

INFECTIOUS DISEASES, NSW: DECEMBER 1998

In recent weeks there has been an increase in reports of **Ross River virus infections**, particularly from rural Macquarie and Greater Murray Areas (Figure 1). The increase is earlier than expected for the season, and has prompted local public warnings about the importance of personal protection to avoid infection through being bitten by mosquitoes. These measures include screening external windows and doors in houses, removing stagnant water from around the house, covering up with loose-fitting long sleeves and trousers and using plenty of insect repellent, especially when going outdoors around and soon after dusk.

Reports of **pertussis** have been on the rise since June.

Many of these cases have occurred in the Greater Murray, Southern NSW and Hunter areas (Table 3). These reports highlight the need for health care providers to be vigilant in checking the immunisation status of all children attending for any reason, and to have a high index of suspicion for this infection in patients of any age attending with a coughing illness. Suspected cases should be notified (confidentially) to the local public health unit (PHU). While treatment has little impact on symptoms (except if given very early in the course of the infection), it is effective in stopping transmission to contacts. PHU staff can help arrange preventive therapy for close contacts of cases.

YEAR IN REVIEW INFECTIOUS DISEASES SURVEILLANCE: 1997

In this issue, we provide a summary of infectious disease surveillance for 1997. Tables 4 through 7 provide breakdowns of the notifiable diseases for NSW by year, month, area of residence, age group and sex.

DISEASES WITH INCREASED NOTIFICATIONS

There were 1610 cases of **Ross River virus infection** reported by laboratories. This was a significant increase over previous years and probably relates to both an increased prevalence of infected mosquitoes, and better recognition of the disease by laboratories, doctors, and the public. The epidemic affected most rural areas of the state, and large numbers of cases were reported from the Greater Murray, Hunter, Central Coast, Illawarra and Far West areas. Some cases were also reported that had resulted from exposure to mosquitoes in bushland areas on the periphery of Sydney.

Reports of **gonorrhoea** continued to increase in 1997, particularly in young inner city men, highlighting the need for a continuing emphasis on the practice of safe sex.

Hepatitis A reports also jumped dramatically in 1997. Several hundred of these cases were attributable to an outbreak traced to eating contaminated oysters in the early

part of the year.¹ A smaller outbreak of 23 cases was traced to consumption of contaminated prawns at a Sydney restaurant in May.² Other cases were attributable to person-to-person spread, notably among young men in the inner city. These latter cases are a reminder of the value of hepatitis A vaccination for gay men and other high risk groups.

Laboratory reports of positive antibodies to **hepatitis C** virus remained the most commonly reported condition, with almost 9000 case reports in 1997. However, many of these reports are likely to represent persons infected in previous years. On the other hand, many persons with new hepatitis C infections have no symptoms, do not seek testing and, so, do not appear in these surveillance data.

There were 222 cases of **meningococcal disease** in 1997. An unusually high proportion of cases were adolescents or young adults, which may be explained in part by the emergence of a relatively new strain of serogroup C in the mid 1990s. (There is some evidence that the appearance of a new strain leads to an upward shift in the age groups of cases in affected communities.) Three small clusters of illness due to serogroup C were identified in 1997. These included three students at a university in August,³ and three students at a high school in October.⁴ Both of these