

Communicable Diseases Weekly Report

Epi-Week 34: 18 August – 24 August 2014

In summary, we report:

- [Measles](#) – two new cases
- [Pneumococcal disease](#) – on the increase
- [Malaria](#) – one new case in a returned traveller from Sierra Leone
- [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

This week two unvaccinated siblings of a previously reported case who acquired their infection overseas have been confirmed with measles. The siblings had been advised to stay home since confirmation of the initial case's diagnosis to limit potential spread to others.

Measles is a highly contagious disease which is transmitted via respiratory secretions (from coughing and sneezing) in the air. Symptoms of measles include fever, runny nose, sore red eyes and cough, followed 3-4 days later by a red blotchy rash spreading from the head and neck to the rest of the body.

Travellers returning from areas where measles is endemic (especially those who aren't fully vaccinated) should be aware of the symptoms of measles and seek medical advice if those symptoms develop within three weeks of return. 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.

Measles containing vaccine is free for people born during or after 1966 who have not previously had 2 doses. If you are unsure of your vaccination status, or have not had 2 doses (or measles infection) in the past, consult your GP for more advice.

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

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Pneumococcal disease

Over the last few weeks pneumococcal disease has begun to increase as expected for this time of year. Due to a severe influenza season this year, the number of pneumococcal cases are expected to be higher than previous years particularly in people aged 65 years and over. Pneumococcal pneumonia is often a secondary complication for people who have recently had influenza.

Pneumococcal infection can cause a variety of diseases including: pneumonia, otitis media and meningitis. Symptoms depend on the site of infection and the age of the person however in

persons with pneumonia symptoms include shortness of breath, fever, lack of energy, loss of appetite, headache, chest pain and cough.

Pneumococcal vaccine is recommended and is free for children at 6-8 weeks, 4 months and 6 months of age, for all people aged 65 years and over, and for Aboriginal people with a chronic health condition or over 50 years of age. You should consult with you GP for more advice.

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

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Malaria

One new case of malaria infection was notified in this reporting week (Table 1). This case was in a young adult resident of Murrumbidgee Local Health District who had recently returned from Sierra Leone.

The patient presented to a hospital emergency department in the District with a fever and was immediately assessed using the [NSW Ebola virus disease \(EVD\) patient risk assessment for travellers](#) algorithm. As the patient had no history of contact with an EVD case or other high risk contacts, and had no additional high risk symptoms (marked vomiting, marked diarrhoea, bruising or bleeding), they were managed locally and found to be positive for malaria (*Plasmodium falciparum*) and treated appropriately. The patient was reported to have not fully completed the course of anti-malaria medication that had been recommended.

Malaria is an infection of the liver and red blood cells caused by protozoan parasites. There are five types of *Plasmodium* parasites that cause malaria: *P. ovale*, *P. malariae*, *P. knowlesi*, *P. vivax* and *P. falciparum*. Malaria parasites are spread through the bite of certain mosquitoes. Symptoms of malaria include sudden fever, chills, headache, sweating, nausea, vomiting and pain in joints and muscles. In severe cases symptoms can include seizures, confusion, kidney failure, breathing difficulty and coma. The infection is sometimes fatal. Malaria caused by the *P. falciparum* parasite can be especially dangerous. Malaria symptoms usually develop 9-14 days after being bitten by an infected mosquito. Occasionally symptoms develop weeks or months later. Some types of malaria can re-occur months or years after exposure

Mainland Australia is free of malaria, but malaria is occasionally present in the Torres Strait Islands. Australians can contract malaria while travelling in tropical and subtropical areas of Asia, Africa, Central and South America, the Pacific Islands and parts of the Middle East. Malaria is endemic in most parts of west Africa and it is a much more likely cause of febrile illness than EVD in travellers returning from that region.

Approximately 500 cases of malaria are diagnosed in Australia each year. Almost all cases are in people who have travelled to malaria-affected countries and who did not take anti-malarial medications or who did not take them as directed. Overseas travellers can prevent malaria by avoiding mosquito bites and taking antimalarial drugs that kill the parasite. From four to six weeks before travelling overseas, people should visit their local doctor or a travel health clinic for specific advice about avoiding malaria based on their itinerary and medical history.

For further information on malaria, including practical measures to avoid being bitten by mosquitoes while travelling, see the [Malaria factsheet](#). Follow the link for more [malaria notifications data](#) and for more information on the current [EVD outbreak in west Africa](#).

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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 18 August to 24 August 2014, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	2	3	288	985	534	1132	655
	Giardiasis	50	47	1973	1606	1472	2242	2014
	Rotavirus	24	31	325	286	686	508	1760
	Salmonellosis	41	40	2990	2486	1988	3483	2941
	Shigellosis	5	1	143	82	92	136	131
Respiratory Diseases	Influenza	2656	2302	12041	4394	6379	8401	8037
	Legionellosis	2	1	51	70	87	108	108
	Tuberculosis	6	9	276	282	296	440	469
Sexually Transmissible Infections	Chlamydia	402	393	15100	14326	14592	21089	21267
	Gonorrhoea	62	58	3078	2938	2753	4266	4116
	LGV	1	0	10	24	9	28	28
Vaccine Preventable Diseases	Adverse Event Following Immunisation	2	4	180	423	206	509	269
	Measles	2	1	65	15	81	33	174
	Pertussis	53	45	1279	1566	4428	2378	6000
	Pneumococcal Disease (Invasive)	16	17	317	345	387	489	564
Vector Borne Diseases	Dengue	1	5	292	215	214	303	288
	Malaria	1	1	67	66	46	93	68
	Ross River	14	16	418	392	478	513	598
Zoonotic	Brucellosis	1	0	3	0	4	4	5
	Leptospirosis	1	0	9	9	21	11	23
	Q fever	3	0	109	108	88	163	131

* 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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