

# Communicable Diseases Report, NSW, November and December 2011

## **Communicable Diseases Branch** **NSW Ministry of Health**

For updated information, including data and information on specific diseases, visit [www.health.nsw.gov.au](http://www.health.nsw.gov.au) and click on **Public Health** and then **Infectious Diseases**. The communicable diseases site is available at: <http://www.health.nsw.gov.au/publichealth/infectious/index.asp>.

Figure 1 and Tables 1 and 2 show notifications of communicable diseases received in November and December 2011 in New South Wales (NSW).

### **Enteric infections**

#### *Outbreaks of suspected foodborne disease*

Six outbreaks of gastrointestinal disease thought to be due to consumption of contaminated food were reported in November and December 2011. These outbreaks occurred in restaurants or cafes (5) and in a private residence (1); 63 people were affected. Four outbreaks were identified through complaints to the NSW Food Authority (NSWFA) and two outbreaks were identified through emergency department reports to public health units. Stool samples were tested in two outbreaks, and the pathogens identified were *Salmonella* Typhimurium, and *Campylobacter*. Due to limited ability to recall the food eaten (in two outbreaks) or lack of an association between eating a particular food and gastrointestinal illness in cases who were interviewed and controls (in three outbreaks), there was not enough evidence to identify the food vehicle in five of the outbreaks.

#### *Scombroid poisoning*

In the outbreak where the food vehicle of the illness could be identified, the cause was likely to be fresh tuna steaks used in a salad. This outbreak was identified by emergency department reports to a public health unit in November of symptoms consistent with Scombroid poisoning (skin flushing, headache, tremor, palpitations, tachycardia, hypertension, diarrhoea). Four cases were reported and

were colleagues who all reported eating a fresh tuna salad from an organic café. Onset of symptoms ranged from 20 minutes to a few hours after eating the salad. The NSW Food Authority spoke to the café owner who took the salad off the menu. The NSW Food Authority inspected the premises and sampled the small amount of remaining tuna; histamine was detected within acceptable levels. As most of the salad had been sold and only four people had reported illness, the Authority concluded that only a small portion of the tuna product used for the salad that day was contaminated. Food appeared to be maintained at appropriate temperatures. The product was imported from Indonesia by a company in Queensland.

#### *Outbreaks of gastroenteritis in institutional settings*

In November and December 2011, 43 outbreaks of gastroenteritis in institutions were reported, affecting 622 people. Twenty-four outbreaks occurred in aged-care facilities, 10 in child-care centres and 9 in hospitals. All outbreaks appear to have been caused by person-to-person spread of a viral illness. In 26 (60%) outbreaks one or more stool specimens were collected. In nine (35%) of these, norovirus was detected. Rotavirus was detected in four (15%) outbreaks. Adenovirus was detected in two (8%) outbreaks. *Clostridium difficile* was detected in one outbreak along with norovirus; this finding was thought to be coincidental during a viral gastroenteritis outbreak. In six outbreaks no pathogens were detected in stool specimens. Results for five outbreaks are still outstanding.

Viral gastroenteritis increases in winter months. Public health units encourage institutions to submit stool specimens from cases for testing during an outbreak to help determine the cause of the outbreak (for further information see: *Guidelines for the public health management of gastroenteritis outbreaks due to norovirus or suspected viral agents in Australia* available at: <http://www.health.nsw.gov.au/internet/publications/publishing.nsf/Content/cda-cdna-norovirus.htm-1>).

### **Respiratory infections**

#### *Influenza*

Influenza activity in NSW was low during November and December 2011. Activity was measured by the number of people who presented with influenza-like illness to 56 of the state's largest emergency departments, and the number of patients whose respiratory specimen tested positive for influenza at diagnostic laboratories. The rate of laboratory

confirmed influenza activity has been declining steadily since activity peaked in mid July 2011.

There were 72 presentations of influenza-like illness (rate 0.5 per 1000 presentations) for November, and 79 presentations (rate 0.5 per 1000 presentations) for December to select Emergency Departments.

There were 176 cases of laboratory-confirmed influenza reported in November; including 159 (90%) influenza A and 15 (9%) influenza B. There were 97 cases, including 77 (79%) influenza A and 14 (14%) influenza B, reported in December.

For a more detailed report on respiratory activity in NSW see: [http://www.health.nsw.gov.au/PublicHealth/Infectious/influenza\\_reports.asp](http://www.health.nsw.gov.au/PublicHealth/Infectious/influenza_reports.asp).

## Vaccine-preventable diseases

### *Meningococcal disease*

Seven cases of meningococcal disease were notified in November and December 2011. Of these, five cases were due to serogroup B and one to serogroup C, while the serogroup was unknown for one case. The case with serogroup C disease was an unimmunised elderly woman who was not eligible for vaccination. There were no deaths due to meningococcal disease reported during November and December.

It is recommended that a single dose of vaccine for meningococcal disease be given to all children at the age of 12 months as well as to those at high risk of disease.<sup>1</sup>

### *Measles*

All 10 measles cases reported during November and December were linked to cases imported from overseas, with two distinct clusters identified. Seven cases with onset dates during this period were associated with an outbreak at a school in the Australian Capital Territory (ACT), of which six were students and one was a health-care worker from a practice where a patient who was a case had presented. The index case was a traveller returning from New Zealand. This cluster highlights the importance of ensuring that all health-care workers have immunity to vaccine-preventable diseases. Documented evidence of two doses of measles, mumps and rubella vaccination or serological evidence of protection from measles is recommended for health-care workers born after 1966. This

experience illustrates the challenge to measles control in pockets of non-immunised school children.

For the remaining three cases, an interstate traveller from New Zealand was identified as the likely source of infection for the two other cases: one case was exposed in Sydney, while the other was likely exposed in Victoria and later developed the infection. Both cases were unvaccinated.

Recently, a fatal case of measles was reported in France with acute respiratory distress syndrome, but without rash, emphasising the potentially deadly nature of the disease. This situation highlights the need for health-care workers to consider a diagnosis of measles, even in the absence of classical clinical features, during measles outbreaks.<sup>2</sup>

### *Pertussis (whooping cough)*

Of the 13 198 pertussis cases reported in NSW in 2011, 2154 cases were reported during November and December. This is considerably lower than the number of cases reported for the same period in 2010 (3491 cases), and lower than the number of cases from September and October 2011 (2408 cases). Caution should be exercised when interpreting these data because of possible delays in notifications.

Immunisation of babies is an important strategy to provide protection for an age group most at risk of severe illness. A free vaccine for infants administered at 2, 4 and 6 months of age is available. It is currently recommended that the first dose can be provided as early as 6 weeks of age and the booster at 3½ to 4 years. In addition, NSW has adopted a strategy to provide immunisation to all other people who care for or who have a baby in the household to encourage them to be fully up-to-date with immunisation. The impact of this strategy is currently being evaluated to inform future vaccine policies.

## References

1. National Health and Medical Research Council. The Australian Immunisation Handbook. 9th ed. Canberra: Australian Government Department of Health and Ageing; 2008.
2. Lupo J, Bernard S, Wintenberger C, Baccard M, Vabret A, Antona D et al. Fatal measles without rash in immunocompetent adult, France [letter]. *Emerg Infect Dis* 2012 Mar. Available at: [http://wwwnc.cdc.gov/eid/pdfs/11-1300-ahead\\_of\\_print.pdf](http://wwwnc.cdc.gov/eid/pdfs/11-1300-ahead_of_print.pdf) [Cited 1 February 2012].

**Figure 1. Reports of selected communicable diseases, NSW, Jan 2004 to December 2011, by month of onset.**

Preliminary data: case counts in recent months may increase because of reporting delays.

Laboratory-confirmed cases only, except for measles, meningococcal disease and pertussis.

BFV = Barmah Forest virus infections, RRV = Ross River virus infections,

Lab Conf = laboratory confirmed,

Men Gp C and Gp B = meningococcal disease due to serogroup C and serogroup B infection,

other/unk = other or unknown serogroups.

NB: multiple series in graphs are stacked, except gastroenteritis outbreaks.

NB: Outbreaks are more likely to be reported by nursing homes and hospitals than by other institutions.

NSW Population	
Male	50%
<5 y	7%
5–24 y	27%
25–64 y	53%
65+ y	13%
Rural	46%

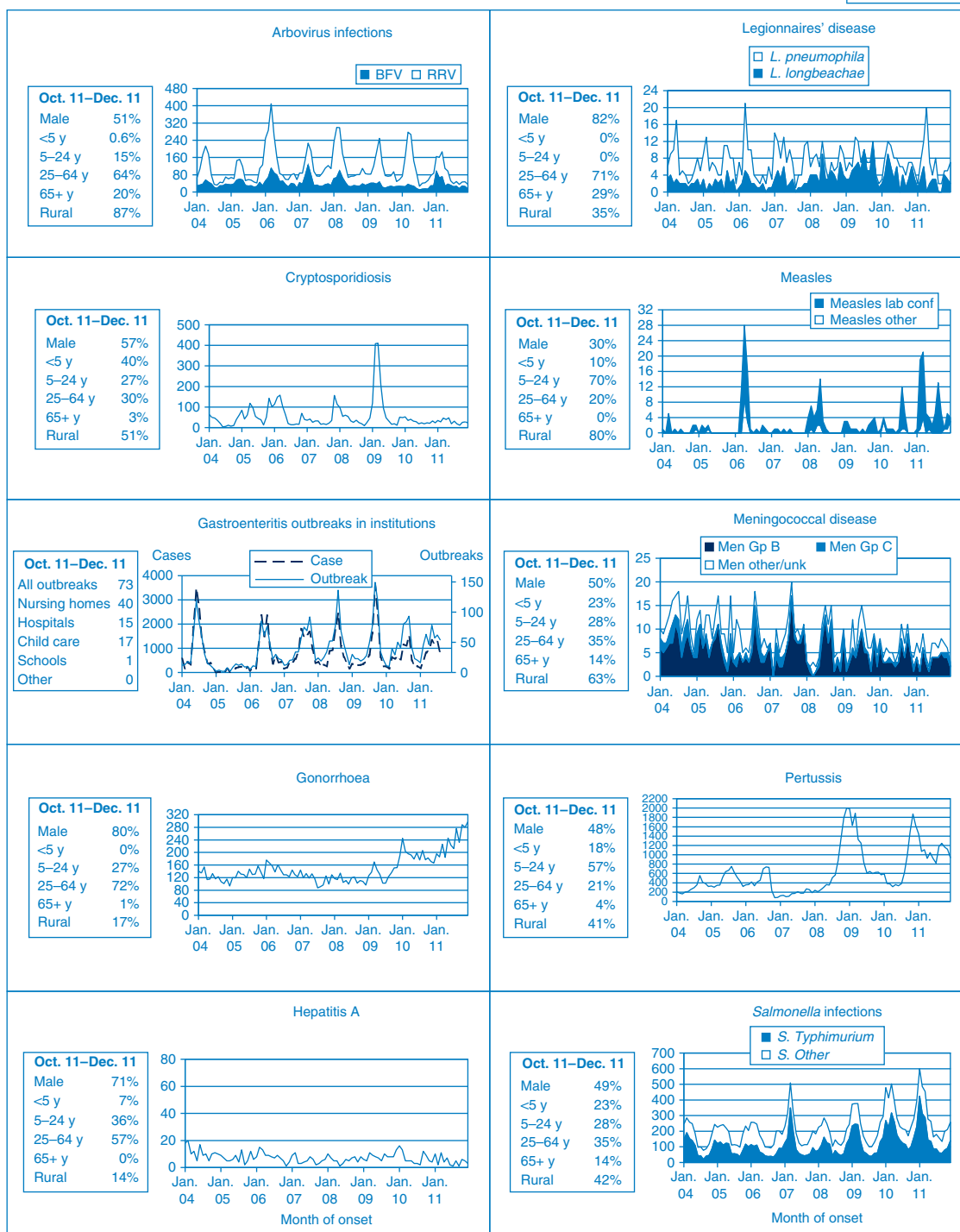


Table 1. Notifications of scheduled medical conditions received in November 2011 by Local Health District, NSW

Condition	Local Health District											Justice Health	Total				
	Murrumbidgee	Southern NSW	Western NSW	Far West	Hunter New England	Northern NSW	Mid North Coast	Central Coast	Northern Sydney	South Eastern Sydney	Illawarra Shoalhaven			Sydney	South Western Sydney	Western Sydney	Nepean Blue Mountains
Bloodborne and sexually transmitted																	
Chancroid <sup>a</sup>	68	47	84	15	250	80	37	81	137	321	98	205	157	157	96	1861	18857
Chlamydia (genital) <sup>a</sup>	4	5	2	3	30	6	—	8	24	95	10	57	31	38	12	326	2557
Gonorrhoea <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	29
Hepatitis B – acute viral <sup>a</sup>	—	1	3	2	5	1	—	2	24	30	5	42	56	52	5	230	2353
Hepatitis B – other <sup>a</sup>	—	—	—	—	1	—	—	—	—	1	—	—	—	—	2	4	40
Hepatitis C – acute viral <sup>a</sup>	11	9	18	4	24	13	3	16	4	28	11	28	44	34	13	287	3049
Hepatitis C – other <sup>a</sup>	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	8
Hepatitis D – unspecified <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35
Lymphogranuloma venereum	—	2	—	—	1	—	—	1	3	18	5	19	8	2	7	66	701
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vectorborne																	
Barmah Forest virus <sup>a</sup>	—	1	—	1	12	16	2	1	—	1	1	—	—	—	—	35	458
Ross River virus <sup>a</sup>	4	1	2	3	7	2	5	—	—	—	3	1	—	—	—	25	561
Arboviral infection (other) <sup>a</sup>	—	—	—	—	2	—	—	—	2	1	—	1	3	1	—	14	119
Malaria <sup>a</sup>	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	6	73
Zoonoses																	
Anthrax <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brucellosis <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Leptospirosis <sup>a</sup>	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	36
Lyssavirus <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psittacosis <sup>a</sup>	—	—	1	—	—	—	—	—	—	—	1	—	—	—	1	4	18
Q fever <sup>a</sup>	1	—	2	—	3	—	—	—	—	—	4	1	—	—	—	11	105
Respiratory and other																	
Blood lead level <sup>a</sup>	5	1	1	1	—	—	—	1	2	2	—	2	—	—	—	15	235
Influenza <sup>a</sup>	8	10	9	—	8	5	4	10	26	32	13	19	22	44	24	235	5904
Invasive pneumococcal infection <sup>a</sup>	3	—	3	—	5	—	—	1	3	6	2	2	2	1	3	31	485
Legionella longbeachae infection <sup>a</sup>	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	3	26
Legionella pneumophila infection <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	50
Legionnaires' disease (other) <sup>a</sup>	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	9
Leprosy	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	2
Meningococcal infection (invasive) <sup>a</sup>	—	—	—	—	2	1	—	—	—	—	—	—	—	—	1	6	67
Tuberculosis	1	—	—	—	—	—	—	—	6	4	3	—	1	7	—	22	319
Vaccine-preventable																	
Adverse event after immunisation	1	2	1	—	1	—	—	—	2	—	4	—	—	5	—	16	194
H. Influenzae b infection (invasive) <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Measles	—	2	—	—	—	—	—	1	—	—	—	1	—	—	—	4	78
Mumps <sup>a</sup>	—	—	—	—	—	1	—	1	1	1	—	—	—	—	—	4	46
Pertussis	88	19	40	17	61	91	28	34	140	120	58	50	155	166	107	1174	12218
Rubella <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	16
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Enteric																	
Botulism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Cryptosporidiosis <sup>a</sup>	2	1	1	—	—	1	4	4	2	2	—	—	1	2	—	20	321
Giardiasis <sup>a</sup>	5	—	15	3	11	1	5	4	34	33	7	19	7	12	10	166	2218
Haemolytic uraemic syndrome	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Hepatitis A <sup>a</sup>	—	—	—	—	1	—	—	—	1	1	—	—	2	2	—	6	53
Hepatitis E <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	19
Listeriosis <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	17
Rotavirus <sup>a</sup>	4	—	28	2	20	2	5	4	29	11	—	12	8	10	11	146	1126
Salmonellosis <sup>a</sup>	12	8	5	1	24	15	3	1	32	22	10	16	18	27	6	200	3252
Shigellosis <sup>a</sup>	—	—	—	—	—	—	—	—	1	5	1	3	2	3	—	15	113
Typhoid <sup>a</sup>	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	4	43
Verotoxin producing E. coli <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	8
Miscellaneous																	
Creutzfeldt–Jakob disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9
Meningococcal conjunctivitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1

<sup>a</sup>Laboratory-confirmed cases only. <sup>b</sup>Includes cases with unknown postcode.

NB: Data are current and accurate as at the preparation date. The number of cases reported is, however, subject to change, as cases may be entered at a later date or retracted upon further investigation. Historical data configurations are included for continuity/comparison purposes and to highlight regional differences.

NB: HIV and AIDS data are reported separately in the Public Health Bulletin quarterly. Data are reported as of public health unit office.

Table 2. Notifications of scheduled medical conditions received in December 2011 by Local Health District, NSW

Condition	Murrumbidgee											Local Health District										Nepean Blue Mountains				Justice Health	Total	
	Southern NSW	Western NSW	Far West	Hunter New England	Northern NSW	Mid North Coast	Central Coast	Northern Sydney	South Eastern Sydney	Illawarra Shoalhaven	Sydney	South Western Sydney	Western Sydney	For Dec <sup>b</sup>	Year to date <sup>b</sup>													
Bloodborne and sexually transmitted																												
Chancroid <sup>a</sup>	66	30	64	11	200	78	32	64	106	252	74	150	135	128	50	17	1459	20316	—									
Chlamydia (genital) <sup>a</sup>	3	1	4	2	17	8	1	2	22	71	5	44	29	29	5	1	245	2802	—									
Gonorrhoea <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	31	—									
Hepatitis B – acute viral <sup>a</sup>	—	—	2	1	3	2	—	1	30	21	1	27	27	29	6	1	151	2504	—									
Hepatitis B – other <sup>a</sup>	—	—	1	—	3	—	—	—	—	—	—	—	—	—	—	—	4	44	—									
Hepatitis C – acute viral <sup>a</sup>	7	9	12	5	20	14	3	12	13	20	13	25	27	23	8	19	230	3279	—									
Hepatitis C – other <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—									
Hepatitis D – unspecified <sup>a</sup>	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	2	37	—									
Lymphogranuloma venereum	—	1	—	—	5	—	—	2	1	8	1	—	—	4	2	—	24	725	—									
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Vectorborne																												
Barmah Forest virus <sup>a</sup>	—	—	—	1	4	7	2	—	—	—	—	—	—	—	—	—	14	472	—									
Ross River virus <sup>a</sup>	4	1	2	1	5	6	1	—	—	—	—	—	—	—	—	—	19	580	—									
Arboviral infection (other) <sup>a</sup>	1	1	—	—	2	—	—	3	1	2	6	2	1	—	—	—	16	135	—									
Malaria <sup>a</sup>	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	6	79	—									
Zoonoses																												
Anthrax <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Brucellosis <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	6	—									
Leptospirosis <sup>a</sup>	—	—	—	—	—	2	—	—	—	—	1	—	—	—	—	—	3	39	—									
Lyssavirus <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Psittacosis <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Q fever <sup>a</sup>	1	—	1	—	4	3	1	—	1	—	2	—	—	—	—	—	1	117	—									
Respiratory and other																												
Blood lead level <sup>a</sup>	1	—	3	7	—	—	—	—	—	—	—	—	—	1	—	—	12	247	—									
Influenza <sup>a</sup>	1	1	4	1	4	3	—	4	13	18	6	8	14	22	2	—	101	5005	—									
Invasive pneumococcal infection <sup>a</sup>	—	2	5	—	7	1	—	1	2	9	2	3	2	5	3	—	42	527	—									
Legionella longbeachae infection <sup>a</sup>	—	—	—	—	—	—	—	2	—	—	1	—	—	1	1	—	5	31	—									
Legionella pneumophila infection <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	51	—									
Legionnaires' disease (other) <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	—									
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—									
Meningococcal infection (invasive) <sup>a</sup>	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	68	—									
Tuberculosis	1	—	—	—	2	—	—	1	3	2	1	2	—	—	—	—	1	331	—									
Vaccine-preventable																												
Adverse event after immunisation	2	1	—	—	—	—	—	—	2	—	2	—	—	1	—	—	8	102	—									
H. influenzae b infection (invasive) <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—									
Measles	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	82	—									
Mumps <sup>a</sup>	—	—	—	—	1	—	—	—	1	1	—	3	1	—	—	—	7	53	—									
Pertussis	87	21	47	8	74	114	22	35	76	95	48	48	109	114	82	—	980	13 198	—									
Rubella <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	17	—									
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—									
Enteric																												
Botulism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—									
Cholera <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Cryptosporidiosis <sup>a</sup>	—	—	—	5	4	5	—	2	2	5	1	3	1	3	—	—	31	352	—									
Giardiasis <sup>a</sup>	6	3	5	1	13	1	—	6	27	35	8	9	10	13	3	—	140	2358	—									
Haemolytic uraemic syndrome	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	3	—									
Hepatitis A <sup>a</sup>	—	—	1	—	—	—	—	—	1	—	—	—	3	1	—	—	—	59	—									
Hepatitis E <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	20	—									
Listeriosis <sup>a</sup>	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	3	20	—									
Rotavirus <sup>a</sup>	4	—	4	1	10	5	2	2	18	10	1	1	1	7	8	—	74	1200	—									
Salmonellosis <sup>a</sup>	17	7	8	—	39	19	9	6	31	26	7	16	25	13	8	—	231	3483	—									
Shigellosis <sup>a</sup>	1	—	—	—	—	—	1	—	1	2	1	2	—	4	—	—	13	126	—									
Typhoid <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	44	—									
Verotoxin producing E. coli <sup>a</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—									
Miscellaneous																												
Creutzfeldt-Jakob disease	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	10	—									
Meningococcal conjunctivitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—									

<sup>a</sup>Laboratory-confirmed cases only. <sup>b</sup>Includes cases with unknown postcode.

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Data are reported as of public health unit office.

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