

Communicable Diseases Weekly Report

Epi-Week 33: 11 August – 17 August 2014

In summary, we report:

- **Measles** – one new overseas acquired case
- **Listeriosis** – one new case
- **Influenza** – continuing very high levels of activity
- **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 case of measles was reported this week in a young adult returning from overseas travel. Measles has been eliminated in NSW and Australia however imported cases continue to occur, particularly in young travellers.

Measles remains endemic in many Asian and Southeast Asian countries popular amongst young travellers. All people born during or after 1966 should ensure they have been fully vaccinated against measles, particularly if travelling overseas.

Travellers returning from areas where measles is endemic (especially those who aren't fully vaccinated) should be aware of the symptoms of measles which include fever, sore red eyes, runny nose, cough and red spotty rash. Travellers with these symptoms should seek medical care. The health service should be telephoned before arrival, so that arrangements can be made to keep the person with suspected measles away from others who could be at risk of infection.

Anyone born during or since 1966 should have documented evidence of two doses of measles vaccine. Young children should be vaccinated against measles at 12 months of age and have a second dose of vaccine at 18 months of age. Babies under one year of age who are traveling overseas should be vaccinated early: measles vaccine can be given from 9 months of age.

Follow the links for more information on [measles](#), measles [notifications](#) and measles [vaccination](#).

Follow the link for more information on [measles in the Western Pacific region](#).

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Listeriosis

One case of *Listeria* infection (listeriosis) was reported this week (Table 1). The case was an elderly person from the Northern Sydney Local Health District who was likely immunosuppressed by her regular medications. There is currently no apparent clustering of *Listeria* notifications in NSW, with the next most recent case becoming sick in June.

Listeriosis is a rare illness caused by eating food contaminated with bacteria called *Listeria monocytogenes*. *Listeria* bacteria are widespread throughout nature, being commonly carried by many species of both domestic and wild animals.

Listeria infection is most commonly linked to the consumption of undercooked meat, unpasteurised milk and milk products, soft cheeses, or raw fruit and vegetables. Babies can be

born with listeriosis if their mothers eat contaminated food during the pregnancy. *Listeria* survives refrigeration but is sensitive to cooking temperatures.

People at higher risk of *Listeria* infection include pregnant women and the foetus, newborns, the elderly and people with weakened immune systems (for example, people on cancer treatment or steroids and people with diabetes, kidney disease, liver disease and HIV infection). It can be a severe illness in these people, and is a recognised cause of still birth or premature delivery of a very unwell baby. People at increased risk of listeriosis should not eat pre-packed cold salads including coleslaw and fresh fruit salad, pre-cut fruit, pre-cooked cold chicken, cold delicatessen meats, pâté, raw seafood, uncooked smoked seafood (for example, smoked salmon), unpasteurised milk or milk products, soft cheeses such as brie, camembert, ricotta, or blue-vein, sprouted seeds and raw mushrooms. Fruit and vegetables eaten raw should be thoroughly washed prior to eating.

Follow the links for further [listeriosis data](#) and the [listeriosis factsheet](#).

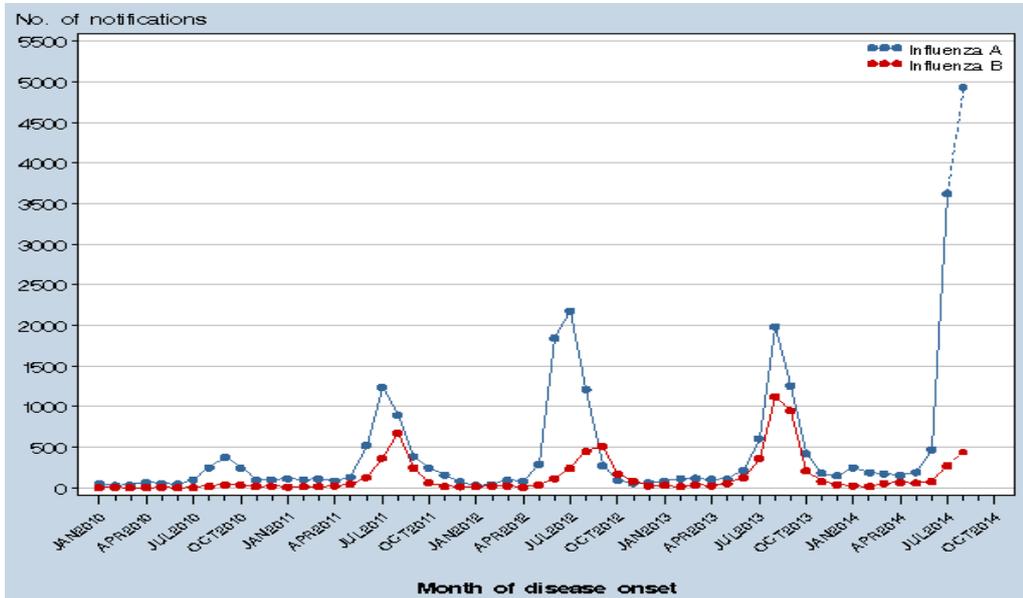
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Influenza

* Please also note that comprehensive [NSW influenza surveillance reports](#) are published by the Communicable Diseases Branch each week.

There were 2137 laboratory-confirmed influenza cases notified this week (Table 1), an increase from 1814 notifications in the previous week. This was the highest weekly total number of notifications for a number of years, and was predominantly due to influenza A strains (Figure 1).

Figure 1: Influenza notifications in NSW residents, by month of disease onset. January 2010 to August 2014.



Another indicator of the very high current level of influenza activity in NSW is the high proportion of respiratory specimens submitted which test positive for influenza. In the most recent [influenza surveillance report](#), the proportion of specimens positive for an influenza virus was found to be 38.9 per cent, the highest proportion recorded by this NSW surveillance system. These were mostly found to be influenza A strains.

Follow the links for further [influenza data](#) and the [influenza factsheet](#).

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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 11 August to 17 August 2014, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	3	3	286	981	524	1132	655
	Giardiasis	45	54	1921	1576	1440	2242	2014
	Hepatitis A	2	1	45	45	24	62	41
	Hepatitis E	1	0	25	13	5	16	10
	Listeriosis	1	0	16	27	22	33	36
	Rotavirus	30	9	295	276	601	508	1760
	Salmonellosis	38	51	2943	2436	1950	3483	2941
	Shigellosis	2	2	139	80	89	136	131
	Typhoid	1	0	30	43	31	58	43
Respiratory Diseases	Influenza	2137	1814	9172	3619	6041	8401	8037
	Legionellosis	1	1	50	66	86	108	108
	Tuberculosis	4	10	260	273	287	440	469
Sexually Transmissible Infections	Chlamydia	349	428	14627	13941	14192	21089	21267
	Gonorrhoea	41	68	2997	2871	2671	4266	4116
Vaccine Preventable Diseases	Adverse Event Following Immunisation	4	5	176	418	206	509	269
	Measles	1	0	63	14	77	33	174
	Mumps	3	3	60	65	91	89	110
	Pertussis	42	49	1206	1525	4329	2378	6000
	Pneumococcal Disease (Invasive)	17	9	306	333	363	489	564
	Rubella	1	0	6	11	9	12	11
Vector Borne Diseases	Barmah Forest	1	3	131	317	228	440	352
	Dengue	5	3	288	209	203	302	288
	Malaria	1	0	67	64	43	93	68
	Ross River	16	13	407	388	473	513	598

* 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](#) (external link).
- 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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