

Communicable Diseases Weekly Report

Epi-Week 12 17 March 2014 – 23 March 2014

In summary, we report:

- [Measles](#) – five new cases reported
- [Shigellosis](#) – antibiotic resistance warning in locally-acquired cases
- [Arbovirus surveillance update](#) – warning for the Easter period
- [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

Five notifications of measles were reported this week (Table 1) aged from eight months to 21 years. One case was acquired in the Philippines and one case in Indonesia. The other three cases were acquired in NSW and were epidemiologically linked to previously identified cases.

With continuing local measles activity in NSW it is especially important that everyone checks that they, and their family, are up to date with their vaccinations. Anyone born during or after 1966 should make sure they have had two doses of vaccine (at least four weeks apart). Measles vaccine is available from general practitioners. Extra doses of measles vaccine are safe and do not cause any additional side effects, so anyone who is unsure of their vaccination status should be vaccinated.

Children should receive two doses of vaccine, one at 12 months of age and the second at 18 months. Babies who are travelling before their vaccines are due can be given the first dose as early as nine months of age. Children over 18 months who have not had their second dose of measles vaccine should be vaccinated now.

Even though a safe and cost-effective vaccine is available, measles remains one of the leading causes of death among young children worldwide. In 2012, there were 122,000 measles deaths globally, a 78% drop since 2000 due mainly to increasing reach of vaccination programs in developing countries. In 2012, about 84% of the world's children received one dose of measles vaccine by their first birthday through routine health services, up from 72% in 2000.

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

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

Follow the link for further information on [measles in other countries](#) (external link).

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Shigellosis

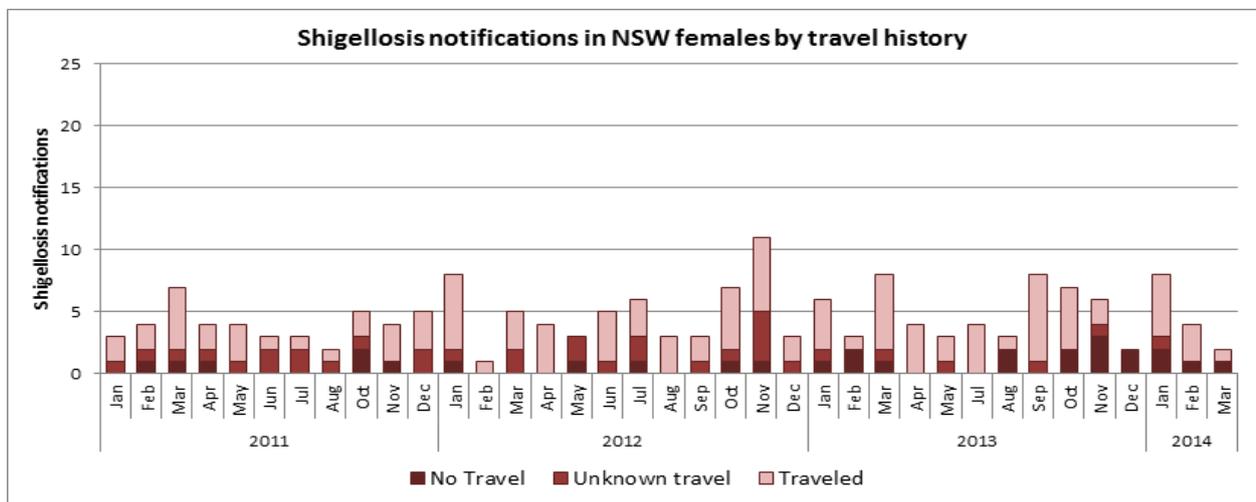
Notifications of shigellosis continue to be reported at levels well above historical averages (Figure 1 (a-b)), with much of the increase attributed to males with no recent travel history suggesting local acquisition (Figure 1 (a)). There have been 93 shigellosis notifications reported in 2014 up to the end of the reporting period, well above the counts for the same period in previous years (Table 1).

Figure 1. NSW *Shigella* notifications by month and travel history, 2011 to 23 March 2014

(a) Males



(b) Females



Many of the recent cases are male residents of Sydney and South Eastern Sydney Local Health Districts. Where their risk exposure is known, the majority of these cases have been in men who have sex with men. Severe illness requiring hospitalisation has recently been reported in cases of shigellosis in people who are HIV positive.

Laboratory testing indicates that many of the locally acquired cases have been due to a specific strain of *shigella* bacteria (*S. sonnei* biotype g) which is resistant to several antibiotics including ciprofloxacin, norfloxacin and trimethoprim/sulfamethoxazole, which are recommended in the Australian [Therapeutic Guidelines](#) as antibiotic choices for *shigella* infections.

NSW Health recently convened an expert panel to review the recent epidemiological and antibiotic resistance findings, and this panel recommended treatment with amoxicillin or ampicillin unless antibiotic sensitivities indicate otherwise or the patient has contraindications.

While shigellosis in healthy people is usually self-limiting, treatment is recommended for all patients as a method of controlling spread of the infection. *Shigella* commonly remains in faeces for four weeks after the acute infection, but appropriate antibiotics reduce the duration of carriage to a few days.

Shigellosis is a diarrhoeal disease caused by *Shigella* bacteria. Symptoms include diarrhoea (often containing blood and mucous), fever, nausea, vomiting and abdominal cramps. The symptoms usually begin around one to three days after exposure.

Shigella infection spreads easily from person to person by the faecal-oral route. Ingestion of only a small number of organisms is sufficient to result in infection. Shigellosis can be prevented by thorough hand washing after any possible exposures to human faecal material, including after toileting, changing nappies and sexual activity. People who have shigellosis should not have sex where there is any contact with the anus, to avoid transmitting *Shigella* bacteria to the mouth.

People with shigellosis should not go to work or school until their diarrhoea has stopped. Children in child care should be excluded until their diarrhoea has ceased for 24 hours. People who are food handlers, or care for patients, children or the elderly should not attend work until 48 hours after their symptoms have resolved.

Follow the links for further information on [shigellosis](#) and [Shigella notifications](#).

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Arbovirus surveillance update

Notifications of local infections with [Barmah Forest virus](#) (BFV)¹, [Ross River virus](#) (RRV) continued at the lower end of the normal range for this time of year (Table 1). Notifications of dengue infections continues to be above average in 2014 (Table 1), and most commonly following travel to Indonesia or Fiji.

The NSW arbovirus surveillance and mosquito monitoring program (NSWAP) has recently detected BFV and/or RRV from mosquitoes trapped from multiple sites in NSW (see the NSWAP link below for more details). While there have been no recent arbovirus seroconversions in the sentinel chickens in NSW, two Kunjin virus seroconversions were detected in February.

The NSWAP reported that mosquito numbers are generally low in inland collection areas with the exception of Griffith and Leeton. Mosquito numbers in coastal areas have risen recently, dominated by freshwater mosquitoes. Mosquito levels have declined in Sydney collection points, except around Sydney Olympic Park.

While the number of reported human cases of mosquito borne infections has been lower than average so far this year, case numbers usually rise in the autumn months. Avoiding mosquito bites will be especially important now and until at least after Easter when many people may be enjoying outdoor activities such as camping or fishing in areas with high mosquito numbers.

Further information:

- [NSW Arbovirus surveillance and vector monitoring program \(NSWAP\)](#) (external link)
- NSW Health [Fight the Bite! campaign posters and media resources](#) and [factsheet](#)
- NSW Health arbovirus [notifications data](#).

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¹ Caution should be used when making historical comparisons of BFV cases due to the high number of suspected false positive notifications between October 2012 and June 2013 related to a commercial serology kit.

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 17 March to 23 March 2014, by date received.*

		This week	Last week	Year to date			Full Year	
				2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	10	11	145	544	184	1132	655
	Giardiasis	70	71	756	679	647	2244	2012
	Hepatitis A	3	2	27	31	10	62	41
	Hepatitis E	2	.	6	6	1	16	10
	Listeriosis	1	.	6	15	11	33	36
	Rotavirus	9	6	87	119	195	508	1758
	Salmonellosis	102	127	1388	1197	1037	3486	2941
	Shigellosis	11	8	93	37	49	136	131
Respiratory Diseases	Influenza	44	49	678	422	217	8401	8038
	Legionellosis	4	4	16	25	42	104	106
	Tuberculosis	4	3	66	105	116	436	470
Sexually Transmissible Infections	Chlamydia	435	418	5573	5522	5844	21074	21261
	Gonorrhoea	79	89	1123	1156	1023	4270	4116
Vaccine Preventable Diseases	Adverse Event Following Immunisation	10	4	63	234	78	508	269
	Measles	5	7	46	3	2	33	174
	Mumps	2	1	31	25	24	87	110
	Pertussis	26	37	461	699	2203	2378	5998
	Pneumococcal Disease (Invasive)	8	2	58	79	61	490	564
Vector Borne Diseases	Barmah Forest	5	5	55	138	99	440	343
	Dengue	11	11	108	58	94	294	285
	Malaria	2	1	24	27	13	93	68
	Ross River	11	13	105	134	189	512	596
Zoonotic	Psittacosis	1	.	2	1	7	8	21
	Q fever	1	1	43	32	37	155	124

* 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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