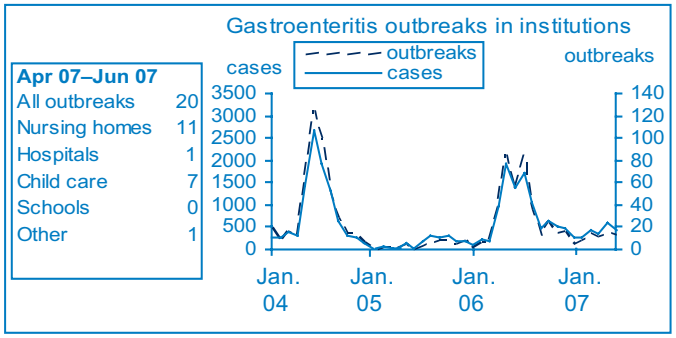
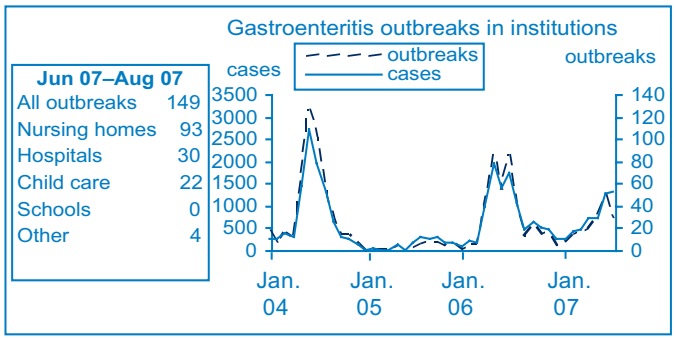
10.1071/NB07111_ER

Erratum. In the Communicable Diseases Reports for July and August (*N S W Public Health Bull* 2007; 18(7–8): 145) and September and October (*N S W Public Health Bull* 2007; 18(9–10): 205), the data in the graphs 'Gastroenteritis outbreaks in institutions' are incorrect as the *x*-axis (year) was incorrectly labelled. The following corrections for these graphs should be noted.





of life, but this does not mean the baby is infected)
- A nucleic acid test, such as PCR (shows that the virus is in the blood)
- A viral load test (shows how much virus is in the blood)
- A genotype test (shows what strain of virus is in the blood – which can help in planning treatment)
- Liver function tests, which may show current liver damage.

How is it treated?

- There has been a significant improvement in the treatment of hepatitis C in recent years
- The drugs interferon and ribavirin can successfully treat hepatitis C in some people
- The success of treatment depends on the genotype and the amount of virus in the blood
- Treatment can clear the virus in up to 80% of people with genotypes 2 and 3 and up to 50% of people with genotype 1
- These drugs are usually taken for six to 12 months and can sometimes have serious side-effects.

A liver biopsy (where a small piece of liver is taken and examined under the microscope) shows the type and extent of any liver damage and may help in planning treatment.

To reduce the risk of further liver damage, people with hepatitis C should:
- Have hepatitis A and hepatitis B vaccinations
- Minimise alcohol intake
- Check with a doctor before taking prescription or over-the-counter drugs.

What is the public health response?

Hepatitis C is notifiable by both doctors and laboratories. Public Health Unit staff investigates cases of newly acquired infections to identify risk factors. Monitoring risk factors helps develop improved prevention programs.

For more information please contact your doctor, local public health unit or community health centre.

- the NSW Hep C Helpline on (02) 9332 1599 or 1800 803 990
- ADIS (Alcohol & Drug Information Service) (02) 9361 8000 or 1800 422 599
- NUAA (NSW Users & AIDS Association) (02) 8354 7300 or 1800 644 413

NSW HEALTH

Communicable Diseases Report, New South Wales, July and August 2007

Communicable Diseases Branch, NSW Department of Health

For updated information, including data and facts on specific diseases, visit www.health.nsw.gov.au and click on **Infectious Diseases.**

Tables 1 and 2 and Figure 1 show reports of communicable diseases received through to the end of July and August 2007 in NSW.

Influenza

NSW Health's influenza surveillance program monitors the rate of people presenting to selected emergency departments (EDs) with influenza-like illness, and the rate of specimens received by six major laboratories that test positive for influenza.

In July reports from EDs initially peaked in the middle of the month at very high levels (6.6/1000 presentations) before a short-lived decline. Influenza outbreaks were reported from 12 residential care facilities, three military facilities and one boarding school, across six of the eight area health services.

In August reports from EDs increased again, and peaked in the middle of the month at even higher levels (9/1000 presentations) before declining. Laboratories reported testing large volumes of specimens for influenza throughout August. Influenza outbreaks were reported from 16 residential care facilities, across six of the eight area health services. Greater Western Area Health Service reported that a 2-year-old boy died after a brief febrile illness. Tests of respiratory samples taken after death were

10.1071/NB07111

positive for influenza A. For more information see http://www.health.nsw.gov.au/infect/pdf/flureport.pdf.

Meningococcal disease

In July, 11 cases of meningococcal disease were reported in NSW (seven females and four males). Of these, none were caused by infection with serogroup C and five were caused by serogroup B meningococci bacteria. One death was reported. In August, 21 cases were reported (10 males and 11 females). Of these one was due to serogroup C and seven were due to serogroup B meningococci bacteria. No deaths were reported. In total, 69 cases of meningococcal disease have been notified in NSW in 2007, including two deaths. The number of reports in 2007 is similar to 2006.

Syphilis

There has been an increase in reports of infectious syphilis in NSW since the last quarter of 2006 (see: http://www.health.nsw.gov.au/data/diseases/syphilis.html). Cases have been predominantly among men living in central and eastern Sydney, and although risk factors are not routinely collected on cases, discussions with clinicians indicate that many cases are in men who have sex with men.

Enterics

In July, NSW public health units investigated 53 outbreaks of gastroenteritis. Eight were suspected food-borne outbreaks. Four of these (affecting between three and five people) were associated with restaurant meals and were consistent with viral infection transmitted via food. For the other four, investigators suspected that the outbreaks were spread from person-to-person rather than via food.

Person-to-person spread of viral gastroenteritis was also the most likely cause of the other 45 outbreaks, all reported from institutions. Twenty-six outbreaks were reported in aged care facilities and affected more than 500 people. Fourteen outbreaks were reported in hospitals and affected almost 300 people. Four outbreaks were reported in child care centres and one and in a camp setting.

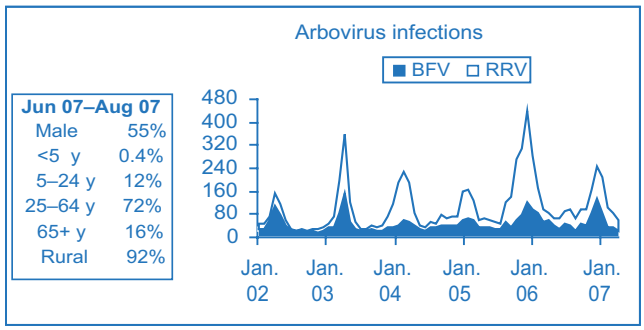
In August, NSW public health units investigated 63 outbreaks of gastroenteritis. Among these were three suspected food-borne outbreaks. Of these, two were associated with restaurants and affected between two and five people. Both restaurants were inspected by the NSW Food Authority. The cause of these outbreaks was not determined. The third was in an institutional setting and affected approximately 30 people. Symptoms were consistent with food-borne disease but a source of the outbreak was unable to be identified. The outbreak was investigated primarily by on-site personnel with support from the Public Health Unit.

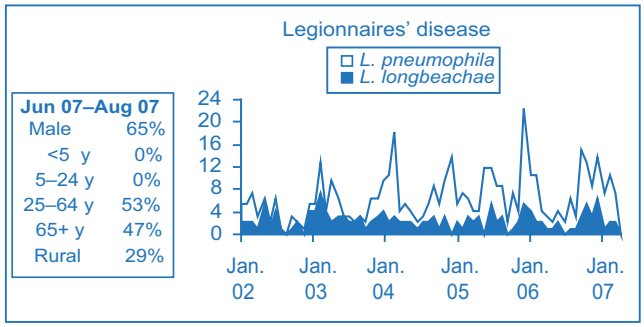
Person-to-person spread of viral gastroenteritis was the most likely cause of the other 60 outbreaks, all reported from institutions. Of these, 44 were reported in aged-care facilities and affected more than 670 people, 11 were reported in hospitals and affected more than 100 people, and five were reported in child care centres and affected 39 children.

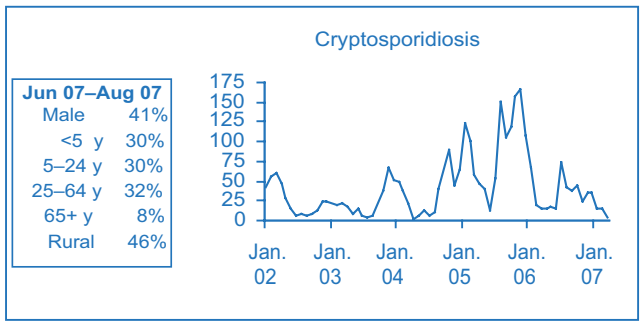
Viral gastroenteritis is common in the winter months. Norovirus and rotavirus are common causes of gastroenteritis and can be prevented by simple measures such as hand washing with soap and water. For further information and recommendations on outbreak control including 'Gastro Packs' for use in aged care and hospital facilities, go to: http://www.health.nsw.gov.au/infect/diseases.html and scroll down to 'Gastroenteritis (viral)'. Fewer outbreaks have been report over winter 2007 (n = 149) compared with winter 2006 (n = 184).

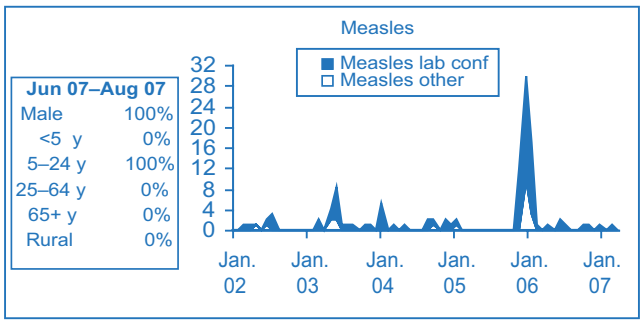
Figure 1. Reports of selected communicable diseases, NSW, Jan 2002 to August 2007, by month of onset.
Preliminary data: case counts in recent months may increase because of reporting delays. Laboratory-confirmed cases only, except for measles, meningococcal disease and pertussis. BFV, Barmah Forest virus 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.

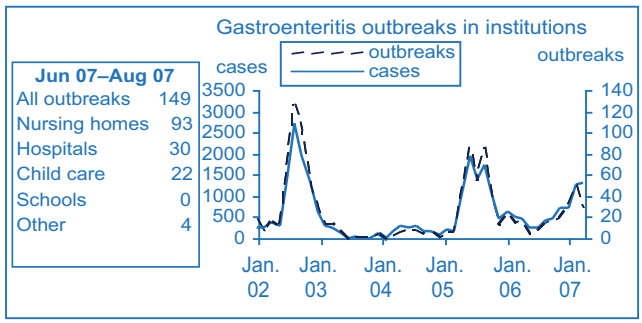
NSW Population	
Male	50%
<5 y	7%
5–24 y	27%
25–64 y	53%
65+ y	13%
Rural	46%

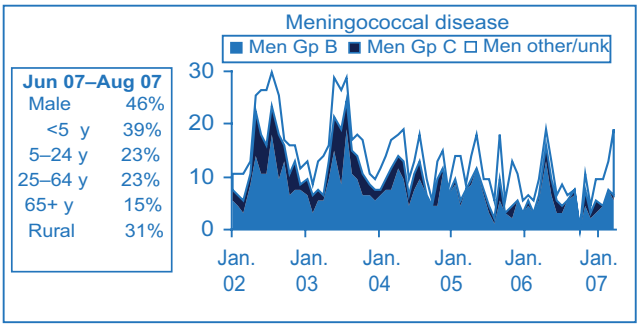


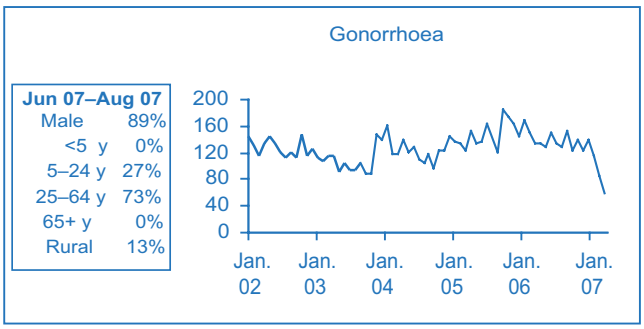


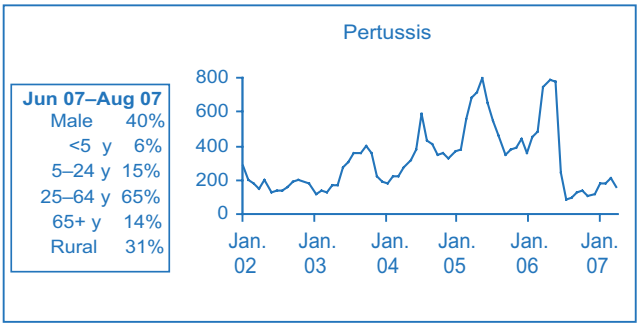


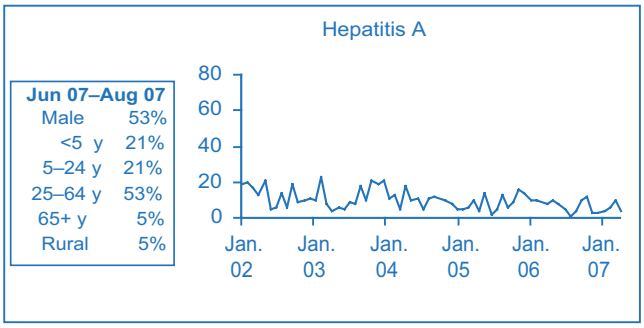












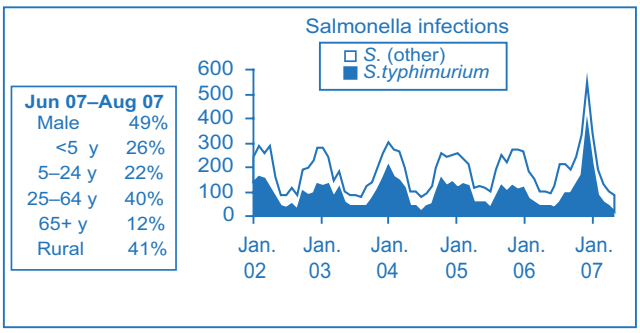


Table 1. Reports of notifiable conditions received in July 2007 by Area Health Services

Condition	Area Health Service (2007)																		Total	
	Greater Southern		Greater Western			Hunter/New England		North Coast		Northern Syd/ Central Coast		South Eastern Syd/Illawarra		Sydney South West		Sydney West		Justice Health		
	GMA	SA	FWA	MAC	MWA	HUN	NEA	MNC	NRA	CCA	NSA	ILL	SES	CSA	SWS	WEN	WSA		For July	To date
Blood-borne and sexually transmitted																				
Chancroid[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chlamydia (genital)[a]	50	29	8	12	32	94	19	27	61	52	92	48	162	93	45	34	98	7	974	7609
Gonorrhoea[a]	2	1	–	–	1	1	1	–	3	1	8	4	35	13	5	–	6	–	83	908
Hepatitis B – acute viral[a]	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	–	2	35
Hepatitis B – other[a]	6	1	1	4	–	3	1	1	1	3	31	2	40	54	46	3	58	3	264	2034
Hepatitis C – acute viral[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	25
Hepatitis C – other[a]	15	10	9	12	15	42	10	33	25	44	31	12	56	44	45	18	47	46	516	3821
Hepatitis D – unspecified[a]	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	8
Lymphogranuloma venereum	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Syphilis	–	2	–	–	2	–	1	3	3	3	5	1	45	12	5	4	5	1	93	710
Vector-borne																				
Barmah Forest virus[a]	–	8	–	1	–	9	–	3	5	2	–	2	–	–	1	1	–	–	32	424
Ross River virus[a]	1	4	–	3	2	12	–	6	7	4	2	1	3	1	–	–	–	–	46	517
Arboviral infection (other)[a]	–	–	–	–	–	1	–	1	3	–	1	–	1	–	–	–	–	–	7	56
Malaria[a]	–	1	–	–	–	–	–	–	–	–	–	–	–	2	–	–	1	–	4	56
Zoonoses																				
Anthrax[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Brucellosis[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4
Leptospirosis[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	7
Lyssavirus[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psittacosis[a]	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	–	2	24
Q fever[a]	–	2	2	2	1	3	5	–	1	–	–	–	–	–	–	–	–	–	16	127
Respiratory and other																				
Blood lead level[a]	–	–	2	15	1	1	–	–	1	–	2	2	1	2	4	4	2	–	37	137
Influenza[a]	6	9	–	2	4	49	25	5	17	12	35	17	46	7	20	19	86	1	360	600
Invasive pneumococcal infection[a]	2	3	1	1	1	12	1	5	4	3	12	9	9	6	9	3	4	–	86	272
Legionella longbeachae infection[a]	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	2	23
Legionella pneumophila infection[a]	–	1	–	–	–	–	–	–	–	–	1	–	1	1	–	1	2	–	7	48
Legionnaires' disease (other)[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Leprosy	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3
Meningococcal infection (invasive)[a]	–	–	–	–	–	1	–	–	2	–	–	–	4	–	2	1	1	–	11	49
Tuberculosis	1	1	–	–	–	–	–	–	–	–	3	–	4	–	5	–	10	–	24	227
Vaccine-preventable																				
Adverse event after immunisation[b]	–	–	1	1	3	–	–	–	–	1	–	2	4	–	1	1	2	–	16	101
H. influenzae b infection (invasive)[a]	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	–	2	3
Measles	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	4
Mumps[a]	–	–	–	–	–	–	–	–	–	–	5	–	7	1	4	–	1	–	18	93
Pertussis	5	5	–	14	–	18	4	5	7	6	28	8	28	9	22	5	42	–	206	991
Rubella[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	11
Tetanus	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	4
Enteric																				
Botulism	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cholera[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
Cryptosporidiosis[a]	1	2	–	1	–	–	2	–	1	3	3	–	2	–	–	2	2	–	19	220
Giardiasis[a]	5	1	1	3	2	10	7	8	2	12	26	2	26	15	6	7	23	1	157	1283
Haemolytic uraemic syndrome	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6
Hepatitis A[a]	–	–	–	–	–	–	–	–	1	–	2	1	2	1	2	–	–	–	9	44
Hepatitis E[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	5
Listeriosis[a]	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	14
Salmonellosis[a]	3	5	–	1	5	10	6	2	5	5	12	9	19	8	7	4	10	–	111	1836
Shigellosis[a]	–	–	–	–	–	1	–	–	1	–	–	–	1	–	–	–	–	–	3	38
Typhoid[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	29
Verotoxin-producing *E. coli*[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6
Miscellaneous																				
Creutzfeldt–Jakob disease	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	2
Meningococcal conjunctivitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

[a]Laboratory-confirmed cases only. [b]HIV and AIDS data are reported separately in the Public Health Bulletin quarterly.
NB: From 1 January 2005, Hunter/New England AHS also comprises Great Lakes, Gloucester & Greater Taree LGAs, Sydney West also comprises Greater Lithgow LGA.
NB: Data is 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.
GMA, Greater Murray Area; MAC, Macquarie Area; NEA, New England Area; CCA, Central Coast Area; SES, South Eastern Sydney Area; WEN, Wentworth Area; SA, Southern Area; MWA, Mid Western Area; MNC, North Coast Area; NSA, Northern Sydney Area; CSA, Central Sydney Area; WSA, Western Sydney Area; FWA, Far West Area; HUN, Hunter Area; NRA, Northern Rivers Area; ILL, Illawarra Area; SWS, South Western Sydney Area; JHS, Justice Health Service

Table 2. Reports of notifiable conditions received in August 2007 by Area Health Services

Condition	Area Health Service (2007)																		Total	
	Greater Southern		Greater Western			Hunter/New England		North Coast		Northern Syd/ Central Coast		South Eastern Syd/Illawarra		Sydney South West		Sydney West		Justice Health		
	GMA	SA	FWA	MAC	MWA	HUN	NEA	MNC	NRA	CCA	NSA	ILL	SES	CSA	SWS	WEN	WSA		For Aug.	To date
Blood-borne and sexually transmitted																				
Chancroid[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chlamydia (genital)[a]	32	23	7	14	24	100	49	31	45	44	77	42	172	101	25	24	76	6	903	8580
Gonorrhoea[a]	1	–	–	–	–	2	–	–	4	3	9	2	30	11	1	2	3	1	70	998
Hepatitis B – acute viral[a]	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	–	–	–	4	40
Hepatitis B – other[a]	4	3	–	1	–	4	–	2	3	2	33	7	40	55	76	2	58	1	293	2357
Hepatitis C – acute viral[a]	1	–	–	1	–	–	–	–	–	–	–	–	1	1	–	–	–	–	4	30
Hepatitis C – other[a]	7	16	–	11	7	45	13	24	30	32	24	27	68	71	30	22	34	35	500	4359
Hepatitis D – unspecified[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	9
Lymphogranuloma venereum	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Syphilis	–	–	–	2	1	2	1	2	2	1	7	–	40	29	5	–	8	1	101	803
Vector-borne																				
Barmah Forest virus[a]	1	3	–	1	–	3	–	2	8	1	1	2	–	–	–	–	–	–	22	446
Ross River virus[a]	1	3	1	5	1	12	1	7	6	4	3	–	2	–	–	–	1	–	47	563
Arboviral infection (other) [a]	–	–	–	–	–	–	–	–	–	–	2	–	3	–	–	–	–	–	5	61
Malaria[a]	–	–	–	–	1	2	–	–	–	1	1	–	–	1	1	–	2	–	9	65
Zoonoses																				
Anthrax[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Brucellosis[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4
Leptospirosis[a]	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	9
Lyssavirus[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psittacosis[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	24
Q fever[a]	–	–	–	2	–	–	8	–	3	1	–	1	–	–	–	–	1	–	16	142
Respiratory and other																				
Blood lead level[a]	–	–	–	17	3	–	–	1	–	1	1	12	1	2	–	–	–	–	38	176
Influenza[a]	11	42	4	8	12	116	36	18	71	24	60	22	55	10	15	30	115	2	654	1278
Invasive pneumococcal infection[a]	3	3	1	4	4	10	4	4	1	7	7	6	8	3	2	3	3	–	73	344
Legionella longbeachae infection[a]	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	24
Legionella pneumophila infection[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	2	50
Legionnaires' disease (other)[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Leprosy	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3
Meningococcal infection (invasive)[a]	1	–	–	–	1	1	2	–	1	–	4	–	3	1	3	–	4	–	22	70
Tuberculosis	–	–	–	–	–	2	1	–	–	–	5	2	9	–	–	1	–	–	20	251
Vaccine-preventable																				
Adverse event after immunisation[b]	4	1	–	–	1	1	1	–	1	1	3	4	2	–	2	–	2	–	23	133
H. influenzae b infection (invasive)[a]	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	–	2	5
Measles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4
Mumps[a]	1	–	–	–	–	1	–	–	–	–	3	1	11	1	1	1	4	–	24	117
Pertussis	6	4	1	9	5	21	4	7	9	4	24	11	22	12	17	8	30	–	194	1188
Rubella[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	12
Tetanus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4
Enteric																				
Botulism	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cholera[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
Cryptosporidiosis[a]	1	–	–	1	–	–	–	–	–	1	1	1	1	–	–	–	2	–	8	227
Giardiasis[a]	6	1	–	1	2	9	7	4	–	5	17	4	18	22	3	6	17	–	123	1420
Haemolytic uraemic syndrome	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	7
Hepatitis A[a]	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	1	–	5	49
Hepatitis E[a]	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	2	7
Listeriosis[a]	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	2	16
Salmonellosis[a]	5	3	–	1	3	8	3	1	12	2	15	6	14	4	10	3	12	–	103	1938
Shigellosis[a]	–	1	–	–	–	1	–	–	–	–	1	–	2	3	2	–	–	–	10	48
Typhoid[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	34
Verotoxin-producing *E. coli*[a]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6
Miscellaneous																				
Creutzfeldt–Jakob disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
Meningococcal conjunctivitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

[a]Laboratory-confirmed cases only. [b]HIV and AIDS data are reported separately in the Public Health Bulletin quarterly.
NB: From 1 January 2005, Hunter/New England AHS also comprises Great Lakes, Gloucester & Greater Taree LGAs, Sydney West also comprises Greater Lithgow LGA.
NB: Data is 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.

GMA, Greater Murray Area; MAC, Macquarie Area; NEA, New England Area; CCA, Central Coast Area; SES, South Eastern Sydney Area; WEN, Wentworth Area; SA, Southern Area; MWA, Mid Western Area; MNC, North Coast Area
NSA, Northern Sydney Area; CSA, Central Sydney Area; WSA, Western Sydney Area; FWA, Far West Area; HUN, Hunter Area; NRA, Northern Rivers Area; ILL, Illawarra Area; SWS, South Western Sydney Area; JHS, Justice Health Service