

Communicable Diseases Weekly Report

Week 30 22 July 2013 – 28 July 2013

In summary, we report:

- [Measles](#) – one new imported case reported
- [Enterovirus infections](#) – update on Emergency Department activity
- [Hepatitis A](#) – three new cases reported
- [MERS coronavirus](#) – one new case reported; WHO risk assessment
- [Summary of notifiable conditions activity in NSW](#)

For further information on infectious diseases and alerts see the [Infectious Diseases](#) webpage.

Follow the [A to Z of Infectious Diseases](#) link for more information on specific diseases.

For links to other surveillance reports, including influenza and enterovirus surveillance reports, see the [NSW Health Infectious Diseases Reports](#) webpage.

Measles

One new case of measles infection was reported this week (Table 1). This case occurred in a young woman recently returned from Europe with an uncertain vaccination history. The person was likely to have been infectious while on her flight into Sydney so a [measles warning](#) was issued to alert fellow passengers on the flight.

Measles transmission continues to occur in many parts of the world, including Asia and Europe, so all international travellers should ensure that they are protected prior to travel. People planning international travel and who have not already been immunised are strongly encouraged to be immunised before travel.

Infants travelling to countries in which measles is endemic, or where measles outbreaks are occurring, may be given MMR vaccine from as young as nine months of age, after an individual risk assessment. In these cases, a further two doses of MMR are still required, commencing at 12 months of age (reference: [Australian Immunisation Handbook, 10th Edition](#)).

All children and adults born after 1965 should be vaccinated with two doses of MMR vaccine if not already immune.

Follow the link for further information on [measles data](#).

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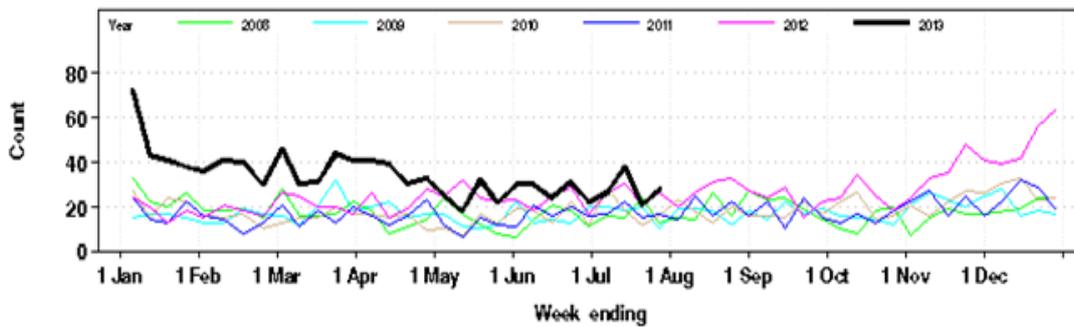
Enterovirus infections

Enterovirus infections (other than poliomyelitis) are not notifiable in NSW. NSW Health monitors enterovirus activity through NSW Emergency Department (ED) presentations for “meningitis or encephalitis” and for [hand-foot-and-mouth disease](#) (HFMD).

Enterovirus infections can rarely lead to meningitis or encephalitis but there are also a range of other causes for these illnesses. HFMD can be caused by a range of enteroviruses.

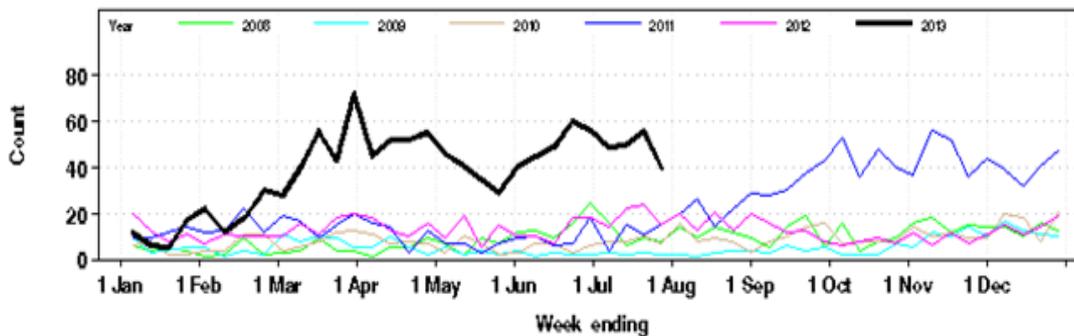
In the past week, the number of patients presenting to EDs with “meningitis or encephalitis” increased to 28, just above the usual range for this time of year (Figure 1).

Figure 1. Total weekly counts of ED presentations for meningitis/encephalitis, for 2013 (black line), compared with each of the 5 previous years (coloured lines), all ages, for 59 NSW hospitals.



ED presentations for HFMD decreased this week but remained well above the usual range for this time of year. Presentations were mainly in children under 5 years (Figure 2). Numbers were above usual levels in Central Coast, Hunter New England and South Western Sydney Local Health Districts.

Figure 2: Total weekly counts of ED presentations for HFMD for 2013 (black line), compared with each of the 5 previous years (coloured lines), children aged under 5 years, for 59 NSW hospitals.



Follow the link for more information on [enterovirus infections](#).

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Hepatitis A

Three cases of hepatitis A infection were reported this week (Table 1). Two of these cases occurred in international visitors. The third case was acquired locally but is most likely to have acquired the infection through contact with international visitors. The local Public Health Units have investigated these cases and followed up close contacts at risk of infection.

Hepatitis A is a viral infection of the liver. The virus is spread by the faecal-oral route, including through consumption of contaminated food and water, or through direct contact with an infected person. Vaccination and good hygiene prevents infection.

There have been 49 reports of hepatitis A infection in NSW year to date, more than double the number of reports for the same period in 2012. Of these, 36 cases (73%) were acquired overseas.

Travellers (≥ 1 year of age) to areas where hepatitis A is common (including all developing countries) should receive hepatitis A vaccine prior to travel. A single dose of a monovalent hepatitis A vaccine provides protective levels of anti-HAV for at least a year; a second dose is recommended 6 to 12 months following the first dose, to increase the duration of protection.

Follow the link for further information on [hepatitis A data](#).

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MERS coronavirus (MERS-CoV) update

Since the previous report, the World Health Organization has reported one new case of MERS-CoV infection in the Middle East. The case occurred in an elderly man from the Assir region of Saudi Arabia. Additionally, a previously laboratory-confirmed case, also from Assir region, has died.

In total there have been 91 confirmed cases with 46 deaths. Cases have been reported in or from Saudi Arabia, Jordan, Qatar, UAE, UK, France, Italy, Germany, and Tunisia. Most cases have developed severe acute respiratory infections.

WHO has convened an Emergency Committee under the International Health Regulations (IHR) to advise the Director-General on the status of the current situation. The Emergency Committee, which comprises international experts from all WHO Regions, unanimously advised that, with the information now available, and using a risk-assessment approach, the conditions for a Public Health Emergency of International Concern (PHEIC) have not at present been met.

WHO has also recently issued [MERS-CoV travel advice for pilgrims to the Hajj and Umrah](#) in Saudi Arabia this year. For further travel advice see the [NSW Health Hajj travel advice](#) factsheet.

For more information and links see the [NSW Health MERS-CoV website](#).

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Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period (Table 1). See explanatory notes below.

Table 1. NSW Notifiable Conditions activity for the period 22 July – 28 July 2013 (by date received).

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	7	10	956	495	238	655	354
	Giardiasis	44	34	1407	1331	1614	2015	2377
	Hepatitis A	3	1	45	21	39	41	60
	Rotavirus	7	8	226	421	438	1761	1208
	Salmonellosis	51	42	2238	1779	2595	2943	3566
	Shigellosis	3	3	71	82	80	131	126
	Typhoid	1	2	42	29	34	43	45
Respiratory Diseases	Influenza	279	134	1641	4403	2475	8041	5791
	Tuberculosis	2	4	200	227	294	441	538
Sexually Transmissible Infections	Chlamydia	438	347	12175	12631	11995	21262	20449
	Gonorrhoea	100	77	2532	2359	1487	4114	2818
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	6	378	182	247	262	352
	Measles	1	0	11	43	59	172	88
	Meningococcal Disease	2	1	18	42	41	68	72
	Mumps	1	0	57	77	34	110	61
	Pertussis	46	44	1340	3925	7614	5996	13411
	Pneumococcal Disease (Invasive)	12	11	265	291	273	563	530
Vector Borne Diseases	Barmah Forest	7	2	291	207	352	344	471
	Dengue	1	7	139	188	88	289	148
	Malaria	1	4	50	36	47	68	82
	Ross River	11	3	351	453	480	596	591
Zoonotic Diseases	Psittacosis	1	0	5	15	10	21	22

Notes on Table 1: NSW Notifiable Conditions activity

- Data cells represent the number of case reports received by NSW Public Health Units and recorded on the NSW Notifiable Conditions Information Management System (NCIMS) in the relevant period.
- Data cells in the 'Adverse Event Following Immunisation' category refer to suspected cases only. These reports are referred to the Therapeutic Goods Administration (TGA) for assessment. Data on adverse events following immunisation is available online from the TGA [Database of Adverse Event Notifications](#).
- Only conditions for which at least one case report was received appear in the table. HIV and other blood-borne virus case reports are not included here but are available from the [Infectious Diseases Data](#) webpage.

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