

Communicable Diseases Weekly Report

Week 13, 26 March to 1 April 2017

In summary, we report:

- [Measles](#) – 5 new cases
- [Ross River virus](#) – increasing risk with heavy coastal rainfall and flooding
- [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

Five cases of measles were notified this reporting week (26 March to 1 April 2017). All five people contracted the disease in NSW, signalling transmission of the infection in the western Sydney region. Three of the cases were infants too young to be vaccinated. The other two cases were a child who was not vaccinated and a young adult who could not recall their vaccination status.

Local public health units are following up with identified close contacts. A [media alert](#) has been issued, listing places the cases visited whilst infectious.

It is important for everyone to make sure they are vaccinated against measles with at least two doses of a measles containing vaccine (MMR) particularly if they are traveling outside Australia.

The measles virus is transmitted from person to person via respiratory secretions in the air following coughing and sneezing. Symptoms of measles include fever, runny nose, sore red eyes and cough, followed three to four days later by a red blotchy rash spreading from the head and neck to the rest of the body.

Infection with the measles virus can be serious with common complications including middle ear infection and viral or bacterial bronchopneumonia. Acute encephalitis occurs rarely and subacute sclerosing panencephalitis is a very rare fatal complication, occurring many years after infection in about one per 100,000 cases.

Anyone born in or after 1966 should have had two doses of measles containing vaccine, which is free for people up to 51 years of age in NSW. Measles containing vaccine is now routinely offered to all children at 12 months (as measles-mumps-rubella) and 18 months (as measles-mumps-rubella-varicella) of age through the National Immunisation Program.

People born in or after 1966 who are unsure of their vaccination status, or have not had two vaccine doses in the past (and have not had a confirmed measles infection), should consult their 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. Parents taking young infants overseas to countries where measles is common should discuss vaccination with their GP before they leave. In some circumstances measles vaccine can be given as early as nine months of age, however two further doses at 12 and 18 months are still required for full protection.

For more information please follow these links:

- [measles fact sheet](#)
- [measles notifications](#)
- [measles vaccination information](#).

Ross River virus

There were 33 notifications of Ross River virus (RRV) infections reported this week (Table 1), with a total of 147 RRV notifications in March 2017. There has been a downward trend in notifications since the early peak in January. Notifications continue to be highest for residents in the central west and southern parts of the state.

Although there have been fewer RRV notifications so far this year in residents of coastal parts of the state, recent heavy rainfall and flooding in coastal regions have led (and will continue to lead) to increased mosquito numbers and an increased risk of arbovirus activity. See the [NSW arbovirus surveillance and mosquito monitoring reports](#) for more information on mosquito monitoring and arbovirus testing of mosquitoes and sentinel chickens.

The most recent mosquito monitoring report (24 March) also noted continuing identification of RRV in mosquitoes trapped along the Georges River. South Eastern Sydney Local Health District has issued a number of alerts this year encouraging residents and visitors to take extra precautions to protect themselves against mosquito bites. For more information see the [SES LHD media and communication website](#).

RRV is one of a group of arboviruses characterised by transmission through the bite of infected mosquitoes. Some people who are infected with the virus do not develop symptoms, while others develop the classic Ross River Fever illness characterised by fever, chills, headache and aches and pains in the muscles and joints.

Patients often report that their joints can become swollen, and joint stiffness may be particularly noticeable in the morning. A rash may also appear on the torso, arms or legs. The rash and other symptoms usually resolve after seven to 10 days, although some people may experience symptoms such as joint pain and tiredness for many months.

There are no vaccines to protect against the arboviruses that cause human infections in NSW; prevention therefore relies on measures to avoid being bitten by mosquitoes and to reduce mosquito breeding near homes. Mosquitoes that carry these viruses are usually most active in the hours after sunset and again around dawn, but may bite throughout the day. People should remember to cover up and take care to reduce the risk of a serious mosquito-borne infection by following some simple precautions:

- Use an effective repellent on exposed skin areas and re-apply repellent every few hours, according to the instructions, as protection wears off from perspiration, particularly on hot nights or during exercise
- Note that the best mosquito repellents contain diethyl toluamide (DEET) or picaridin. Repellents containing oil of lemon eucalyptus (OLE; also known as extract of lemon eucalyptus) or para menthane diol (PMD) also provide adequate protection. Some products (e.g. citronella) provide only short periods of protection
- Topical repellents are not recommended for use on children below the age of three months
- Note that prolonged or excessive use of repellents can be dangerous, particularly on babies and young children. Avoid putting repellent near eyes and mouth, spread sparingly over the skin, and rinse off once you are indoors
- Provide mosquito netting, where necessary – both indoors and outdoors
- Cover up as much as possible with loose fitting clothing and sensible footwear and avoid tight clothes
- Cover your clothes with repellent as mosquitoes can bite through material, but be careful as some repellents stain clothes
- Use mosquito coils outdoors and plug-in devices with vaporising mats indoors.

For more information, see the following NSW Health fact sheets and resources:

- NSW Health [Ross River Fever](#) fact sheet.
- NSW Health [Mosquitoes are a health hazard](#) factsheet with tips on prevention
- NSW Health [Fight the bite! campaign posters and media resources](#)
- NSW Health [Ross River notifications data](#)

After periods of flooding, mosquito numbers can rapidly increase and cause nuisance as well as increase the risk of transmission of RRV and other arboviruses. For advice see the NSW Health fact sheet [Advice on Mosquito Control during Floods and Public Events](#).

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 26 March to 1 April 2017, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2017	2016	2015	2016	2015
Enteric Diseases	Cryptosporidiosis	53	58	750	359	379	1184	1040
	Giardiasis	94	87	1075	1157	1135	3481	3413
	Rotavirus	7	8	162	154	105	746	1033
	STEC/VTEC	1	1	18	14	10	64	29
	Salmonellosis	102	95	1469	1688	1641	4542	4022
	Shigellosis	4	2	64	81	55	310	172
	Typhoid	4	2	46	40	30	74	82
Respiratory Diseases	Influenza	210	209	2310	1692	1103	35537	30301
	Legionellosis	1	1	32	32	24	134	96
	Tuberculosis	3	10	108	134	94	533	444
Sexually Transmissible Infections	Chlamydia	568	625	7909	6544	6215	25997	22546
	Gonorrhoea	186	206	2625	1644	1471	7004	5398
	LGV	1	0	4	13	9	57	20
Vaccine Preventable Diseases	Adverse Event Following Immunisation	13	8	80	52	54	257	186
	Measles	5	3	16	5	4	16	9
	Meningococcal Disease	1	0	16	11	7	76	47
	Mumps	2	6	32	8	16	67	65
	Pertussis	95	143	1691	3650	1660	10957	12079
	Pneumococcal Disease (Invasive)	5	4	85	69	62	542	494
	Rubella	1	0	1	2	3	10	6
Vector Borne Diseases	Dengue	1	2	97	131	125	481	344
	Ross River	50	34	917	171	848	543	1635
Zoonotic Diseases	Q fever	2	1	57	70	61	230	264

* 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.