# COMMUNICABLE DISEASES REPORT, NEW SOUTH WALES, FOR NOVEMBER AND DECEMBER 2005

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

## TRENDS

Tables 2 and 3 and Figure 1 show reports of communicable diseases received through to the end of November and December 2005 for each area health service in NSW.

# ENTERIC DISEASE

## Cryptosporidiosis

The number of people reported with cryptosporidiosis increased from 51 cases in October to 143 cases in November. There were 100 cases in December. Cryptosporidiosis occurs after ingestion of the parasite *Cryptosporidium* and is characterised by watery diarrhoea, abdominal cramps, vomiting and occasionally fever. Symptoms can last for many weeks or even months in some people. No specific treatment is recommended, other than supportive care.

In response to the increase, NSW public health units were asked to interview all patients, using a standard form to identify risk factors for illness. Interviews identified no single source for the outbreak. However, most cases (75 per cent) were from rural parts of the state, and some people reported having direct contact with farm animals, visiting farms, drinking untreated water, or swimming in rivers and pools. The Department of Primary Industries reports that there has been a recent increase in calves with scours (diarrhoea that can be caused by Cryptosporidium infection). While investigations continue, these data suggest that the outbreak may have begun when a small number of people acquired the illness from infected animals, either through direct contact, contact with the animals' faeces, or from contaminated waterways in which they swam or from which they drank untreated water. Once in humans, the infection is readily transmitted through person-to-person contact. A major public health concern is that recovering cases will unwittingly carry the parasite into swimming pools where the chlorine resistance of the organism allows it to remain infectious for weeks. Consequently, swimmers who swallow small amounts of pool water will be at increased risk of acquiring the infection. A massive outbreak of cryptosporidiosis occurred across NSW in 1998 after several pools were contaminated in this way.<sup>1</sup>

To avoid infection people should:

- thoroughly wash their hands with soap and running water for at least 10 seconds after handling animals or their manure; before handling food; after using the toilet; and after changing nappies
- · avoid getting water in their mouth when swimming
- avoid drinking untreated water.

Water taken directly from a creek, river or lake should be brought to a rolling boil (and allowed to cool) before drinking. Otherwise the water should be filtered and disinfected using a treatment system certified against the standards to remove *Cryptosporidium* (for example, AS/NZS 4348 or NASI/NSF 53).

To avoid contaminating swimming facilities, people who have had a diarrhoeal illness should not enter a swimming area for at least one week after complete recovery.

#### Reference

 Puech MC, McAnulty JM, Lesjak M, Shaw N, Heron L, Watson JM. A statewide outbreak of cryptosporidiosis in New South Wales associated with swimming at public pools. *Epidemiol Infect* 2001; 126: 389–96.

### Other enteric infections

Several outbreaks of other enteric diseases were reported in November and December. Notable among these were:

- an increase in cases of infection with *Salmonella* **typhimurium phage type 44 (STm44)** across NSW with a total of 14 cases reported in November, including one cluster of five people who had consumed, on different days, a chicken Caesar salad wrap from a retailer in the South Eastern Sydney/Illawarra area. The NSW Food Authority (NSWFA) confirmed that the wrap was prepared using raw egg. Samples of product from the establishment tested negative for Salmonella, but a further trace-back of eggs by the NSWFA is underway. In December a further 32 cases of STm44 were reported. Among these were three clusters:
  - seven people who attended a dinner party in the South Eastern Sydney/Illawarra area. Two of the seven were confirmed as having STm44 infection, and one of these two was admitted to hospital. Among the foods eaten was a tiramisu cake prepared using raw egg
  - four people from the Central Coast. The source of the cluster remains unclear, and the investigation is continuing
  - three people in a residential facility on the North Coast.
- an outbreak of seven cases of *Salmonella* Singapore infection in the Sydney West area in December. Public health unit staff interviewed the patients and found that the source was likely to have been food served at a wedding and then served as leftovers at a church gathering the next day. In addition to the seven confirmed cases, many other wedding guests reported diarrhoeal illness after the wedding. Among high risk items served at the wedding (and as leftovers) were home prepared potato salad, pork and meatballs.

- an increase in cases of infection with *Salmonella* typhimurium phage type 135a across the state
- an outbreak of gastroenteritis among 23 of 29 attendees of a party in November, most likely due to *Clostridium perfringens* contamination of prepared foods
- nine cases of **scombroid fish poisoning** linked to eating fish in the Sydney South West and South Eastern Sydney/Illawarra areas in November. Scombroid poisoning occurs after a person ingests fish that contains high levels of histamine that has been produced in the flesh, generally when the fish has been mishandled. Symptoms develop within a few hours of eating the fish, and include tingling and burning around the mouth, facial flushing, sweating, nausea, vomiting, headaches and palpitations. Eight of the cases reported eating tuna before the onset of the illness, and the remaining patient could not specify the type of fish consumed

Notification of both STm135a and STm44 infections have increased in several Australian states in recent weeks. A national investigation, including multi-state case-control studies, is underway in an attempt to identify the likely sources of infection.

Nine cases of infection with **verotoxigenic** *E. coli* have been notified in the Hunter area in 2005, including six notified since 28 November. No links among the cases have been detected to date. The recent increase in notification may relate to changes in laboratory testing procedures by the reporting laboratory.

#### **AVIAN INFLUENZA**

In December, under the *NSW Public Health Act 1991*, the diagnosis of avian influenza in humans became notifiable by doctors, hospitals and laboratories. Avian influenza is primarily a disease of birds, and human infection is very rare. Currently it is unlikely that people with avian influenza will present to doctors in Australia, but if they do, it is important that they be identified and isolated as quickly as possible. A doctor may suspect that a patient has avian influenza if the person:

- has a fever and respiratory symptoms, and
- has travelled to a part of the world where avian influenza is prevalent (currently mainly in parts of Asia and eastern Europe) within seven days of onset of symptoms, and
- had contact with poultry, dead birds, or patients (or samples from patients) with avian influenza.

The patient should be advised to wear a surgical mask, be isolated, and be managed as clinically appropriate. The local public health unit should be informed.

On 23 December 2005, the Department of Primary Industries reported that a chicken from a backyard flock in Wentworth (Greater Western Area Health Service) had tested positive, in preliminary testing, for avian influenza. Some of the chickens in the small flock had died in the preceding weeks. A thorough investigation by animal health experts, however, found that the cause of death in the chicken was Marek's disease (a common viral disease of poultry), and in repeat testing, avian influenza was ruled out. As a precaution, public health unit staff identified the people who had had contact with the chickens, and prepared for further actions (such as accessing personal protective equipment and the antiviral neuraminidase inhibitors) had the diagnosis been confirmed.

#### Pandemic planning

The NSW Health Interim Influenza Pandemic Action Plan was released in November 2005. The Plan is available on the NSW Health web site (see: www.health.nsw.gov. au/infect/pandemic\_flu.html), with links to other resources including advice on infection control. NSW Health will keep this page updated with the latest information on pandemic preparedness, as well as information on the current avian influenza outbreak occurring overseas. NSW Health is working with a range of doctors (including nominees of the NSW General Practice Council) and scientists to better define the roles of different health care workers in the event of a pandemic.

## **HIV SURVEILLANCE**

Notifications of people newly diagnosed with HIV infection in NSW from 1981 through to June 2005 are shown in Table 1. The annual number of notifications had been generally declining in NSW from the mid-1980s until 2001, when there were 338 notifications. However, case notifications increased in 2002 and again in 2003 to 415 (a 23 per cent increase over the 2-year period). Notifications declined a little in 2004 (to 404), but in the first half of 2005 alone, 230 have been reported, indicating a further rise. Among the 2005 notifications to date, men who have sex with men were slightly more commonly reported (72 per cent) than in previous recent years (less than 70 per cent). The increase in notifications among women seen in 2004 (60 compared with less than 33 in previous recent years) does not appear to have been sustained in 2005; the reason for this short-lived increase is unclear.

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ater Sydney**       6204       52.9       300       85.5       335       85.5       322       77.6       320       79.2       189       82.2       7969         t of New South Wales       730       6.2       44       12.5       37       10.9       39       9.9       64       15.4       58       14.4       21       9.1       993         nown       4791       40.9       9       2.5       2       0.6       18       4.6       29       7.0       26       6.4       20       8.7       4895         nown       11725       100.0       353       100.0       332       100.0       415       100.0       404       100.0       230       100.0       1387       1	idence													
t of New South Wales 730 6.2 44 12.5 37 10.9 39 9.9 64 15.4 58 14.4 21 9.1 993 nown 4791 40.9 9 2.5 2 0.6 18 4.6 29 7.0 26 6.4 20 8.7 4895 1 100 11725 100.0 353 100.0 338 100.0 392 100.0 415 100.0 404 100.0 230 100.0 13857 10	6204 52.9	85.0	299	88.5	335	85.5	322	77.6	320	79.2	189	82.2	7969	57.5
nown 4791 40.9 9 2.5 2 0.6 18 4.6 29 7.0 26 6.4 20 8.7 4895 11725 100.0 353 100.0 338 100.0 392 100.0 415 100.0 404 100.0 230 100.0 13857 1	730 6.2	12.5	37	10.9	39	9.9	64	15.4	58	14.4	21	9.1	993	7.2
11725 100.0 353 100.0 338 100.0 392 100.0 415 100.0 404 100.0 230 100.0 13857	4791 40.9	2.5	0	0.6	18	4.6	29	7.0	26	6.4	20	8.7	4895	35.3
	11725 100.0	100.0	338	100.0	392	100.0	415	100.0	404	100.0	230	100.0	13857	100.0
	100 = injecting drug use ** Greater Sydney = Northern Sydney Area, South Eastern Sydney Area, Couth Western Sydney Area, Wentworth Area, and Western Sydney Area.	Sydney Area, S	outh Westerr	Sydney Are; ו	a, Wentwort	h Area, and V	Western Sy	dney Area.						

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#### FIGURE 1

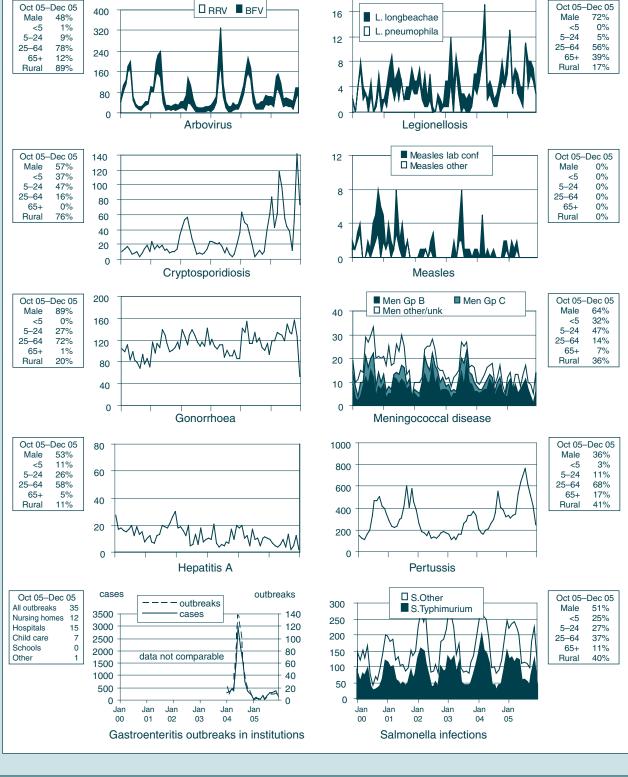
#### REPORTS OF SELECTED COMMUNICABLE DISEASES, NSW, JAN 2000 TO DEC 2005, BY MONTH OF ONSET

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 popu	lation
Male	50%
<5 yrs	7%
5–24 yrs	27%
25-64 yrs	53%
65+ yrs	13%
Rural	46%



Condition         GMA         SA           Condition         GMA         SA           Charnyclia         Biood-borne and sexually transmitted <sup>®</sup> -         -           Charnyclia (genital)*         35         13         -           Charnyclia (genital)*         35         13         -           Gonorrhoea*         1         -         -         -           Hepatitis B-acute viral*         1         1         1         -           Hepatitis C-outher*         1         1         1         1           Hepatitis C-outher*         1         2         1         2           Monthlis Intervitus*         2         2         1         2         1           Monthlainfection (othen)*         7         7         7         1         1	SA		LAN IL N								Eastern		Svdnev South		tu tu		
ly transmitted <sup>§</sup>		FWA	A MAC M	MWA	England HUN NE	A	MNC		Central Coast CCA NSA		Syd / Illawarra	CSA S	st SWS	WEN WSA	SHL A	Total for Nov+	To date+
	13	7	12	26	107	32	24 5	56 48	ω	52	169	88	39	26 70	с С	901	10350
					14				5	4	49	21	6			120	1428
	• •			· c	• 0	· c	' c	' 4 ' +	' <u>u</u> c	' -	' 0	' •	' ç	' c	' c	' UTC	- 1200
				יכ	o '	י כ				+ ·	°,	- '	; ;			2 '	1 1 20
Hepatitis D-unspecified*	19	4	8	14	38	9	37 3	34 43	22	31	61	67	55	22 50	44	575	6188
Syphilis											•		•		•	-	14
Vector-borne Barmah Forest virus* Teose River virus* 7 Arbovrial infection (other)* -				-	-	2			0	N	14	6	13	- 10		29	821
aarman Forest virus Ross River virus Arboviral infection (other)* -	,		Ŧ	Ŧ	c				1	Ŧ	I		Ŧ	1	1	11	001
Arboviral infection (other)*	· -		- ~		2	ົຕ	0 6	- 0			- 4	·				33 4	458
			1,		1,				-	,	1 0	- ന			,	3 œ	43
Malaria*					4					•	1 01	, ,			- 0	ົດ	194
Zoonoses																	
		•							•	•		•			•		1
Brucellosis*					ι.				•	•	·				•		ς Γ
Leptospirosis*		•	•		-	-	-			•		•				4	37
					' נ						' (			• •		' (	' 0
Psittacosis*	'				04	• -	' \	- ~	•••	• •	V '					2₿	126
Resniratory and other							1									2	!
Blood lead level*				÷	7			+	-	•	-	÷	ю	2		18	227
Influenza*	-			<del>.</del> -	-		0	2	с С		25		-	-	. 0	48	1318
Invasive pneumococcal infection*	2		0	4	7			0 0	9		N	N	ლ <sup>1</sup>	-	' 9	43	629
Legionella longbeachae infection*		• +		• -				•			• -				' '		N F
									_ '		_ '					~ '	5
Legionnaires disease (otner) Lenrosv																	- 0
Meningococcal infection (invasive)*								- -	N	•					•	ო	118
Tuberculosis -	-				-				-	-	7	-		2	•	16	353
								T			c					U	U.C.
Adverse event after immunisation (AEFI)** Z							• •				n					0 -	00 P
H. Intiuenzae D Intection (Invasive)"																- '	- 9
Mumos*							-	-		•	-		-			2	102
Pertussis 40	24	-	38	80	33	б	11	19 15	48	16	81	43	38	33 60	'	517	5570
										•							10
Tetanus -								•	•	•					•	•	
Botulism -																,	
Cholera*									1	•				,			
ooridiosis* 1		-	16	ო	12	31	2	а З	0	9	4	ო	-	7	- 2	113	733
Giardiasis* 2		-	Q	ი ·		0	0	1 5		ო	28	ო	9	7	•	102	1309
Haemolytic uraemic syndrome				-						•	• •	' (		• •	•		1 2
Hepatitis A*									1		-	n	4	_		F	8 1
Hepatins E <sup>*</sup>	· ~					• -				• •						' T	- 20
LISTERIOSIS"	4 (C		· ~	· 01	י ע ד	- σ	10	- 01	00	- <del>6</del>	33	' (C	08	- 01		1 a t c	1994
-	, ,	-		, ,	2 '	, ,				! '	3	ი ი	; '	2 01		; =	129
Typhoid*									-	•						0	28
Verotoxin producing E. coli*				•	2				•	•					•	2	8
Miscellaneous																	L
Creutzfeldt-Jakob disease									•								u ₹
			- 0000	•	- VID		-		i	- 1/01/04		- Dullotin					4
** AEFIs notified by the school vaccination teams during the National Meningococcal C Program are	g the Natic	onal Meni	ingococcal	C Progran		o uala ale cluded in t	hese figure	separatery, t s. These no	tifications a	re reviewe	d regularly b	y a panel	of experts.	and the resul	s will be publ	u AIUS data are reported separately, quarterly in the NOW FURM THARK THARK. THE AN A A A A A A A A A A A A A A not included in these figures. These notifications are reviewed regularly by a panel of experts and the results will be published quarterly in the	n the
NSW Public Health Bulletin. N.B: From 1st Jan 2005, Hunter/New England AHS also comprises Great Lakes,	an 2005, F	Hunter/Ne	w England	AHS also		Great Lak	es, Glouce	ster & Grea	Gloucester & Greater Taree LGAs; Sydney West also comprises Greater Lithgow LGA	3As; Sydn∈	ey West also	comprise	s Greater L	ithgow LGA			
GMA = Greater Murray Area MAC = Macquarie Area	arie Area		Z	NEA = New Engla	NEA = New England Area	ea		CA = Centr	CCA = Central Coast Area	38	SES	= South E	SES = South Eastern Sydney Area	Iney Area	WEN = V	WEN = Wentworth Area	0
		D III			MINU = NUTITI UUASI AFEA NIDA - Northorn Divore Area	Aroo	< =		NSA = NUTTIETT SYUTEY AFEA	AIRA	C3A =		COA = Central Syuney Area	ea drov Aroo		WSA = Western Syuney Area	vrea

								Area Heal	Area Health Service (2005	(2005)								
	Greater Southern		Grea	ste		ingla		North Coast		Northern Syd / Central Coast		South Eastern Syd / Illawarra	Sydney South West		ney	_	Total	
Condition	GMA	SA	FWA	MAC	MWA	HUN	NEA M	MNC	NRA CCA	SA NSA		SES	CSA	SWS	WEN WSA	SH JHS	for Dec+	To date+
Blood-borne and sexually transmitted∛ Chancroid*																•	'	'
Chlamydia (genital)*	29	13	8	6	20	103	18 4	40 3	33 17	7 68	26	161	92	35	26 61	-	766	11153
Gonorrhoea*				-	2	9			°	9	0	47	28	0	-	-	110	1541
Hepatitis B-acute viral*	' ((	' °	. 4	' O	· (*	- 7	• +			- 70	י ע	- 10	' 0°	' o	' <sup>1</sup>	' o	184	- 3478
Hepaulus D-Jurier Henetitis C_acute viral*	, (	1 '	• •	1 '	, c					ì '	· ·		3 '	, '			5 '	
Henatitis C-acate vital Henatitis C-other*	80	16		10	7	32	6		20 31	1 16	22	50	59	10	11 37	7 19	384	6592
Hepatitis D-unspecified*												-	•				-	15
Syphilis			e		2				-	- 10	'	14	16		- 10	'	61	883
Vector-borne	c	,	,			L											G	
Barmah Forest virus*		-		י ע ד	י ע ד	n o	- 4		4 4		- c	1	' C				87 8	467
Hoss River virus"	0		~	0	0	o				' °	N	' 0	N Ŧ				20	240
Arboviral intection (other) <sup>*</sup> Molecie*					•			' (	· ~		• •	י o					0 1	202
ivialaria Zoonocoo					-												-	
Authray*											1							
Brucellosis*										1	1					-	-	4
Leptospirosis*								2		•	•					•	0	39
Lyssavirus*									1	1	1			,		•		1
Psittacosis*	-				-		-			•	-				-	•	5	128
Q fever*						ო	4	-	e								12	138
Respiratory and other		,			c	c											3	000
Blood lead level*			· +		N '	<del>،</del> م		· 0		· ·	' °	4 5	• +		- a	• •	11 96	239
Initiatiza Invasive prontmoroccal infection*	0	-		0	0	- ~	-	1,	- თ	- 00 1 4	1 '	4	- ~	ო			84	675
Leaionella Ionabeachae infection*										•	•					•		22
Legionella pneumophila infection*											-		-		1		9	65
<pre>_egionnaires' disease (other)*</pre>											•	۰,					<del>, ,</del>	CN 0
-eprosy		' c					• •		• •	• •	•			' <	• •		- 4	יים די די
Meningococcal infection (invasive)* Tuberaliosis		י <b>ר</b>			·	• -		•		- ·		t 0.	- 4	4 '	c.		01 24	388
Vaccine-preventable												,			•		i	
Adverse event after immunisation (AFEI)**	-					-				'	1					•	n	66
H. Influenzae b infection (invasive)*											'				-		-	80
Measles											•		•			•		9
Mumps*	' (	- <u>(</u>		' (	• •	' 1					- i	' (	- 0	' (			9 .00	109
Pertussis	39	13		2	٥	30	n	14 1		Q	<b>G</b> Z	80	NN	18	15 c1	-	394	9966
Hubella*																		2 '
retarrus Enteric	i																	
Botulism	,										1						,	1
Cholera*											'	•		ı		•		'
Cryptosporidiosis*	23			2	o	÷.	13	Ξ.	4	3	<b>о</b>	2 2	10		9		117	853
ardiasis*	•				5	6	e	-	-	20	9	16	œ			' +	91	1408
Haemolytic uraemic syndrome				• •						• •		• •	• •			1		Ω. C
Hepatitis A"										- •	• •	- '					י ח	00
ieterineie*											1		<del>, -</del>			•		25
Lateriosis Salmonellosis*	ო	0		-	-	13	e	8	22	7 17	9	23	13	23	11 20		174	2168
Shinellosis*			0		. –		, ,				, ,	, ' 	. –	'			2	137
Tvphoid*											•					•	'	28
Verotoxin producing E. coli*	•	-				4					•			-		•	9	15
Miscellaneous																		L
Creutzfeldt-Jakob disease																		Ω ₹
		- 141		•														t
+ I vaccinat	+ includes cases with unknown postcode ttion teams during the National Meningoc	s with unkn g the Natio	own postc nal Menin	ode gococcal (	C Program	* HIV and AIU	s data are cluded in t	reported :	separately, ss. These n	quarterly in otifications	are review	d AIUS data are reported separately, quartery in the NSW Public Hearth Bulletin, not included in these figures. These notifications are reviewed regularly by a pane	<i>Bulletin.</i> by a panel	of experts :	and the resul	ts will be pub	d AIDS data are reported separately, quarterly in the NSW Public Hearth Bulletin. not included in these figures. These notifications are reviewed regularly by a panel of experts and the results will be published quarterly in the	in the
NSW Public Health Bulletin. N.E GMA – Greater Murrav Area M.	NAC - Macquaria Area	an 2005, H aria Araa	unter/New	/ England	NFA – New Fooland Area	comprises	Great Lak	es, Glouce	Ster & Gre	ester & Greater Taree LGA CCA – Central Coast Area	-GAS; Sydr	N.B: From 1st Jan 2005, Hunter/New England AHS also comprises Great Lakes, Gioucester & Greater Taree LGAs; Sydney West also comprises Greater Lithgow LGA MAC – Marcinaria Area SPS – South Eastern Sychev Area CCA – Central Coast Area SPS – South Eastern Sychev Area	o comprise	also comprises Greater Lithgow LC SES - South Fastern Svdnev Area	ithgow LGA	WEN - V	Ventworth Area	
	MWA = Mid Western Area	alle Alea estern Area				MNIC – North Coact Area	Ga	ב נ			lad				ILLEA AIGO			~~~~
						I Coast Area	29	2 :	NSA = Northern Sy	NSA = Nortnern Syaney Area	y Area	40.0	V = Central	USA = Central Sydney Area	59		WSA = western syaney Area	Area