

Communicable Diseases Weekly Report

Epi-Week 4 20 January 2014 – 26 January 2014

In summary, we report:

- [Sue Campbell-Lloyd honoured](#) – appointed a Member (AM) of the Order of Australia
- [Measles](#) – two new imported cases reported
- [H7N9 Avian Influenza in China](#) – update
- [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.

Sue Campbell-Lloyd honoured with AM

We are delighted that Sue Campbell-Lloyd has been honoured in 2014 by being appointed a Member (AM) in the General Division of the Order of Australia for significant service to public health through the promotion of immunisation programs. A few of Sue's many achievements in her long and illustrious career are listed below.

Manager, Immunisation, New South Wales Ministry of Health, since 1999.

- Introduced a range of immunisation programs in NSW including the National H1N1 Swine Flu program, the Q Fever Management program, the National Human Papilloma Virus program for all female high school students in NSW, 2007-2008; the National Pneumococcal program for Indigenous children, and the National Meningococcal C Vaccination program for all primary and high schoolchildren in NSW.
- Assisted with increasing the vaccination coverage rate of all NSW children less than 15 months of age from 58% to 92%.
- Drafted and implemented new health care worker screening and vaccination policy in NSW.

National Coordinator, all-of-primary school immunisation program, Young Adult Measles/Mumps/Rubella Control Campaign, 1997-1998.

National Immunisation Committee Representative, Australian Technical Advisory Group on Immunisation, until ca2012.

- Member, National Immunisation Committee.
- Member, Jurisdictional Immunisation Committee.
- Member, Advisory Board, National Centre for Immunisation Research and Surveillance.

Board Member and State Council Member, St John Ambulance Australia (NSW), since 2006; former Chair, Community Care Committee, 2005-2011.

- Introduced a program for St John volunteers to assist in the NSW schools-based vaccination program, 2006.

Congratulations Sue!

See the full citation at the following [external link](#).

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Measles

Two new imported measles cases were notified in this reporting week bringing the total to six to date in 2014 (Table 1). All measles cases in the past month have been associated with overseas travel, including seven cases from the Philippines. Cases from the Philippines have also been reported in Western Australia, Victoria, the Northern Territory, Queensland and New Zealand.

Measles is highly infectious and is spread easily through the air. Symptoms can include fever, tiredness, runny nose, cough and sore red eyes which usually last for several days before a red, blotchy rash appears. Complications can range from an ear infection and pneumonia to swelling of the brain.

NSW Health urges everyone planning international travel to ensure they are up to date with their vaccinations, especially measles, prior to their departure

Children should receive two doses of vaccine, one at 12 months and the second at 18 months. Babies who are travelling before their vaccines are due can be given the first dose as **early as 9 months of age**. Children over 18 months who have not had their second dose of measles vaccine can be vaccinated now.

Anyone born during or after 1966 should have two doses of vaccine (at least 4 weeks apart).

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 NSW Health [media release](#)

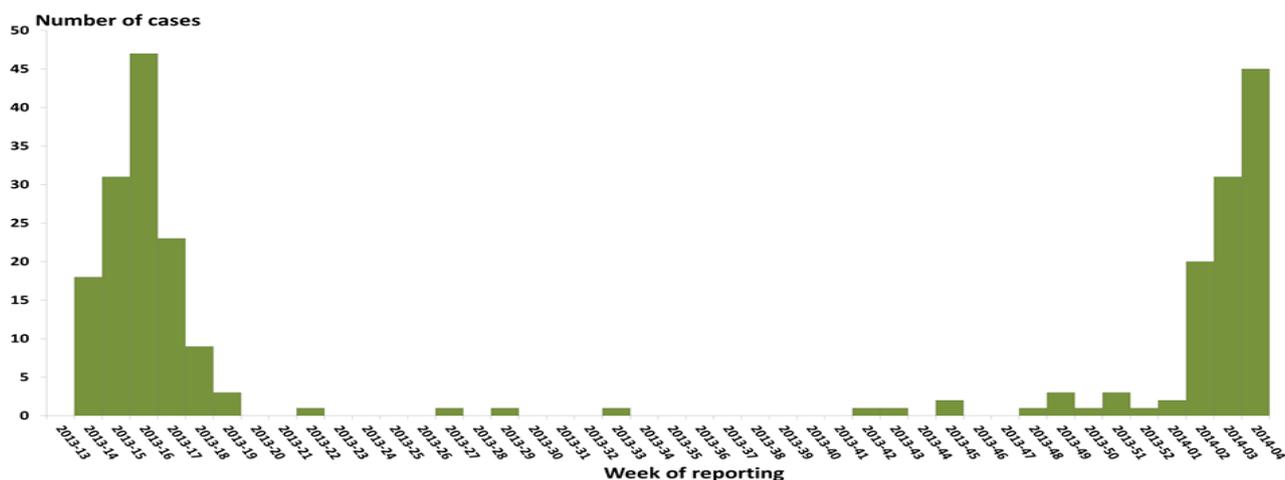
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H7N9 Avian Influenza in China Update

On 21 January 2014, the World Health Organization (WHO) issued a revised risk assessment for human infections with avian influenza A(H7N9) virus (see [external link](#)). This follows the second wave of infections in China which began in October 2013 but which has recently escalated (see Figure 1).

As of 27 January 2014, 251 laboratory-confirmed H7N9 cases, including 56 deaths (22.3%), have been reported from twelve provinces in China and two municipalities (Beijing and Shanghai). Taiwan reported two cases imported from Jiangsu, and Hong Kong reported three cases imported from Guangdong. In the last few weeks there has been a notable increase in the number of cases, which may indicate an enlargement of the reservoir, an increase in the number of exposed individuals, changed testing patterns, a seasonal transmission pattern, or a combination of these factors. There have also been reports of three seasonal influenza strains circulating widely.

Figure 1. Cases of human infection with avian influenza A(H7N9) virus by week of onset, to 27 January 2014 [source: ECDC]



WHO advises that although milder cases have been reported, the clinical presentation of H7N9 virus infection cases remains primarily rapidly progressing severe pneumonia. Atypical clinical presentations for influenza have not been reported. Human infection continues to be associated with exposure to live poultry or contaminated environments, including markets where live poultry are sold.

Current evidence suggests that the H7N9 virus has not acquired the ability to transmit easily among humans. However, given the detection of several less severe cases through influenza-like illness (ILI) surveillance along with the continued reporting of severe cases, continued vigilance is warranted. There also remains a risk of recombination with one of the two seasonal influenza A strains currently circulating in China.

With a large increase in Australians travelling to China expected during the Chinese lunar New Year celebrations, there is an increased risk of travellers returning from China with A(H7N9) infections (and seasonal influenza strains). Clinicians should be vigilant for possible new cases with an appropriate travel history and refer to current advice on managing and testing possible cases.

Follow the links for further advice from [NSW Health](#), the [Australian Department of Health](#) and [WHO](#).

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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 20 January to 26 January 2014, by date received. *

		This week	Last week	Year to date			Full Year	
				2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	15	16	58	119	39	1132	655
	Giardiasis	43	44	151	216	207	2245	2013
	Haemolytic Uremic Syndrome	1	0	2	3	0	9	8
	Hepatitis A	2	1	4	6	0	62	41
	Rotavirus	9	12	28	71	61	508	1761
	STEC/VTEC	7	0	10	3	4	24	14
	Salmonellosis	101	134	393	460	392	3485	2941
	Shigellosis	4	8	30	12	26	136	131
	Typhoid	1	2	4	9	2	58	43
Respiratory Diseases	Influenza	54	71	218	148	67	8401	8040
	Legionellosis	1	2	3	7	18	102	106
	Tuberculosis	4	5	23	36	39	411	445
Sexually Transmissible Infections	Chlamydia	428	503	1612	1976	2075	21064	21261
	Gonorrhoea	74	137	340	427	396	4269	4115
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	4	13	8	12	503	264
	Measles	2	2	6	2	2	33	174
	Pertussis	21	45	127	329	1009	2374	5997
	Pneumococcal Disease (Invasive)	6	1	16	37	31	492	564
Vector Borne Diseases	Barmah Forest	6	6	20	44	24	440	344
	Dengue	7	4	16	32	32	285	285
	Malaria	4	0	5	11	6	92	68
	Ross River	4	12	27	53	46	512	597
Zoonotic	Q fever	5	5	16	15	12	149	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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