

INFECTIOUS DISEASES, NSW: MAY 1999

TRENDS

Reports of notifiable infectious diseases reflect usual patterns for this time of year (Figure 1, Table 1). However, **influenza** appears to have arrived a little early this season (see below), and cases of **gonorrhoea** continue to be reported among young men in eastern Sydney (see earlier *NSW Public Health Bulletin* reports).

THE IMPORTANCE OF INFECTION CONTROL

Alison Rutherford, Leena Gupta and Patrick Maywood

Central Sydney Public Health Unit (CSPHU) recently investigated a centre in Campsie where an unqualified person had been practising as a doctor and performing minor surgical operations. The centre had been obtaining clients through advertisements placed in local ethnic newspapers. The person had recently been prosecuted by the NSW Medical Board, which then advised the Public Health Unit in May 1999 because of possible public health concerns.

On receiving notification from the Medical Board, CSPHU established an inquiry under Section 71 of the *Public Health Act 1991* to inspect the premises and to view records. This inspection suggested that the transmission of blood-borne viruses may have been possible in the past because of the poor standards of infection control at the centre. The unit found and copied records of persons who had visited the centre. The records were written in languages other than English, were incomplete in their details and were stored haphazardly. It is believed from the records and discussions with some local people that many who had attended the centre may have been from non-English speaking backgrounds.

Because of the poor and incomplete record keeping, it was not possible to use the records obtained to contact everyone who had attended the centre. Therefore a media release was issued advising anyone who had visited the centre that they might be at risk of blood-borne virus transmission. The media release urged them to contact their local doctor or public health unit and suggested that they be tested for blood-borne viruses. Broad coverage was achieved in mainstream and ethnic press.

Other public health action included:

- attempting to interview the person concerned, with the assistance of an interpreter, to establish the scope and extent of what had occurred at the centre
- translating all records available from the centre in order to write to those whose contact details were discernible
- notifying the local divisions of general practice, other public health units, the relevant community medical association, and local councils of the situation and

advising them of steps to be taken should they be contacted by people who had visited the centre

- establishing a protocol for responding to telephone inquiries and ensuring necessary care and/or counselling for people who might contact the CSPHU
- issuing a warning letter to the practitioner advising them of their obligations under the *Public Health Regulation 1991*.

Using powers granted under the *Public Health Act 1991*, staff from the CSPHU revisited the premises with suitably qualified clinical waste removal contractors.

The investigation relied on liaison with a range of agencies, individuals and organisations including: the local police, councils and general practitioners; AIDS/Infectious Diseases and Legal and Pharmaceutical Services Branches of the NSW Department of Health; and the NSW Medical Board. Further liaison with the NSW Medical Board and referral of the matter to the NSW Health Care Complaints Commission is planned.

HEPATITIS A IN A BAKERY WORKER

Gerard Finnigan and Tony Kolbe

On Friday, 30 April, the Greater Murray Public Health Unit was notified by telephone of a positive hepatitis A serology (anti-HAV IgM) result in a bakery worker who had presented to an Emergency Department four days earlier with a two-day history of nausea, malaise and vomiting.

Standard follow-up identified the case as a worker whose job was to manually detach bread rolls from bunches and insert the rolls into plastic bags. This person had attended work for 12 days while potentially infectious and was involved in processing approximately 140,000 bread rolls for distribution to the ACT and rural areas of western and southern NSW. Gloves were not used by workers on this production line.

Previously, bread products handled by workers infectious with hepatitis A have been associated with hepatitis A outbreaks.^(1,2) To advise consumers of the potential, but low, risk of hepatitis A infection, a collaborative communication strategy was developed between the bakery, NSW Department of Health, ACT Health and the public health units within the areas affected. A telephone advisory service was established by the company and media releases encouraged the public to contact local public health units with any queries. The bakery was able to provide details of the location of distribution—stores, dates and quantities of bread rolls sold—which assisted in qualifying the risk for some public queries. To date, no cases of hepatitis A have been linked with consumption of bread rolls from this bakery. Surveillance continues.

FIGURE 1**REPORTS OF SELECTED INFECTIOUS DISEASES, NSW, JANUARY 1994 TO APRIL 1999, BY MONTH OF ONSET**

These are preliminary data: case counts in recent months may increase because of reporting delays

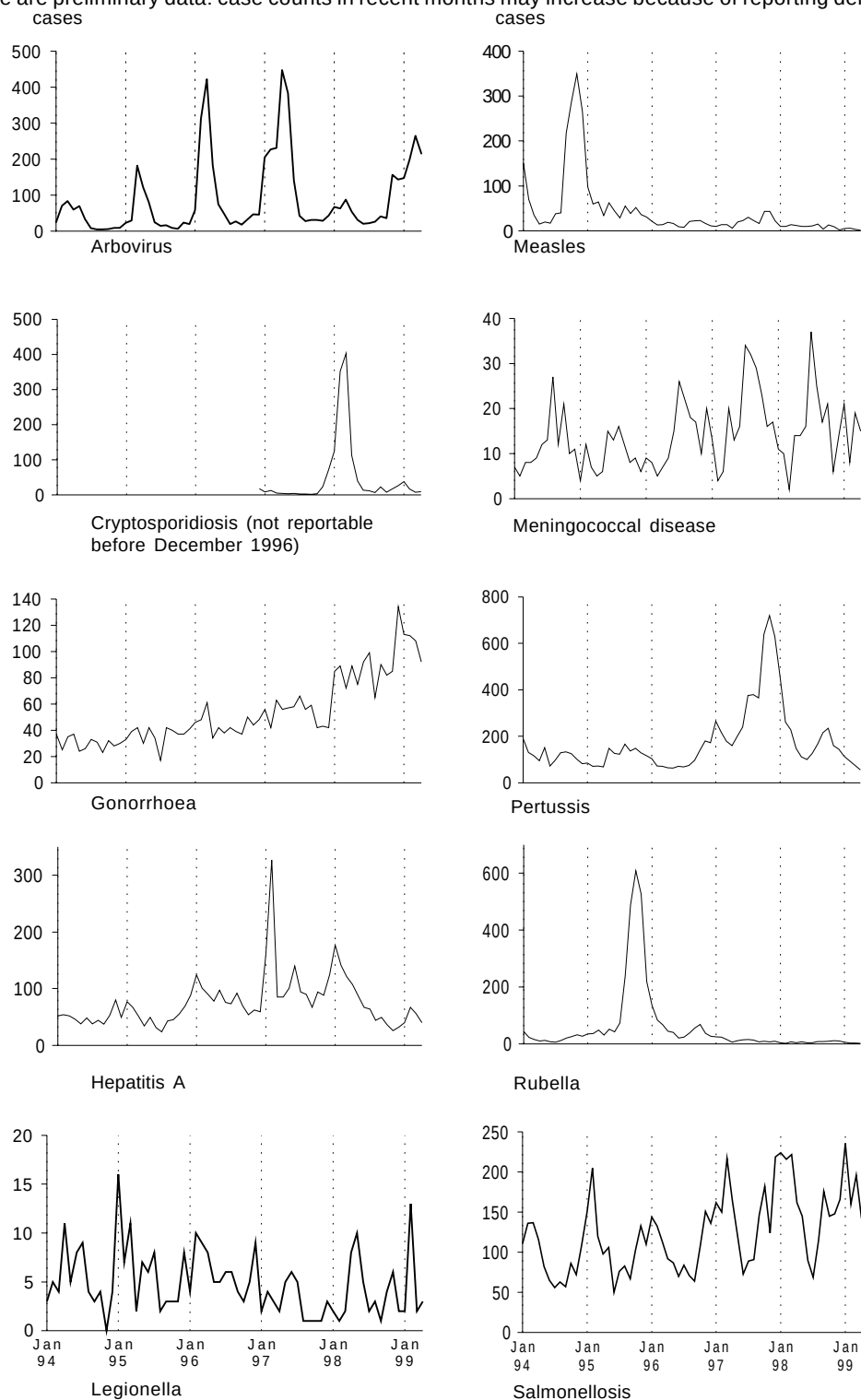


TABLE 1

NOTIFICATIONS RECEIVED IN APRIL 1999 BY AREA HEALTH SERVICES

Condition	Area Health Service (1999)																	Total	
	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	for Apr+	To date+
Blood-borne and sexually transmitted																			
AIDS	3	1	—	1	—	1	2	—	5	—	—	—	—	—	—	—	—	13	73
HIV infection*	—	—	—	—	—Reported second monthly—					—	—	—	—	—	—	—	—	—	89
Hepatitis B: acute viral*	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	3	21
Hepatitis B: other*	69	36	6	4	2	3	3	4	55	5	2	5	1	3	7	6	2	213	1134
Hepatitis C: acute viral*	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	4	29
Hepatitis C: other*	100	44	2	27	4	53	43	14	81	46	37	18	2	31	4	19	29	556	2838
Hepatitis D: unspecified*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2
Hepatitis, acute viral (not otherwise specified)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chancroid*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chlamydia (genital)*	18	10	4	8	2	5	23	15	47	17	14	2	3	5	11	10	2	200	757
Gonorrhoea*	29	9	1	3	—	—	—	2	50	1	1	1	2	—	6	1	—	106	462
Syphilis	17	3	3	2	1	2	—	1	13	2	1	2	—	2	2	2	—	53	218
Vector-borne																			
Arboviral infection*	—	7	4	4	1	11	40	30	4	81	18	3	1	1	3	8	30	246	834
Malaria*	—	3	—	2	—	—	—	2	5	1	1	—	—	—	—	3	—	18	79
Zoonoses																			
Brucellosis*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Leptospirosis*	—	—	—	—	—	—	—	—	—	3	1	1	—	—	—	—	—	5	16
Q fever*	—	—	—	—	—	—	—	1	—	2	1	1	1	—	1	1	—	8	47
Respiratory and other																			
Blood lead level*	2	1	—	—	—	1	3	—	—	1	—	—	—	—	9	—	—	17	247
Legionnaires' disease*	—	2	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	5	22
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection (invasive)	—	—	1	1	1	—	1	3	3	—	1	—	1	1	1	—	—	14	59
Mycobacterial tuberculosis	2	9	2	1	—	2	—	1	2	—	1	—	—	—	—	—	—	20	128
Mycobacteria other than TB	3	4	—	1	—	—	2	—	5	—	—	3	—	—	—	1	—	19	136
Vaccine-preventable																			
Adverse event after immunisation	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	24
<i>H. influenzae</i> b infection (invasive)*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Measles	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	15
Mumps*	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	7
Pertussis	3	5	3	5	10	4	13	1	10	—	2	—	2	3	—	3	2	67	427
Rubella*	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	15
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Faecal-oral																			
Botulism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera*	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	2
Cryptosporidiosis*	—	1	1	—	—	—	1	—	3	2	1	1	—	—	—	—	2	12	84
Giardiasis*	6	13	7	2	2	7	4	2	23	10	6	6	1	3	1	3	1	98	442
Food-borne illness (not otherwise specified)	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	8
Gastroenteritis (in an institution)	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	4	64
Haemolytic uraemic syndrome	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Hepatitis A*	7	5	6	1	2	1	1	—	13	—	—	1	—	—	—	1	3	41	202
Hepatitis E*	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1
Listeriosis*	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	7
Salmonellosis (not otherwise specified)*	17	22	25	3	14	6	13	20	17	21	9	2	2	9	5	1	3	191	803
Typhoid and paratyphoid*	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	8
Verotoxin producing <i>E. coli</i> *	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* lab-confirmed cases only

+ includes cases with unknown postcode

CSA = Central Sydney Area
 NSA = Northern Sydney Area
 WSA = Western Sydney Area

WEN = Wentworth Area
 SWS = South Western Sydney Area
 CCA = Central Coast Area

HUN = Hunter Area
 ILL = Illawarra Area
 SES = South Eastern Sydney Area

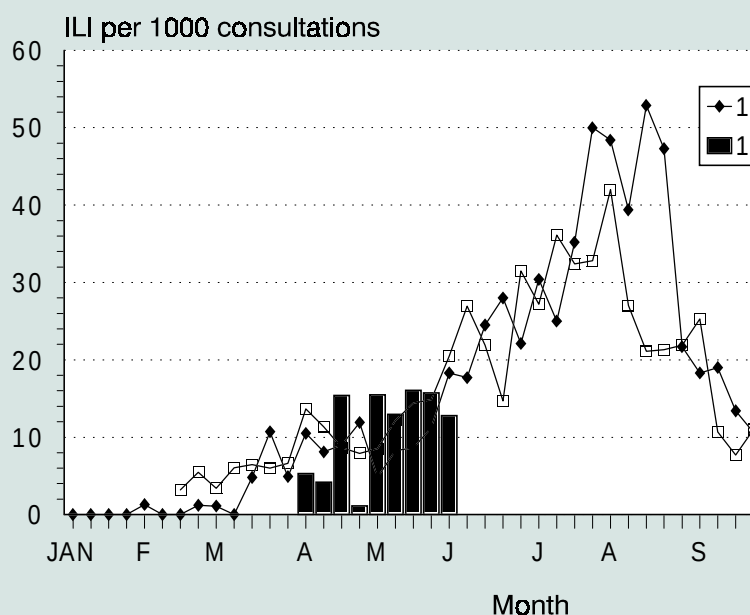
NRA = Northern Rivers Area
 MNC = North Coast Area
 NEA = New England Area

MAC = Macquarie Area
 MWA = Mid Western Area
 FWA = Far West Area

GMA = Greater Murray Area
 SA = Southern Area

FIGURE 2

NSW GP SENTINEL SURVEILLANCE: INFLUENZA-LIKE-ILLNESS (ILI), BY WEEK OF CONSULTATION, WITH HISTORICAL COMPARISONS



References

1. Warburton AR, Wreghitt TG, Rampling A, et al. Hepatitis A outbreak involving bread. *Epidemiol Infect* 1991; 106:199–202.
2. Weltman AC, Bennet NM, Ackman DA, et al. An outbreak of hepatitis A associated with a bakery. *Epidemiol Infect* 1996; 117:333–341.

NSW INFLUENZA SURVEILLANCE ACTIVITY UPDATE

Rob Menzies

This report is prepared from weekly *NSW Influenza Surveillance Activity Updates*, produced in collaboration with: the AIDS/Infectious Diseases Branch of the NSW Department of Health; South East Area Laboratory Service; Institute of Clinical Pathology and Medical Research Westmead; South West Area Pathology Service; Pacific Laboratory Medical Services; participating general practitioners; and the Hunter, New England, Northern Sydney and Southern Public Health Units.

Influenza activity during May continued at a moderate level and was higher than the level in April.

Clinical Activity

Rates of influenza-like illness reached levels similar to those reported for the same period last year. Weekly reports

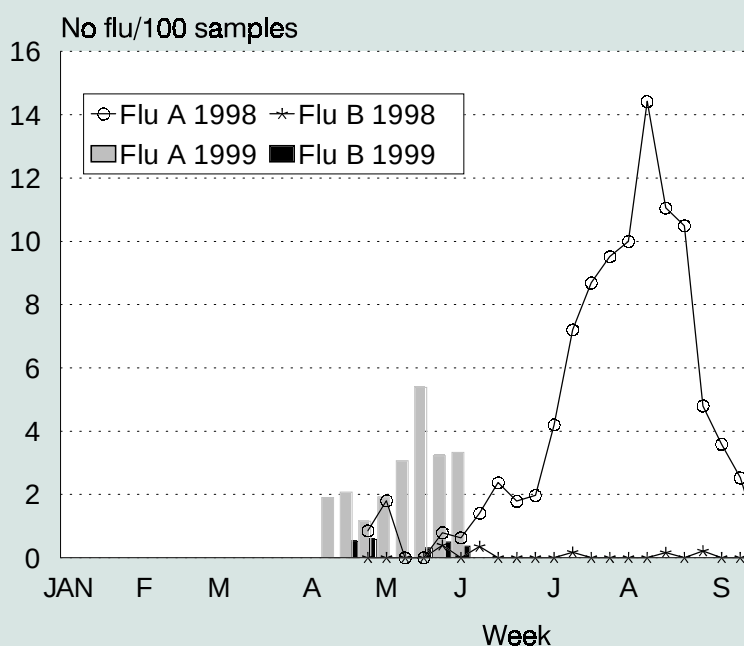
were received from approximately 30 general practitioners (GPs) through four public health units covering more than 3500 consultations per week (Figure 2).

Virological Activity

The laboratory reporting rate for influenza A diagnoses increased in May to a level higher than that for the same period last year. In the last week of May, 14 cases of influenza A (13 virological, one serological), three cases of influenza B (two virological, one serological) and 67 respiratory syncytial virus were reported. In the corresponding week last year, two cases of influenza A, one of influenza B and 71 of respiratory syncytial virus were reported (Figure 3).

Directed Virological Surveillance

During May, approximately 15 GPs submitted specimens from up to five patients a week who had influenza-like illnesses. Of 54 samples submitted, five were positive for influenza A and one for influenza B (11 per cent). This is similar to the overall positive rate of 14 per cent for last year. No other respiratory viruses were detected. Samples were taken from a broad age range (0–79 years) of patients. Approximately 30 GPs from the Central Sydney, South Eastern Sydney, Western Sydney, Wentworth, Central Coast, Hunter, Illawarra, Greater Murray and Southern areas are participating in the scheme this year.

FIGURE 3**NSW INFLUENZA VIRUS ISOLATION RATES, 1998–1999****International Surveillance**

The 1998–99 season in the United States included widespread epidemic activity that peaked in mid-March and was similar in severity to the previous two seasons. In Europe, influenza activity reached epidemic levels in most countries that reported to the World Health Organization. The predominant strain in most countries was A(H3N2): A/Sydney/5/97-like. Influenza B was also isolated in most countries and was the predominant strain in parts of Europe. No country has reported significant influenza activity during May. New Zealand has reported only sporadic activity, Chile reported a regional outbreak in early May and Argentina has reported no activity.

INFLUENZA OUTBREAK IN A METROPOLITAN BOARDING SCHOOL

Lorraine Young, Mark Ferson, Mary Short and David Townson

In the first week of May, the South Eastern Sydney Public Health Unit (SESPHU) was notified by the school health nurse from a local boarding school of a sudden outbreak of a respiratory illness among student boarders. The outbreak commenced on the weekend of the 1 and 2 May 1999. By Wednesday, 5 May, at least 50 students were affected by a similar illness, which was characterised by a

high fever of up to 39°C, sore throat and cough. Seven of the 11 live-in boarding staff members had also been affected.

Because new cases continued to occur, on Thursday, 6 May, the SESPHEU organised for the collection, transport and virological testing of nasal swabs from any new cases. This was done in conjunction with the school's general practitioner, the school nurse, staff of the South East Area Laboratory Service Virology Department, and St Vincent's Hospital Microbiology Department. Three nasal swabs were collected on Friday, 7 May, and the laboratory reported the following day that all three specimens were positive for influenza.

The school accommodates a total of 180 boarders and 11 live-in boarding staff. By Wednesday, 12 May, at least 77 boarders and seven of the 11 staff members had reported illness. The exact number of student boarders affected was not ascertained because many had gone home during this period. The majority of cases presented during the first three to five days of the outbreak, with some cases continuing to occur up until the 12th day. There had also been reports of cases among day students and staff; however, these have been neither documented nor confirmed. ■