

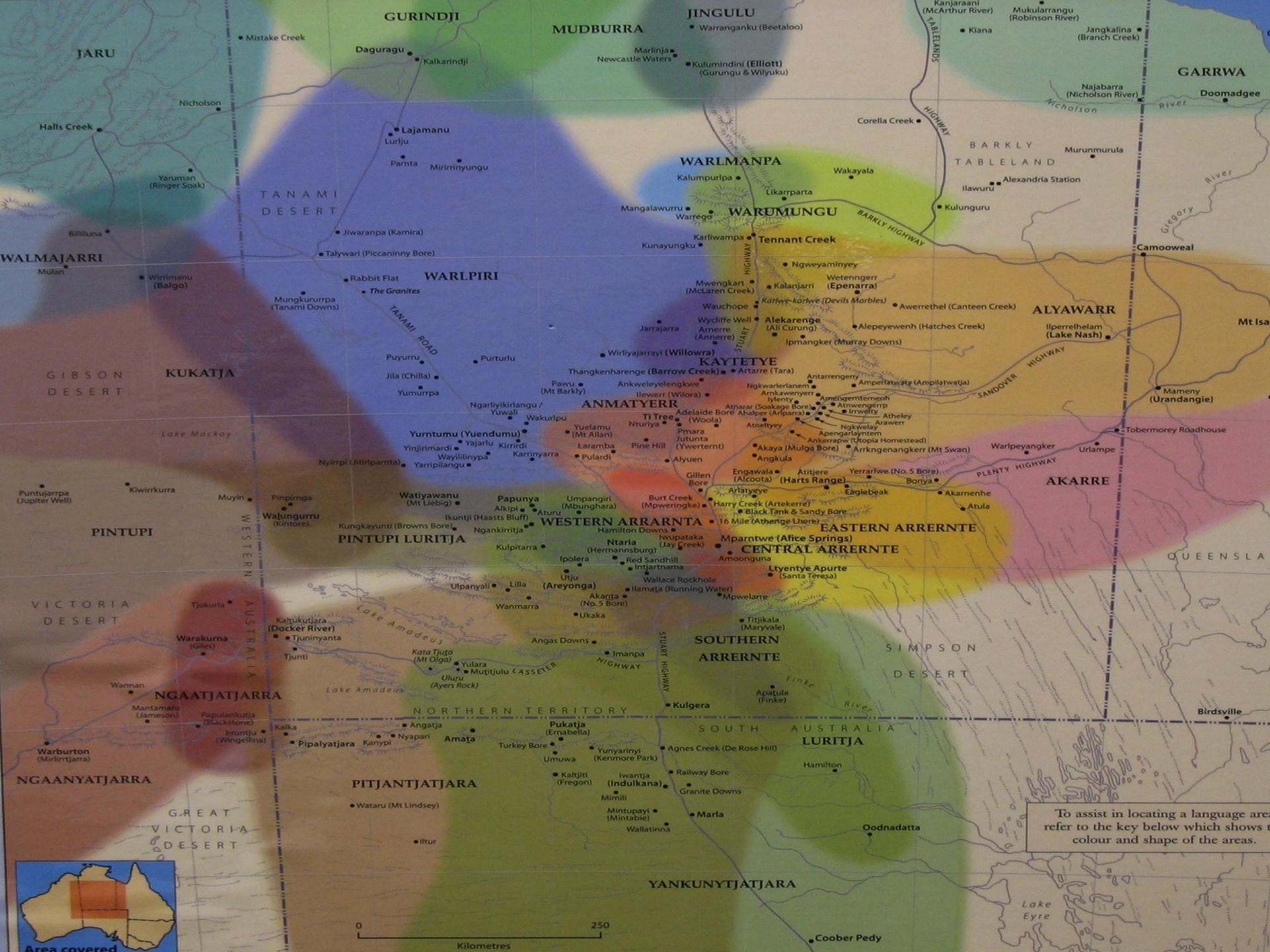
# Infectious Diseases Issues in Central Australia

IKTO Meeting – October 2013

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To assist in locating a language area refer to the key below which shows the colour and shape of the areas.



Area covered

0 250  
Kilometres

# Remote Clinics

Lake Nash



Ti Tree







# Socioeconomic determinants of health – NT statistics

- 62.6% of Indigenous people were in community housing
- 34% of Indigenous households in the NT were overcrowded
  - 60.8% in those in community housing
- Australia-wide in “discrete Indigenous communities”
  - 53% used bore water as major water source, 11% used a river or reservoir
  - 53% used community generators for electricity

# What's Common in Alice Springs?

- Skin & soft tissue infections
- Bronchiectasis
  - Prevalence 147 cases per 10 000 Indigenous children in Central Australia <sup>1</sup>
- Strongyloides
- Sexually transmitted infections
  - NT has highest rate of Chlamydia, Gonorrhoea & Syphilis in the country <sup>2</sup>
- Bacteraemia
  - Especially *Staph aureus* and *Strep pneumoniae*
- Human T cell lymphotropic virus 1 (HTLV-1)

<sup>2</sup> Chang AB, MJA 2008

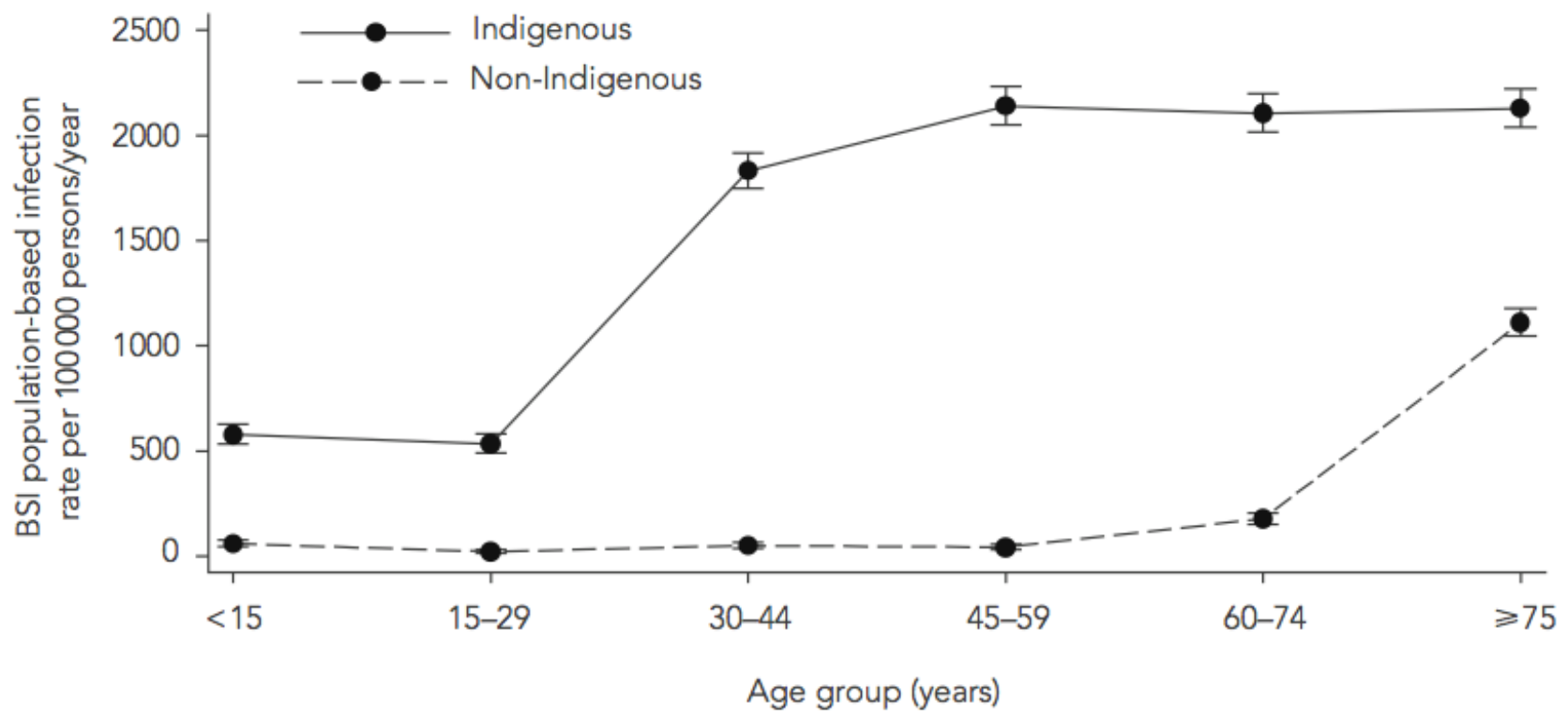
<sup>1</sup> Kriby Institute, 2012

# Two nations: racial disparities in bloodstream infections recorded at Alice Springs Hospital, central Australia, 2001–2005

Lloyd J Einsiedel and Richard J Woodman

MJA 2010; 192: 567–571

### 3 Population-based BSI incidence rates among Indigenous and non-Indigenous patients admitted to Alice Springs Hospital, by age, 2001–2005





## 1 Patient characteristics, outcomes and comorbid conditions for Indigenous and non-Indigenous adults admitted to Alice Springs Hospital with BSIs, 2001–2005

	Indigenous patients	Non-indigenous patients	P
Characteristics	(n = 614)	(n = 69)	
Mean age, in years (SD)	44.0 (15.2)	57.3 (20.4)	< 0.001
Age > 65 years, n (%)	64 (10.4%)	29 (42.0%)	< 0.001
Male, n (%)	271 (44.1%)	43 (62.3%)	< 0.001
Residence outside region, n (%)*	110 (17.9%)	24 (34.8%)	< 0.001
Outcomes			
30-day mortality, n (%)	76 (12.4%)	6 (8.7%)	0.38 <sup>†</sup>
Overall mortality, n (%)	197 (32.1%)	9 (13.0%)	0.003 <sup>†</sup>
Mean age at death, in years (SD)	48.5 (16.2)	75.1 (18.7)	< 0.001
Recurrent BSI, n (%) <sup>‡</sup>	91 (16.5%)	3 (5.0%)	0.019
Comorbid conditions, n (%) <sup>§</sup>	(n = 392)	(n = 44)	P <sup>¶</sup>
Diabetes mellitus	164 (41.8%)	6 (13.6%)	0.16
Alcohol dependence	152 (38.8%)	6 (13.6%)	0.21
Chronic renal failure	59 (15.1%)	2 (4.5%)	0.68
Haemodialysis	49 (12.5%)	0	< 0.001
Chronic liver disease	14 (3.6%)	0	< 0.001
Congestive cardiac failure	8 (2.0%)	1 (2.3%)	0.99
Malignancy	5 (1.3%)	4 (9.1%)	0.58
HTLV-1**	116/270 (43.0%)	nt	
Strongyloidiasis <sup>††</sup>	73/206 (35.4%)	nt	

BSI = bloodstream infection. HTLV-1 = human T-cell lymphotropic virus type 1. nt = not tested.

\* Residence outside Alice Springs rural area. † Log-rank test. ‡ Among patients who survived > 30 days after initial BSI (Indigenous [n = 550]; non-Indigenous [n = 60]). § Comorbidities recorded for patients admitted over the period 2003–2005. ¶ Binomial test of proportions. \*\* Positive Western blot test for HTLV-1. †† Positive serology for *Strongyloides stercoralis*.

# Non-communicable diseases, infection and survival in a retrospective cohort of Indigenous and non-Indigenous adults in central Australia

Lloyd Einsiedel, Liselle Fernandes, Sheela Joseph, et al.

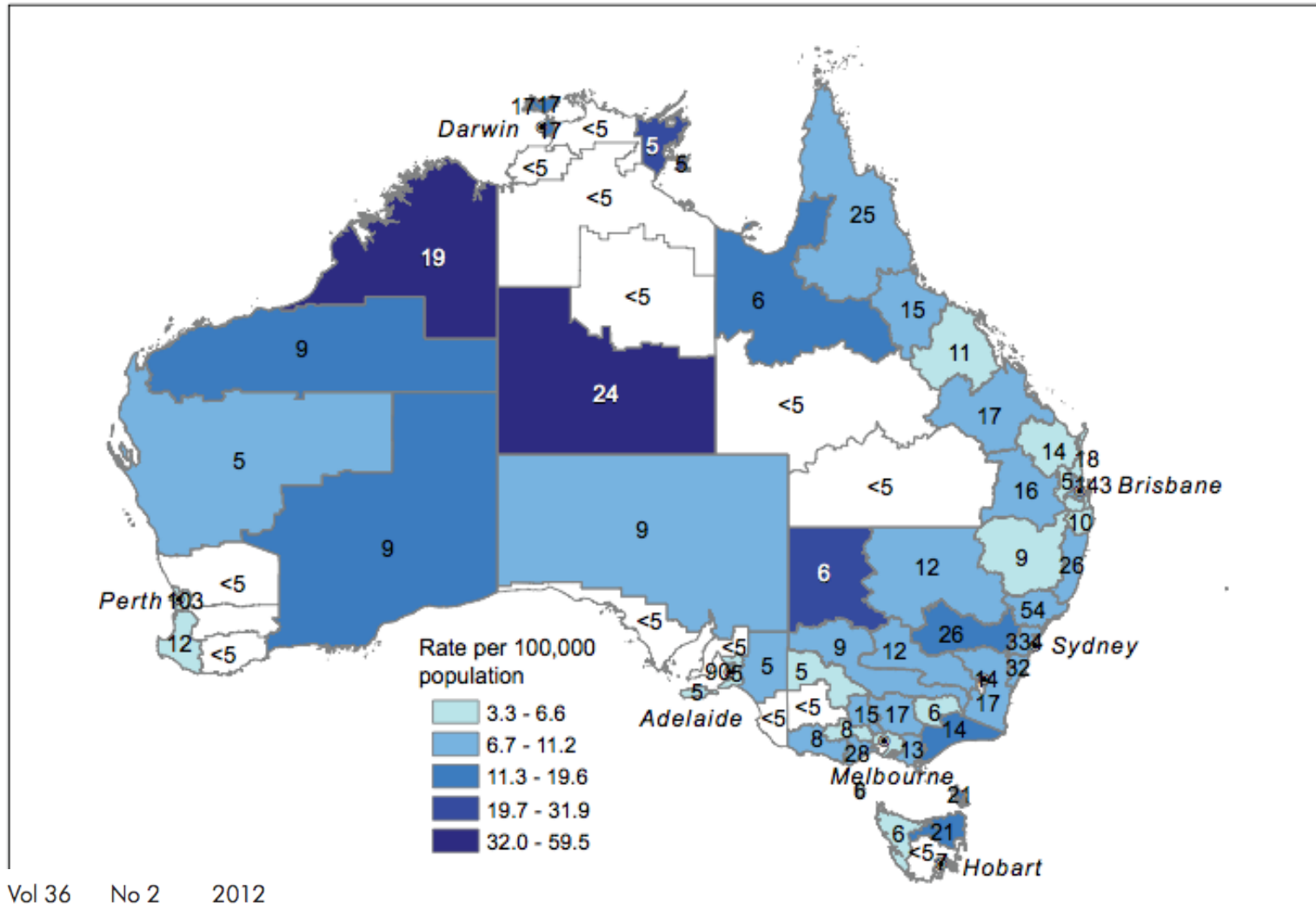
*BMJ Open* 2013 3:

**Table 1** Demographics and comorbidities for indigenous and non-indigenous BSI patients 2003–2007

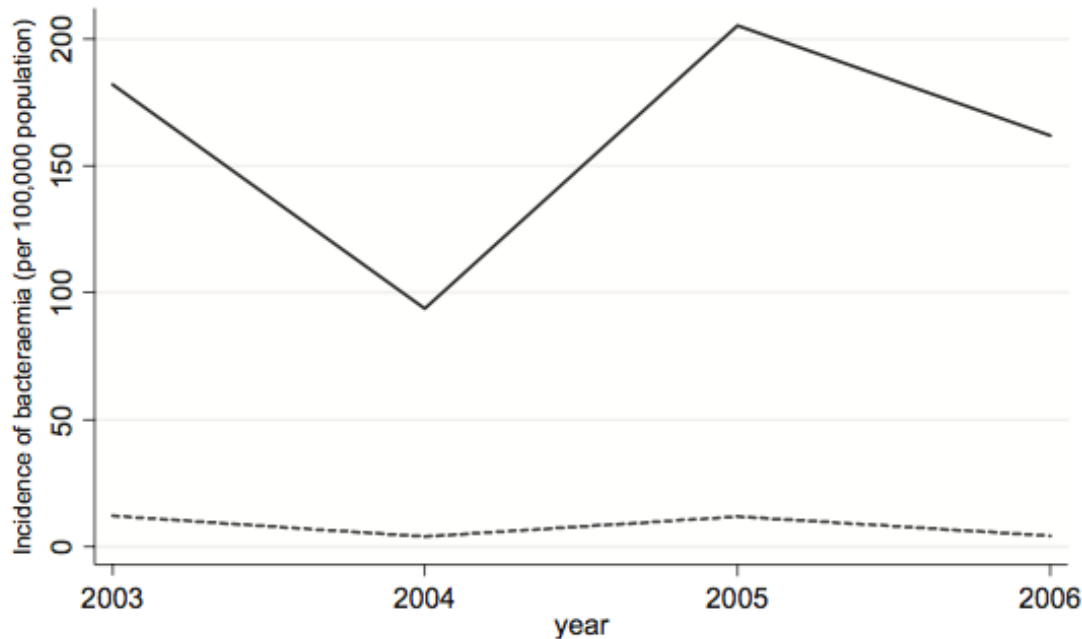
	Indigenous (n=558)	Non-indigenous (n=55)	p Value for difference
Age (years) ( $\pm$ SD)	44.7 $\pm$ 15.2	57.5 $\pm$ 21.1	<0.001
Gender (M/F) (%)	234/324 (42/58)	31/23 (57/43)	0.03
<b>Mortality</b>			
28 days	62 (11.1)	7 (12.7)	0.72
All deaths	145 (26.0)	15 (27.3)	0.84
Age of death (years)	47 $\pm$ 15	68 $\pm$ 21	<0.001
Major BSI pathogens††	1029	110	
Enterobacteriaceae	370 (36.0)	38 (34.5)	0.56
<i>Escherichia coli</i>	246 (66.5)	28 (73.7)	0.37
<i>Klebsiella pneumoniae</i>	57 (15.4)	2 (5.3)	0.09
<i>Staphylococcus aureus</i>	191 (18.6)	20 (18.2)	0.83
MRSA	53 (27.8)	1 (5.0)	<0.001
<i>Streptococcus pneumoniae</i>	136 (13.2)	8 (5.9)	<0.001
<i>Streptococcus pyogenes</i>	68 (6.6)	8 (7.3)	0.42
<i>Haemophilus influenzae</i>	22 (2.14)	0	0.14
Enteric pathogens‡‡	29 (2.81)	1 (0.91)	0.27

# Invasive Pneumococcal Disease

Map: Notification rates for invasive pneumococcal disease, Australia, 2008, by Statistical Division of residence



# *Staphylococcus aureus* bacteraemia



**Figure 1** Annual incidence rates of *Staphylococcus aureus* bacteraemia, 2003–2006, among indigenous and non-indigenous residents of Central Australia. Annual incidence rates of *S. aureus* bacteraemia for the indigenous and non-indigenous resident population of the Alice Springs Region using the Australian Bureau of Statistics annual estimated resident population as the denominator. (—) indigenous; (---) non-indigenous.

# Human T Cell Lymphotropic Virus 1 (HTLV-1)

- Cell associated retrovirus
  - Vertical transmission
  - Breast feeding
  - Sexual
  - Blood products
- Endemic to certain areas:
  - Japan
  - Sub-Saharan Africa
  - Caribbean
  - South America
  - Central Australia
    - 31% of dialysis patients in Alice Springs in 2011

# HTLV-1

	Epidemiological evidence			Biological evidence	
	Case reports or series	Case control studies	Cohort studies	HTLV-1 in lesions	Animal model
<b>Inflammatory syndromes</b>					
HAM/TSP	Yes	Yes	Yes	Yes	Yes
Uveitis	Yes	Yes	..	Yes	Yes
Arthropathy	Yes	Yes	..	Yes	Yes
Sjögren's syndrome	Yes	..	..	Yes	Yes
Polymyositis	Yes	..	..	Yes	Yes
Thyroiditis	Yes	..	..	Yes	..
Pneumopathy	Yes	..	..	..	..
T lymphocyte alveolitis	Yes	..	..	..	..
<b>Malignant diseases</b>					
ATL	Yes	Yes	Yes	Yes	Yes
Cutaneous T-cell lymphoma	Yes	..	..	Yes	..
<b>Infectious complications</b>					
<i>Strongyloides stercoralis</i>	Yes	Yes	Yes	..	..
Crusted scabies	Yes	..	..	..	..
Infective dermatitis	Yes	..	..	..	..
Tuberculosis	Yes	Yes	..	..	..
Leprosy	Yes	Yes	..	..	..

HAM/TSP=HTLV-1-associated myelopathy/tropical spastic paraparesis. ATL=adult T-cell leukaemia/lymphoma. ..=unknown. References 1, 5, 55, 103, 105–126. See webappendix for supplemental list of references, and an indication of which studies relate to each association and basis for association.

**Table 2: Diseases reported in association with HTLV-1 and basis for this association**

# Bronchiectasis Is Associated With Human T-Lymphotropic Virus 1 Infection in an Indigenous Australian Population

Lloyd Einsiedel,<sup>1,2</sup> Liselle Fernandes,<sup>2</sup> Tim Spelman,<sup>2</sup> Daniel Steinfors,<sup>1</sup> and Eduardo Gotuzzo<sup>3</sup>

- 52/89 (58.4%) of Indigenous adults with bronchiectasis were HTLV-1 positive
- HTLV-1 associated with:
  - ↑ number of bronchiectatic lobes (OR 1.51; 95% CI 1.03-2.20)
  - ground glass opacities on HRCT (OR 8.54; 95% CI 1.04-70.03)
  - ↑ disease specific mortality (OR 5.78; 95% CI 1.17-26.75)
- Presence of skin lesions was associated with mortality (OR 6.77; 95% CI 1.46-31.34)
- Mortality 34.2% - median age 42.5

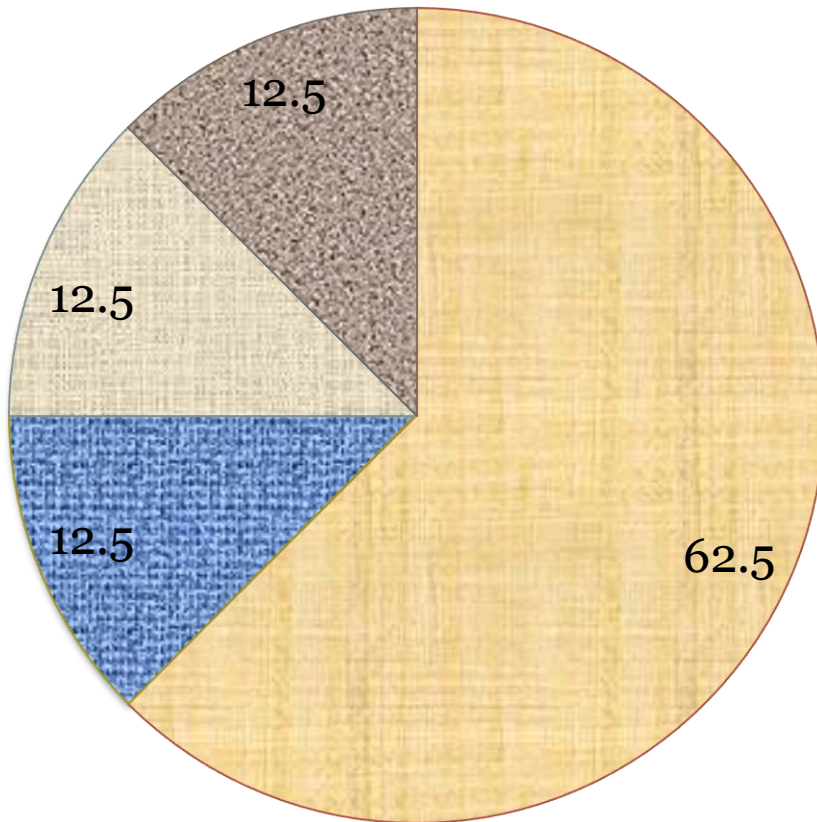
# INFECTIONS IN RENAL TRANSPLANT PATIENTS



# Renal Transplant Outcomes in Central Australia: 2000-2011 Retrospective Review

- 42 transplants in 38 recipients
  - i.e. 4 re-transplants
  - 26 Indigenous, 16 non-Indigenous
- All non-Indigenous patients from/in Alice Springs
- 6 of Indigenous patients in Alice Springs, 10 in Tennant Creek
- 21 recipients alive with functioning graft & 12 alive with a failed graft
- 8 deaths in patients with a functioning graft (7 Indigenous)

# Cause of Death



SEPSIS

CARDIAC ARREST  
POST OP

UNCLEAR

CANCER

# The past 10 years

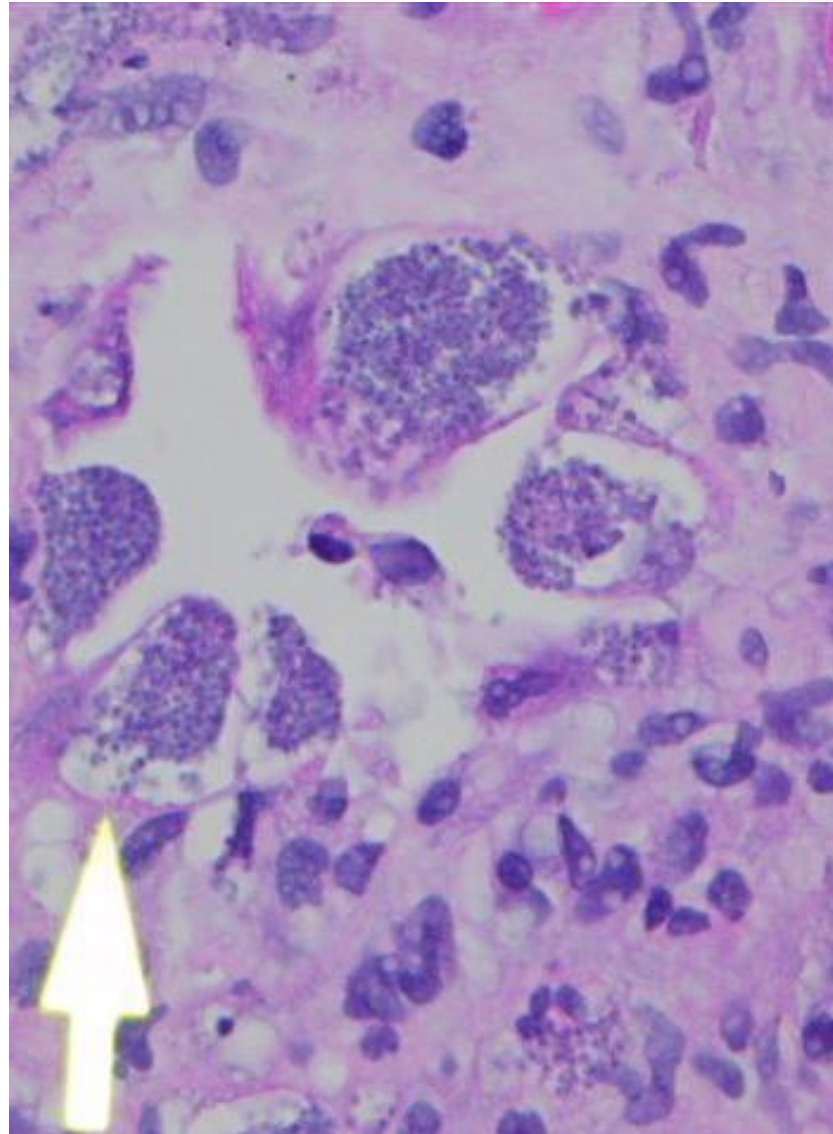
- Functioning graft
  - Enterococcal bacteraemia
  - CMV Colitis
  - BK viraemia
  - Cutaneous CMV
- Failed graft
  - Rhizoctonia bataticola skin infection, Cryptosporidial diarrhoea, disseminated microsporidiosis, Nocardia bacteraemia
  - Cryptosporidial diarrhoea
- Deaths
  - ESBL UTI, CMV viraemia, BK viraemia
  - Apophysomyces elegans skin infection (Zygomycete)
  - E.coli urosepsis
  - Fungal pneumonia

# Mr W.E

- 59yo Indigenous male from Tennant Creek
- ESRF presumed secondary to diabetic nephropathy
  - PHx: T2DM, dyslipidaemia, past *M.bovis* lung infection, cleared Hepatitis B, (IHD)
- Cadaveric renal Tx in 2010
  - Acute vascular rejection day 7 – Rx: Atgam
- Cutaneous fungal infection – *Rhizoctonia bataticola*
  - Rx: liposomal Amphotericin B then voriconazole
- Cryptosporidial diarrhoea
  - Rx: 2/52 nitazoxanide
- Scabies

# 2011 – Disseminated Microsporidiosis

- presented with a LRTI
- Deteriorated despite broad spectrum antibiotics
- Intubated in ICU
- Bronchoscopy:
  - microsporidial spores
- Renal biopsy:
  - extensive granulomatous inflammation with spores of microsporidia
- Started on albendazole Rx
- Transferred to RAH
  - Microsporidia seen again on BAL (*E.intestinalis*)
  - CMV colitis on rectal biospy
  - *C.difficile* diarrhoea



# Progress

- October 2011 – Nocardia bacteraemia
  - Presented with fevers & new lung infiltrate on CXR
  - Complicated by seizures (CT brain NAD)
  - Rx: meropenem & bactrim – subsequently changed to imipenem and ciprofloxacin, then ciprofloxacin maintenance Rx for 1 year
- Decision to withdraw immunosuppression and return to haemodialysis

# Microsporidiosis

- Intestinal disease
  - Usually *Enterocytozoon bienewisi*
- Disseminated disease
  - Usually *Encephalitozoon* species
- Often associated with HIV infected individuals
- A number of case reports of disseminated disease in SOT patients; the majority in renal transplantation
  - Most *E.cunuculi* infection
  - 1 other case report of *E.intestinalis* disseminated infection (also a renal transplant patient)<sup>1</sup>
- *E.intestinalis* infection usually associated with gastrointestinal disease and is associated with poor socioeconomic living conditions<sup>2</sup>

<sup>1</sup> Latib MA, Transpl Int 2001

<sup>2</sup> Enriquez FJ, CID 1998

# Cryptosporidiosis

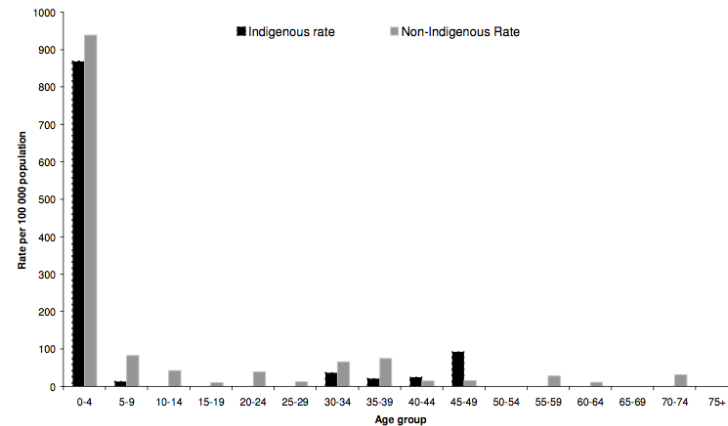
- Intestinal protozoa
- Faecal-oral spread, requires a low infectious inoculum
  - often transmission from swimming pools
- Oocyst survives for long periods in the environment & is relatively resistant to chlorine
- Often infects children <5 years old or immunocompromised patients
- Immunocompetent pts:
  - Self-limiting diarrhoea but 40% have recurrent symptoms
  - In developing countries can cause more persistent diarrhoea (predictor of malnutrition)
- HIV patients
  - CD4 >150 – usually self-limited diarrhoea but more frequent relapse
  - CD4 <150 – persistent diarrhoea & disseminated disease
    - Respiratory tract & biliary tree



# Cryptosporidiosis in the NT

- In 2012
  - 243 notifications
    - 75% higher than the 5 year mean
    - 156% higher than 2011
  - 74% were between 0-4 years old
  - Overall: 116 cases per 100,000 Indigenous vs 90 cases per 100,000 non-Indigenous
    - Rate ratio 1.3 (p=0.04)
    - Non-significant in the 0-4 year olds only

**Figure 4. Cryptosporidiosis rates, by age and Indigenous status, Northern Territory, 2012**



ANY QUESTIONS?