

# Communicable Diseases Weekly Report

## Week 31 29 July 2013 – 04 August 2013

In summary, we report:

- [Rubella](#) – three new cases reported from the North Coast
- [Measles](#) – one new imported case reported
- [Outbreak of Gastroenteritis on an international flight](#)
- [Enterovirus infections](#) – update on Emergency Department activity
- [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.

## [Rubella](#)

Three new case of measles infection were reported this week (Table 1). All three cases were young adults who live in the Nimbin area of northern NSW. All cases were unvaccinated against rubella. The Northern NSW Local Health District has issued a [rubella warning](#) to advise the public to be alert for new cases and to seek vaccination against rubella.

Although rubella infection causes only a mild or asymptomatic infection in most people, infection in early pregnancy can cause serious birth defects or miscarriage. Congenital rubella syndrome occurs in up to 90 per cent of babies born to women who are infected with rubella during the first ten weeks of their pregnancy, and can cause a miscarriage or birth defects including heart defects, deafness, brain damage, and eye problems including cataracts.

People with rubella should stay at home for at least four days after the onset of rash, and avoid contact with non-immune people.

The best protection against rubella is through vaccination. Rubella protection is routinely given as either MMR (measles-mumps-rubella) vaccine or MMRV (measles-mumps-rubella-varicella) vaccine. All children and adults born after 1965 should be vaccinated with two doses of rubella-containing vaccine if not already immune.

While many older adults are immune to rubella because they have been vaccinated or infected as children, young adults (especially men), may not be protected. Vaccination against rubella is very important for women (and men) of child bearing age to reduce the chance of pregnant women coming into contact with, and contracting, rubella infection.

All women planning a pregnancy should be tested to see if are immune to rubella, and be vaccinated if required before becoming pregnant. Rubella vaccine should not be given to pregnant women, and pregnancy should be avoided for 28 days following vaccination.

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

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## **Measles**

One new case of measles infection was reported this week (Table 1). This case occurred in a young, unvaccinated child recently returned from a holiday in Indonesia. The local public health unit is investigating the case to identify and manage close contacts who have been exposed to this case while infectious.

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

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

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## **Outbreak of Gastroenteritis on an international flight**

NSW Health was notified of a suspected outbreak of gastroenteritis on an international flight from Chile which arrived at Sydney International Airport on 1 August. The report indicated that 26 passengers had developed symptoms during the flight including vomiting and diarrhoea. All 26 were part of a tour group of students returning from Brazil where they had attended World Youth Day events. The group had stayed overnight in Santiago before departing for Sydney.

On arrival in Sydney, passengers were assessed and 15 passengers were taken to local hospitals for further assessment and a number were admitted overnight. All were discharged by the following day. Other passengers were provided with information on gastroenteritis and were advised to seek medical attention if symptoms developed.

While the illnesses were consistent with viral gastroenteritis, no specific pathogen was able to be confirmed as the cause of illness for any of these cases. The local Public Health Unit interviewed tour group supervisors and a number of cases. Information on possible food and environmental exposures was shared with the Chile Ministry of Health under the provisions of the International Health Regulations.

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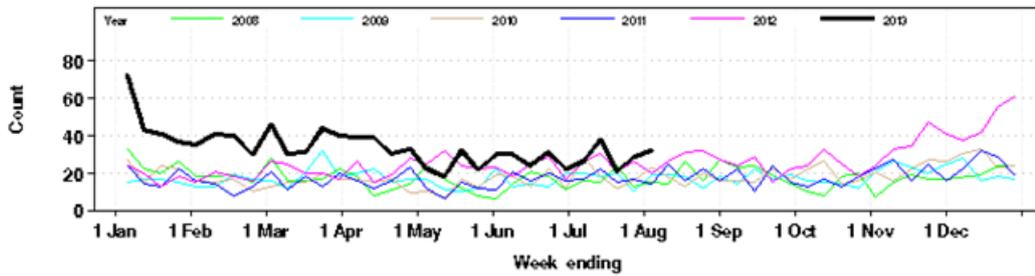
## **Enterovirus infections**

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.

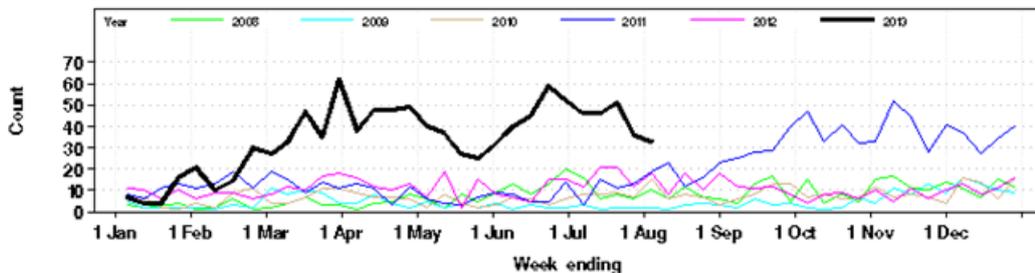
In the past week, the number of patients presenting to EDs with “meningitis or encephalitis” increased to 32, above the usual range for this time of year (Figure 1). The greatest increase compared with usual was in 17-34 year-olds, who comprised 21 of the 32 presentations.

**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 again 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 the Northern Sydney and Northern NSW 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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## **MERS coronavirus (MERS-CoV) update**

Since the previous report, the World Health Organization (WHO) has reported three additional laboratory-confirmed cases of MERS-CoV infection in Saudi Arabia.

The first patient is a 67 year-old woman from Riyadh with underlying medical conditions. She became ill on 25 July 2013. She has no known exposure to animals or to a case confirmed with MERS-CoV infection. She is currently hospitalised.

The other two patients are health care workers, both women, from the Assir and Riyadh regions. Both have mild symptoms and were exposed to patients who were laboratory-confirmed cases.

Globally, from September 2012 to date, WHO has been informed of a total of 94 laboratory-confirmed cases of infection with MERS-CoV, including 46 deaths.

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 29 July – 04 August 2013 (by date received)**

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	8	7	964	502	249	655	354
	Giardiasis	43	44	1450	1362	1638	2015	2377
	Hepatitis A	1	3	46	22	39	41	60
	Hepatitis E	1	0	12	5	15	10	21
	Rotavirus	12	7	238	448	454	1761	1208
	Salmonellosis	35	49	2270	1823	2632	2943	3566
	Shigellosis	3	3	74	85	82	131	126
Respiratory Diseases	Influenza	255	280	1898	4826	2835	8038	5791
	Legionellosis	1	1	57	78	71	105	104
	Tuberculosis	6	4	212	230	303	441	538
Sexually Transmissible Infections	Chlamydia	436	443	12618	13029	12362	21262	20449
	Gonorrhoea	74	99	2611	2427	1542	4114	2818
	LGV	1	0	21	8	28	28	36
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	3	384	186	252	262	352
	Measles	1	1	12	48	60	172	88
	Meningococcal Disease	1	2	19	46	44	68	72
	Mumps	3	1	60	81	35	110	61
	Pertussis	45	46	1388	4031	7806	5996	13411
	Pneumococcal Disease (Invasive)	14	12	279	299	295	563	530
	Rubella	3	0	8	8	13	11	17
Vector Borne Diseases	Barmah Forest	6	7	297	211	362	344	471
	Dengue	6	3	148	194	91	289	148
	Malaria	4	1	54	39	50	68	82

### 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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