

Communicable Diseases Weekly Report

Week 9 25 February 2013 – 03 March 2013

In summary, we report:

- [Measles](#) – one imported case reported
- [Rubella](#) – one imported case reported
- [Chikungunya](#) – one imported case reported
- [Arbovirus surveillance update](#) – heavy coastal rains continued, increasing arbovirus risk
- [Summary of notifiable conditions activity in NSW](#)

For further information on communicable diseases in NSW see the [NSW Health Infectious Diseases](#) website. Click on the heading of each section to see a related factsheet. Updated data are provided in the links below each section, where available.

Measles

There was one new case of measles reported this week in NSW (Table 1). The case occurred in an infant under 12 months of age (and so too young for measles vaccination) who had recently returned from travelling in South Asia.

Measles is a serious disease that is easily spread through the air. Immunisation is effective in preventing the disease. MMR vaccine should be given to children at age 12 months and a second dose given at 4 years of age.

All children and adults born during or after 1966 should be vaccinated with two doses of MMR vaccine if not already immune.

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

[back to top](#)

Rubella

There was one new case of rubella (“German measles”) reported this week in NSW (Table 1). The case occurred in a young woman who had recently returned from travelling in South-East Asia. The local Public Health Unit is investigating this case to identify and manage at-risk contacts.

Rubella is caused by infection with a virus. Infection is usually mild, but can cause serious damage to unborn babies. It is spread from an infected person by droplets from the nose or mouth or by direct contact. Rubella is easily spread to people who have not been vaccinated or previously infected.

The time from exposure to onset of illness is usually 14 to 21 days. People with rubella are usually infectious from seven days before the rash occurs until four days later.

MMR vaccine should be given to children at age 12 months and a second dose given at 4 years of age. All children and adults born during or after 1966 should be vaccinated with two doses of MMR vaccine if not already immune.

All women planning pregnancy should check their immunity against rubella.

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

[back to top](#)

Chikungunya

There was one new case of chikungunya virus infection reported this week in NSW (Table 1). The case occurred in a young woman who had recently returned from travelling in South-East Asia.

Chikungunya is a mosquito-borne viral disease first described during an outbreak in southern Tanzania in 1952. The name 'chikungunya' derives from a verb in the Kimakonde language, meaning "to become contorted" and describes the stooped appearance of sufferers with joint pain. The main symptoms are fever, rash and sore joints, and the illness is often confused with dengue fever.

Chikungunya occurs in parts of Africa, South-East Asia, India, Sri Lanka and the Philippines. Chikungunya infections have recently been reported from travellers to Bali, Indonesia. The main mosquitoes involved in chikungunya transmission are *Aedes aegypti* and *Aedes albopictus*, two species which can also transmit other mosquito-borne viruses, including dengue virus.

Travellers should be aware that these mosquitoes can bite throughout daylight hours, although there may be peaks of activity in the early morning and late afternoon. Both species are found biting outdoors, but *Ae. aegypti* is also found indoors.

Travellers to areas affected by chikungunya and other mosquito-borne infections should take action to avoid being bitten by mosquitoes. For advice on avoiding mosquito bites see the NSW Health [Mosquitoes are a Health Hazard](#) factsheet.

While the mosquito vectors for chikungunya (and dengue) are not currently found in NSW, *Ae. aegypti* is found in Northern Queensland and there are past records of it being found in NSW. In Africa several other mosquito vectors have been implicated in chikungunya disease transmission, and there is evidence that some animals, including non-primates, may act as reservoirs.

Follow the link for further information from the [World Health Organization Chikungunya website](#).

[back to top](#)

Arbovirus surveillance update

Notifications for [Barmah Forest Virus](#) and [Ross River Virus](#) infections were within the normal range for this time of year (Table 1). Notifications tend to be highest in March and April. The peak in mosquito numbers for coastal NSW typically occurs at this time of year.

The NSW Arbovirus surveillance and vector monitoring program reports that the heavy rainfall throughout the entire NSW coastal region over the last week has led to increased mosquito diversity, with the appearance of numerous freshwater breeding species. In the past, Ross River Virus outbreaks have occurred under similar circumstances and often with *Aedes vigilax* mosquitoes acting as the main vector. There continues to be a high likelihood that mosquito numbers will continue increasing, which may result in an increased risk of arbovirus infections.

There was moderate rainfall across the inland of NSW and mosquito numbers continued to be low apart from the Riverina.

No arboviral isolates from the mosquitoes or seroconversions in the sentinel chickens were recorded. There have been no arbovirus isolates identified from the mosquito monitoring program and no arbovirus seroconversions in sentinel chickens recorded this season.

Follow the link for further information on [arboviral notifications surveillance data](#).

Follow the link for further information and data from the [NSW Arbovirus surveillance and vector monitoring program](#) (external link).

Follow the link for the NSW Health [Fight the Bite! campaign poster](#).

[back to top](#)

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 25 February to 03 March 2013 (by date received).

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	56	52	317	109	62	654	354
	Giardiasis	72	67	453	408	489	2015	2376
	Hepatitis A	1	11	26	4	13	42	60
	Hepatitis E	1	0	4	1	5	10	21
	Listeriosis	1	0	11	8	5	36	20
	Rotavirus	1	8	86	127	144	1761	1207
	Salmonellosis	82	102	852	707	1223	2944	3572
	Shigellosis	4	3	23	36	32	131	126
	Typhoid	2	1	15	6	17	42	45
	Respiratory Diseases	Influenza	38	31	262	125	282	8040
Legionellosis		1	0	12	31	13	103	101
Tuberculosis		1	7	45	75	94	422	535
Sexually Transmissible Infections	Chlamydia	389	493	3687	4061	3570	21263	20447
	Gonorrhoea	73	109	762	739	436	4114	2817
	LGV	1	1	6	4	11	28	37
Vaccine Preventable Diseases	Adverse Event Following Immunisation	33	20	99	36	17	244	322
	Measles	1	0	1	2	22	172	88
	Meningococcal Disease	2	0	5	5	15	68	71
	Pertussis	40	56	540	1694	2938	5984	13382
	Pneumococcal Disease (Invasive)	5	4	56	42	51	571	529
	Rubella	1	0	1	5	2	11	17
Vector Borne Diseases	Barmah Forest	15	12	89	62	170	344	472
	Chikungunya	1	0	1	0	2	1	11
	Ross River	10	15	93	113	157	598	590

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.

[back to top](#)