



Communicable Diseases Quarterly

Issue 3 | Q1 2014

This is the Communicable Diseases Quarterly report from Population Health Services for the period 1 January to 31 March 2014.

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

Key Points

- The numbers of influenza and gonococcal notifications in Tasmania were significantly greater than expected.
- Dengue notifications were increased; all were acquired overseas.

Influenza

Inter-seasonal influenza activity was higher than recent years. Influenza activity declined during the third quarter of 2013 to a level above the historic baseline. The number of notifications during the first quarter of 2014 was more than six times the five year mean for this quarter. The most common circulating influenza strain was Influenza A. Similar increased inter-seasonal influenza activity also occurred elsewhere in Australia.

Tasmanians at risk of severe influenza according the Australian Immunisation Handbook should be vaccinated annually against influenza.

Information about ongoing influenza activity in Tasmania is available in the fluTAS Report at www.dhhs.tas.gov.au/peh/communicable_diseases_prevention_unit

Gonococcal Infection

The increased notification of gonococcal infections continued. Nineteen cases of gonococcal infection were diagnosed during the first quarter; over two and a half times greater than expected.

Cases were reported from all three regions of the state. While most gonorrhoea cases were diagnosed in men who have sex with men, cases were also diagnosed in both men and women associated with heterosexual transmission.

More information about STI diagnosis, case management and contact tracing is available at www.mshc.org.au and <http://ctm.ashm.org.au/>.

Dengue

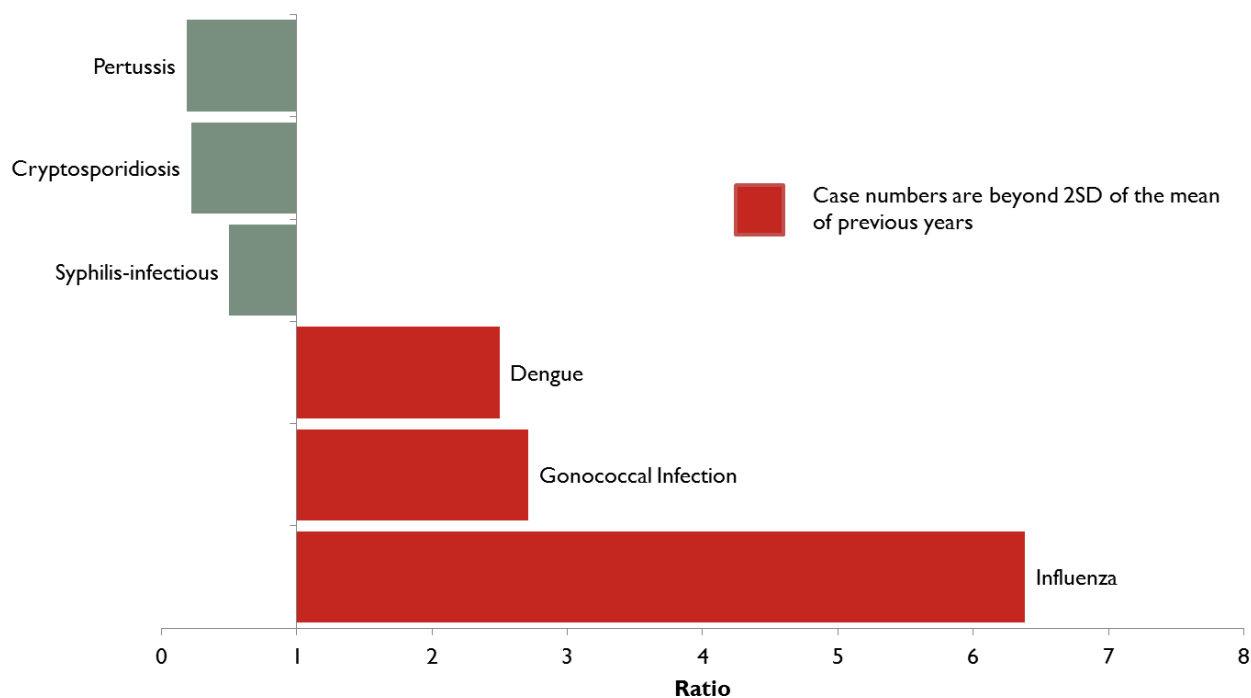
There were five cases of dengue diagnosed in Tasmania during the first quarter of 2014. This was two and a half times the five year mean for this quarter. All cases acquired infection from overseas travel to countries with endemic dengue.

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

Institutional Outbreaks

There were 13 institutional outbreaks reported this quarter. Seven of these outbreaks occurred in childcare centres, five occurred in aged care facilities, and one outbreak occurred in a hospital, person to person transmission was suspected in 10 outbreaks, the transmission was categorised as unknown in three outbreaks. Norovirus was the etiological agent in one aged care facility outbreak. The etiological agent in all remaining outbreaks was unable to be determined as either no specimens were collected, or no pathogens were detected in specimens that were submitted

Figure: Ratio of number of cases for selected diseases in Tasmania for the first 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; ratios greater than one indicate 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

Information about influenza activity in Tasmania is available in the **fluTAS Report** at 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

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

Table: Notifiable diseases reported in Tasmania during the 1st quarter of 2014 (January-March) with comparison to previous quarters, by derived diagnosis date.

Q1 2014	Q4 2013	Q1 2013	Q1 5y Mean*	Ratio^	2014 YTD#
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Barmah Forest Virus	0	0	1	1	0	0
Campylobacteriosis	274	236	199	200	1.37	274
Chikungunya virus	0	0	0	0	0	0
Chlamydia	444	355	411	436	1.02	444
CJD	0	0	0	0	0	0
Cryptosporidiosis	4	9	42	18	0.22	4
Dengue	5♦	7	3	2	2.5	5
Giardia	32	28	33	28	1.14	32
Gonococcal Infection	19♦	21	12	7	2.71	19
Haemolytic Uraemic Syndrome	0	0	0	0	0	0
Haemophilus Influenzae Type B Infection (invasive)	0	0	0	0	0	0
Hepatitis A	0	0	0	0	0	0
Hepatitis B-Newly Acquired	1	0	2	3	0.33	1
Hepatitis B-Unspecified	17	13	12	12	1.42	17
Hepatitis C-Newly Acquired	3♦	2	6	7	0.43	3
Hepatitis C-Unspecified	54	56	47	59	0.92	54
HIV (Newly Diagnosed)	4♦	6	3	2	1.67	4
Hydatids	1	0	1	1	1	1
Influenza	51♦	114	8	8	6.38	51
Legionellosis	1	2	2	1	1	1
Leptospirosis	0	0	0	0	0	0
Listeriosis	0	0	1	1	0	0
Lymphogranuloma venereum (LGV)	0	0	0	0	0	0
Malaria	0	1	2	3	0	0
Measles	0	0	0	0	0	0
Meningococcal Disease (invasive)	0	0	1	1	0	0
Mumps	2	1	2	1	2	2
Pertussis	32	37	324	165	0.19	32
Pneumococcal Disease (invasive)	3	11	6	5	0.6	3
Psittacosis(Ornithosis)	0	0	0	0	0	0
Rickettsial Infection	2	2	0	1	2	2
Ross River Virus	13	3	4	12	1.08	13
Rotavirus	22	34	17	18	1.22	22
Rubella	0	0	0	0	0	0
Salmonellosis	102	48	111	89	1.15	102
Shiga toxin producing E.coli	0	0	0	1	0	0
Shigellosis	0	2	1	0	0	0
Syphilis-infectious	1	4	6	2	0.5	1
Syphilis-unknown duration	8	1	5	4	2	8
Tuberculosis	0	3	2	2	0	0
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)	8	10	2	7	1.14	8
Varicella zoster (shingles)	71	59	75	52	1.37	71
Varicella zoster (unspecified)	35♦	27	17	20	1.75	35
Vibrio Infection	0	0	0	0	0	0
Barmah Forest Virus	0	0	1	1	0	0

*The expected figure is based on the five-year quarterly mean, calculated 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 2 standard deviations of the historical 5 year mean for this period of time.

also contribute to increases or decreases in notifications received over 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