

# Communicable Diseases Weekly Report

**Week 40 30 September 2013 – 06 October 2013**

In summary, we report:

- [Measles](#) – two locally-acquired cases reported this week in Sydney
- [Gastroenteritis](#) – increased number of presentations to emergency departments in NSW
- [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 reports, see the [NSW Health Infectious Diseases Reports](#) webpage.

## Measles

A further two locally acquired measles cases were notified this reporting week (Table 1). The cases were adults aged 20–35 years who reside in Sydney CBD and Rozelle, and have spent time in pubs, restaurants and cinemas in Newtown, Surry Hills and Rhodes while infectious. Neither case has travelled outside Sydney and there are no known links to anyone with measles. The rash onset for these two cases was 9-16 days after the onsets of the previously reported three cases from the inner west area of Sydney. Despite intensive investigation, the sources of infection for the five measles cases that have been notified during the past month have not been identified.

Local public health units have identified and managed close contacts of the two newly reported cases, including those at a general practice surgery in the CBD and at Sydney Hospital.

Measles is highly infectious and is spread easily through the air. The time from exposure to the virus and the onset of symptoms is about 10 days, but may be 7-18 days. Symptoms can include fever, tiredness, runny nose, cough and sore red eyes which usually last for several days before a red, blotchy rash appears. Complications can range from an ear infection and pneumonia to swelling of the brain.

Endemic measles has been eliminated from Australia however outbreaks do occur, often in association with unvaccinated young adults or children travelling overseas. There have been 18 notifications of measles in NSW in 2013, of which 12 were acquired overseas or interstate or were linked to people who were infected overseas.

Children should receive two doses of vaccine, one at 12 months and the second at 18 months. Children over 18 months who have not had their second dose of measles vaccine can be vaccinated now. Anyone born during or after 1966 should have two doses of vaccine (at least 4 weeks apart).

Follow the link for further information on measles vaccines (external link).

Follow the link for more information on [measles case notifications data](#).

## Gastroenteritis

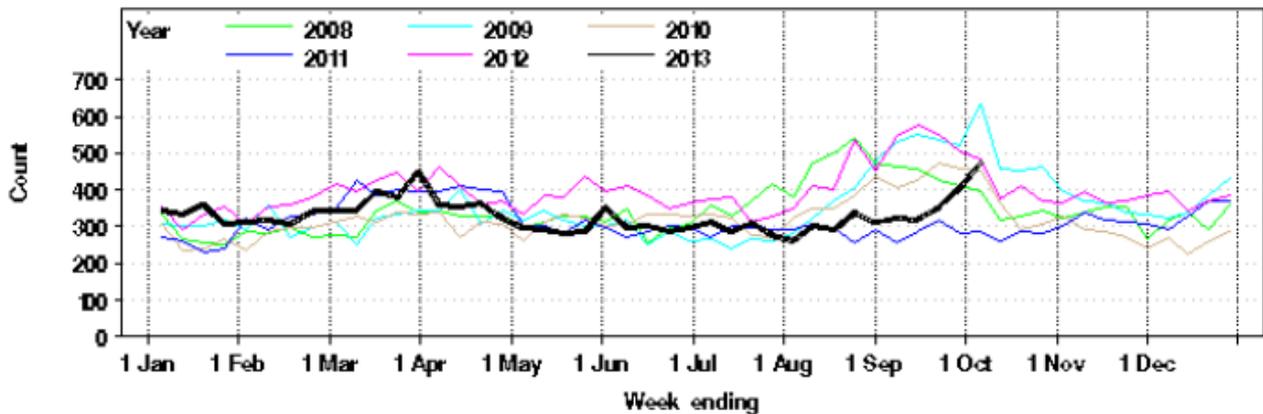
The overall number of patients presenting with gastrointestinal illness to emergency departments in NSW has increased this week and is similar to the unusually high levels at this time in 2009 and 2012.

The increase was across all age groups, but most marked in children less than five years of age, and adults aged 17-64 years. For both the 17-34 and 35-64 year old age groups the number of

gastroenteritis presentations exceeded that in October in 2009 and 2012. Children aged 5-16 years have been relatively unaffected, in contrast to the same time in 2012 when much of the increase in gastroenteritis was attributable to rotavirus infection seen in this age group (Figures 1-4).

The increase in emergency department gastroenteritis presentations occurred in most part of the NSW. In South Eastern Sydney, Sydney and Nepean Blue Mountains Local Health Districts, the numbers were at their highest level in at least six years.

**Figure 1. Total weekly counts of Emergency Department presentation for gastrointestinal illness, for 2013 (black line), compared with each of the five previous years, *children aged under 5 years*, for 59 NSW hospitals.**



**Figure 2. Total weekly counts of Emergency Department presentation for gastrointestinal illness, for 2013 (black line), compared with each of the five previous years, *persons aged 5-16 years*, for 59 NSW hospitals.**

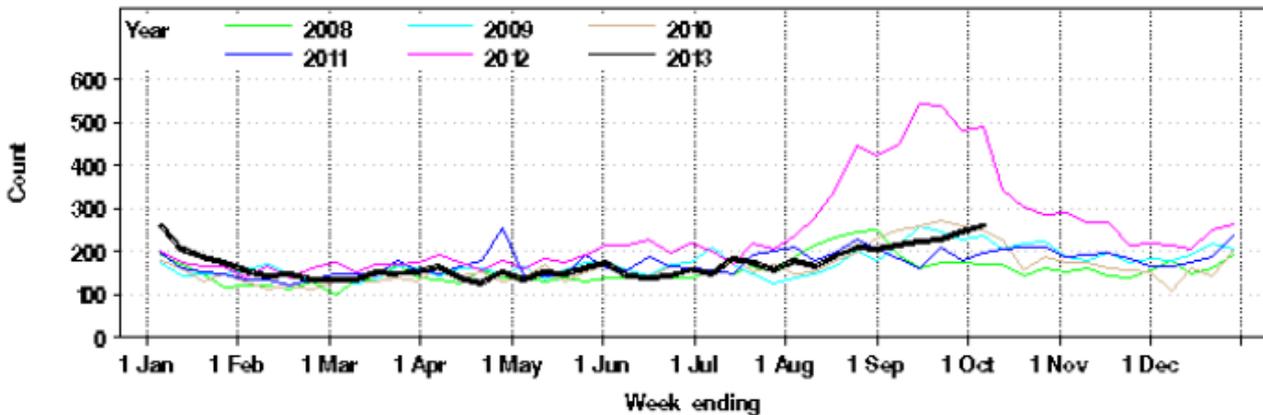


Figure 3. Total weekly counts of Emergency Department presentation for gastrointestinal illness, for 2013 (black line), compared with each of the five previous years, persons aged 17-34 years, for 59 NSW hospitals.

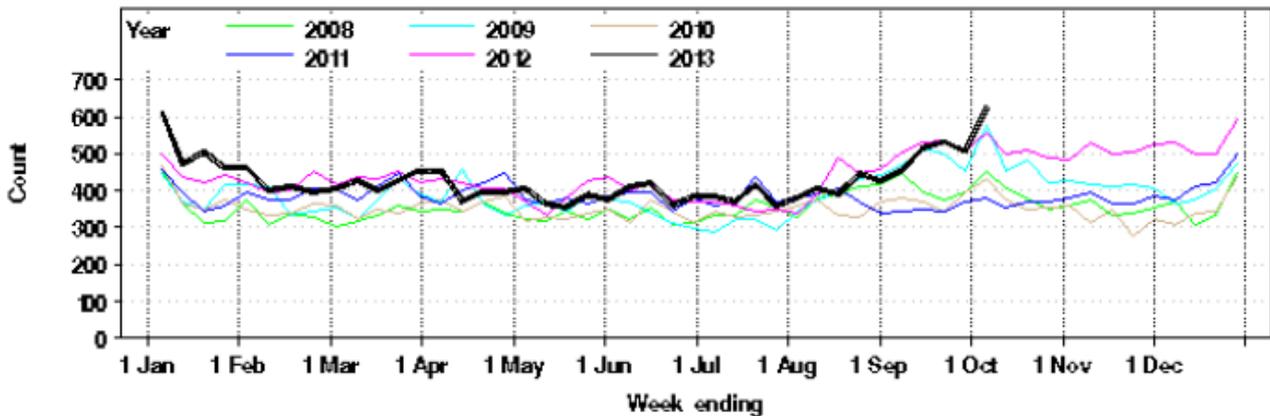
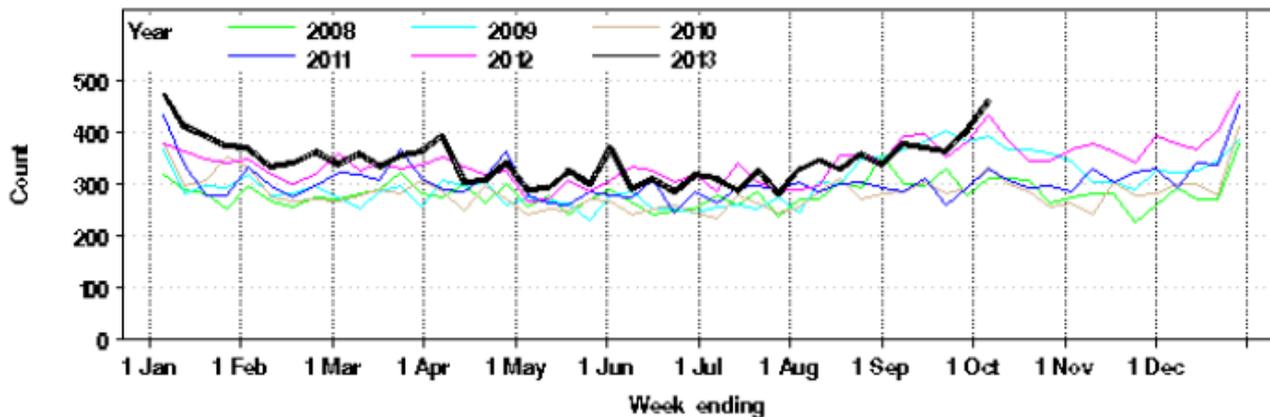


Figure 4. Total weekly counts of Emergency Department presentation for gastrointestinal illness, for 2013 (black line), compared with each of the five previous years, persons aged 35-64 years, for 59 NSW hospitals.



In the past week there have been 20 outbreaks of gastroenteritis reported in institutional settings. Outbreaks have been reported from aged care facilities (11 outbreaks affecting at least 94 people), hospitals (5 outbreaks affecting at least 45 people) and child care centres (4 outbreaks affecting at least 41 cases). Norovirus has been confirmed as the aetiological agent in 3 of these outbreaks. In 2012 for the same reporting period there were 11 outbreaks.

Gastroenteritis may be caused by bacteria (eg campylobacter, salmonella, shigella), viruses (eg rotavirus, norovirus) or parasites (eg giardia, cryptosporidium). The main symptoms are diarrhoea and vomiting. Generally gastroenteritis is acquired when organisms are ingested, usually via food or water, or transferred to the mouth via contaminated hands. The infectiousness, time taken from ingestion to symptom onset, and the duration and severity of the illness differ depending on the particular organism involved.

People with gastroenteritis are infectious (via faeces and vomitus) while they are unwell and they may remain infectious for some days after recovery. It is very important that people with gastroenteritis perform scrupulous hand washing, especially after toileting, and avoid preparing food for others if possible, until at least 48 hours after recovering from a gastro illness. Any items or surfaces contaminated with vomit or faeces should be thoroughly cleaned with hot water and detergent.

Follow the links for further information on [viral gastroenteritis](#) and [other causes of gastroenteritis](#).

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## Summary of notifiable conditions activity in NSW

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

**Table 1. NSW Notifiable conditions from 30 September 2013 to 06 October 2013, by date received.**

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	2	4	1001	547	284	655	354
	Giardiasis	35	33	1774	1629	1946	2015	2377
	Rotavirus	12	23	352	1274	655	1761	1208
	Salmonellosis	52	45	2636	2211	2956	2942	3567
	Shigellosis	6	2	98	99	93	131	126
	Typhoid	1	1	46	32	39	43	45
Respiratory Diseases	Influenza	264	362	7318	7459	5184	8039	5791
	Legionellosis	2	3	84	90	84	105	105
	Tuberculosis	5	7	289	309	409	440	538
Sexually Transmissible Infections	Chlamydia	316	369	16049	16486	15758	21261	20448
	Gonorrhoea	85	78	3331	3158	2037	4114	2818
Vaccine Preventable Diseases	Adverse Event Following Immunisation	5	3	433	224	292	263	352
	Measles	2	1	18	155	78	172	88
	Meningococcal Disease	3	0	35	59	58	68	72
	Mumps	1	1	69	102	46	110	61
	Pertussis	30	34	1769	4879	10276	5996	13411
	Pneumococcal Disease (Invasive)	11	7	394	455	421	563	530
Vector Borne Diseases	Barmah Forest	3	3	349	250	408	344	471
	Dengue	5	3	203	236	111	289	149
	Malaria	1	5	69	51	66	68	82
	Ross River	3	6	411	505	525	596	591

### 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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