

Communicable Diseases Weekly Report

Week 21, 20 May to 26 May 2018

In summary, we report:

- [Measles](#) – one new case
- [Invasive meningococcal disease](#) – one new case resulting in death
- [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 new case of measles was notified in this reporting week, in an unvaccinated child who acquired their infection whilst travelling in the Middle East. The case spent limited time in the community while infectious. South Western Sydney Local Health District have directly contacted individuals who may have been exposed to the case, and provided post-exposure prophylaxis and information as appropriate.

This is the seventh case of measles notified in NSW this year, of which six have been acquired overseas.

The measles virus is highly infectious and is readily transmitted from person to person via respiratory secretions in the air, following coughing and sneezing. The time from exposure to onset of symptoms is around 10 days (range 7-18 days, occasionally longer) to the onset of fever and about 14 days to the onset of rash.

Symptoms of measles include fever, runny nose, sore red eyes and cough, followed three to four days later by a red, blotchy, non-itchy 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 (inflammation of the brain) occurs rarely and a chronic, progressive form of brain inflammation known as subacute sclerosing panencephalitis is a very rare, fatal complication, occurring many years after infection in about one in 100,000 cases.

In 2014 the World Health Organization declared Australia to have eliminated measles, although evidence suggests 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. However, [measles remains prevalent in many parts of the world](#), including South East and Southern Asia, and the Middle East; and travellers to these regions are encouraged to discuss travel plans with their doctor, as they may require vaccination prior to departure.

People born during or after 1966 who have not received two doses of measles containing vaccine are at risk of measles. In NSW measles, mumps, rubella (MMR) vaccine and measles, mumps, rubella, varicella (MMRV) vaccine are offered to children at 12 months and 18 months of age respectively, as part of the National Immunisation Program. Parents of children aged less than 12 months planning overseas travel should discuss their travel plans with their doctor, as the first dose [can be given before the child's first birthday under certain circumstances](#). People born after during or after 1966 can access free MMR vaccine through their GP. People who are unsure if they have received two doses of a measles vaccine in the past can safely be given another dose.

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](#).

Invasive meningococcal disease

One new case of invasive meningococcal disease (IMD) was notified during this reporting week ([Table 1](#)) in an adult male from the Hunter New England Local Health District (HNE LHD). Unfortunately the man died as a result of the illness. This is the first death due to meningococcal disease recorded this year. Testing revealed he was infected with serogroup B meningococcal bacteria. Clearance antibiotics have been provided to all close contacts of the case.

Serogroup B is the predominant meningococcal serogroup causing IMD in NSW, accounting for 42 per cent of cases since 2016.

Antibiotics are provided to all close contacts of IMD cases to clear meningococcal bacteria from the nose and throat of asymptomatic carriers, who may have passed the virulent strain to the case. When infection is due to serogroup A, C, W or Y, close contacts are also offered [meningococcal vaccine](#) to further reduce any risk of further cases arising within the network of close contacts.

Vaccines are available in Australia that protect against IMD due to serogroups A, C, W and Y. Meningococcal C vaccine is on the National Immunisation Program schedule at 12 months of age. A vaccine against some serogroup B strains is also available in Australia. It is recommended for young children and adolescents but is not part of the National Immunisation Program. People with certain high risk conditions that predispose them to developing IMD, such as those without a spleen, are also recommended to be vaccinated against all meningococcal serogroups for which a vaccine is available.

It is important that everyone is aware of the signs and symptoms of IMD, and seeks treatment immediately if they present. For more information see the NSW Health [Meningococcal Disease Advice Poster \(PDF\)](#).

The Australian Government has announced that from July 2018 the serogroup C vaccine provided for children at 12 months of age will be replaced with the vaccine that covers four strains – A, C, W and Y (4vMenCV), providing greater protection to Australian children.

The [NSW Meningococcal W Response Program](#) which began in February 2017, and has provided free 4vMenCV to Year 11 and 12 students, will continue in 2018 for Years 10 and 11 students.

Follow the links for more information on [meningococcal disease](#), [vaccination](#) and [notification data](#).

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 20 May – 26 May 2018, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2018	2017	2016	2017	2016
Bloodborne Diseases	Hepatitis B - Newly Acquired	1	1	8	6	9	13	13
Enteric Diseases	Cryptosporidiosis	9	10	401	970	634	1266	1184
	Giardiasis	38	66	1203	1598	1808	2994	3480
	Hepatitis A	1	1	53	10	20	72	41
	Rotavirus	10	20	387	278	220	2318	750
	STEC/VTEC	1	0	25	26	17	53	65
	Salmonellosis	44	62	1709	2120	2400	3680	4533
	Shigellosis	3	2	88	83	126	235	310
	Typhoid	1	1	30	34	25	55	37
Other Diseases	Acute Rheumatic Fever	1	0	11	7	6	19	16
Respiratory Diseases	Influenza	92	110	4163	3692	3050	103851	35540
	Legionellosis	1	3	64	50	66	138	134
	Tuberculosis	3	2	182	195	193	544	534
Sexually Transmissible Infections	Chlamydia	547	695	13020	12305	10789	28977	25990
	Gonorrhoea	209	191	4351	4018	2742	9173	6996
Vaccine Preventable Diseases	Adverse Event Following Immunisation	10	13	124	151	121	271	258
	Measles	1	0	7	25	10	32	16
	Meningococcal Disease	1	1	25	27	21	91	70
	Mumps	2	1	37	61	14	128	67
	Pertussis	68	82	1572	2543	4930	5367	10956
	Pneumococcal Disease (Invasive)	24	10	158	154	140	681	545
Vector Borne Diseases	Dengue	3	7	129	143	245	306	485
	Ross River	20	19	253	1268	312	1653	595
Zoonotic Diseases	Q fever	1	1	71	93	101	210	231

* 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.