

Communicable Diseases Weekly Report

Epi-Week 10 03 March 2014 – 09 March 2014

In summary, we report:

- **Measles** – ten new cases, nine locally acquired
- **Salmonellosis** – outbreak linked to Vietnamese style rolls from a bakery
- **Shigellosis** – 61 cases year to date in 2014
- **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.

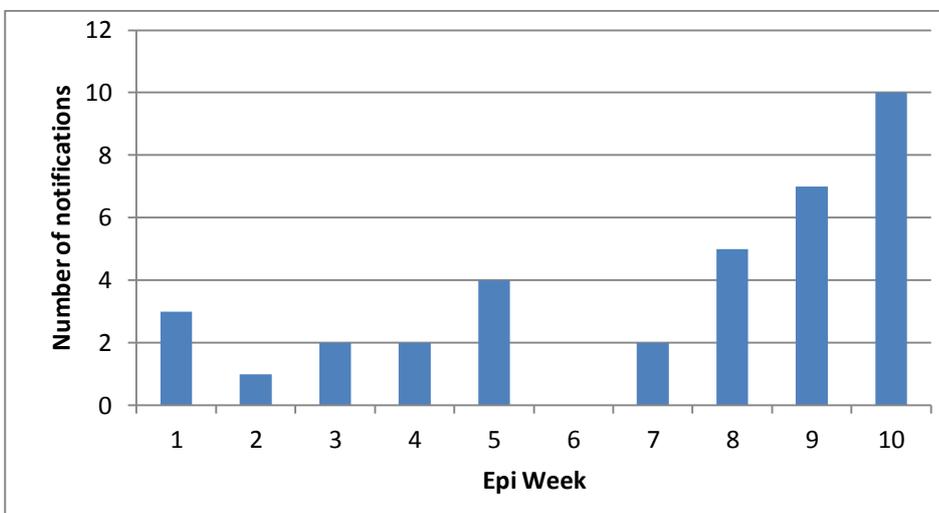
For links to other surveillance reports, including influenza reports, see the [NSW Health Infectious Diseases Reports](#) webpage.

Measles

Ten notifications of measles were reported this week (Table 1) aged nine months to 30 years. One case was acquired in the Philippines; the others were acquired in NSW.

There was one case in South Western Sydney Local Health District (LHD) with unknown source. The other eight locally acquired cases had epidemiological links to known cases. Three cases had attended the ‘Ground Sounds’ music festival in Gosford; an earlier case had attended this festival while infectious with two other secondary cases being reported last week (total of five secondary cases in people who attended the festival). Two cases were household contacts of a previous case in Far West and Western NSW LHD who had acquired measles in the Northern Territory. Three cases were linked to the outbreak at an independent school in western Sydney; one was a student who had been excluded as he was unvaccinated and two were relatives of one of the previous cases. This makes a total of five cases in the school outbreak, with two students notified with measles last week. The index case at the school has not been identified.

Figure 1. Number of notifications of measles in NSW in 2014 by epidemiological week received.



This year, there have been 36 notifications of measles to 9 March 2014 (Figure 1). Multiple cases have been imported from the Philippines and Vietnam. A single case has been imported from each of Bali, Hong Kong/Singapore, South Australia and the Northern Territory.

With measles now spreading in several places 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).

[Back to top](#)

Salmonellosis

A *Salmonella* outbreak was detected through routine *Salmonella* surveillance that looks for clusters of specific molecular types of *Salmonella*. There were 22 confirmed *Salmonella* cases and four clinical cases in the outbreak who all reported eating Vietnamese style rolls from a bakery in southern Sydney. Raw egg mayonnaise was the common ingredient in the rolls.

A total of 169 cases of *Salmonella* infection were notified in this reporting week (Table 1) and 126 in the previous week. Salmonellosis is more common in summer than during colder periods and in general is more common in warmer climates.

Salmonellosis is a form of gastroenteritis caused by *Salmonella* bacteria, which are commonly found in animals. Symptoms of salmonellosis include fever, headache, diarrhoea, abdominal pain, nausea, and vomiting. Symptoms usually start around six to 72 hours after ingestion of the organism. Symptoms typically last for four to seven days, but can continue for much longer. Occasionally hospitalisation is required for management of dehydration, particularly in young babies, elderly people and those with weakened immune systems.

Raw and undercooked eggs are a frequent cause of salmonellosis in Australia and should not be eaten. Eggs should be cooked until the white is completely firm and the yolk begins to thicken. Any cracked or dirty eggs should be discarded. People are often not aware that sauces such as mayonnaise, aioli and tartar contain raw eggs.

Minced meat, sausages, hamburgers and chicken should be cooked until the juices run clear and there are no pink areas inside. Steaks only need to be seared on the outside and can be rare inside. To prevent cross contamination of food hands and equipment that have been in contact with raw animal products should be washed with hot soapy water immediately after use and not be allowed to come into contact with raw and ready-to-eat foods. Poor food storage can allow *Salmonella* to grow. Leftover foods should be placed in the fridge as soon as possible.

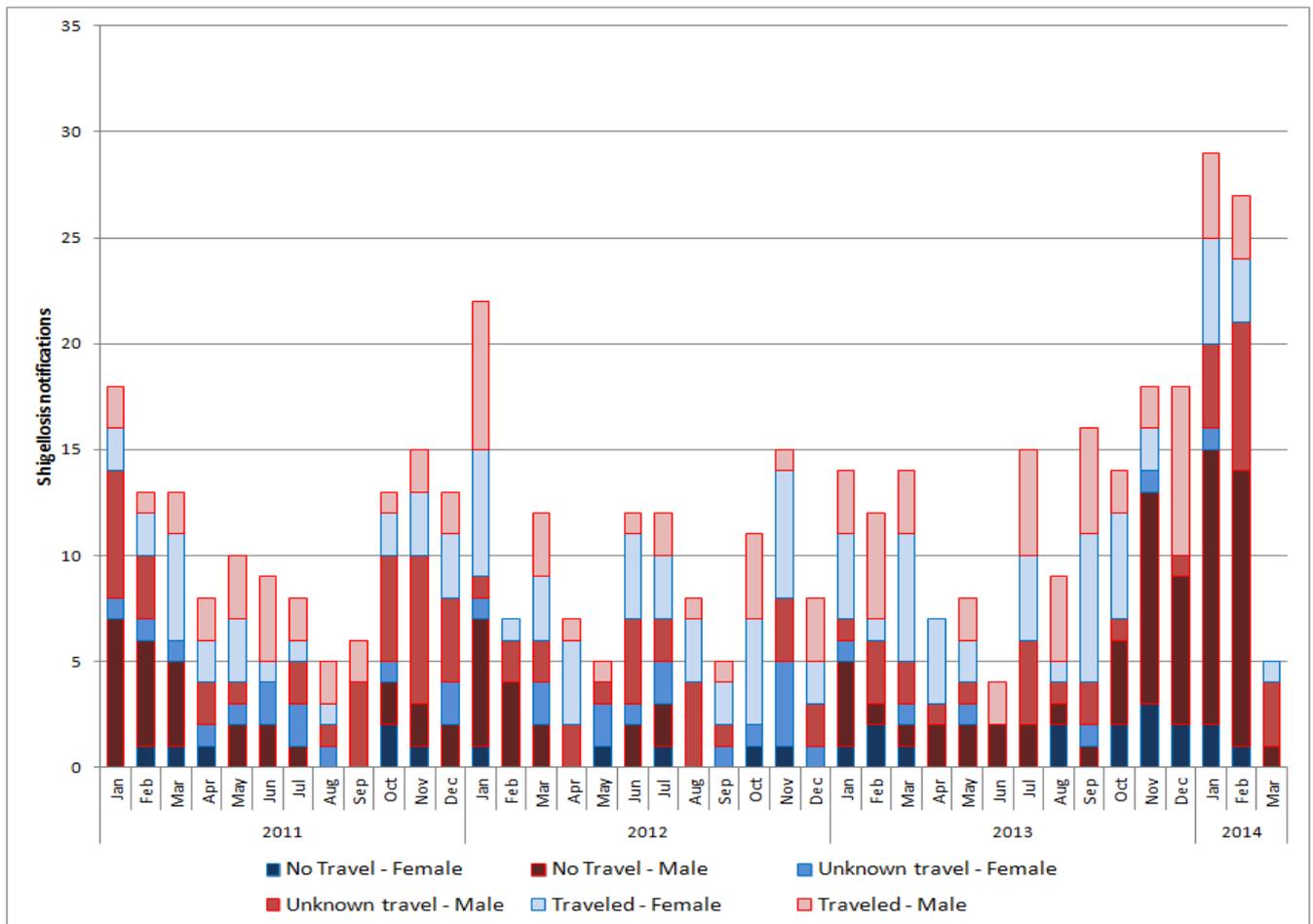
Follow the links for further information on [salmonellosis](#) and [Salmonella notifications](#).

[Back to top](#)

Shigellosis

Sixty-one notifications of shigellosis were received in NSW from 01 January 2014 to 13 March 2014 (Figure 2). The number of notifications in January and February 2014 are the highest ever reported per month.

Figure 2. *Shigella* notifications in NSW by month, January 2011 to 13 March 2014



Usually around half of shigellosis notifications in NSW are acquired overseas following ingestion of contaminated food or water. Figure 2 shows that the increase in 2014 is predominantly in males who have not traveled overseas during their exposure period and in males whose travel history is unknown. The figure also indicates that this increase began in November 2013.

Many of these men reside in Sydney LHD and South Eastern Sydney LHD. Where their risk exposure is known, the majority are men who have sex with men. Shigellosis is known to be transmitted by anal sex, particularly oro-anal sex.

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* to the mouth.

The illness usually resolves spontaneously without the need for antibiotic treatment and usually lasts four to seven days, but sometimes longer. Severe cases require antibiotics. However, as people with shigellosis can have the bacteria in their faeces and so remain infectious for some weeks after their symptoms have resolved, antibiotics are recommended for all cases as a public health measure to reduce spread of the infection. Treatment with appropriate antibiotics generally reduces the time a person is infectious to a few days.

Antimicrobial resistance is common in *Shigella* bacteria. Clinicians are advised to ensure antibiotic sensitivity testing is done on *Shigella* positive faecal specimens, and antibiotic therapy adjusted as required when the sensitivity results are available.

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](#).

[Back to top](#)

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 03 March to 09 March 2014, by date received.*

		This week	Last week	Year to date			Full Year	
				2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	14	5	125	441	142	1132	655
	Giardiasis	90	71	608	591	533	2244	2012
	Hepatitis A	3	3	23	29	9	62	41
	Rotavirus	9	6	70	106	164	508	1758
	Salmonellosis	169	126	1167	1054	870	3486	2941
	Shigellosis	7	5	75	33	41	136	131
	Typhoid	1	1	13	18	12	58	43
Respiratory Diseases	Influenza	48	60	574	356	166	8401	8038
	Tuberculosis	4	4	56	88	94	438	470
Sexually Transmissible Infections	Chlamydia	505	498	4684	4753	4972	21073	21260
	Gonorrhoea	93	94	959	998	885	4270	4116
Vaccine Preventable Diseases	Adverse Event Following Immunisation	9	5	46	176	54	508	269
	Measles	10	7	36	3	2	33	174
	Mumps	5	5	26	20	21	87	110
	Pertussis	41	38	407	633	1961	2379	5998
	Pneumococcal Disease (Invasive)	7	6	44	69	48	491	564
Vector Borne Diseases	Barmah Forest	2	7	45	114	81	441	343
	Dengue	6	6	74	52	76	293	285
	Malaria	4	2	21	22	12	93	68
	Ross River	11	8	79	118	145	512	596
Zoonotic	Q fever	1	2	38	29	32	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.

[Back to top](#)