



# Communicable Diseases Quarterly

Issue 4 | Q2 2014

**This is the Communicable Diseases Quarterly report from Population Health Services for the period 1 April to 30 June 2014.**

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

- There were more institutional outbreaks of gastroenteritis than usual, many suspected to be due to norovirus.
- Dengue notifications increased; all cases were acquired overseas.

## Key Points

- Campylobacteriosis notifications increased.

## Campylobacteriosis

There were more campylobacteriosis cases than expected this quarter; 194 cases compared to 150 cases expected for the quarter. The reasons for this increase are unclear. Cases were reported throughout the state, with no significant geographic clustering.

Campylobacteriosis is associated with eating undercooked meats, in particular poultry, or cross contamination from raw meat. It is sometimes associated with drinking untreated water.

## Institutional Outbreaks

There were 26 apparently non-foodborne outbreaks of gastroenteritis in institutions reported this quarter, more than the expected 13 outbreaks for this period.

Twelve of these outbreaks were in aged care facilities, eleven were in childcare centres, two were in hospitals and one outbreak was in a school.

Person-to-person transmission was suspected in 23 outbreaks; the transmission was categorised as unknown in three outbreaks.

Norovirus was the etiological agent in nine outbreaks; seven norovirus outbreaks occurred in aged care facilities and two norovirus outbreaks occurred in hospitals.

The etiological agent in the remaining 17 outbreaks could not be determined as either no specimens were collected, or no pathogens were detected in the specimens that were submitted.

## Influenza

Influenza activity this quarter was similar to that expected, with 81 cases reported compared to the five year mean for the quarter of 77 cases.

There were many more in the second quarter of 2014 compared to 2013 (12 cases).

However, the 2013 influenza season of 2013 was mild and peaked relatively later in the year.

More information on influenza in Tasmania is contained in the [FluTAS Report](#) published by the Communicable Disease Prevention Unit of Population Health Services.

## Dengue

Six cases of dengue were diagnosed in Tasmania during the second quarter of 2014. This compares with the five-year mean of two cases for this quarter.

All cases acquired infection during overseas travel to various regions in Indonesia.

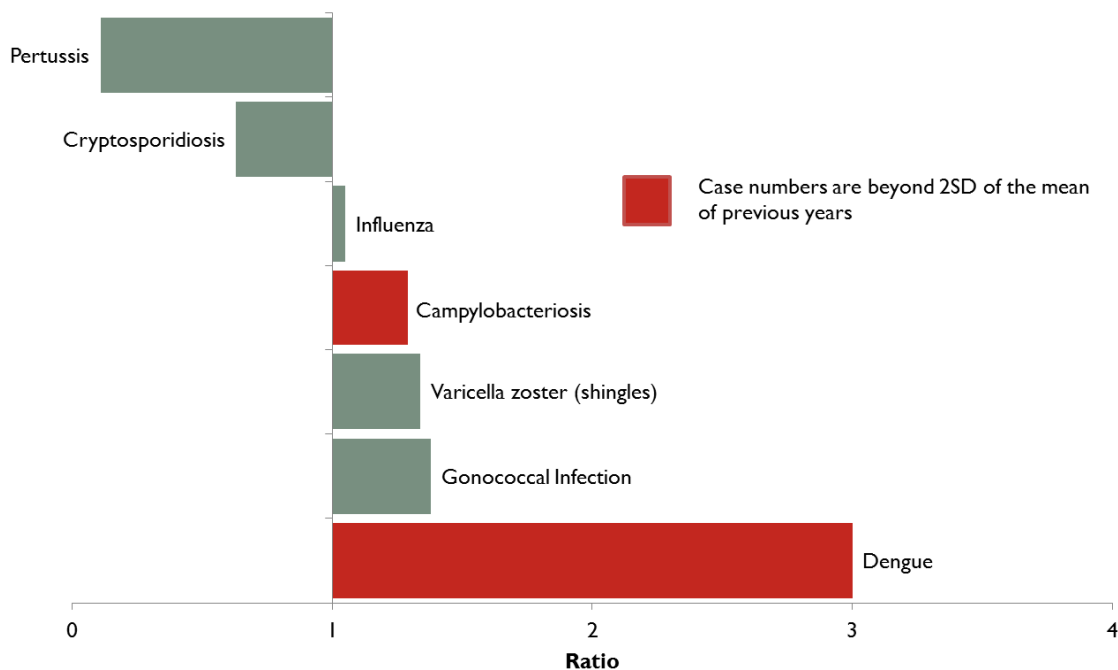
Travellers at risk of vector-borne diseases should be provided with advice to avoid mosquito bites and assessed for malaria prophylaxis.

## Pertussis

The second quarter of 2014 saw a continued decline in pertussis (whooping cough) cases in Tasmania. There were 15 cases diagnosed this quarter, far fewer than the five year mean for the quarter of 137 cases. This historical mean is elevated by the prolonged pertussis epidemic which occurred in Tasmania during 2011 to 2013. During the same quarter in 2013 there were 90 pertussis cases notified in Tasmania.

Immunisation reduces the risk of serious pertussis illness and is available through general practitioners and some local councils. General information on pertussis and other infectious diseases is available from the [Population Health Services website](#).

**Figure: Ratio of number of cases for selected diseases in Tasmania for the second quarter of 2014 compared to the five-year mean for the quarter (2009-2013).**



**Note: Please consider the ratios in conjunction with the number of cases of each disease reported in the Table. Diseases with statistically significant case counts (beyond 2 standard deviations of the mean of previous five years) are highlighted red. Ratios less than one indicate fewer cases than expected; a ratio greater than one indicates more cases than expected.**

This report is produced by the Communicable Diseases Prevention Unit of Population Health Services.

For any queries and feedback please make contact via [cdpu.surveillance@dhhs.tas.gov.au](mailto:cdpu.surveillance@dhhs.tas.gov.au)

Information about influenza activity in Tasmania is available in the **fluTAS Report** at [www.dhhs.tas.gov.au/peh/communicable\\_diseases\\_prevention\\_unit](http://www.dhhs.tas.gov.au/peh/communicable_diseases_prevention_unit)

Find more information about notifiable diseases in **Tasmania** at [www.dhhs.tas.gov.au/peh/infectious\\_diseases](http://www.dhhs.tas.gov.au/peh/infectious_diseases)

**National** communicable disease information and reports are available at

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-communic-1>

Summary **national** data is available at [www9.health.gov.au/cda/source/cda-index.cfm](http://www9.health.gov.au/cda/source/cda-index.cfm)

**Table: Notifiable diseases reported in Tasmania during the second quarter of 2014 (April-June) with comparison to previous quarters, by derived diagnosis date.**

|  | Q2<br>2014       | Q1<br>2014 | Q2<br>2013 | Q2 5y<br>Mean* | Ratio <sup>^</sup> | 2014<br>YTD# |
|--|------------------|------------|------------|----------------|--------------------|--------------|
| Barmah Forest Virus                                | 0                | 0          | 1          | 1              | 0                  | 0            |
| Campylobacteriosis                                 | 194 <sup>♦</sup> | 273        | 139        | 150            | 1.29               | 467          |
| Chikungunya virus                                  | 0                | 0          | 1          | 0              | 0                  | 0            |
| Chlamydia  | 486              | 444        | 429        | 447            | 1.09               | 930          |
| CJD  | 0                | 0          | 0          | 0              | 0                  | 0            |
| Cryptosporidiosis                                  | 10               | 5          | 19         | 16             | 0.63               | 15           |
| Dengue   | 6 <sup>♦</sup>   | 5          | 4          | 2              | 3                  | 11           |
| Giardia  | 37               | 36         | 30         | 31             | 1.19               | 73           |
| Gonococcal Infection                               | 11               | 19         | 21         | 8              | 1.38               | 30           |
| Haemolytic Uraemic Syndrome                        | 0                | 1          | 0          | 0              | 0                  | 1            |
| Haemophilus Influenzae Type B Infection (invasive) | 0                | 0          | 0          | 0              | 0                  | 0            |
| Hepatitis A  | 0                | 0          | 0          | 0              | 0                  | 0            |
| Hepatitis B-Newly Acquired                         | 0                | 1          | 0          | 3              | 0                  | 1            |
| Hepatitis B-Unspecified                            | 18               | 17         | 17         | 15             | 1.2                | 35           |
| Hepatitis C-Newly Acquired                         | 3                | 3          | 6          | 5              | 0.6                | 6            |
| Hepatitis C-Unspecified                            | 64               | 54         | 48         | 57             | 1.12               | 118          |
| HIV (Newly Diagnosed)                              | 3                | 4          | 0          | 3              | 1.0                | 7            |
| Hydatids   | 2                | 1          | 0          | 1              | 2                  | 3            |
| Influenza  | 81               | 51         | 12         | 77             | 1.05               | 132          |
| Legionellosis                                      | 2                | 1          | 2          | 1              | 2                  | 3            |
| Leptospirosis                                      | 0                | 0          | 0          | 0              | 0                  | 0            |
| Listeriosis  | 0                | 0          | 0          | 0              | 0                  | 0            |
| Lymphogranuloma venereum (LGV)                     | 0                | 1          | 0          | 0              | 0                  | 1            |
| Malaria  | 1                | 0          | 5          | 2              | 0.5                | 1            |
| Measles  | 0                | 0          | 0          | 0              | 0                  | 0            |
| Meningococcal Disease (invasive)                   | 0                | 0          | 0          | 1              | 0                  | 0            |
| Mumps  | 1                | 2          | 1          | 0              | 0                  | 3            |
| Pertussis  | 15               | 32         | 90         | 137            | 0.11               | 47           |
| Pneumococcal Disease (invasive)                    | 12               | 3          | 7          | 8              | 1.5                | 15           |
| Psittacosis(Ornithosis)                            | 0                | 0          | 0          | 1              | 0                  | 0            |
| Rickettsial Infection                              | 2                | 2          | 0          | 1              | 2                  | 4            |
| Ross River Virus                                   | 3                | 13         | 1          | 5              | 0.6                | 16           |
| Rotavirus  | 18               | 22         | 34         | 21             | 0.86               | 40           |
| Rubella  | 0                | 0          | 0          | 0              | 0                  | 0            |
| Salmonellosis                                      | 42               | 105        | 54         | 44             | 0.95               | 147          |
| Shiga toxin producing E.coli                       | 0                | 0          | 0          | 0              | 0                  | 0            |
| Shigellosis  | 0                | 0          | 0          | 1              | 0                  | 0            |
| Syphilis-infectious                                | 3                | 1          | 5          | 3              | 1                  | 4            |
| Syphilis-unknown duration                          | 2                | 8          | 2          | 3              | 0.67               | 10           |
| Tuberculosis                                       | 1                | 0          | 3          | 2              | 0.5                | 1            |
| Tularaemia   | 0                | 0          | 0          | 0              | 0                  | 0            |
| Typhoid  | 0                | 0          | 0          | 0              | 0                  | 0            |
| Typhus   | 0                | 0          | 0          | 0              | 0                  | 0            |
| Varicella zoster (chicken pox)                     | 3                | 8          | 8          | 9              | 0.33               | 11           |
| Varicella zoster (shingles)                        | 67               | 72         | 56         | 50             | 1.34               | 139          |
| Varicella zoster (unspecified)                     | 28 <sup>♦</sup>  | 35         | 20         | 15             | 1.87               | 63           |
| Vibrio Infection                                   | 0                | 0          | 1          | 0              | 0                  | 0            |

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

<sup>^</sup>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.