INFECTIOUS DISEASES

TRENDS

The final days of autumn produced some unseasonable patterns of infectious diseases in NSW. Reports of **Legionnaires' disease**, **Q fever** and vaccine-preventable diseases such as **measles** and ***Haemophilus influenzae* type b infection** are all down on historical levels. **Pertussis** case reports, which remained above expected levels for four consecutive months, are falling, and **hepatitis A** case reports are back to background levels following the large oyster-borne outbreak in January and February (Figure 2).

In contrast, **arbovirus infections** have remained high in 1997, and in April more than 300 cases were reported (Table 1). More than one-quarter of the State's cases were concentrated in the Hunter Area. These reports have led to renewed warnings to avoid mosquitoes, particularly in rural areas around dusk. **Salmonellosis** reports are also unseasonably high (see below).

SALMONELLOSIS CLUSTER

Between 1990 and 1996, one case of salmonellosis due to *Salmonella paratyphi* B bv java (PT dundee) was reported in NSW. However, since February 1997, 19 cases of disease due to this organism have been reported in NSW. Cases are mainly from the Hunter (5), Northern Sydney (4), Western Sydney (3), South Western Sydney (3), South Eastern Sydney (2) and Central Sydney (2). By month the cases were reported in February (5), March (7), April (4) and May (3).

Preliminary investigations have been carried out by the Public Health Units in these areas, but no common links have been identified so far. The Centre for Disease Prevention and Health Promotion, with the help of the Public Health Officer Training Program, is further investigating this cluster in order to identify any common links among patients.

MENINGOCOCCAL DISEASE CLUSTER

Fifteen cases of meningococcal disease have been reported in Western Sydney and Wentworth Areas in 1997, more than twice the expected number of cases for this time of year.

Meningococcal disease is caused by a bacterial infection. Symptoms include sudden onset of fever, headache, stiff neck, nausea, vomiting, weakness, drowsiness and rash. The disease is spread directly from person to person by droplets or discharges from the nose or throat of a person carrying the bacteria. The illness is effectively treated with antibiotics in hospital.

In this cluster, most cases are small children or young adults, ranging in age from 3 months to 22 years. Forty-seven per cent are aged under 5 years and 10 are females.

The Western Sector Public Health Unit (WS PHU) has thoroughly investigated each case, and contacts at risk have been identified and treated with rifampicin. No links between any of the cases have been identified. An expert panel is advising NSW Health and WS PHU on management of this cluster. General practitioners have been alerted and a press release was issued on May 9 to alert citizens of the early symptoms of this disease, and urging those with symptoms to seek early treatment.

In 1996 a cluster of the same strain that predominates in the 1997 cluster (meningococcus C P2a1.5) was linked to attendance at a nightclub (see *NSW Public Health Bulletin* 1996; 7:105-106).

MEASLES IN NEW ZEALAND

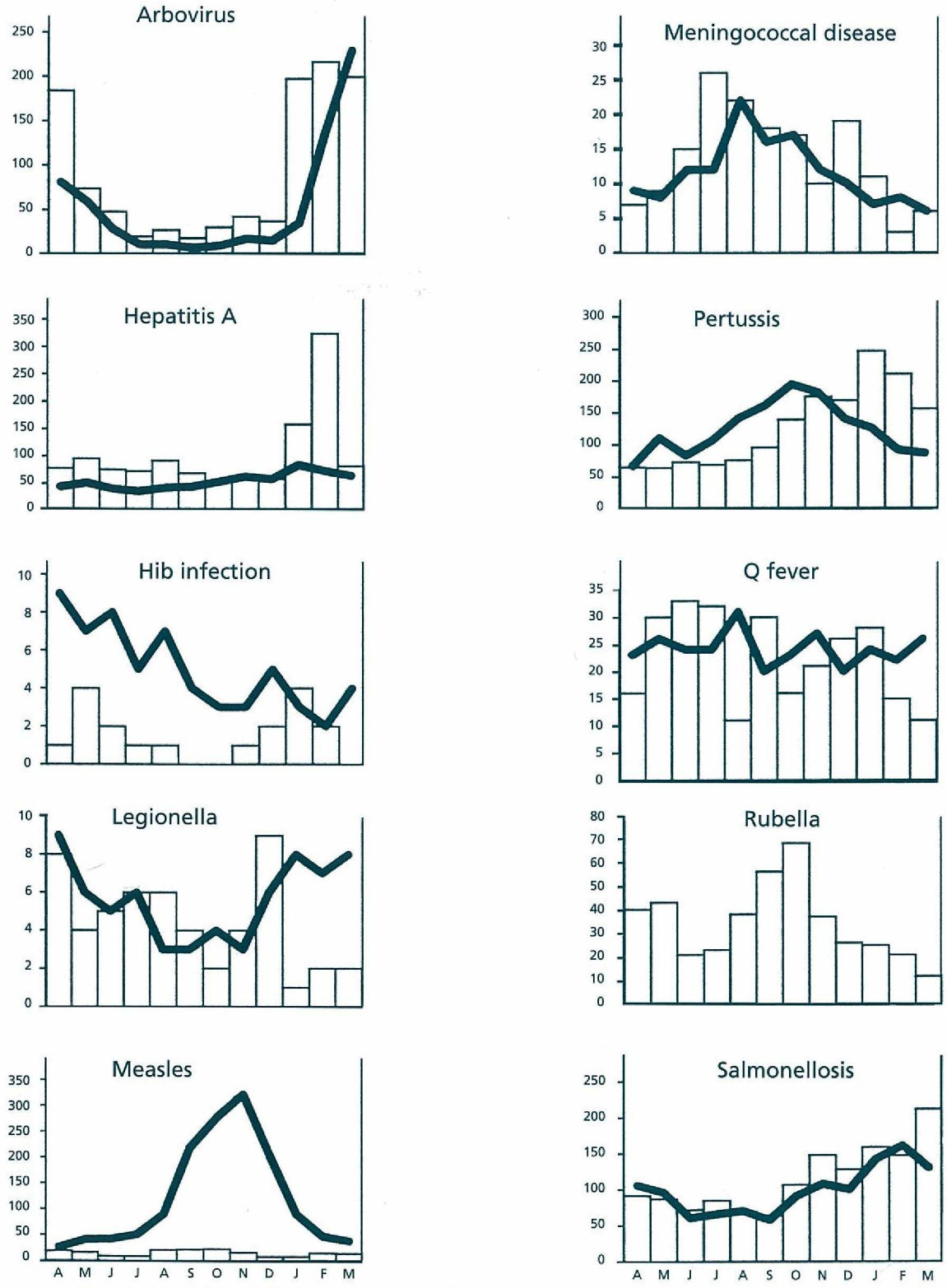
Health authorities across the Tasman report that New Zealand is experiencing a measles epidemic, with more than 300 cases reported this year. An estimated 40,000 to 50,000 cases could occur as a result of this outbreak.

The last big outbreak of measles in NSW was in 1993. Immunisation rates among children are estimated to be less than 90 per cent, suggesting that a significant pool of susceptible children exists.

A press release warning the public and urging parents to check their children's vaccination status was issued by the Federal Minister for Health, Dr Michael Wooldridge, on May 20. NSW Health is also providing public warnings, and urging parents to ensure their children have had one measles vaccination at 12 months of age, and a second vaccination by 16 years of age.

FIGURE 2

REPORTS OF SELECTED INFECTIOUS DISEASES, NSW, 12 MONTHS TO MARCH 1997, BY MONTH OF ONSET (WITH HISTORICAL COMPARISON)



Because of data collation problems, historical rubella figures are unavailable.

Apr 96 - Mar 97 Mean Apr 93 - Mar 96

TABLE 1

INFECTIOUS DISEASE NOTIFICATIONS FOR NSW RECEIVED IN APRIL 1997, BY AREA HEALTH SERVICES

Condition	Area Health Service																	Period	
	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	Total for Apr**	Total to date**
Blood-borne and sexually transmitted																			
AIDS	1	–	–	–	3	2	–	–	4	–	–	–	–	–	–	–	–	10	126
HIV infection*	HIV figures reported every second month																		
Hepatitis B – acute viral*	–	–	1	1	–	–	–	–	–	–	–	–	–	–	1	–	–	3	17
Hepatitis B – other*	70	35	62	4	102	5	6	11	46	1	2	7	–	5	2	1	–	359	1,318
Hepatitis C – acute viral*	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	3
Hepatitis C – other*	82	40	97	32	124	24	40	27	134	40	23	18	6	24	3	10	11	735	2,973
Hepatitis D – unspecified*	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	4
Hepatitis E	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	5
Hepatitis, acute viral (NOS)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Gonorrhoea*	6	5	5	–	3	1	2	–	27	–	–	–	1	–	1	–	1	52	177
Syphilis	21	2	4	–	6	2	–	–	9	–	1	3	4	3	2	–	–	57	206
Vector-borne																			
Arboviral infection*	–	12	5	11	3	23	85	30	7	25	38	12	8	10	20	25	5	319	859
Malaria*	2	9	1	–	–	–	1	1	1	–	–	1	1	–	–	1	–	18	58
Zoonoses																			
Brucellosis*	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
Leptospirosis*	–	–	–	–	–	1	2	–	–	–	–	–	–	–	–	–	–	3	8
Q fever*	–	–	1	–	–	–	1	–	–	2	1	4	1	2	1	1	–	14	80
Respiratory/other																			
Legionnaires' disease	–	1	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	3	14
Meningococcal (invasive) infection	2	–	5	2	1	1	3	1	1	–	–	–	1	1	–	–	–	18	38
Leprosy	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Mycobacterial tuberculosis	3	5	5	1	8	–	–	–	6	1	2	–	–	–	–	–	–	31	109
Mycobacteria other than TB	12	1	5	–	4	1	2	4	3	–	–	1	–	–	–	1	–	34	131
Vaccine-preventable																			
Adverse event after immunisation	–	–	1	–	1	–	1	–	–	–	–	–	1	–	1	–	–	5	16
H.influenzae B (invasive) infection	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	7
Measles	–	–	–	–	1	–	–	1	1	–	–	–	–	–	–	–	–	3	40
Mumps*	–	–	–	–	–	–	–	–	2	–	–	–	–	–	1	–	–	3	17
Pertussis	12	15	23	16	23	6	20	2	13	1	4	8	2	2	7	4	6	164	815
Rubella*	–	4	4	–	1	1	–	–	2	3	–	–	–	–	–	1	–	16	72
Tetanus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Faecal-oral																			
Cholera*	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Foodborne illness (NOS)	–	–	–	–	–	–	–	–	–	–	–	–	3	–	4	–	–	7	41
Gastroenteritis (instit)	–	7	–	–	–	4	–	–	–	–	–	–	–	–	–	–	–	11	184
Hepatitis A	3	6	7	7	5	1	5	–	3	12	10	5	3	4	6	–	2	79	654
Listeriosis*	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	9
Salmonellosis (NOS)*	9	25	17	5	31	8	21	5	22	19	7	7	4	2	4	4	4	194	692
Typhoid and paratyphoid*	2	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	13

* lab-confirmed cases only
** includes cases with unknown postcode

Abbreviations used in this Bulletin:
CSA Central Sydney Health Area, SES South Eastern Sydney Health Area, SWS South Western Sydney Health Area, WSA Western Sydney Health Area, WEN Wentworth Health Area, NSA Northern Sydney Health Area, CCA Central Coast Health Area, ILL Illawarra Health Area, HUN Hunter Health Area, NRA Northern Rivers Health Area, MNC Mid North Coast Health Area, NEA New England Health Area, MAC Macquarie Health Area, MWA Mid West Health Area, FWA Far West Health Area, GMA Greater Murray Health Area, SA Southern Health Area, OTH Interstate/Overseas, U/K Unknown, NOS Not Otherwise Stated.

Please note that the data contained in this Bulletin are provisional and subject to change because of late reports or changes in case classification. Data are tabulated where possible by area of residence and by the disease onset date and not simply the date of notification or receipt of such notification.