

Communicable Diseases Quarterly

Issue 6 | Q4 2014

This is the Communicable Diseases Quarterly report from Public Health Services for the period 1 October to 31 December 2014.

It includes commentary on selected diseases and a table of all diseases reported for this period.

Key Points

- There were six cases of infectious syphilis diagnosed this quarter.
- Extensive activity occurred within CDPUs regarding Ebola Virus Disease preparedness.
- Varicella Zoster vaccine is recommended for the prevention of shingles in adults aged 60 years and older.

Infectious Syphilis

There were six cases of **infectious syphilis** diagnosed this quarter, compared to a five year quarterly mean of two cases. The majority of cases were in males (67%) and most of these were men who have sex with men (MSM). Cases were reported from all three regions of the state. In 2014 there were a total of 15 cases of infectious syphilis diagnosed for the year.

It is important to take a thorough sexual history when testing for sexually transmitted infections, including in asymptomatic patients.

More information about STI diagnosis, case management and contact tracing is available from the [Melbourne Sexual Health Centre](#) and [ASHM](#). Guidelines regarding STI testing for asymptomatic MSM are available from the [NSW STI Programs Unit](#).

Ebola Virus Disease Preparedness

The largest recorded outbreak of **Ebola Virus Disease** (Ebola) began in West Africa in December 2013. By 22 January 2015 transmission of Ebola was occurring in Guinea, Sierra Leone and Liberia, though declining in some areas. Outbreaks in Mali, Senegal and Nigeria were declared over.

Nosocomial transmission to one person in Spain and to two in USA did not give rise to further cases. The recent diagnosis of Ebola in a returned healthcare worker in Scotland does not appear to have resulted in further cases.

Ebola represents an enormous medical and social challenge in poor countries. By 22 January 2015 there were over 21 600 cases, including over 8 000 deaths.

While the outbreak continues there remains a small risk that a person infected in one of these West African countries may travel to Australia while incubating Ebola. Public Health Services is working with the Australian Government and Tasmania healthcare services and other government agencies to ensure the early recognition of such a person and a rapid response to protect their health and the safety of the public.

Varicella Zoster (Shingles)

There were 67 confirmed cases of **Varicella Zoster** (shingles) notified this quarter compared to the five year quarterly mean of 57 cases. Most of these cases (75%) were aged 50 years and older. Notification data underestimates the incidence of shingles in the community as not all cases present to a doctor for diagnosis or are notified.

Varicella Zoster Vaccine

Anyone who has had chicken pox is at risk for developing shingles later in life. A single dose of Varicella Zoster vaccine is recommended for the prevention of shingles and post-herpetic neuralgia (PHN) in adults aged 60 years and older. It is not indicated for use during acute shingles or as treatment for PHN. It is contraindicated in people with certain conditions such as those with significant immunocompromise and in pregnancy.

Currently Varicella Zoster vaccine is only available on private prescription.

Full information can be obtained from the [Australian Immunisation Handbook](#).

Institutional Outbreaks

During this quarter there were 19 non-foodborne outbreaks of gastroenteritis reported to the Communicable Disease Prevention Unit (CDPU). Of these outbreaks, 17 were classified as due to person to person transmission and for two remaining outbreaks the transmission route was unknown.

Outbreaks occurred throughout the state, with eight outbreaks reported in the North, seven outbreaks in the South and two outbreak in the North-West.

The settings for these outbreaks were aged care facilities (12 outbreaks), childcare centres (three outbreaks), hospitals (three outbreaks) and another institutional style setting (one outbreak).

Norovirus was identified as the causal agent in 11 institutional outbreaks this quarter (six in aged care facilities, three in hospitals, one in childcare and one in another institutional style setting). Rotavirus was identified as the etiological agent in one aged care outbreak. The causal agent in the remaining seven outbreaks was unable to be determined as either no specimens were collected, or no pathogens were detected in the specimens that were submitted.

Gastroenteritis in a residential, educational or child care institution (similar gastrointestinal illness in two or more persons within three days) is notifiable in Tasmania and should be reported to the CDPU on 1800 671 738.

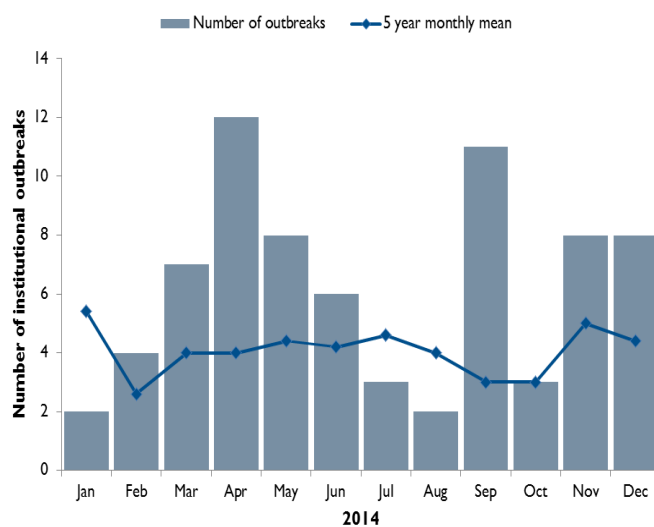


Figure 1: Number of institutional outbreaks reported in Tasmania during 2014, up to 31 December and five year monthly mean (2009-2013).

This report is produced by Communicable Diseases Prevention of Public Health Services.

For any queries and feedback please make contact via cdpu.surveillance@dhhs.tas.gov.au

Information about influenza activity in Tasmania is available in the [fluTAS Report](#). Information about notifiable diseases in **Tasmania** is available from [the CDPU website](#).

National communicable disease information and reports are available from the [Department of Health](#) and **summary national data** is available from the [National Notifiable Disease Surveillance System](#).

Table: Notifiable diseases reported in Tasmania during the fourth quarter of 2014 (October-December) with comparison to previous quarters, by derived diagnosis date.

	Q4 2014	Q3 2014	Q4 2013	Q4 5y Mean*	Ratio [^]	2014 YTD [#]
Barmah Forest Virus	0	0	0	0	0	0
Campylobacteriosis	265	200	236	244	1.09	934
Chikungunya virus	0	0	0	0	0	0
Chlamydia	417	429	354	404	1.03	1776
CJD	0	0	0	0	0	0
Cryptosporidiosis	6	9	9	15	0.4	30
Dengue	3	3	6	2	1.5	17
Giardia	17	28	28	29	0.59	118
Gonococcal Infection	20	16	21	10	2	66
Haemolytic Uraemic Syndrome	0	0	0	0	0	1
Haemophilus Influenzae Type B Infection (invasive)	0	0	0	0	0	0
Hepatitis A	0	1	0	2	0	1
Hepatitis B-Newly Acquired	0	2	0	1	0	6
Hepatitis B-Unspecified	15	8	13	14	1.07	55
Hepatitis C-Newly Acquired	2	4	2	5	0.4	14
Hepatitis C-Unspecified	50	45	56	57	0.88	211
HIV (Newly Diagnosed)	4	5	6	3	1.33	17
Hydatids	1♦	0	0	0	-	4
Influenza	59	482	114	44	1.34	673
Legionellosis	1	4	2	2	0.5	8
Leptospirosis	0	1	0	0	0	1
Listeriosis	2	2	0	1	2	4
Lymphogranuloma venereum (LGV)	0	0	0	0	0	1
Malaria	1	2	1	2	0.5	4
Measles	0	5	0	0	0	5
Meningococcal Disease (invasive)	0	2	0	1	0	2
Mumps	0	2	1	1	0	5
Pertussis	10	11	43	183	0.05	68
Pneumococcal Disease (invasive)	11	12	11	12	0.92	39
Psittacosis(Ornithosis)	0	0	0	0	0	0
Rickettsial Infection	1	0	2	2	0.5	5
Ross River Virus	2	0	3	3	0.67	18
Rotavirus	26	10	34	30	0.87	76
Rubella	0	0	0	0	0	0
Salmonellosis	70	26	48	56	1.25	243
Shiga toxin producing E.coli	0	0	0	0	0	0
Shigellosis	1	1	2	1	1	2
Syphilis-infectious	6♦	4	4	2	3	15
Syphilis-unknown duration	5	4	1	4	1.25	19
Tuberculosis	4	3	3	3	1.33	8
Tularaemia	0	0	0	0	0	0
Typhoid	1	0	0	0	-	1
Typhus	0	0	0	0	0	0
Varicella zoster (chicken pox)	15♦	11	10	7	2.14	47
Varicella zoster (shingles)	67	62	61	57	1.18	268
Varicella zoster (unspecified)	38♦	38	25	21	1.81	139
Vibrio Infection	1	1	0	0	-	2
Yersinia	0	1	2	0	0	5

*This figure is based on the five-year quarterly mean, calculated for this report quarter, for the years 2009-2013.

[^]The ratio is the number of cases notified in the quarter compared to the five-year mean for that quarter.

[#]Year to date count at the end of the reporting quarter.

♦Disease case numbers are beyond two standard deviations of the historical five-year mean for this period of time.

Data are extracted based on the available date closest to the disease onset date. Data are subject to change over time due to ongoing data review processes.

As well as true changes in disease incidence, changes in surveillance practice, diagnostic techniques and reporting may also contribute to increases or decreases in notifications received over time.