

Such selective warnings are not without precedent in Australia. The Australian New Zealand Food Authority, and many State health departments issue brochures for pregnant women advising of the dangers of eating foods associated with listeriosis, such as pate and soft cheeses. The New South Wales Health Department has recently issued warnings advising against the consumption of undercooked hamburger mince. It is consistent to give similar advice in relation to raw seafood.

While not providing a guarantee, there is evidence that cooking oysters can lessen the risk of illness, and specific information on cooking methods, times, and temperatures should be provided to consumers^{8,9}.

In summary, we are very likely to see similar reports in the future. It will take

many years to provide the infrastructure required to mitigate the effect of urban development on the many vulnerable oyster harvesting areas, and it will take time to validate viral monitoring programs. In the interim, compliance with existing water quality guidelines and consumer and patient education efforts, may be the best way to protect public health and the oyster industry.

The views expressed in this commentary are those of the author and do not necessarily represent official New South Wales Health Department policy.

References

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Meningococcal disease in New South Wales

In early October two separate outbreaks of meningococcal disease (serogroup C) were reported to the New South Wales Health Department. The first of these involved two university students who had attended the same intervarsity sporting event in New South Wales. One student, from Western Australia, died. In the second outbreak three cases were reported at a high school.

It is usual to observe an increase in the number of reports of meningococcal disease at this time of year¹. Meningococcal meningitis is caused by the bacterium, *Neisseria meningitidis*. This organism is common in the community and exists harmlessly in the throats of many adults and children. It is spread by respiratory droplets from the nose and throat of an infected person. In a small proportion of individuals infection progresses to an acute invasive disease. Symptoms include high temperature, fever, sore

neck, headache, vomiting, rash and joint pain. Treatment is successful in the majority of cases if administered promptly. In cases of suspected meningococcal disease benzylpenicillin is the drug of choice. Where other causes of bacterial meningitis could be involved ceftriaxone should be used where available².

The National Health and Medical Research Council recommends rifampicin chemoprophylaxis for contacts of a case of invasive meningococcal infection^{2,3}. Vaccination is only recommended in special circumstances. Most cases of disease in Australia are due to serogroup B, for which no effective vaccine is available^{3,4}. In the case of an outbreak due to a vaccine preventable serogroup the National Health and Medical Research Council recommends that a vaccination program should be considered if the population at risk can be clearly

identified, such as in a day-care centre, school or university. Routine vaccination is not recommended as the risk of meningococcal disease in Australia is low.

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