



# Communicable Diseases Quarterly

Issue 7 | Q1 2015

**This is the Communicable Diseases Quarterly report from Public Health Services for 1 January to 31 March 2015.**

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

## Key Points

- Seven cases of infectious syphilis were diagnosed this quarter.
- One case of overseas-acquired hepatitis E was diagnosed this quarter.
- Chicken pox notifications increased this quarter.

## Infectious Syphilis

Seven cases of **infectious syphilis** were notified this quarter compared to a five year quarterly mean of two cases.

All cases were male and most of these were reported to be men who have sex with men (MSM).

Cases were reported from all three regions of the state. Fifteen cases of infectious syphilis were notified in 2014.

Syphilis remains uncommon, but notifications may be increased by the diagnosis of as few as two or three cases, and then by tracing and testing the sexual contacts of these cases to detect further cases.

Early syphilis can go unnoticed, which is why contact tracing by general practitioners and sexual health clinicians is very important.

It is important to take a thorough sexual history when testing for sexually transmitted infections, including in patients without symptoms.

More information about STI diagnosis, case management and contact tracing is available from the [Melbourne Sexual Health Centre](#) and [ASHM](#).

Guidelines on STI testing for asymptomatic (no symptoms) MSM are available from the [NSW STI Programs Unit](#).

## Hepatitis E

One case of **hepatitis E** was diagnosed in an adult in their 30s who picked up the infection in India.

Hepatitis E is rarely reported in Tasmania. This was the fifth case reported in the last 15 years and the first case since 2004.

Hepatitis E has been detected in pig herds in Australia. Locally-acquired cases associated with eating certain pork products have recently been identified in New South Wales. Further information on locally-acquired hepatitis E can be obtained from [NSW Health](#).

Testing for hepatitis E should be considered for otherwise unexplained clinical hepatitis, even without a travel history to a country with endemic hepatitis E.

## Varicella Zoster (chicken pox)

There were 24 confirmed cases of **Varicella Zoster** (chicken pox) notified this quarter compared to the five year quarterly mean of eight cases.

Probable cases of chicken pox can be notified based on a clinical diagnosis by a medical practitioner without laboratory evidence.

Seven cases of chicken pox were notified this quarter based on clinical diagnosis alone.

A combination of seasonal variation in the incidence of chicken pox and better clinical information about notified cases probably underlies the increased number of cases for this quarter.

Chicken pox is a vaccine preventable disease and vaccination is recommended as part of routine childhood immunisation.

The varicella vaccine is free under the National Immunisation Program Schedule.

Infant immunisation against chicken pox involves one dose of the MMRV (measles-mumps-rubella-varicella) vaccine at 18 months old.

A catch-up program is available for children who have not received the varicella vaccine and this is offered in Year 7 in Tasmanian schools.

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

## Institutional Outbreaks

During this quarter 14 non-foodborne institutional outbreaks of gastroenteritis (gastro) were reported to us.

This is similar to the five year quarterly mean (12 outbreaks).

Of the outbreaks reported this quarter, 13 were classified as person-to-person transmission and for one remaining outbreak the transmission route was unknown.

Outbreaks occurred throughout the state, with eight outbreaks in the south, four outbreaks reported in the North and two outbreaks in the North-West.

The settings for these outbreaks were childcare centres (eight outbreaks), aged care facilities (four outbreaks), a hospital (one outbreak) and a school (one outbreak).

Norovirus was identified as the causal agent in two institutional outbreaks this quarter (one in aged care, one in a hospital).

The causal agent in the remaining 12 outbreaks were undetermined as either no specimens were collected or no pathogens detected in the submitted specimens.

Gastro 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 on **1800 671 738**.

**This report is produced by the Communicable Diseases Prevention Unit of Public 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 flu activity in Tasmania is available in the [fluTAS Report](#). Information about notifiable diseases in **Tasmania** is available from [our 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 first quarter of 2015 (January-March) with comparison to previous quarters, by derived diagnosis date.**

	Q1 2015	Q4 2014	Q1 2014	Q1 5y Mean*	Ratio ^	2015 YTD#
Barmah Forest Virus	0	0	0	0	0	0
Campylobacteriosis	246	265	275	228	1.08	246
Chlamydia	484	417	444	457	1.06	484
CJD	0	0	0	0	0	0
Cryptosporidiosis	0	6	5	18	0	0
Dengue	3	3	5	2	1.5	3
Giardia	27	18	36	31	0.87	27
Gonococcal Infection	18	20	19	10	1.8	18
Haemolytic Uraemic Syndrome	0	0	1	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	0	0	1	2	0	0
Hepatitis B-Unspecified	5♦	14	16	12	0.42	5
Hepatitis C-Newly Acquired	0♦	2	3	6	0	0
Hepatitis C-Unspecified	53	50	54	56	0.95	53
Hepatitis E	1♦	0	0	0	-	1
HIV (Newly Diagnosed)	5♦	4	4	3	1.67	5
Hydatids	0	1	1	1	0	0
Influenza	38	59	51	18	2.11	38
Legionellosis	1	1	1	1	1	1
Leptospirosis	2♦	0	0	0	0	2
Listeriosis	0	2	0	1	0	0
Lymphogranuloma venereum (LGV)	0	0	1	0	0	0
Malaria	1	1	0	2	0.5	1
Measles	0	0	0	0	0	0
Meningococcal Disease (invasive)	0	0	0	1	0	0
Mumps	3	0	2	1	3	3
Pertussis	4	10	32	144	0.03	4
Pneumococcal Disease (invasive)	4	11	3	5	0.8	4
Psittacosis(Ornithosis)	0	0	0	0	0	0
Rickettsial Infection	0	1	2	1	0	0
Ross River Virus	1	2	14	13	0.08	1
Rotavirus	20	26	22	20	1	20
Rubella	0	0	0	0	0	0
Salmonellosis	99	74	105	98	1.01	99
Shiga toxin producing E.coli	0	0	0	1	0	0
Shigellosis	1	1	0	0	-	1
Syphilis-infectious	7	5	1	2	3.5	7
Syphilis-unknown duration	6	6	8	4	1.5	6
Tuberculosis	2	4	0	2	1	2
Tularaemia	0	0	0	0	0	0
Typhoid	0	1	0	0	0	0
Typhus	0	0	0	0	0	0
Varicella zoster (chicken pox)	24♦	15	15	8	3	24
Varicella zoster (shingles)	63	69	73	61	1.03	63
Varicella zoster (unspecified)	29	37	35	23	1.26	29
Vibrio Infection	0	1	0	0	0	0
Yersinia	0	0	1	1	0	0

\*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.