



Communicable Diseases Quarterly

Issue 8 | Q2 2015

This is the Communicable Diseases Quarterly report from Public Health Services for the period 1 April to 30 June 2015.

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

Key Points

- There were 132 cases of flu diagnosed this quarter with the start of the winter flu season in June 2015.
- There were three cases of mumps diagnosed this quarter.
- The number of non-foodborne outbreaks was lower than expected compared to historical data.

Flu

There were 132 cases of influenza (flu) this quarter, compared to five year quarterly mean of 49 cases. This year's winter flu season began in June, with flu notification and testing increasing during this month.

This quarter most flu notifications were Influenza A (81%). Where further typing information was available, the predominant subtype reported was Influenza A (H3N2) with a small proportion of Influenza A (H1N1)pdm09 (Swine flu) cases. Flu activity was reported throughout state, but the South had the most cases (84). The rate of disease was greater in the South of the state compared to the North and North-West.

More information on flu can be found in the [FluTAS](#) report and information on immunisation this flu season can be found in the [Influenza Immunisation Schedule](#) for 2015.

Mumps

There were three cases of mumps diagnosed this quarter compared to the five year quarterly mean of one case. Two cases were male. All cases were thought to have been acquired in Tasmania. Cases were all aged over 55 years.

Mumps vaccination is provided using either measles-mumps-rubella (MMR) or measles-mumps-rubella-varicella (MMRV) vaccines. It is recommended that all adolescents and young adults have their vaccination records reviewed to ensure they have received two doses of MMR vaccine. MMRV vaccines are not recommended for people 14 years of age and older, due to a lack of data on safety and immunogenicity/efficacy in this age group.

Further information on mumps and other vaccine preventable diseases can be found in the [Australian Immunisation Handbook](#).

Institutional Outbreaks

During this quarter there were 11 non-foodborne institutional outbreaks of gastroenteritis reported to the Communicable Disease Prevention Unit (CDPU). This was less than the five year quarterly mean (17 outbreaks). Of the outbreaks reported this quarter, nine 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 in the South, three outbreaks reported in the North-West and two outbreaks in the North.

These outbreaks were in aged care facilities (five outbreaks), childcare centres (four outbreaks) and hospitals (two outbreaks).

Norovirus was identified as the cause in three institutional outbreaks this quarter (two in hospitals, one in aged care). The cause in the remaining eight outbreaks was unable to be determined as either no specimens were collected or no pathogens were detected in the specimens submitted.

Gastroenteritis in a residential, educational or childcare institution (similar gastrointestinal illness in two or more people within three days) is notifiable in Tasmania and should be reported to the CDPU via the Public Health Hotline – Tasmania **1800 671 738**.

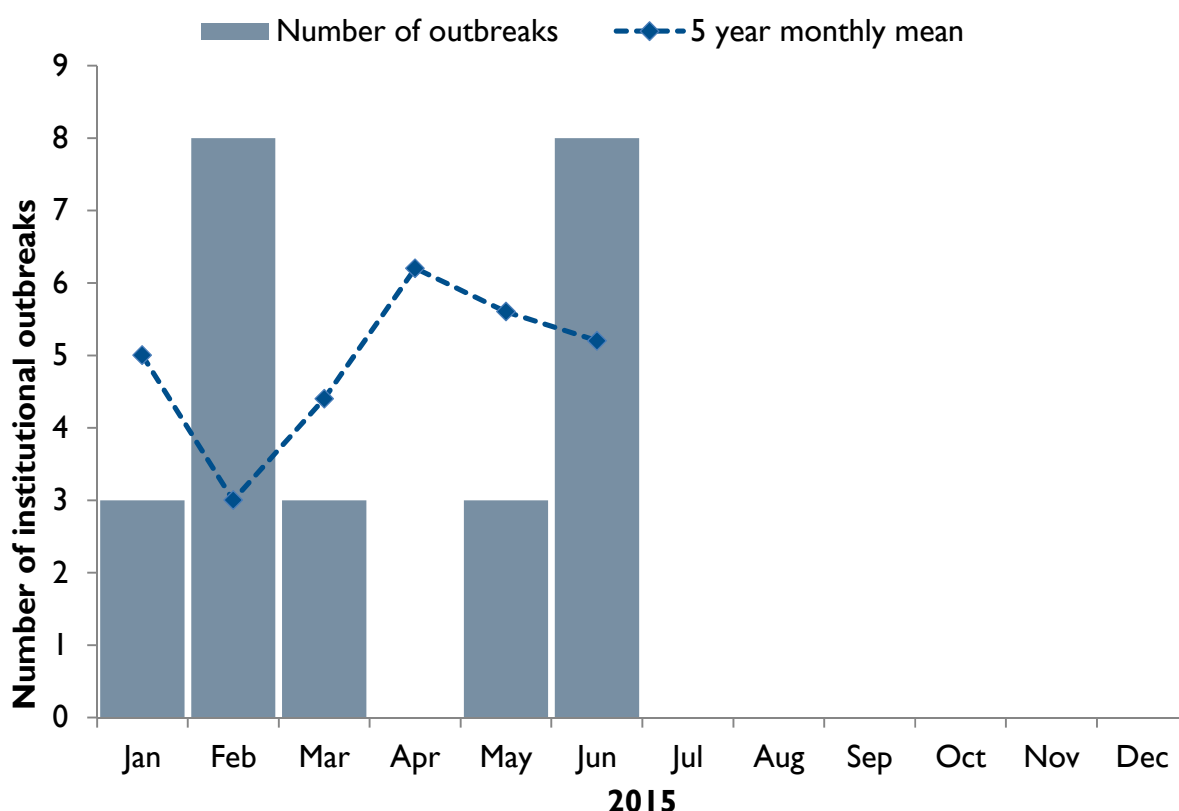


Figure: Number of institutional outbreaks reported in Tasmania up to 30 June 2015 and five year monthly mean (2010-2014).

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](#). 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 second quarter of 2015 (April-June) with comparison to previous quarters by derived diagnosis date.

	Q2 2015	Q1 2015	Q2 2014	Q2 5y Mean*	Ratio ^	2015 YTD#
Barmah Forest Virus	0	0	0	0	0	0
Campylobacteriosis	198	247	194	161	1.23	445
Chlamydia	411	484	486	464	0.89	895
CJD	0	0	2	0	0	0
Cryptosporidiosis	3	0	10	16	0.19	3
Dengue	7	3	6	3	2.33	10
Giardia	24	27	37	32	0.75	51
Gonococcal Infection	13	18	11	9	1.44	31
Haemolytic Uraemic Syndrome	0	0	0	0	0	0
Haemophilus influenzae Type B Infection (invasive)	0	0	0	0	0	0
Hepatitis A	1	0	0	0	0	1
Hepatitis B-Newly Acquired	1	0	2	2	0.5	1
Hepatitis B-Unspecified	11	5	17	15	0.73	16
Hepatitis C-Newly Acquired	8	4	5	6	1.33	12
Hepatitis C-Unspecified	56	50	62	55	1.02	106
Hepatitis E	0	1	0	0	0	1
HIV (Newly Diagnosed)	3	4	4	2	1.5	7
Hydatids	0	0	2	1	0	0
Influenza	132♦	38	81	49	2.69	170
Legionellosis	1	1	2	2	0.5	2
Leptospirosis	0	2	0	0	0	2
Listeriosis	0	0	0	0	0	0
Lymphogranuloma venereum (LGV)	0	0	0	0	0	0
Malaria	1	1	1	2	0.5	2
Measles	0	0	0	0	0	0
Meningococcal Disease (invasive)	0	0	0	1	0	0
Mumps	3♦	3	1	1	3	6
Pertussis	8	4	15	93	0.09	12
Pneumococcal Disease (invasive)	10	4	13	9	1.11	14
Psittacosis(Ornithosis)	0	0	0	1	0	0
Rickettsial Infection	0	0	1	1	0	0
Ross River Virus	2	2	2	2	1	4
Rotavirus	11	20	18	21	0.52	31
Rubella	0	0	0	0	0	0
Salmonellosis	40	99	43	44	0.91	139
Shiga toxin producing <i>E.coli</i>	0	0	0	0	0	0
Shigellosis	0	1	0	1	0	1
Syphilis-infectious	4	7	4	3	1.33	11
Syphilis-unknown duration	5	6	1	2	2.5	11
Tuberculosis	3	3	1	2	1.5	6
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)	9	24	7	8	1.13	33
Varicella zoster (shingles)	44	65	68	57	0.77	109
Varicella zoster (unspecified)	42♦	28	26	19	2.21	70
Vibrio Infection	0	0	0	0	0	0
Yersinia	3	0	3	1	3	3

*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.