

# COMMUNICABLE DISEASES REPORT, NSW, FOR JUNE 2003

## TRENDS

Summaries of case notifications through to June 2003 are shown in Figure 1 and Table 2. Note that for Figure 1, at the time of reporting, notifications for the Mid North Coast Area Health Service were not available for June because of local database replication errors within the Area.

Notifications of **Ross River** and **Barmah Forest virus** infection peaked in May, and declined in June with the onset of cooler weather. Most cases have been reported from the northern coastal areas of the state.

Two cases of **measles** were reported in June, as part of a cluster centred in the Wentworth Area. A summary of the outbreak, which began with a traveller who acquired the infection in Nepal, will be reported in a forthcoming issue of the *NSW Public Health Bulletin*. Although the proportion of people immunised against measles is probably at an all time high—unpublished data from the Australian Childhood Immunisation Register indicates that in June 2003, 94 per cent of NSW children aged between 2 years and 2 years and 3 months had received measles vaccination—the absence of complete immunisation and the relatively low levels of naturally circulating virus in NSW since the mid 1990s will lead to an increase in the number of susceptible people in the community over time. After a long period of quiescence, therefore, measles may start to re-emerge in NSW. Clinicians should make every effort to ensure all patients are fully up-to-date with measles vaccination, and remain alert for possible measles cases in people presenting with fever and a rash.

The Wentworth Public Health Unit reported a cluster of **pertussis** at a school in the upper Blue Mountains. There were eight children and one teacher with confirmed pertussis. Of the children, four were not immunised (aged from 6–9 years) and one had an uncertain immunisation history. There were two cases with onset in May, six cases with onset in June, and one case with onset in early July.

**Viral gastroenteritis** is commonly reported in the winter months. In June, five institutional outbreaks were reported from four health areas: South Eastern Sydney reported an outbreak of 23 cases from one hospital; Mid North Coast reported an outbreak of 19 cases in one hospital; Northern Rivers reported an outbreak of 16 cases in a nursing home; and Central Coast reported outbreaks in one nursing home and one hospital, involving a total of 27 cases. The Communicable Diseases Branch of the NSW Department of Health is currently developing a protocol and resources for the investigation of gastroenteritis in institutions.

Four cases of **listeria** were reported in June, continuing the sustained increase in notifications during 2003. To date, 16 cases have been notified this year, compared with 12 cases notified in 2002 and 13 cases notified in 2001. The majority of cases are in people with underlying immunocompromising conditions. The most recent cases were in the Central Coast, Illawarra, Macquarie, and South Western Sydney Areas. No links have been identified among cases.

Reports of invasive **pneumococcal disease** increased with the onset of winter, in line with seasonal expectations.

## INFLUENZA SURVEILLANCE

The NSW Influenza Surveillance Program began in May and will continue through to the end of the first week in October 2003. This year data sources include:

- clinical reports of influenza-like illness (ILI) by NSW general practitioners from the Australian Sentinel Practice Research Network (ASPREN), and five Public Health Units (Central Coast, Illawarra, New England, Northern Sydney, and Southern NSW);
- virological and serological reports of influenza, parainfluenza, adenovirus, rhinovirus, and respiratory syncytial virus (RSV) by major public laboratories: South Eastern Area Laboratory Services (SEALS), Institute of Clinical Pathology and Medical Research (ICPMR), South Western Area Pathology Service (SWAPS), Pacific Laboratory Medicine Services (PaLMS), Hunter Area Pathology Service (HAPS), and the New Children's Hospital (NCH);
- the Directed Virological Surveillance (DVS) scheme, involving general practitioners from metropolitan and rural area health services who submit samples from patients with ILIs for viral testing at SEALS and ICPMR;
- international and national influenza activity regularly updated from the WHO Collaborating Centre for Reference and Research on Influenza, Melbourne, at [www.influenzacentre.org](http://www.influenzacentre.org);
- National Notifiable Diseases Surveillance System, Australian Department of Health and Ageing, at [www.health.gov.au](http://www.health.gov.au).

Through to the end of June 2003, little influenza activity had been reported by laboratories and low rates of ILIs were reported by general practitioners. Towards the end of June there was a modest increase in influenza A reported by laboratories. RSV infection was the major cause of ILIs through to the end of June.

TABLE 1

## CHARACTERISTICS OF MENINGOCOCCAL CASES, NSW, 2001–2003

Case	Characteristics	Week ending 4 July 2003	1 Jan–4 July 2003	Total 2002	Total 2001
Serogroup *	B	0	35	104	92
	C	1	11	53	38
	Other–Unknown	3	26	57	103
Gender	Male	2	38	124	111
	Female	2	34	90	122
Age Group	0–4	2	24	57	71
	5–14	0	5	44	33
	15–24	1	18	61	47
	25–44	0	9	26	52
	>45	1	16	26	30
Residence **	Sydney Area	3	31	126	129
	Other	1	41	88	104
Deaths		0	2	19	7
Total		4	72	214	233

Source: Data is based on date of onset and excludes cases of meningococcal conjunctivitis.

\* Serogrouping of cases may change from unknown to a serogroup as laboratory results become available.

\* Other serogroups include A, W135, and Y.

\*\*Sydney area covers Central Sydney, Northern Sydney, South Eastern Sydney, South Western Sydney, Western Sydney and Wentworth Area Health Services.

## MENINGOCOCCAL DISEASE

Each year, meningococcal disease affects between 200–250 people in NSW. It occurs more commonly in winter and early spring. Those most at risk are close contacts of other cases, young children, and young adults. Up to 10 per cent of patients with meningococcal disease die as a result of the disease. In NSW, group B meningococcal bacteria are responsible for about half of the cases of meningococcal disease and group C is responsible for about one third of cases. Hospitals and laboratories are required to notify their local public health unit as soon as a provisional diagnosis of meningococcal disease is made.

As of 4 July 2003, there were 72 cases of meningococcal disease notified in NSW for 2003, including two deaths. Of these 72 cases:

- 35 (49 per cent) had group B disease, 11 (15 per cent) had group C disease, and 26 (36 per cent) had other or unknown serogroups;
- 38 (53 per cent) were male and 34 (46 per cent) were female;
- 24 (33 per cent) were aged up to four years, five (seven per cent) were aged 5–14 years, 18 (25 per cent) were aged 15–24 years, nine (12 per cent) were aged 25–44 years, and 16 (22 per cent) were aged over 45 years.

Recorded information about meningococcal disease is available by calling 1800 150 061. A fact sheet on meningococcal disease can be found at: [www.health.nsw.gov.au/public-health/cdscu/facts/pdf/meningococcal.pdf](http://www.health.nsw.gov.au/public-health/cdscu/facts/pdf/meningococcal.pdf).

Updates on meningococcal disease incidence in NSW can be found at: [www.health.nsw.gov.au/public-health/alerts/meningococcal/index.html](http://www.health.nsw.gov.au/public-health/alerts/meningococcal/index.html)

## UPDATE ON INVESTIGATIONS OF SEVERE ACUTE RESPIRATORY SYNDROME

The worldwide epidemic of Severe Acute Respiratory Syndrome (SARS) continued in June; however, there were signs that international disease control measures were effective. By 30 June 2003, 8,447 probable SARS infections and 811 deaths had been reported to the World Health Organization (WHO), and only Toronto and Taiwan were considered to be 'SARS-affected' areas.

In NSW there were no further notifications of possible SARS cases in June. Australia had reported a total of five probable cases, one of whom was from NSW. No laboratory-confirmed cases of SARS were reported in Australia through to the end of June 2003. ☐

**FIGURE 1**

**REPORTS OF SELECTED COMMUNICABLE DISEASES, NSW, JANUARY 1998 TO JUNE 2003, 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  
LI = Legionella longbeachae infections, Lp = L. pneumophila infections  
Gp C and Gp B = disease due to serogroup C and serogroup B infection,  
other/unk = other or unknown serogroups

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

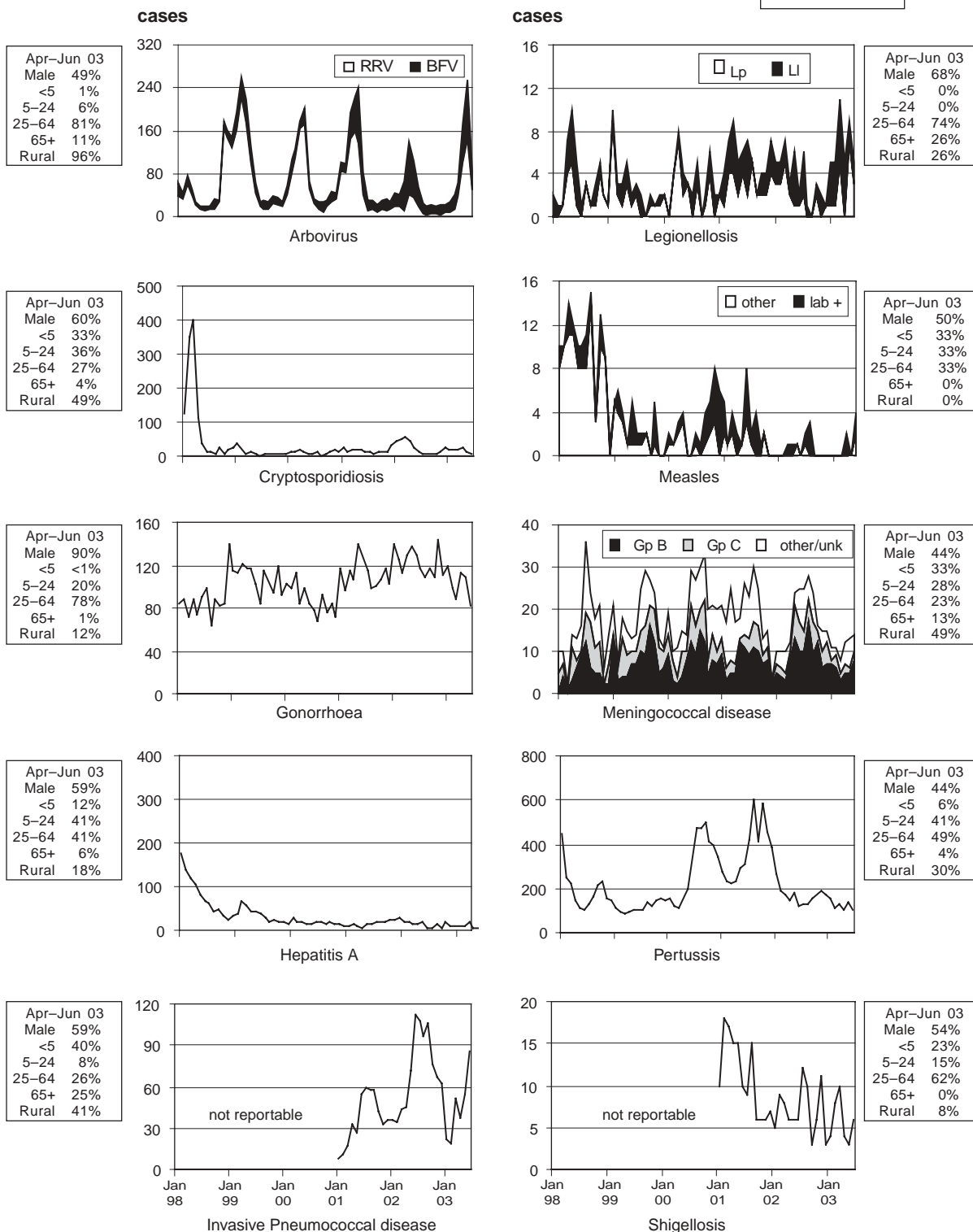


TABLE 2 REPORTS OF NOTIFIABLE CONDITIONS RECEIVED IN JUNE 2003 BY AREA HEALTH SERVICES																				
Condition	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	CHS	Total for June†	To date†
Blood-borne and sexually transmitted																				
Chancroid*	-	58	49	51	25	41	13	50	24	95	28	15	23	15	18	2	36	12	-	562
Chlamydia (genital)*	18	16	7	1	5	1	1	1	-	38	6	3	2	-	-	-	1	-	-	103
Gonorrhoea*	-	-	-	-	2	-	-	-	-	-	-	-	-	1	-	-	-	-	-	3
Hepatitis B - acute viral*	49	34	56	5	1	4	1	4	35	3	1	3	-	2	-	-	1	-	-	201
Hepatitis B - other*	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	4
Hepatitis C - acute viral*	59	32	52	19	3	36	40	25	71	32	32	9	6	14	1	11	7	-	-	453
Hepatitis C - other*	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Hepatitis D - unspecified*	15	9	4	2	12	2	1	2	18	5	1	5	2	-	1	-	-	-	-	80
Syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	445
Vector-borne																				
Barmah Forest virus*	1	-	1	-	-	1	1	-	-	49	20	1	-	1	2	-	-	-	-	77
Ross River virus*	1	-	-	-	-	2	4	-	1	63	29	1	-	1	4	-	-	-	-	106
Arboviral infection (Other)*	1	-	-	-	2	-	1	-	-	2	-	-	-	-	-	-	-	-	-	8
Malaria*	-	1	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	5
Zoonoses																				
Anthrax*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Leptospirosis*	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	29
Lyssavirus*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psittacosis*	-	-	-	-	-	-	2	-	-	-	1	1	-	-	-	-	-	-	-	4
Q fever*	1	-	-	-	1	-	2	1	-	2	-	5	2	-	-	-	1	-	-	15
Respiratory and other																				
Blood lead level*	-	5	-	1	2	1	9	1	1	-	-	3	1	-	4	-	-	-	-	28
Influenza*	-	2	-	-	-	-	1	1	3	-	-	-	-	-	-	-	-	-	-	9
Invasive pneumococcal infection*	10	11	13	4	12	10	12	2	3	1	1	-	-	2	-	2	2	-	-	85
Legionella longbeachae infection*	-	-	1	1	-	2	-	-	1	-	-	-	-	-	-	-	-	-	-	5
Legionella pneumophila infection*	1	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Legionnaires- disease (Other)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16
Leprosy	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Meningococcal infection (invasive)*	-	2	1	-	4	-	2	-	1	2	1	1	1	-	-	-	-	-	-	16
Tuberculosis	8	2	5	1	2	-	-	1	2	-	2	-	-	1	-	-	2	-	-	26
Vaccine-preventable																				
Adverse event after immunisation	-	-	-	1	-	2	2	-	-	1	-	-	-	4	-	1	1	1	-	13
H. Influenzae b infection (invasive)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Measles	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Mumps*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20
Pertussis	12	30	26	11	14	5	17	7	37	8	4	1	-	3	-	1	2	-	-	178
Rubella*	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Enteric																				
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cryptosporidiosis*	2	2	1	-	-	-	1	2	3	-	-	-	-	-	-	-	-	-	-	11
Giardiasis*	7	16	14	6	6	3	8	4	17	-	4	-	7	3	-	-	1	-	-	96
Haemolytic uraemic syndrome	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Hepatitis A*	1	-	1	1	-	-	-	-	2	-	-	-	-	1	-	-	-	-	-	6
Hepatitis E*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Listeriosis*	-	-	-	-	1	1	1	1	-	-	-	-	1	-	-	-	-	-	-	4
Salmonellosis (not otherwise specified)*	10	15	11	2	33	1	7	4	12	11	6	4	4	1	4	1	4	-	-	132
Shigellosis*	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	4
Typhoid and paratyphoid*	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Verotoxin producing E. coli*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
* lab-confirmed cases only																				
+ includes cases with unknown postcode																				
* * HIV and AIDS data are reported separately in the NSW Public Health Bulletin each quarter																				
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																				

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