

Communicable Diseases Weekly Report

Week 01, 30 December 2018 to 5 January 2019

In summary, we report:

- [Measles](#) – three new unrelated measles cases reported
- [Australian Bat Lyssavirus \(ABLV\)](#) – continuing risk from flying foxes and other bats
- [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

Three unrelated measles cases were reported this week including one NSW resident and two interstate visitors (Table 1 – NSW residents only). This follows another measles case identified in a returned traveller last week (See CDWR [Week 51-52 2018](#)).

The first case was a female visitor from the ACT who had spent time in locations in Sydney (Thornleigh) and the Central Coast while infectious. People who spent time in [the same locations](#) may be at risk of developing measles up to 17 January 2019. The case is believed to have acquired her infection in the ACT from a recently returned international traveller.

The second case was a child who acquired their infection in Thailand. The child spent time in Sydney (Chatswood, Royal North Shore Hospital) and the Hunter region (Pokolbin) while infectious. More than 130 people from Royal North Shore Hospital and a Chatswood medical centre who may have been exposed to the case have been contacted directly for assessment and provision of preventive therapy as required. People who spent time in the [same locations](#) may be at risk of developing measles up to 18 January 2019.

The third case was a female visitor from Queensland who had spent time in the Hunter region while infectious (see alerts from [Queensland Health](#) and [Hunter New England Local Health District](#)). The case was unvaccinated and acquired their infection in Myanmar. The case spent time in Woodburn and the John Hunter Hospital Emergency Department prior to diagnosis and isolation. Around 40 people who may have been in contact with the case at the Hospital have been contacted and assessed for provision of preventive therapy. People who spent time at the [same locations](#) may be at risk of developing measles up to 24 January 2019.

While Australia was declared to have eliminated endemic measles in 2014, these recent cases highlight the continuing risk that unvaccinated people face when travelling overseas or at home. Measles is still endemic in many parts of the world including South and South East Asia and parts of Africa and the Middle East. Large outbreaks continue to occur in places previously declared as measles-free, including the Americas and parts of Europe and the United Kingdom.

NSW Health recommends that people planning international travel consult their GP early in the process, as there are often a number of health factors to consider when travelling, including preventable diseases such as measles.

People are at risk of measles if they have never been infected with measles, or have not received two doses of measles containing vaccine (MCV). People born before 1966 are assumed to be immune to measles as they are highly likely to have had the infection as a child. People born since 1994 are likely to have received two doses of MCV as part of the National Immunisation Program

(NIP), which provides measles mumps rubella (MMR) and measles mumps rubella varicella (MMRV) vaccine to children at 12 and 18 months of age respectively. Children less than 12 months of age travelling to areas where measles is endemic or where outbreaks are occurring, may be able to receive their first dose earlier than their first birthday.

People born between 1966 and 1994 (ages 25-53 years) may have received only one dose of MCV as part of the NIP and should see their doctor. Anyone born during or after 1966 who doesn't have written evidence of two doses of MCV can access free MMR in NSW via GPs. Pharmacists in NSW can also now administer MMR to people aged 16 years and over, at a cost to the patient.

Travel history should be sought for all patients presenting with febrile illness, and clinicians should suspect measles in patients presenting with fever, cough, coryza, conjunctivitis, and/or rash. Patients suspected of having measles should be isolated until a negative result is received, or until 4 days after the presentation of rash.

People experiencing symptoms of measles should seek medical attention, but call ahead to alert staff at medical practices and emergency departments to advise them of your symptoms, so that measures can be taken to limit your exposure to others on arrival.

For more information follow the link to the [measles](#) factsheet.

Follow the links for more information on measles [vaccination](#), [travelling overseas](#), [measles notification data](#) and [measles alerts](#).

Australian bat lyssavirus (ABLV)

The NSW Department of Primary Industries has reported that two flying foxes (fruit bats) rescued in regional NSW have tested positive for Australian bat lyssavirus (ABLV). One was a bat pup that was being cared for by wildlife carers. The pup had displayed aggressive behaviour and bit two people and scratched another. The second bat had fallen from a tree and was rescued by a vaccinated wildlife carer. This bat showed lethargy, head tremors and respiratory distress and also bit the carer.

In both situations, the affected wildlife carers had evidence of effective prior rabies vaccination and so only required a reduced post-exposure prophylaxis course, i.e. two booster rabies vaccinations compared to the usual course of four vaccine doses and one rabies immunoglobulin injection.

These events serve as a timely reminder to the public avoid handling bats. While it may be tempting to rescue bats, particularly in circumstances where they have become trapped in netting or fencing, untrained members of the public are more likely to cause further harm to the bats, as well as exposing themselves to injury and the risk of lyssavirus infection.

Instead, anyone who comes across an injured or trapped bat is advised to contact their local wildlife rescue group. Visit <http://www.environment.nsw.gov.au/wildlifelicences/RehabFaunaContact.htm>, for contact details of your local group, or download the IFAW Wildlife Rescue App from your device's App Store.

Only trained and vaccinated wildlife staff and volunteers equipped with appropriate personal protective equipment can deal with bats safely. A veterinarian may also be able to offer assistance and advice.

These events highlight the importance of vaccination and proper protective equipment for those who do handle bats, and the central role of bat testing (where possible) to minimise unnecessary use of post-exposure prophylaxis (rabies vaccine and immunoglobulin), a limited and costly resource.

During 2018, 702 potential exposures to rabies or ABLV were reported to NSW public health units, including at least 172 exposures to bats in NSW. Five bats tested positive for ABLV in 2018 in NSW, which includes one of the bats reported during this reporting week.

Lyssaviruses are a group of viruses that includes ABLV and rabies virus. ABLV is found in all species of bats in Australia, from the small insectivorous microbats to the larger flying fox species. Rabies virus is carried by a range of mammals in many overseas countries. Lyssaviruses are usually transmitted via bites and scratches from infectious animal, which provide direct access of the virus

in saliva to exposed tissue and nerve endings. Almost all human cases of lyssavirus infection are fatal.

All bats and flying foxes, no matter what their age, should be assumed to be infectious with ABLV, regardless of whether the animal looks sick or not. People should avoid all contact with bats as there is always the possibility of being scratched or bitten by a bat infected with this lethal virus. If bats must be handled then appropriate personal protective equipment (PPE) should be worn and the bat handler must have been vaccinated.

Appropriate PPE includes puncture-resistant gloves and gauntlets, long sleeved clothing, safety eyewear or face shield to prevent mucous exposures, and a towel to hold the bat. A garden fork, spade or other implement should be used to move dead bats.

Overseas travellers are advised to avoid contact with any wild or domestic mammal in a rabies endemic country. This includes bats and wild or domestic dogs, cats, and monkeys.

Travellers to Bali and Thailand commonly put themselves at risk of rabies infection through interactions with monkeys near temples and in parks. All travellers should avoid contact with monkeys as any bites or scratches will require post-exposure prophylaxis.

Following any bite or scratch from a mammal in a rabies endemic country or a bat in Australia the wound should be rapidly and thoroughly cleaned with soap and water for at least five minutes and an antiseptic applied; the person should be assessed urgently for post-exposure prophylaxis (rabies vaccine and immunoglobulin).

For more information follow the link to the NSW Health [Rabies / ABLV](#) factsheet.

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 30 December 2018 to 5 January 2019, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Enteric Diseases	Cryptosporidiosis	2	4	7	11	25	708	1266
	Giardiasis	4	23	28	33	41	2663	3133
	Rotavirus	8	3	8	15	21	799	2319
	STEC/VTEC	1	0	2	2	4	57	53
	Salmonellosis	11	66	68	93	73	3337	3681
	Shigellosis	12	7	14	3	10	531	235
	Typhoid	2	4	4	4	2	116	110
Respiratory Diseases	Influenza	139	129	156	146	129	17339	103852
	Legionellosis	4	4	5	3	3	170	138
	Tuberculosis	6	8	6	8	9	515	542
Sexually Transmissible Infections	Chlamydia	222	244	226	370	445	31098	29006
	Gonorrhoea	91	80	94	163	151	10584	9161
Vaccine Preventable Diseases	Measles	1	1	1	0	2	18	32
	Pertussis	132	105	151	80	148	6275	5366
	Pneumococcal Disease (Invasive)	5	9	5	6	5	688	683
Vector Borne Diseases	Dengue	2	0	2	10	3	287	306
	Malaria	1	1	1	2	2	65	68
	Ross River	9	2	9	7	56	569	1652
Zoonotic Diseases	Q fever	1	0	1	1	1	217	210

*** Notes on Table 1: NSW Notifiable Conditions activity**

- Only conditions which had one or more case reports received during the reporting week appear in the table.
- 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 (i.e. by report date).
- Note that [notifiable disease data](#) available on the NSW Health website are reported by onset date so case totals are likely to vary from those shown here.
- Cases involving interstate residents are not included.
- 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](#).
- Chronic blood-borne virus conditions (such as HIV, Hepatitis B and C) are not included here. Related data are available from the [Infectious Diseases Data](#) and the [HIV Surveillance Data Reports](#) webpages.