

# Communicable Diseases Weekly Report

## Week 2, 11 to 17 January 2016

In summary, we report:

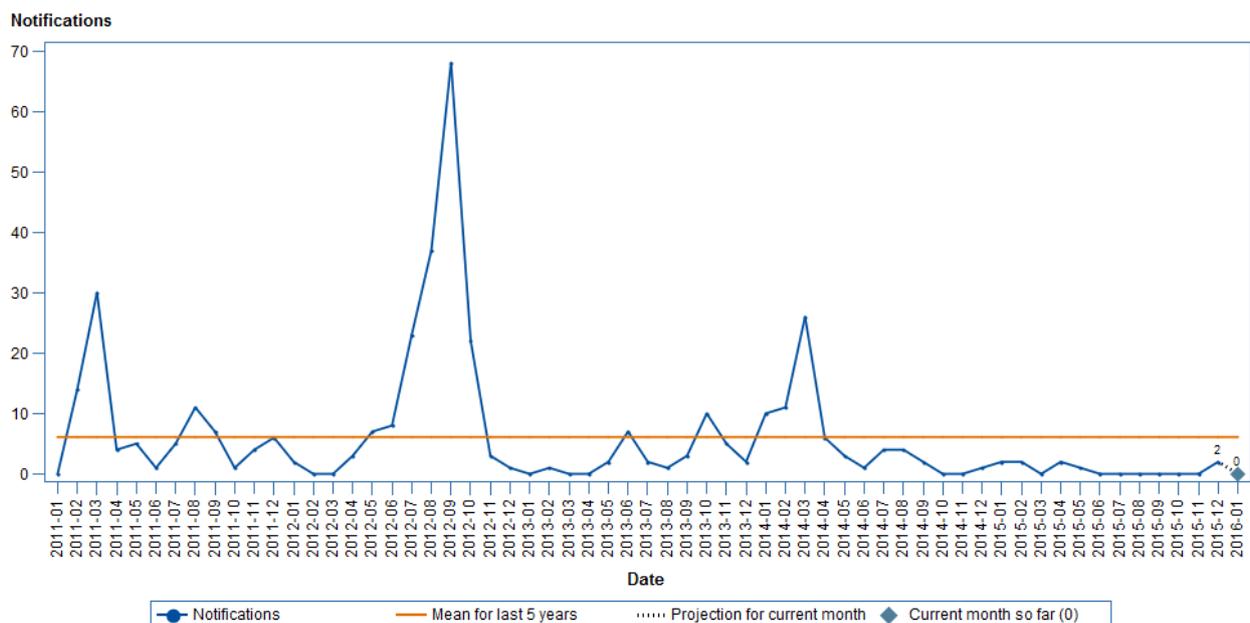
- [Measles](#) – low number of cases in 2015
- [Salmonella Saintpaul](#) – increase in notifications
- [Summary of notifiable conditions activity in NSW](#)

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 have been no cases of measles notified this year (Figure 1). This follows a substantial decrease in notifications in 2015 with only nine cases reported compared to 68 cases in 2014. Chains of transmission were short in 2015 with most cases not resulting in onward transmission, representing effective public health action and high vaccination rates in the community.

**Figure 1: Measles notifications in NSW residents by month of disease onset, 2011 to January 2016.**



Although measles is highly contagious it is effectively prevented through vaccination, with two doses of a measles containing vaccine (MMR) offering 99% protection against infection. Vaccination not only benefits those who receive it but also protects others, such as those too young or unable to be vaccinated.

Due to the highly contagious nature of the measles virus high vaccine coverage is needed to achieve herd immunity and maintain measles elimination in Australia. As such it is important for everyone to make sure they are fully vaccinated. MMR is free for people in NSW born during or after 1966 who have not previously had 2 doses. Measles vaccine is now routinely offered to all children at 12 and 18 months of age through the National Immunisation Program. In the most recent quarter (ending December 2015), over 93% of NSW children had received two doses of measles vaccine by their 5<sup>th</sup> birthday.

If you are unsure of your vaccination status, or have not had 2 vaccine doses in the past (or had a confirmed measles infection), consult your GP for more advice. This is particularly important prior to overseas travel as the risk of being exposed to a case of measles is greater when travelling.

The measles virus is transmitted via respiratory secretions in the air following coughing and sneezing. 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.

It is important that if someone suspects that they or a family member has the symptoms of measles, they 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. This is particularly important for travellers returning from areas where measles still circulates (especially those who aren't fully vaccinated) who should seek medical advice if they develop the symptoms of measles within three weeks of return.

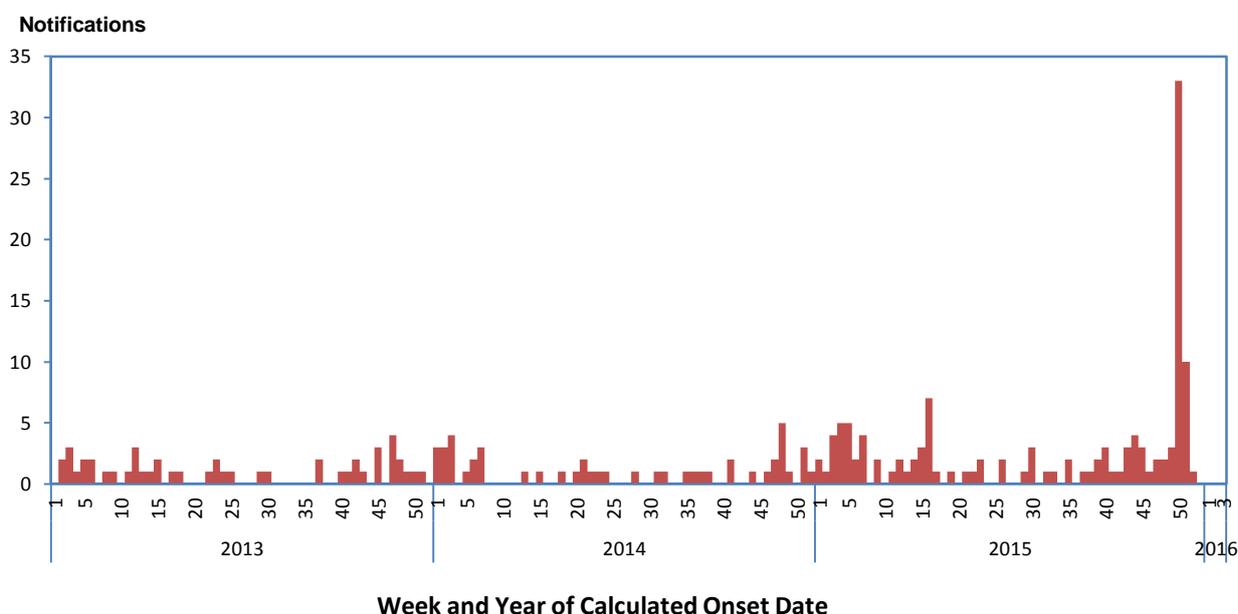
For more information please follow these links: [measles](#), [measles notifications](#) and [measles vaccination](#).

## Salmonella Saintpaul

During December 2015, a notable increase in *Salmonella* Saintpaul notifications was detected through routine surveillance (Figure 2). A total of 52 notifications of *S. Saintpaul* were received with specimen collection dates during December 2015 (including two notifications each from Victoria and the ACT).

Cases ranged in age from less than 1 year to 66 years, with 60% of cases aged between 20-39 years and near equal numbers of males and females. The majority of cases reside in either the greater Sydney metropolitan area (82%) or within the Illawarra Shoalhaven area (12%). An investigation has been initiated with the aim of identifying the source of infection. So far 20 cases have been interviewed with no clear source identified to date.

**Figure 2: *Salmonella* Saintpaul notifications in NSW residents by week of disease onset, 2013 to January 2016.**



*S. Saintpaul* is a relatively uncommon *Salmonella* serotype in Australia, accounting for 3.3% of national annual salmonellosis notifications in 2011. Although the pathogen is considered endemic in Queensland and Northern Territory, notifications of *S. Saintpaul* infection are uncommon in the remaining states. Foodborne outbreaks with this *Salmonella* serotype in Australia have previously been associated with the consumption of boiled eggs, untreated drinking water, rockmelon and

bean sprouts. Internationally, S. Saintpaul outbreaks have been attributed to the consumption of jalapeno peppers, bean sprouts, cucumbers, paprika and mangoes.

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 6-72 hours after ingestion of the organism and typically last 4-7 days, but can occasionally persist for weeks. Admission to hospital is sometimes required for management of dehydration, particularly in young babies, elderly people and those with weakened immune systems.

Follow the link for further information on [salmonellosis notifications](#).

Follow the link for the [salmonellosis 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 11 to 17 January 2016, by date received \***

		Weekly		Year to date			Full Year	
		This week	Last week	2016	2015	2014	2015	2014
Enteric Diseases	Cryptosporidiosis	18	14	40	25	39	1038	429
	Giardiasis	78	57	168	153	116	3415	2942
	Hepatitis A	4	0	6	3	4	71	80
	Hepatitis E	1	1	2	1	1	20	38
	Listeriosis	1	2	3	0	4	26	23
	Rotavirus	11	17	35	27	28	1036	714
	STEC/VTEC	1	3	4	0	2	27	31
	Salmonellosis	124	115	271	281	318	4059	4302
	Shigellosis	7	6	14	6	22	167	212
Respiratory Diseases	Influenza	70	72	174	155	197	30300	20888
	Legionellosis	2	2	4	6	2	94	72
	Tuberculosis	7	6	16	13	28	436	473
Sexually Transmissible Infections	Chlamydia	521	387	1102	1024	1206	22539	22900
	Gonorrhoea	92	78	228	230	276	5382	4875
Vaccine Preventable Diseases	Adverse Event Following Immunisation	1	1	2	7	8	182	256
	Pertussis	372	394	947	240	165	12079	3052
	Pneumococcal Disease (Invasive)	2	14	19	19	10	497	511
Vector Borne Diseases	Barmah Forest	2	1	3	2	13	186	163
	Dengue	3	5	10	12	18	336	378
	Malaria	2	0	2	1	1	47	87
	Ross River	3	12	17	42	25	1643	673
Zoonotic	Q fever	2	3	6	10	23	258	190

### \* 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.