

# Communicable Diseases Weekly Report

## Week 3, 15 – 21 January 2017

In summary, we report:

- [Psittacosis](#) – two new notifications
- [Measles](#) – one new case
- [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.

### Psittacosis

Two cases of psittacosis were notified in this reporting week (Table 1). One case was in a female who developed pneumonia. She was exposed to a dead wild rosella two days prior to onset of symptoms. The other was in a male, who had exposure to an injured bird and a sick foal prior to onset.

Psittacosis is a disease caused by the bacterium *Chlamydia psittaci*, carried by birds. All birds are susceptible to infection, but pet birds (for example parrots, parakeets, cockatiels) and poultry (turkeys and ducks) are most frequently involved in passing the infection to humans.

Human infection usually occurs when a person inhales the bacteria, usually from dried bird droppings from infected birds. People can also become infected by mouth-to-beak contact (kissing) with birds or by handling the feathers or tissues of infected birds. Psittacosis is not spread from person to person.

The risk of psittacosis from horses is unclear as there is little published material available. In 2015 NSW Health was notified of a small cluster of unconfirmed cases of psittacosis in veterinarians and veterinary students who were involved in handling a psittacosis-infected horse placenta. As the evidence for the risk of psittacosis from horses grows, awareness of the potential for human illness and the importance of hygiene procedures is important. Staff on horse studs and any people who come in contact with aborted equine material should be advised to undertake careful hygiene procedures when dealing with equine abortions, stillbirths, or neonatal illness cases. This should include wearing gloves and P2 masks when dealing with these cases.

For more information please follow these links:

- [Psittacosis fact sheet](#)
- [Avian chlamydiosis factsheet](#)

### Measles

One case of measles was notified in this reporting period in an adult from the Illawarra Shoalhaven Local Health District. This person acquired the infection in south-east Asia. Identified close contacts are being followed up by the local public health unit, however the case was in several public places in the LHD whilst infectious so the public health unit has issued an [alert](#). This is the fourth case of measles notified in 2017, highlighting the importance of vaccination.

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 3-4 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 1 per 100,000 cases.

Vaccination is highly effective at preventing measles with two doses of measles containing vaccine offering protection against infection in 99 per cent of people. Vaccination not only benefits those who receive it but also protects others, such as those too young or unable to be vaccinated, by reducing the risk that an unvaccinated person is exposed to measles virus; this is known as herd immunity.

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 and who are unsure of their vaccination status, or have not had two vaccine doses in the past (and 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.

For more information please follow these links:

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

## 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 15 – 21 January 2017, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2017	2016	2015	2016	2015
Enteric Diseases	Cryptosporidiosis	36	45	109	54	39	1184	1040
	Giardiasis	95	61	194	219	206	3481	3412
	Hepatitis A	1	0	3	7	4	40	71
	Rotavirus	24	16	61	54	38	745	1033
	STEC/VTEC	2	3	9	5	2	64	29
	Salmonellosis	120	118	307	338	403	4542	4022
	Shigellosis	6	5	19	19	13	303	172
	Typhoid	2	0	4	12	8	74	82
Respiratory Diseases	Influenza	170	174	469	270	208	35533	30301
	Legionellosis	2	0	5	5	8	133	96
	Tuberculosis	2	11	22	25	20	539	444
Sexually Transmissible Infections	Chlamydia	754	540	1737	1541	1416	25999	22548
	Gonorrhoea	232	183	566	385	340	7012	5400
Vaccine Preventable Diseases	Adverse Event Following Immunisation	4	2	8	3	9	253	186
	Measles	1	1	4	0	1	16	9
	Meningococcal Disease	2	2	6	1	4	76	47
	Mumps	3	1	5	3	2	61	64
	Pertussis	165	152	467	1111	336	10941	12081
	Pneumococcal Disease (Invasive)	5	8	19	20	22	543	494
Vector Borne Diseases	Dengue	6	7	16	17	20	463	343
	Malaria	3	1	6	3	2	59	47
	Ross River	108	82	228	24	65	522	1637
Zoonotic Diseases	Psittacosis	2	0	2	0	1	9	3
	Q fever	4	3	8	14	16	228	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.