



Communicable Diseases Quarterly

Issue 1 | Q3 2013

Welcome to the first Communicable Diseases Quarterly report from Population Health Services for the period 1 July to 31 September 2013.

Commentary is provided on selected diseases.

A full table of diseases reported for this period is on the last page.

Key Points

- The numbers of gonococcal infections and giardiasis cases in Tasmania during the third quarter of 2013 were significantly greater than expected.
- Cryptosporidiosis cases were significantly fewer for this reporting period than expected.
- There were fewer influenza and pertussis cases than expected for this reporting period.

Sexually Transmissible Infections

During the third quarter of 2013, 16 cases of **gonococcal infection** were diagnosed. This was over two and a half times greater than expected based on the five-year mean for this quarter (six cases). Cases were reported from all three regions of the state and comprised 12 men and four women.

Most gonorrhoea cases were diagnosed in men who have sex with men. Most people diagnosed were aged in their twenties. Public health action taken in response to this noted increase included providing information to high risk groups and to medical practitioners.

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

Pertussis (Whooping Cough)

Tasmania experienced a sustained **pertussis** epidemic from October 2011 to April 2013. The pertussis epidemic peaked during the fourth quarter of 2012 with 458 cases.

There was a decline in pertussis cases diagnosed during the third quarter of 2013 to 61 cases compared to 89 cases during the second quarter of 2013.

Pertussis still circulates in the community.

Clinicians should continue to test and treat suspected cases at the first visit. The Communicable Diseases Prevention Unit (CDPU) will continue to directly follow-up all cases under five years of age. For all cases aged five years and older, CDPU will fax the diagnosing GP information about case follow-up. Please promote vaccination for infants and children, and adults (including pregnant women in the third trimester) according to *Australian Immunisation Handbook 10th Edition* (p.310-311) recommendations.

Enteric Diseases

During the third quarter of 2013 there were four cases of **cryptosporidiosis** diagnosed in Tasmania. This was less than the expected number of cases (19 cases) based on the five-year mean for this quarter. Cases during this time of year are often associated with exposure to farm animals or farm environments.

More **giardiasis** cases were diagnosed during the third quarter of 2013 than expected, with 33 cases reported compared to the five-year mean for this quarter of 22 cases. Of the 33 *Giardia* cases diagnosed during the third quarter of 2013, two thirds were found as a result of screening of asymptomatic persons.

Vector Borne Diseases

There were six cases of **dengue** diagnosed in Tasmania during the third quarter of 2013. This was greater than expected compared to the five-year mean (two cases) for this quarter. Year to date there have been 12 cases diagnosed. All cases diagnosed this year have been acquired overseas from travel to Indonesia, Thailand or India. Three cases of **malaria** were diagnosed during the third quarter 2013 compared to one case expected based on the five-year mean for the same period.

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

Influenza

Seasonal **influenza** usually peaks during the third quarter each year in Tasmania. The 162 influenza cases diagnosed during the third quarter of 2013 were one third of the expected number of cases (531 cases) based on the five-year mean for this quarter. In the third quarter of 2013, H1N1 was the most common Influenza virus strain. By comparison during the third quarter 2012, 989 influenza cases were diagnosed and H3N2 was the most common.

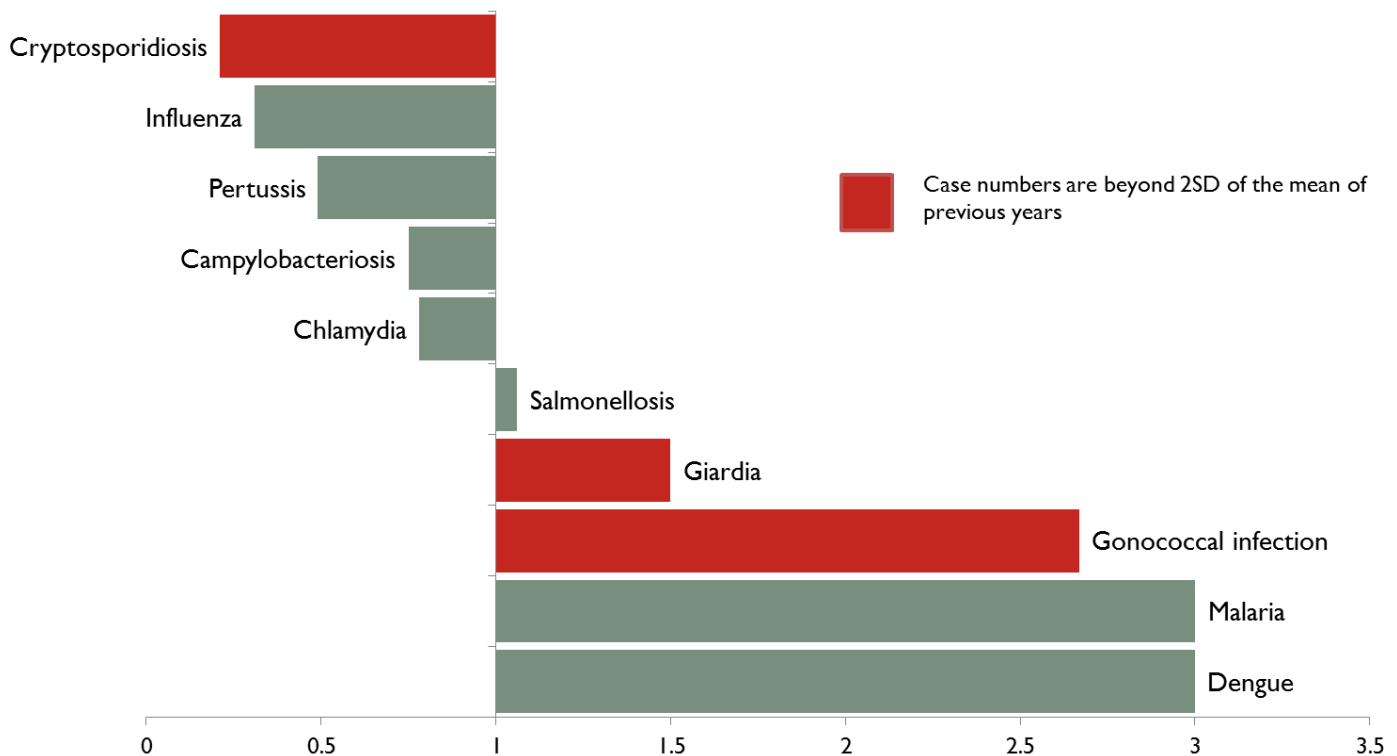


Figure 1: Ratio of number of cases for selected diseases in Tasmania for the third quarter of 2013 compared to the five-year mean for the quarter (2008-2012).

Note: Please consider the ratios in conjunction with the number of cases of each disease reported in Table 1. Diseases with statistically significant case counts (beyond 2 standard deviations of the mean of previous five years) are highlighted red. Ratios less than one mean fewer cases than expected; ratios greater than one mean more cases than expected.

This report is produced by the Communicable Diseases Prevention Unit.

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 fortnightly **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 1: Notifiable diseases reported in Tasmania during the 3rd quarter of 2013 (July-September) with comparison to previous quarters, by derived diagnosis date.

	Q3 2013	Q2 2013	Q3 2012	Q3 5y Mean*	Ratio [^]	2013 YTD [#]
Barmah Forest Virus	0	1	0	0	0	2
Campylobacteriosis	124	139	214	165	0.75	462
Chikungunya virus	0	1	0	0	0	1
Chlamydia	344	429	455	439	0.78	1184
CJD	0	0	0	0	0	0
Cryptosporidiosis	4 [◆]	19	23	19	0.21	65
Dengue	6	3	0	2	3	12
Giardia	33 [◆]	30	16	22	1.5	96
Gonococcal Infection	16 [◆]	21	8	6	2.67	49
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	1	1	0	0
Hepatitis B-Newly Acquired	1	0	4	3	0.33	3
Hepatitis B-Unspecified	14	17	17	15	0.93	43
Hepatitis C-Newly Acquired	5	6	6	5	1	17
Hepatitis C-Unspecified	63	48	52	63	1	158
HIV (Newly Diagnosed)	2	0	6	5	0.4	5
Hydatids	0	0	0	0	0	1
Influenza	162	12	989	531	0.31	182
Legionellosis	0	2	7	2	0	4
Leptospirosis	0	0	0	0	0	0
Listeriosis	1	0	1	0	0	2
Lymphogranuloma venereum (LGV)	0	0	0	0	0	0
Malaria	3	5	1	1	3	10
Measles	0	0	0	0	0	0
Meningococcal Disease (invasive)	2	0	3	2	1	3
Mumps	1	1	0	1	1	4
Pertussis	61	89	311	124	0.49	474
Pneumococcal Disease (invasive)	13	7	18	18	0.72	26
Psittacosis (Ornithosis)	0	0	0	0	0	0
Rickettsial Infection	0	0	0	0	0	0
Ross River Virus	0	1	0	0	0	5
Rotavirus	24	35	11	18	1.33	76
Rubella	0	0	0	0	0	0
Salmonellosis	34	53	46	32	1.06	198
Shiga toxin producing E.coli	1 [◆]	0	0	0	0	1
Shigellosis	0	0	2	1	0	1
Syphilis-infectious	3	5	6	4	0.75	14
Syphilis-unknown duration	3	2	2	5	0.6	10
Tuberculosis	2	3	2	3	0.67	7
Tularaemia	0	0	0	0	0	0
Typhoid	0	0	1	0	0	0
Typhus	0	0	0	0	0	0
Varicella zoster (chicken pox)	8	8	9	9	0.89	18
Varicella zoster (shingles)	58	55	75	46	1.26	186
Varicella zoster (unspecified)	27 [◆]	21	17	13	2.08	65
Vibrio Infection	0	1	0	0	0	1
Yersinia	0	1	0	0	0	2

*The expected figure is based on the five-year quarterly mean, calculated this report quarter, for the years 2008-2012.

[^]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.

Data are extracted based on the available date derived to be closest to the disease onset date. There may be differences to other data extracted using differing time criteria. Data are subject to change over time due to ongoing data review processes.

Changes in surveillance practice, diagnostic techniques and reporting may contribute to increases or decreases in the total notifications received over a five-year period. Interpret the ratio of notifications compared with the five-year mean with caution. Ratios reflect changes in reporting rather than in disease activity.