



# Communicable Diseases Quarterly

Issue 11 | Q1 2016

**This is the Communicable Diseases Quarterly report from Public Health Services for the period 1 January to 31 March 2016.**

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

## Notifiable Disease Guidelines

There were new [Guidelines for Notifying Diseases and Food Contaminants](#) issued, which were effective from 18 January 2016.

Under the new *Guidelines* the diseases *Giardia* and chancroid are no longer notifiable in Tasmania. There was also the addition of two new diseases to the list of notifiable diseases, which were Carbapenemase producing Enterobacteriaceae and Middle East Respiratory Syndrome. There was a change in the threshold level for blood lead and some changes in the reporting requirements by pathology laboratories. More detailed information on these changes can be found [here](#).

A series of factsheets which details the changes that are contained in the new *Guidelines* are available from the [Public Health Services website](#).

## Campylobacteriosis

There were 361 cases of campylobacteriosis notified during this quarter which was greater than the five-year average (237 notifications). The increase in notifications was observed

## Key Points

- New Notifiable Disease *Guidelines*
- Increases in Campylobacteriosis cases
- *Vibrio parahaemolyticus* outbreak

statewide, with the largest number of cases being in residents of the Southern region, in line with this being the most populous area of the state.

Campylobacteriosis is a gastrointestinal illness due to the bacteria *Campylobacter* and is often a foodborne disease. A specific cause for this increase in notifications has not been identified to date, but surveillance and investigation of campylobacteriosis in Tasmania is ongoing.

Medical practitioners can notify Public Health Services if their patients have gastrointestinal symptoms and they suspect other people may also be ill, and for example the cases attended a function. Suspected gastroenteritis outbreaks can be reported via the Public Health Hotline – Tasmania on **1800 671 738**.

## Vibrio infection

There were eight cases of *Vibrio* infection notified during the first quarter of the year. Of these eight cases, four were categorised as *Vibrio* food poisoning and four were isolates from wounds or blood cultures (with a history of a wound). *Vibrio* infections have previously

been rarely reported in Tasmania, This quarter, only one case was overseas acquired.

There were three cases notified in Tasmania of *Vibrio parahaemolyticus* that were associated with consumption of raw oysters. There were 11 associated outbreak cases in total identified across Australia, with cases also reported in Victoria, Queensland and New South Wales. Four people in the outbreak were hospitalised. It was thought that very warm water temperatures in the growing area where the oysters were harvested contributed to the contamination of the oysters. The growing area was closed and monitored for several weeks before reopening for harvest.

*Vibrio parahaemolyticus* is a naturally occurring bacteria in the estuarine and marine environment. The bacteria can be found in shellfish and fish during the warmer times of year. Consumption of raw or inadequately cooked fish or shellfish contaminated with *Vibrio parahaemolyticus* can cause illness.

Three *Vibrio* cases reported this quarter were wound or blood infections caused by *Vibrio alginolyticus*. Most cases reported contact with sea water, either when wounds were acquired or when cases bathed existing wounds in sea water.

### Other diseases

There was one case of leprosy notified this quarter in a person born overseas who likely acquired the disease in Nepal. There was one case of chikungunya virus notified in a person who had travelled to Cuba. There was a case of typhoid in a six year old male child, with the disease likely acquired in Pakistan.

### Zika Virus Surveillance

An outbreak of Zika Virus in Brazil during 2015 spread to other nations in the Americas in early

2016. Zika virus is spread mainly by the mosquito *Aedes aegypti* which is commonly found in tropical areas but is not endemic to Tasmania.

There were no cases of Zika Virus diagnosed in Tasmania during the first quarter of 2016. The most current information on Zika Virus can be found at the Australian Government [Department of Health website](#).

### Institutional Outbreaks

During this quarter there were 13 non-foodborne institutional outbreaks of gastroenteritis reported to Communicable Diseases Prevention Unit (CDPU). This number was equal to the average number of outbreaks reported during the first quarter of the previous five years (13 outbreaks).

Eight outbreaks occurred in child care centres, a further two occurred in aged care facilities and one outbreak occurred in a hospital. The facilities were located across the state.

Norovirus was the infectious agent in one institutional outbreak this quarter. The infectious agent in the remaining 12 outbreaks was unable to be determined as either no specimens were collected or no pathogens were detected in the specimens submitted.

Person-to-person transmission of illness was determined to be the cause of most of the outbreaks. Two outbreaks were classified as an unknown mode of transmission. The outbreaks were separate and unrelated events.

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**.

**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 **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 first quarter of 2016 (January-March) with comparison to previous quarters by derived diagnosis date.**

	Q1 2016	Q4 2015	Q1 2015	Q1 5y Mean*	Ratio ^	2016 YTD#
Barmah Forest Virus	0	0	0	0	0	0
Campylobacteriosis	♦ 361	329	256	237	1.52	361
Chikungunya	1	0	0	0	0	1
<i>Chlamydia</i>	482	378	483	452	1.07	482
Creutzfeldt-Jakob Disease (CJD)	0	1	0	0	0	0
Cryptosporidiosis	7	5	1	11	0.64	7
Dengue	4	6	3	3	1.33	4
<i>Giardia</i>	5	38	29	30	0.17	5
Gonococcal Infection	15	13	18	11	1.36	15
Haemolytic Uraemic Syndrome	0	0	0	0	0	0
<i>Haemophilus Influenzae</i> Type B Infection (invasive)	0	0	0	0	0	0
Hepatitis A	0	0	0	0	0	0
Hepatitis B-Newly Acquired	1	0	0	2	0.5	1
Hepatitis B-Unspecified	6	10	6	11	0.55	6
Hepatitis C-Newly Acquired	8	5	4	6	1.33	8
Hepatitis C-Unspecified	50	65	50	55	0.91	50
Hepatitis E	0	0	1	0	0	0
HIV infection - newly acquired	2	2	1	1	2	2
HIV infection - unspecified	2	1	4	3	0.67	2
Hydatids	0	0	0	1	0	0
Influenza	49	110	38	23	2.13	49
Legionellosis	2	2	1	1	2	2
Leprosy	♦ 1	0	0	0	0	1
Leptospirosis	0	0	2	0	0	0
Listeriosis	0	0	0	0	0	0
Lymphogranuloma venereum (LGV)	0	0	0	0	0	0
Malaria	1	0	1	2	0.5	1
Measles	0	0	0	0	0	0
Meningococcal Disease (invasive)	2	1	0	1	2	2
Mumps	2	1	3	1	2	2
Paratyphoid	1	0	0	0	0	1
Pertussis	7	6	4	131	0.05	7
Pneumococcal Disease (invasive)	6	13	4	5	1.2	6
Psittacosis(Ornithosis)	0	0	0	0	0	0
Rickettsial Infection	0	2	0	1	0	0
Ross River Virus	3	1	2	8	0.38	3
Rotavirus	17	17	20	22	0.77	17
Rubella	0	1	0	0	0	0
Salmonellosis	111	73	101	100	1.11	111
Shiga toxin producing E.coli	0	0	0	1	0	0
Shigellosis	1	1	2	1	1	1
Syphilis-infectious	1	0	7	3	0.33	1
Syphilis-unknown duration	0	1	6	5	0	0
Tuberculosis	2	4	3	2	1	2
Tularaemia	0	0	0	0	0	0
Typhoid	1	0	0	0	0	1
Typhus	0	0	0	0	0	0
Varicella zoster (chicken pox)	20	14	25	11	1.82	20
Varicella zoster (shingles)	71	78	65	66	1.08	71
Varicella zoster (unspecified)	39	43	28	24	1.63	39
<i>Vibrio</i> Infection	♦ 8	1	0	0	0	8
Yersinia	2	3	2	1	2	2

\*This figure is based on the five-year quarterly mean, calculated for this report quarter, for the years 2011-2015.

^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.