

Communicable Diseases Weekly Report

Week 12, 19 to 25 March 2017

In summary, we report:

- [Measles](#) – 3 new cases
- [World Tuberculosis \(TB\) Day](#)
- [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

Three cases of measles were been notified this week. It is likely all three people contracted the disease from another recently reported case who acquired the infection outside of Australia – but this has yet to be confirmed. All three people – two children and a young woman in her twenties – were unvaccinated.

Identified close contacts are being followed up by their local public health unit – Western Sydney PHU. The current measles cases were infectious while visiting the following locations in Sydney between 16-23 March:

- NAS Medical Centre, Auburn on 19 & 22 March
- Cheso Medical Centre, Chester Hill on 20 March
- Rawson Street Medical Centre, Auburn on 21 March
- Auburn Hospital Emergency Department on 23 March

There have now been eleven confirmed cases of measles reported in NSW in 2017, and all except for the most recent three acquired their infection outside of Australia. Other Australian states have also had a recent increase in travellers returning from Bali with measles, which may indicate there is a measles outbreak there. 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 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. 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 9 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](#).

World Tuberculosis (TB) Day

Friday, 24 March 2017 marked [World TB Day](#), a day which commemorates the discovery of the bacteria which causes tuberculosis (TB) by Dr Robert Koch in 1882, and aims to build public awareness for action against TB. The global theme this year is “Unite to end TB – leave no one behind”.

[Tuberculosis](#) is a bacterial infection caused by *Mycobacterium tuberculosis*. Despite being a curable illness it remains the world’s top infectious killer with an estimated 5,000 deaths each day globally. The World Health Organization (WHO) estimated that 10.4 million people fell ill with TB in 2015.

Symptoms of TB disease include a cough lasting more than 3 weeks, fever, unexplained weight loss, night sweats and tiredness. Treatment usually requires a combination of special antibiotics for at least six months.

NSW has one of the lowest rates of TB in the world. There were 531 cases of TB notified to NSW Health in 2016, mostly acquired overseas. Local transmission of TB is a rare event in NSW and most cases are diagnosed in people who were born in, or have spent significant amounts of time in, countries with a high prevalence of TB. Increasing globalisation, air travel, and migration mean that TB will continue to be a major public health concern in NSW and Australia until worldwide control is achieved.

In NSW, actions taken to work towards ending TB include the following:

- supporting the screening and prevention of TB in refugees
- investigating the use of new state-of-the-art whole genome sequencing technology to improve identification of TB transmission to allow better targeting of public health measures, in order to make NSW “TB transmission free”
- working closely with Aboriginal communities to encourage early diagnosis and treatment of TB among Aboriginal people in NSW.

For further information see the NSW Health media release – [World TB Day: NSW Health taking action to reduce TB cases](#).

The [NSW TB Program](#) includes a network of specialised TB services (Chest Clinics) across the state which provide free, confidential and culturally appropriate services to ensure everyone in NSW gets the TB care they need.

For further information on TB notifications in NSW see the [TB epidemiology reports page](#) and [TB data page](#).

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 19 to 25 March 2017, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2017	2016	2015	2016	2015
Enteric Diseases	Cryptosporidiosis	57	73	696	330	344	1184	1040
	Giardiasis	87	88	981	1081	1034	3481	3413
	Rotavirus	8	7	155	148	99	746	1033
	STEC/VTEC	1	2	17	14	9	64	29
	Salmonellosis	95	134	1367	1600	1543	4543	4022
	Shigellosis	2	5	60	74	53	309	172
	Typhoid	2	0	42	40	30	74	82
Respiratory Diseases	Influenza	209	195	2100	1518	1008	35537	30301
	Legionellosis	1	3	31	24	23	134	96
	Tuberculosis	10	7	109	121	88	533	444
Sexually Transmissible Infections	Chlamydia	624	663	7342	6082	5838	25998	22546
	Gonorrhoea	206	222	2438	1523	1376	7005	5398
Vaccine Preventable Diseases	Adverse Event Following Immunisation	8	14	67	49	52	254	186
	Measles	3	0	11	4	4	16	9
	Mumps	6	3	30	7	15	67	65
	Pertussis	143	106	1592	3455	1522	10957	12079
	Pneumococcal Disease (Invasive)	4	6	80	63	57	542	494
Vector Borne Diseases	Barmah Forest	2	1	18	10	60	35	184
	Chikungunya	1	0	2	6	16	39	38
	Dengue	2	7	95	117	116	481	344
	Malaria	1	1	18	10	11	59	47
	Ross River	33	44	865	157	762	543	1636
Zoonotic Diseases	Leptospirosis	1	0	4	5	5	15	15
	Q fever	1	3	54	64	56	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.