



Communicable Diseases Quarterly

Issue 5 | Q3 2014

This is the Communicable Diseases Quarterly report from Population Health Services for the period 1 July to 30 September 2014.

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

Key Points

- There were 6 confirmed and 2 suspected cases of measles in Tasmania during this quarter.
- Cases of gonococcal infection continue to be elevated.
- There were two cases of listeriosis.

Measles

There were six confirmed cases of measles diagnosed in Tasmania this quarter. One case, acquired in Papua New Guinea, resulted in two further Tasmanian transmissions. An unrelated case was infected interstate but transmitted infection to one confirmed and two probable cases in Tasmania. Another unrelated case was acquired interstate but confirmed in Tasmania and caused no further infections. Five of the 6 confirmed cases in these 3 simultaneous clusters were counted as Tasmanian cases, while the other was attributed to a mainland state.

There were increased measles cases elsewhere in Australia at this time, with most cases acquired overseas but also some local transmission.

Due to immunisation, measles is now rare in Tasmania; these were the first Tasmanian cases since 2009. These cases resulted in extensive contact tracing by the Communicable Diseases Prevention Unit (CDPU) in collaboration with several hospitals and general practices.

Most older adults are immune to measles from childhood infection. However, many young and middle-aged adults will not have had measles, and may not have received two doses of measles-containing vaccine. They may be susceptible.

Mumps

There were two cases of mumps this quarter, compared to the five year quarterly mean of one case. Both cases were in the North-West of the state. Mumps was previously a common childhood infection, but is now rare due to immunisation.

People with mumps should stay away from childcare, school and work for nine days after the onset of the swelling of the salivary glands.

MMR and MMRV Vaccine

MMR vaccine protects against mumps, measles, and rubella, while MMRV protects against these and varicella; both are part of the standard vaccination schedule. MMR vaccine is now given to children at age 12 months and MMRV at age 18 months.

People born in or after 1966 should ensure they have received two doses of MMR vaccine.

Influenza

There were 483 cases of influenza reported during this quarter, significantly more than during the same period in 2013, and consistent with a moderate level of winter influenza activity. Influenza A predominated, particularly Influenza A/H1N1.

Gonococcal Infection

There were 16 cases of gonococcal infection diagnosed this quarter compared to the five year mean of 8 cases for the quarter.

Most cases of gonococcal infection have been diagnosed in men who have sex with men, but heterosexual transmission accounts for a small proportion of cases in both men and women. It is important to take a thorough sexual history when testing for sexually transmitted infections.

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

Listeriosis

There were two unrelated cases of listeriosis reported during this quarter, both with recognised susceptibilities to this infection. Listeriosis is usually acquired from eating foods that are contaminated with *Listeria* bacteria. Those at more risk of listeriosis are pregnant woman, the elderly and immunocompromised persons. Such people should be advised to consider avoiding foods that have a higher risk of *Listeria* contamination.

More information on *Listeria* is available from the [Public and Environmental Health](#) website and from [Food Standards Australia New Zealand \(FSANZ\)](#)

Institutional Outbreaks

During this quarter there were 16 non-foodborne outbreaks of gastroenteritis reported to the CDPU. Of these outbreaks, 15 were classified as due to person to person transmission and for one the transmission route was unknown.

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](#).

Outbreaks occurred throughout the state, with nine outbreaks reported in the South, six outbreaks in the North and one outbreak in the North-West.

The settings for these outbreaks were aged care facilities (12 outbreaks), childcare centres (3 outbreaks) and a hospital (one outbreak).

Norovirus was identified as the causal agent in 12 institutional outbreaks this quarter (11 in aged care facilities, one in a hospital). The causal agent in the remaining four 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 Communicable Disease Prevention Unit on 1800 671 738.

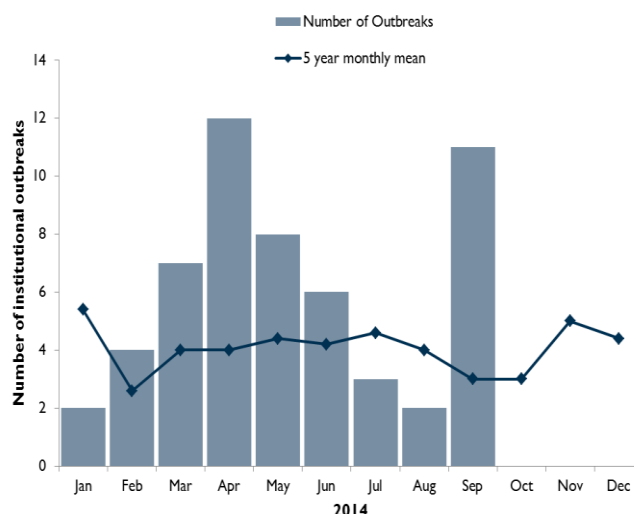


Figure 1: Number of institutional outbreaks reported in Tasmania during 2014, up to 30 September and five year monthly mean (2009-2013).

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

	Q3 2014	Q2 2014	Q3 2013	Q3 5y Mean*	Ratio [^]	2014 YTD#
Barmah Forest Virus	0	0	1	1	0	0
Campylobacteriosis	200	194	125	173	1.16	667
Chikungunya virus	0	0	0	0	0	0
Chlamydia	427	486	344	429	1	1357
CJD	0	0	0	0	0	0
Cryptosporidiosis	9	10	4	16	0.56	24
Dengue	3	6	6	2	1.5	14
Giardia	27	37	34	24	1.13	100
Gonococcal Infection	16	11	15	8	2	46
Haemolytic Uraemic Syndrome	0	0	0	0	0	1
Haemophilus Influenzae Type B Infection (invasive)	0	0	0	0	0	0
Hepatitis A	1	0	0	1	1	1
Hepatitis B-Newly Acquired	2	0	1	2	1	3
Hepatitis B-Unspecified	10	18	14	14	0.71	45
Hepatitis C-Newly Acquired	3♦	4	5	5	0.6	10
Hepatitis C-Unspecified	45	63	63	59	0.76	162
HIV (Newly Diagnosed)	2	3	2	5	0.4	9
Hydatids	0	2	0	0	0	3
Influenza	483	81	163	505	0.96	615
Legionellosis	0	2	0	2	0	3
Leptospirosis	1♦	0	0	0	-	1
Listeriosis	2♦	0	1	0	-	2
Lymphogranuloma venereum (LGV)	0	0	0	0	0	1
Malaria	2	1	3	1	2	3
Measles	5♦	0	0	0	-	5
Meningococcal Disease (invasive)	2	0	2	2	1	2
Mumps	2	1	1	1	2	5
Pertussis	11	15	65	126	0.09	58
Pneumococcal Disease (invasive)	13	12	13	18	0.72	28
Psittacosis(Ornithosis)	0	0	0	0	0	0
Rickettsial Infection	0	2	0	0	0	4
Ross River Virus	0	3	0	0	0	16
Rotavirus	9	18	24	22	0.41	49
Rubella	0	0	0	0	0	0
Salmonellosis	25	42	34	36	0.69	172
Shiga toxin producing E.coli	0	0	1	0	0	0
Shigellosis	1	0	0	1	1	1
Syphilis-infectious	4	3	4	4	1	8
Syphilis-unknown duration	4	2	2	4	1	14
Tuberculosis	2	1	2	3	0.67	3
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)	11	6	10	9	1.22	32
Varicella zoster (shingles)	61	67	59	52	1.17	200
Varicella zoster (unspecified)	39♦	28	23	16	2.44	102
Vibrio Infection	1	0	0	0	-	1

*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 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.