communicable Diseases Weekly Report

## Week 25, 17 June to 23 June 2018

In summary, we report:

- [Listeriosis](#) – one new case
- [Shigellosis](#) – four 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.

### Listeriosis

One new case of listeriosis was reported during this reporting week ([Table 1](#)), in a female aged in her 70s from Sydney. She had an existing health condition which made her more susceptible to *Listeria* infection, and had eaten a number of high risk foods including seafood, watermelon, bean sprouts, pâté, and pre-packaged salads. She had not eaten rockmelon.

This is the first case of listeriosis reported in NSW since February. In January and February, six listeriosis infections in NSW were linked to a national outbreak caused by contaminated rockmelon, which affected 22 people. The NSW Food Authority has advised the outbreak has been linked to one grower in Nericon NSW and have released a summary of the investigation. More information is available on the [listeriosis outbreak website](#).

Listeriosis is a rare illness caused by eating food contaminated with a bacterium called *Listeria monocytogenes*. This bacterium is widespread throughout nature, being commonly carried by many species of both domestic and wild animals.

Eating foods that contain *Listeria* bacteria does not cause illness in most people, but in some higher risk groups can result in severe illness and death. Outbreaks of listeriosis have been associated with the consumption of unpasteurised milk, soft cheeses, pre-prepared salads (for example, from salad bars), unwashed raw vegetables, pâté, cold diced chicken and pre-cut fruit and fruit salad. *Listeria* survives refrigeration but is sensitive to cooking temperatures.

People at increased risk of listeriosis include pregnant women, older people and people with weakened immune systems; for example, people on cancer treatment or corticosteroids, or people with diabetes, kidney disease, liver disease or people living with HIV infection. Listeriosis may be severe in these individuals.

People at increased risk are reminded to avoid all foods that pose a risk of listeriosis, including:

- Pre-cut melons such as rockmelon or watermelon
- Pre-packed cold salads including coleslaw and fresh fruit salad
- Pre-cooked cold chicken, cold delicatessen meats, pâté
- Raw seafood, uncooked smoked seafood (e.g. smoked salmon)
- Unpasteurised milk or milk products, soft cheeses (e.g. brie, camembert, ricotta or blue-vein)
- Sprouted seeds.

Fruit and vegetables eaten raw should be thoroughly washed prior to eating to reduce the risk of *Listeria* contamination. Specific advice for reducing the risk of listeriosis from rockmelon is on the NSW Food Authority [website](#).

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.

## Shigellosis

Four notifications of shigellosis were received this reporting week ([Table 1](#)). All four cases were in men who are thought to have acquired their infections locally through male-to-male sexual contact, including two cases who reported attending two different sex on premises venues. Three were serogroup *S. sonnei* and one *S. flexneri*. In response, ACON (previously the AIDS Council of NSW) has posted information on social media and in sex on premises venues about watching out for symptoms and seeking treatment.

Shigellosis is a diarrhoeal disease caused by *Shigella* bacteria. There are four serogroups of *Shigella*: *S. dysenteriae* (Group A), *S. flexneri* (Group B), *S. boydii* (Group C) and *S. sonnei* (Group D). Serogroups A, B and C are further divided into over 30 serotypes.

Symptoms of shigellosis usually start one to three days after exposure, and include diarrhoea (often containing mucous and/or blood), fever, nausea, vomiting and abdominal cramps. The illness usually resolves in 5 to 7 days. Some people who are infected may not have any symptoms, but may still pass the *Shigella* bacteria to others.

Shigellosis is easily transmitted from person to person by the faecal-oral route, as only a small number of organisms are enough to cause illness. Strict personal hygiene is necessary to prevent person to person spread, which occurs if hands are not washed properly or if anything that is contaminated comes in contact with a person's mouth. Certain types of sexual activity, such as oral-anal sex, facilitate transmission of shigellosis from person to person. Globally, shigellosis is commonly acquired from ingestion of food contaminated by poor hand hygiene or by flies that have been in contact with human waste.

People with shigellosis can have the bacteria in their faeces and so remain infectious for some weeks after their symptoms have resolved. Treatment with appropriate antibiotics generally reduces the time a person is infectious to a few days. Antibiotics are therefore recommended for all people with shigellosis, even if symptoms are only mild, in order to reduce the risk of spread to other people. Antibiotic choice should be determined by testing results, due to frequent resistance of *Shigella* bacteria to one or more commonly used antibiotics.

Shigellosis can be prevented by thorough hand washing after any possible exposures to human faecal material, including after toileting, changing nappies and sexual activity. People who have diarrhoea should not have sex where there is any contact with the anus.

People travelling to countries where shigellosis is common should avoid uncooked foods, including fruit and vegetables unless washed and peeled by the person themselves, and drink only bottled, boiled or treated water.

Follow the links for further information on [shigellosis](#) and [Shigella notifications 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 17 June to 23 June 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	2	1	19	16	16	36	25
Enteric Diseases	Cryptosporidiosis	8	6	443	1024	711	1266	1184
	Giardiasis	33	44	1368	1860	2067	3160	3480
	Hepatitis A	2	3	59	15	24	72	41
	Hepatitis E	1	0	6	10	11	20	16
	Listeriosis	1	0	16	10	25	20	36
	Rotavirus	15	6	433	345	248	2318	750
	STEC/MTEC	1	1	32	31	21	53	65
	Salmonellosis	54	47	1901	2317	2681	3680	4533
Respiratory Diseases	Shigellosis	4	4	108	105	155	235	310
	Influenza	136	104	4584	5709	3965	103850	35540
	Legionellosis	2	2	75	71	71	138	134
Sexually Transmissible Infections	Tuberculosis	15	9	226	248	228	543	534
	Chlamydia	567	493	15358	14348	12781	28977	25990
Vaccine Preventable Diseases	Gonorrhoea	144	189	5103	4645	3331	9173	6996
	Adverse Event Following Immunisation	6	9	157	168	142	271	258
	Meningococcal Disease	1	1	28	29	24	91	70
	Pertussis	77	89	1882	2956	5538	5367	10956
	Pneumococcal Disease (Invasive)	18	12	215	209	193	683	545
Vector Borne Diseases	Rubella	1	0	1	2	6	6	8
	Dengue	2	1	143	160	283	306	485
	Malaria	1	0	25	34	21	68	59
Zoonotic Diseases	Ross River	13	25	341	1386	354	1653	595
	Q fever	2	2	87	117	116	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 (i.e. by report date). Note that [notifiable disease data](#) available on the NSW Health website are reported by onset date so case totals are likely to vary from those shown here.
- 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.