

Communicable Diseases Weekly Report

Week 50, 10 to 16 December 2017

In summary, we report:

- [Measles](#) – one new case
- [Listeriosis](#) – two new cases
- [Summary of notifiable conditions activity in NSW](#)

For further information see NSW Health [infectious diseases page](#). This includes links to other NSW Health [infectious disease surveillance reports](#) and a [diseases data page](#) for a range of notifiable infectious diseases.

Measles

One case of measles was notified during this reporting week ([Table 1](#)). The case was an adult from Western Sydney Local Health District (WSLHD), who acquired the infection outside of Australia. The person recalls having received one dose of measles vaccine, however this was not able to be verified.

Whilst infectious, the person travelled from Delhi to Sydney via Bangkok and spent time in the Blacktown Hospital Emergency Department. WSLHD have issued a [media alert](#) providing information on the exposure sites for this case. NSW public health units have followed up contacts where possible to provide information and provided prophylaxis where appropriate.

The World Health Organization announced that Australia had achieved measles elimination in 2014, although multiple lines of evidence suggest that endemic measles transmission may have been interrupted as early as 1999. This is a significant achievement of public health in Australia and demonstrates the effectiveness of Australia's vaccination program.

A measles-free status means that the only people with measles in Australia caught the disease overseas, or have a link (direct or via other cases of measles) to another person who caught measles overseas. Because measles remains common in many parts of the world, it is vital that all children and adults receive two doses of measles vaccine to protect them from this highly infectious virus.

People born between 1966 and 1994 may have missed vaccination completely, or only had one dose of measles vaccine due to changing vaccination schedules during this period. People in this age group should not assume that they are protected against measles unless they have a record of two doses. People who are unsure if they have received two doses of a measles vaccine in the past can safely be given another measles vaccine. The vaccine is free and provided through GPs. People born before 1966 are likely to be immune to measles from infection.

Ensuring protection against measles through vaccination is particularly important prior to overseas travel as the risk of being exposed to a case of measles is greater outside Australia. 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, in this instance, further doses at 12 and 18 months are required for full protection.

The measles virus is highly infectious and it is readily 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.

Measles containing vaccine is routinely offered to all children at 12 months (as measles-mumps-rubella) and 18 months of age (as measles-mumps-rubella-varicella) through the National Immunisation Program.

For further information on measles please see the [measles fact sheet](#). For further information on measles notifications in NSW residents see the [measles data page](#).

Follow the link for more [measles vaccination information](#).

Listeriosis

Two new cases of *Listeria* infection (listeriosis) were reported this week in a woman and her newborn baby. The woman had presented with fever, chills, headache, malaise and myalgia. Labour was induced early because of concerns for the baby who required intensive care after the delivery.

This is the fifth case of pregnancy-related listeriosis in NSW in 2017. There have been no food, social, cultural, geographic, or time links identified between the five cases. Over the last five years, there has been an average of one case of pregnancy-related listeriosis each year. Pregnant women are at increased risk from listeriosis because their immune systems are partially suppressed. Infection in the mother can be passed on to the developing fetus. Listeriosis during pregnancy may cause stillbirth or premature delivery.

Listeriosis is a rare illness caused by eating food contaminated with a bacterium called *Listeria monocytogenes*. This bacterium is widespread throughout nature, being commonly carried by many species of both domestic and wild animals.

Eating foods that contain *Listeria* bacteria does not cause illness in most people, but in some higher risk groups can result in severe illness and death. Other people at increased risk of listeriosis include older people and people with weakened immune systems; for example, people on cancer treatment or corticosteroids, or people with diabetes, kidney disease, liver disease or people living with HIV infection. Listeriosis may be severe in these individuals.

Outbreaks of listeriosis have been associated with the consumption of unpasteurised milk, soft cheeses, pre-prepared salads (for example, from salad bars), unwashed raw vegetables, pâté, cold diced chicken and pre-cut fruit and fruit salad. *Listeria* survives refrigeration but is sensitive to cooking temperatures.

People at increased risk of listeriosis should not eat pre-packed cold salads including coleslaw and fresh fruit salad, pre-cut fruit, pre-cooked cold chicken, cold delicatessen meats, pâté, raw seafood, uncooked smoked seafood (e.g. smoked salmon), unpasteurised milk or milk products, soft cheeses (e.g. brie, camembert, ricotta or blue-vein), sprouted seeds or raw mushrooms.

Fruit and vegetables eaten raw should be thoroughly washed prior to eating to reduce the risk of *listeria* contamination.

Follow the links for further [listeriosis data](#), the [listeriosis factsheet](#) and the NSW Food Authority [Food safety during pregnancy brochure](#).

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 10 to 16 December 2017, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2017	2016	2015	2016	2015
Bloodborne Diseases	Hepatitis B - Newly Acquired	1	0	13	13	27	13	28
Enteric Diseases	Cryptosporidiosis	9	17	1250	1115	987	1184	1040
	Giardiasis	38	46	2922	3396	3325	3480	3413
	Hepatitis A	1	3	68	38	71	41	72
	Listeriosis	1	0	18	34	24	36	26
	Rotavirus	23	30	2274	710	1014	750	1033
	STEC/VTEC	1	0	49	62	26	65	29
	Salmonellosis	67	74	3586	4411	3901	4544	4022
	Shigellosis	6	9	225	299	166	310	172
Respiratory Diseases	Influenza	86	95	103684	35339	30254	35540	30295
	Tuberculosis	5	7	478	508	434	534	445
Sexually Transmissible Infections	Chlamydia	513	595	28033	25351	22064	25994	22525
	Gonorrhoea	162	169	8922	6805	5253	7004	5395
Vaccine Preventable Diseases	Adverse Event Following Immunisation	4	0	264	252	184	258	186
	Measles	1	0	32	15	9	16	9
	Meningococcal Disease	3	2	89	67	44	70	46
	Mumps	1	1	119	63	63	67	65
	Pertussis	84	98	5250	10665	11608	10956	12078
	Pneumococcal Disease (Invasive)	7	5	668	537	487	544	494
Vector Borne Diseases	Barmah Forest	4	0	123	37	183	40	184
	Chikungunya	2	0	42	37	38	39	38
	Dengue	2	4	288	474	333	485	344
	Malaria	1	1	68	56	45	59	47
	Ross River	9	9	1643	528	1611	594	1634
Zoonotic Diseases	Q fever	3	5	192	228	257	231	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 chronic blood-borne virus case reports are not included here but are available from the [Infectious Diseases Data](#) webpage.