

# Communicable Diseases Weekly Report

## Week 49, 30 November to 06 December 2015

In summary, we report:

- [Australian bat lyssavirus](#) – bat exposure risk
- [Measles](#) – exposures in western Sydney
- [Parechovirus](#) – update on activity
- [Summary of notifiable conditions activity in NSW](#)

For further information on infectious diseases on-line see [NSW Health Infectious Diseases](#). Also see [NSW Health Infectious Diseases Reports](#) for links to other surveillance reports.

### Australian bat lyssavirus

Biosecurity NSW (Department of Primary Industries) has reported one adult and three juvenile grey-headed flying foxes rescued from a Central Coast flying fox roost on 9 November 2015 have tested positive for Australian bat lyssavirus this week. This brings the total of ABLV positive bats in NSW so far in 2015 to seven.

The three juvenile grey-headed flying foxes and an adult grey-headed flying fox were found amongst numerous dead flying foxes under a roost on the Central Coast on 9 November 2015. The adult, which was showing neurological signs that were assumed to be related to a head injury, died the next day. The three juveniles were estimated to be 3 to 4 weeks old and ate well and grew until around 23 November when they began showing nervous system signs. One died and one was euthanised on 26 November and the other died on 27 November. All four bats were cared for by wildlife workers.

While in care unvaccinated people were allowed to interact with the juvenile bats, some of these being children. Public health units assessed over 100 people who may have had contact with one of the infected bats. Twenty two people, some with significant exposures, have been provided post exposure prophylaxis.

All bats and flying foxes, no matter what their age, should be assumed to be infectious, regardless of whether the animal looks sick or not. People should avoid all contact with adult bats and bat pups as there is always the possibility of being scratched or bitten. If bats must be handled then appropriate personal protective equipment (PPE) should be worn and the bat handler must be vaccinated. PEP includes puncture-resistant gloves and gauntlets, long sleeved clothing, safety eyewear or face shield to prevent mucous exposures, and a towel to hold the bat. Use a garden fork, spade or other implements to handle dead bats.

Lyssaviruses are a group of viruses that includes ABLV and rabies. ABLV is found in all species of bats in Australia, from the small insectivorous microbats to the larger flying fox species. Rabies virus is carried by a range of mammals in many overseas countries. Lyssaviruses are spread by bites and scratches from infected animals. Almost all human cases are fatal once symptoms commence.

Anyone who comes across an injured bat is advised to contact the local Wildlife Information Rescue and Education Service (WIRES) network on 1300 094 737. WIRES have trained staff equipped with appropriate personal protective equipment who can deal with bats safely. A veterinarian may also be able to offer assistance and advice.

NSW Health issued a [media release](#) in October to warn the community of the dangers associated with handling injured or trapped bats. Central Coast Public Health Unit also issued a [media release](#) in December relating to the positive bat exposures.

For more information follow the link to the Rabies / ABLV factsheet.

## Measles

There was one reported case of measles in an adult from Western Sydney Local Health District which was acquired in Singapore. There was no documented evidence that the case had received measles vaccine in the past. While infectious, but before the diagnosis of measles was made, the case spent time at two medical centres and Blacktown emergency department. This case brings the total number of notifications in 2015 to eight, well below the 68 notifications recorded in 2014.

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 still circulates (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 doctor or emergency department 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 (MMR) is free for people in NSW 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, particularly prior to overseas travel.

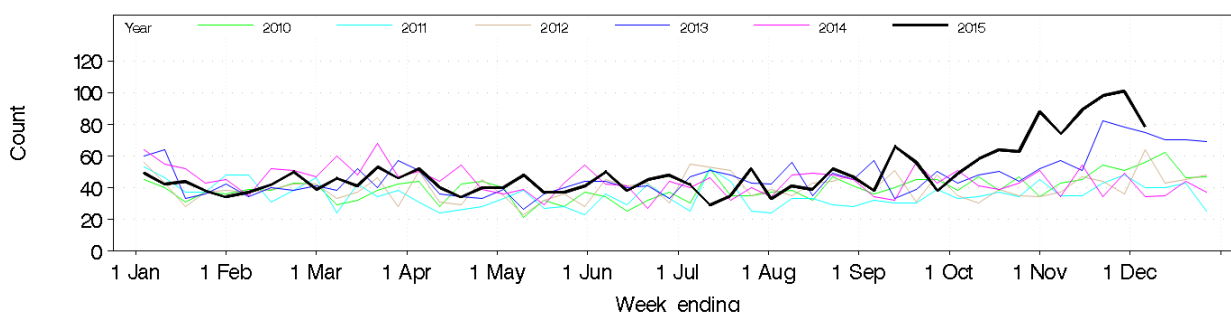
If a person is exposed to a case of measles and has not been fully immunised, a dose of MMR vaccine will protect against the disease developing if it is given within 3 days of exposure to the virus. Normal human immunoglobulin (NHIG) is an injection containing antibodies to measles and can also protect against developing the disease if given within 6 days of exposure to the virus. Individuals exposed to this latest case were contacted with information, and administered MMR or NHIG as indicated.

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

## Parechovirus

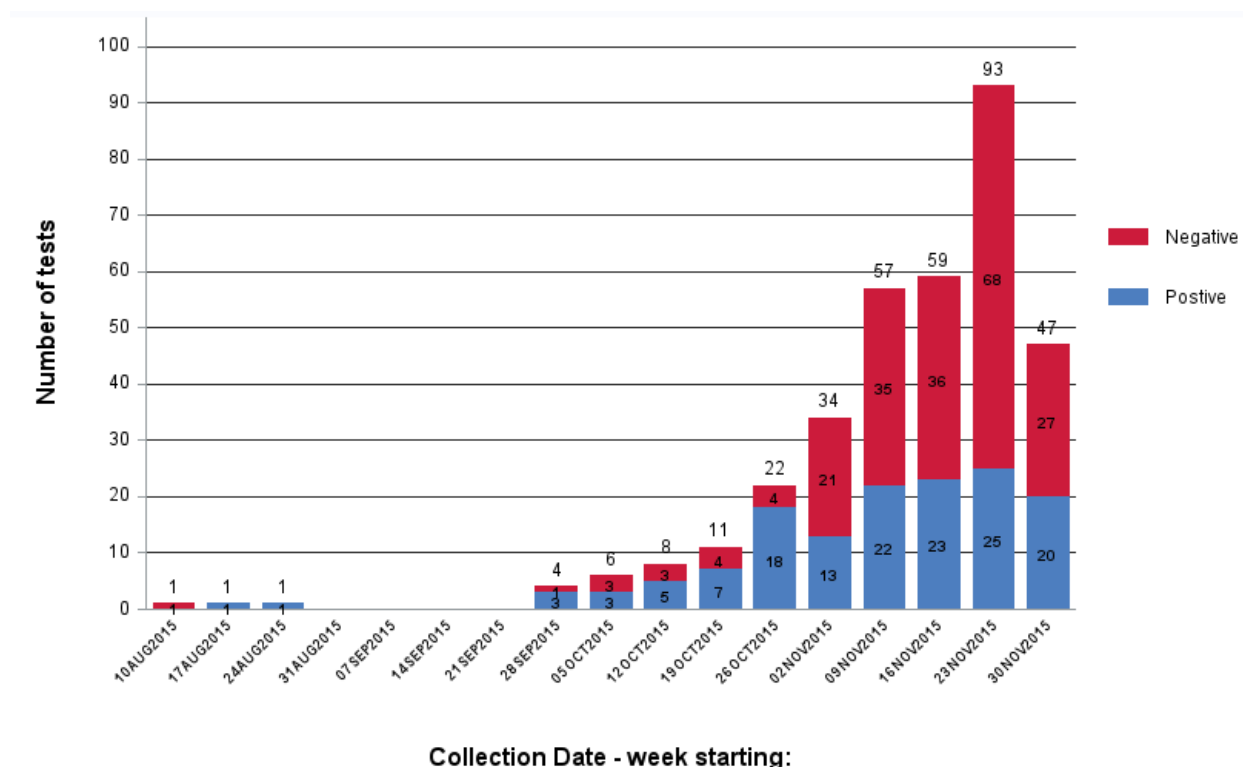
Human parechovirus (HPeV) infection has been identified as the main reason for a rise in emergency department (ED) admissions for fever or unspecified infection in children less than one year of age since October 2015. The most recent ED surveillance has shown a decrease in such admissions for the last week (Figure 1).

**Figure 1. Total weekly counts of Emergency Department presentations for fever or unspecified infection that were admitted, for 2015 (black line), compared with each of the 5 previous years (coloured lines), children aged under 1 year, for 59 NSW hospitals. 2015 data covers period up to the week ending 6th December.**



The latest laboratory testing data from the two NSW testing laboratories – Serology & Virology Division, South Eastern Area Laboratory Services (SAViD SEALS) and the Children's Hospital Westmead (CHW) (Figure 2) – shows that the number of tests performed for parechovirus, and the number of positive results, has decreased this reporting week. Although still too early to tell, these indicators may be signalling a decline in parechovirus infections in the community.

**Figure 2. Number of people tested for parechovirus, and number with positive test results, NSW laboratories, 10 August – 6 November 2015.**



Parechoviruses are a group of viruses which are part of the same virus family as enteroviruses. These viruses usually cause no symptoms but when illness occurs it is most commonly a mild diarrhoeal illness or respiratory infection. Infection with some strains can rarely lead to more severe blood infection (sepsis) and neurological infection (meningitis or encephalitis), particularly among young children.

Children under 3 months of age are most likely to develop severe disease – and babies can become unwell very quickly – but most recover after a few days with supportive treatment.

Parechovirus is usually spread from person to person through contact with respiratory droplets, saliva, or faeces from an infected person. Good hygiene is therefore the best protection: hands should be washed with soap and water after going to the toilet, before eating, after wiping noses, and after changing nappies or soiled clothing. The mouth and nose should be covered when coughing and sneezing and tissues disposed of straight away.

People who are unwell with colds, flu-like illness or gastro illness should stay away from small babies. If you are caring for a small baby and are unwell, wash your hands or use an alcohol-based hand rub before touching or feeding the baby. For further information see [Human parechovirus factsheet](#).

## 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 30 Nov to 6 December 2015, by date received \***

		Weekly		Year to date			Full Year	
		This week	Last week	2015	2014	2013	2014	2013
Enteric Diseases	Cryptosporidiosis	37	41	936	406	1108	429	1132
	Giardiasis	70	71	3231	2841	2188	2942	2242
	Hepatitis A	1	1	69	76	61	80	62
	Hepatitis E	2	0	18	38	16	38	16
	Rotavirus	22	27	970	684	498	714	508
	STEC/VTEC	1	1	24	31	24	31	24
	Salmonellosis	74	63	3809	4131	3365	4302	3483
	Shigellosis	1	4	156	205	134	212	136
	Typhoid	1	0	40	42	55	44	58
Respiratory Diseases	Influenza	36	63	30180	20797	8327	20888	8403
	Tuberculosis	2	5	391	461	425	474	443
Sexually Transmissible Infections	Chlamydia	427	440	21363	22206	20443	22901	21087
	Gonorrhoea	117	93	5092	4742	4165	4877	4266
Vaccine Preventable Diseases	Adverse Event Following Immunisation	1	3	177	252	500	256	509
	Measles	1	0	8	67	33	68	33
	Meningococcal Disease	1	2	45	36	48	37	48
	Mumps	2	1	56	80	86	82	89
	Pertussis	502	503	10972	2802	2294	3051	2379
	Pneumococcal Disease (Invasive)	9	2	476	496	478	511	490
Vector Borne Diseases	Barmah Forest	1	3	185	160	424	163	438
	Dengue	5	8	308	373	293	378	303
	Ross River	13	19	1681	631	505	676	513
Zoonotic	Q fever	4	4	237	184	160	190	163

### \* 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.