

COMMUNICABLE DISEASES, NSW: JANUARY 2001

TRENDS

Pertussis continues to be a problem in NSW, with 456 case notifications received in November 2000, and 3229 for the year to the end of November 2000 (Table 6). The greatest number were again received from the Hunter Area. Fewer than 10 per cent of cases were children under five years of age (Figure 7).

SIX ADDITIONAL CONDITIONS BECOME NOTIFIABLE IN NSW

After careful consideration, the NSW Infectious Diseases Advisory Committee and directors of public health units have agreed that the list of NSW notifiable conditions should be amended in alignment with national guidelines. Laboratories will be required to report five additional conditions, and hospitals will be required to report one new condition. However, mycobacteria infections other than tuberculosis will no longer be notifiable.

From 29 December 2000, under the Public Health Act 1991, **laboratories** have to report:

Anthrax

Anthrax is an acute bacterial disease usually affecting the skin. It is primarily a disease of herbivores; humans and carnivores are incidental hosts. There is sporadic human infection in most industrialised countries. Infection is caused by:

- contact with tissues of animals dying of the disease
- contaminated wool, hair, hides, or products made from them, such as drums or brushes
- contact with soil associated with infected animals or contaminated bonemeal (used in gardening).

Animal cases occur in some parts of the State and prompt immediate agricultural controls. Notification of human disease would alert NSW Health and NSW Agriculture to identify and control the source, and therefore minimise the risk of further exposures.

Invasive Pneumococcal Infection

This is a common bacterial infection of humans that causes a range of diseases including pneumonia, septicaemia and meningitis. Serious disease is more common in indigenous communities. A vaccine is recommended for all persons aged over 65, and for indigenous Australians over 50 years of age. A new vaccine to protect babies from serious infections is likely to be available in Australia in the next few years. Identification of cases, and the bacterial serogroups involved in infection, will be useful in

planning and evaluating effective immunisation programs.

Psittacosis

This is an acute generalised bacterial disease of humans with variable clinical presentations including fever, headache, rash, myalgia, chill and upper or lower respiratory tract infection. It is acquired from birds and outbreaks of human disease have been linked to household pets, and to exposure to birds from pet shops, aviaries, zoo exhibits and pigeon lofts. The infection is transmitted by inhalation of the bacteria from droppings, secretions and dust from feathers of infected birds. Notification of cases will allow identification and control of possible sources of infection.

Influenza

Influenza is an acute viral disease of the respiratory tract characterised by fever, myalgia, prostration, coryza, sore throat and cough. Influenza can develop into an epidemic very quickly with widespread morbidity and potentially has serious complications, most notably viral and bacterial pneumonia. During major epidemics deaths can occur, usually in the elderly and people suffering from immunosuppressive illnesses. Identification of demographic characteristics and time of the onset of illness with influenza-like infections, and the specific strain of influenza involved, provides useful data for planning management and prevention strategies including immunisation.

From 29 December 2000, under the Public Health Act 1991, both laboratories and hospitals have to report:

Lyssavirus

In Australia, lyssavirus infection is a rare and fatal viral infection of humans. Two fatal cases have been reported in Queensland since 1996. The virus is closely related to rabies and is frequently carried by bats. Notification of cases will contribute to our understanding of this emerging disease and assist to control the risks posed to humans.

From 1 February 2001, **laboratories** will have to report:

Shigellosis

This is an acute bacterial disease characterised by bloody diarrhoea. Shigella infections are spread by the faecal-oral route from person to person but may result from ingestion of contaminated food or water. Recent outbreaks (1998–1999 and 2000) have occurred among Sydney men who have sex with men. Notification of the condition

will permit NSW Health to monitor the condition among high-risk groups, identify potential outbreaks and facilitate control and prevention measures.

However, from 29 December 2000 laboratories will no longer be required to notify:

Mycobacteria other than tuberculosis

Mycobacteria other than tuberculosis are not communicated from person-to-person and there is no public health response that follows the notification of a case. Infections have been notifiable as part of 'all mycobacterial infection', which aggregated cases of tuberculosis and non-tuberculous mycobacterial infections. This was thought necessary in the past in order to detect cases of tuberculosis, which require prompt attention. With the requirement for both clinical and

laboratory notification of tuberculosis, and with the advances in microbiological diagnosis of *Mycobacterium tuberculosis*, it is no longer necessary to notify non-tuberculous mycobacterial infection.

New notification forms

The laboratory and hospital notification forms for all infectious diseases on the NSW Notifiable Diseases Schedule will be updated to include the additions and deletion.

The notification forms can be accessed from the NSW Health Web site at www.health.nsw.gov.au. Go to the link 'GPs Info' and then 'Infectious Diseases Notification Forms'. Notification forms can also be obtained from your local public health unit. ☒

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The *Bulletin* aims to provide its readers with population health data and information to support effective public health action.

Submission of articles

Articles, news and comments should be 1000 words or less in length and include a summary of the key points to be made in the first paragraph. References should be set out in the Vancouver style, described in the *New England Journal of Medicine*, 1997; 336: 309–315. Send submitted articles on paper and in electronic form, either on disc (Word for Windows is preferred), or by email. The article must be accompanied by a letter signed by all authors. Full instructions for authors are available on request from the managing editor.

Editorial correspondence

Please address all correspondence and potential contributions to The Editor, *NSW Public Health Bulletin*, Locked Mail Bag 961, North Sydney, NSW 2059, Australia or by email to phbulletin@doh.health.nsw.gov.au. Tel: 61 2 9391 9241, Fax: 61 2 9391 9232.

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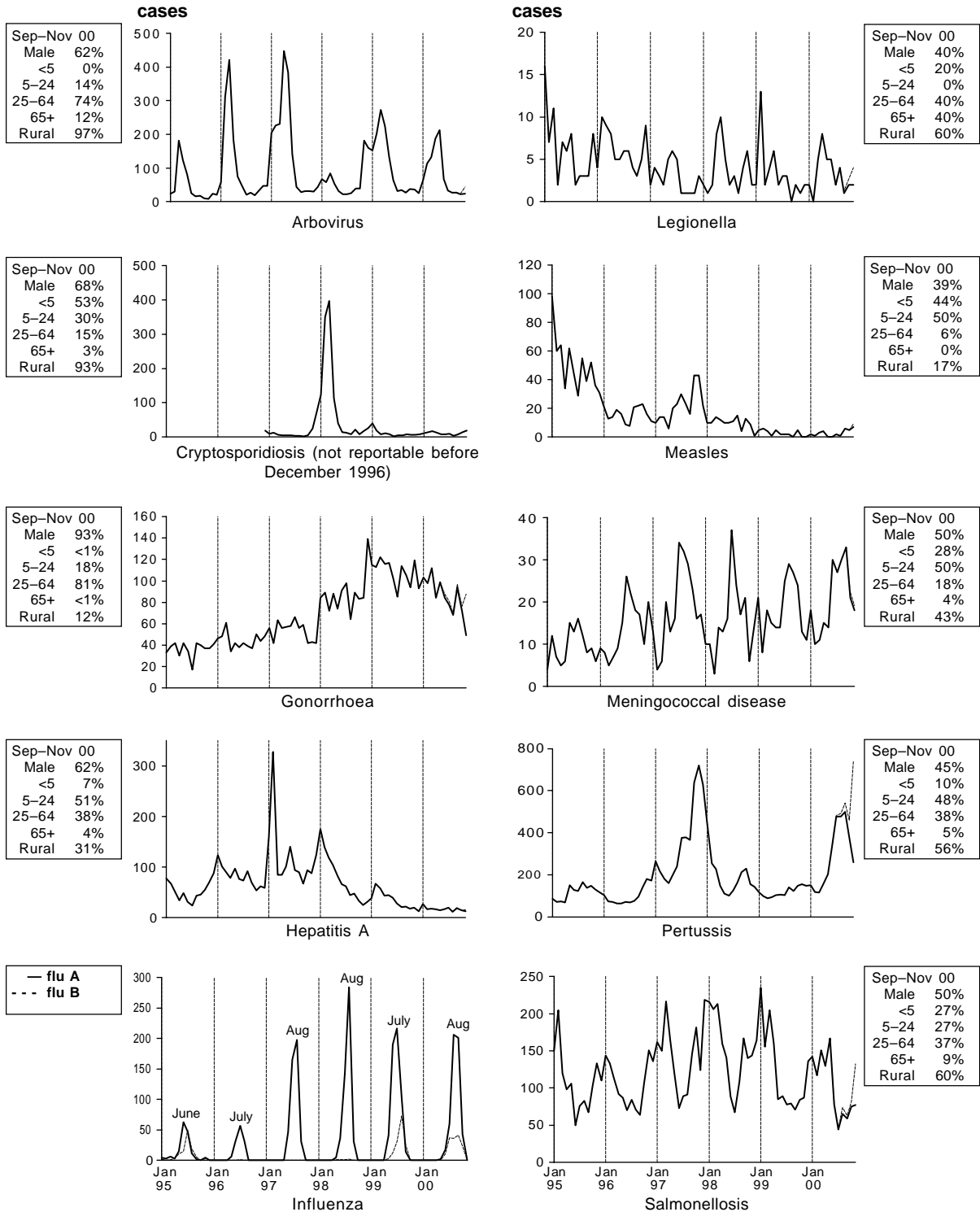
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FIGURE 7

REPORTS OF SELECTED COMMUNICABLE DISEASES, NSW, JANUARY 1995 TO NOVEMBER 2000, BY MONTH OF ONSET

These are preliminary data: case counts for recent months may increase because of reporting delays. Laboratory-confirmed cases, except for measles, meningococcal disease and pertussis — actual — predicted after adjusting for likely reporting delays

NSW population	
Male	50%
<5	7%
5-24	28%
25-64	52%
65+	13%
Rural*	42%



* For definition, see NSW Public Health Bulletin, April 2000

TABLE 6 REPORTS OF NOTIFIABLE CONDITIONS RECEIVED IN NOVEMBER 2000 BY AREA HEALTH SERVICES

Condition	Area Health Service (2000)																		Total	
	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	CHS	for Nov [†]	To date [†]
Blood-borne and sexually transmitted																				
AIDS	1	-	1	-	6	-	-	1	-	-	-	-	-	-	-	1	4	-	14	117
HIV infection*	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	3	277
Hepatitis B - acute viral*	2	-	-	-	1	-	-	-	1	1	-	1	1	-	-	-	-	-	7	89
Hepatitis B - other*	52	60	15	19	123	7	6	7	63	1	1	5	1	2	8	3	3	4	382	3,968
Hepatitis C - acute viral*	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	2	4	115
Hepatitis C - other*	54	44	1	49	79	52	62	48	117	43	32	13	4	18	2	17	15	46	697	7,813
Hepatitis D - unspecified*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9
Hepatitis, acute viral (not otherwise specified)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Chancroid*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia (genital)*	22	40	44	13	19	5	30	15	84	10	15	21	6	9	6	12	7	1	359	3,096
Gonorrhoea*	4	7	5	3	3	1	-	2	28	3	-	-	-	-	1	-	-	-	58	992
Syphilis	5	2	6	4	8	1	-	1	11	6	1	3	1	1	-	1	-	3	54	497
Vector-borne																				
Arboviral infection (BFV)*	-	-	-	-	-	-	3	2	-	3	11	-	-	-	-	-	1	-	20	186
Arboviral infection (RRV)*	-	1	-	-	-	-	5	-	-	-	1	1	1	-	-	1	-	-	10	714
Arboviral infection (Other)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27
Malaria*	-	3	2	-	-	-	1	-	2	2	1	-	-	1	-	-	-	-	12	218
Zoonoses																				
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Leptospirosis*	-	1	-	-	-	-	3	-	-	-	3	5	-	-	-	-	-	-	12	53
Q fever*	-	1	-	-	2	-	2	-	-	1	2	-	1	-	-	-	-	-	9	112
Respiratory and other																				
Blood lead level*	2	1	-	4	5	-	3	3	5	1	-	-	1	-	-	-	1	-	26	924
Legionnaires' Longbeachae*	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	9
Legionnaires' Pneumophila*	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	25
Legionnaires' (Other)*	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	3
Leprosy	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3
Meningococcal infection (invasive)	1	1	4	-	3	1	-	2	1	1	-	-	-	-	-	1	-	-	15	226
Mycobacterial tuberculosis	1	2	9	2	8	-	3	-	14	-	-	1	-	-	1	-	-	-	42	392
Mycobacteria other than TB	10	4	-	1	-	-	3	2	-	-	5	-	-	1	-	1	-	-	27	326
Vaccine-preventable																				
Adverse event after immunisation	2	-	-	-	-	-	-	-	1	-	-	-	1	-	1	-	-	-	5	25
H.influenzae b infection (invasive)*	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	2	9
Measles	3	-	1	1	1	-	-	-	-	-	1	-	-	-	-	-	-	-	7	30
Mumps*	1	2	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	5	92
Pertussis	10	66	47	28	39	15	108	8	40	4	20	13	5	23	2	21	7	-	456	3,229
Rubella*	-	2	1	-	1	2	37	2	1	-	5	1	-	-	-	-	-	-	52	164
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Faecal-oral																				
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cryptosporidiosis*	-	-	1	-	-	-	1	-	-	3	3	9	1	-	-	-	-	-	18	119
Giardiasis*	4	12	14	3	1	2	4	2	12	17	4	5	-	4	-	3	2	-	89	903
Food borne illness (not otherwise specified)	-	-	-	-	-	-	-	-	9	-	-	-	2	-	-	-	-	-	11	159
Gastroenteritis (in an institution)	-	-	23	-	-	-	58	-	-	-	-	-	-	-	-	-	-	-	81	530
Haemolytic uraemic syndrome	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Hepatitis A*	7	3	-	-	1	1	2	-	3	-	-	-	-	-	-	-	-	-	17	194
Hepatitis E*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
Listeriosis*	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	2	12
Salmonellosis (not otherwise specified)*	1	8	-	6	4	3	12	5	14	20	5	4	3	2	-	7	2	-	96	1,158
Typhoid and paratyphoid*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	42
Verotoxin producing Ecoli*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1

* lab-confirmed cases only

† includes cases with unknown postcode

CSA = Central Sydney Area

WEN = Wentworth Area

HUN = Hunter Area

NRA = Northern Rivers Area

MAC = Macquarie Area

GMA = Greater Murray Area

NSA = Northern Sydney Area

SWS = South Western Sydney Area

ILL = Illawarra Area

MNC = North Coast Area

MWA = Mid Western Area

SA = Southern Area

WSA = Western Sydney Area

CCA = Central Coast Area

SES = South Eastern Sydney Area

NEA = New England Area

FWA = Far West Area

CHS = Corrections Health Service