

Communicable Diseases Weekly Report

Week 50, 7 to 13 December 2015

In summary, we report:

- [Measles](#) – a second case in 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.

Measles

There was one reported case of measles this week in an infant too young to be vaccinated (Table 1). The infant is from Sydney Local Health District and while infectious spent time in Glebe and Balmain. The local public health unit has undertaken contact tracing to identify individuals exposed to this case to alert them and to offer MMR vaccine or normal human immunoglobulin (NHIG) as indicated to prevent further cases.

It is not known where the infant acquired the disease; there is no evidence of exposure to the recently identified measles case in western Sydney referred to in last week's report. It is possible that more cases will occur related to this case or the unknown source case. A [media release](#) has been issued and alerts have also been sent to [NSW GPs](#) and [NSW emergency departments](#) to inform them of the risk and ensure that appropriate procedures are in place to prevent further transmission.

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.

If someone suspects that they or a family member has the symptoms of measles, they are recommended to call ahead to their local doctor or emergency department so they can make arrangements to isolate the person on arrival to keep the person with suspected measles away from others who could be at risk of infection.

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

If a person is exposed to a case of measles and has not been fully immunised, a dose of MMR vaccine may prevent the disease developing if it is given within 3 days of exposure to the virus. 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.

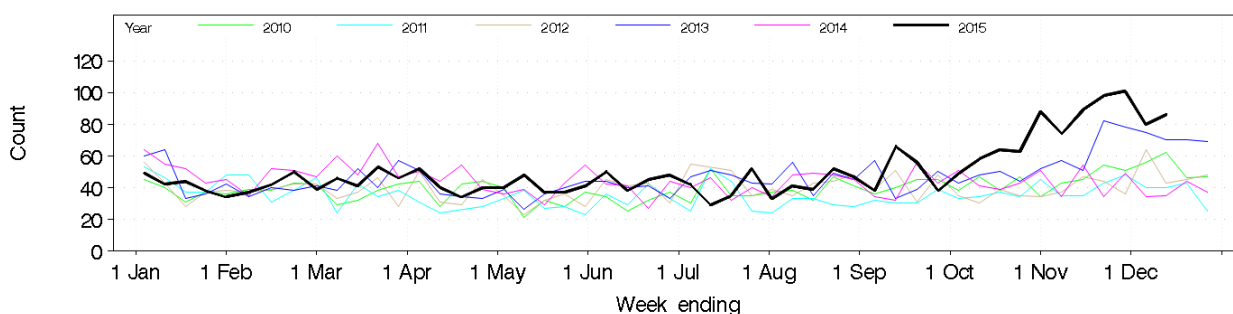
It is important for everyone to make sure they are fully vaccinated – to protect themselves and others. Two doses of measles containing vaccine (MMR) are required for the most effective protection. MMR is free for people in NSW born during or after 1966 who have not previously had 2 doses. If you are 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.

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

Parechovirus

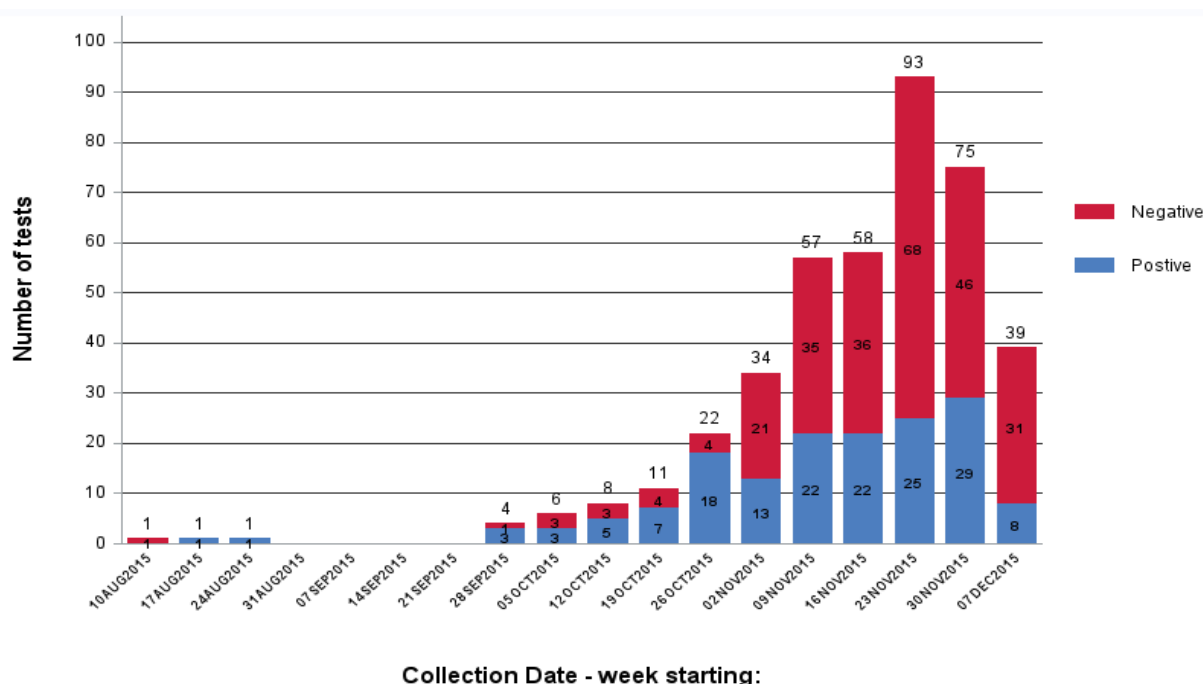
This week has seen a small rise in emergency department (ED) admissions for fever or unspecified infection in children less than one year, maintaining the overall increase since October 2015 which has been largely driven by human parechovirus (HPEV) (Figure 1).

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 13th December.



Data from the two NSW laboratories testing for HPEV (Serology & Virology Division, South Eastern Area Laboratory Services and the Children’s Hospital Westmead) show a notable decrease in positive tests this reporting week (Figure 2), suggesting that HPEV levels in the community have stabilised, and may be on the decrease.

Figure 2. Number of people tested for parechovirus, and number with positive test results, NSW laboratories, 10 August – 13 December 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](#).

For further information see the [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 7 to 13 December 2015, by date received *

		Weekly		Year to date			Full Year	
		This week	Last week	2015	2014	2013	2014	2013
Enteric Diseases	Cryptosporidiosis	48	37	971	425	1124	429	1132
	Giardiasis	67	70	3286	2907	2227	2942	2242
	Hepatitis E	2	2	19	38	16	38	16
	Rotavirus	21	22	991	703	507	714	508
	Salmonellosis	85	76	3873	4245	3432	4302	3483
	Shigellosis	3	1	161	212	135	212	136
Respiratory Diseases	Influenza	39	36	30229	20853	8386	20888	8403
	Tuberculosis	4	2	397	471	439	474	443
Sexually Transmissible Infections	Chlamydia	415	428	21806	22662	20897	22901	21087
	Gonorrhoea	62	117	5166	4812	4229	4877	4266
	LGV	1	0	19	14	29	14	29
Vaccine Preventable Diseases	Adverse Event Following Immunisation	2	1	180	253	508	256	509
	Measles	1	1	9	68	33	68	33
	Mumps	2	2	58	82	88	82	89
	Pertussis	474	502	11409	2943	2345	3051	2379
	Pneumococcal Disease (Invasive)	8	9	484	505	488	511	490
Vector Borne Diseases	Dengue	7	5	312	376	298	378	303
	Malaria	1	0	45	86	93	87	93
	Ross River	15	13	1669	663	510	676	513
Zoonotic	Psittacosis	1	0	3	13	8	13	8
	Q fever	1	5	241	186	161	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.