

Communicable Diseases Weekly Report

Week 15, 7 April to 13 April 2019

In summary, we report:

- [Rubella](#) – Seven cases in 2019 year to date
- [Leprosy](#) – One leprosy notification in the previous reporting period
- [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.

Rubella

Seven cases of rubella, commonly known as German measles, have been reported in NSW for the year to 13 April 2019 ([Table 1](#)). This is six more than the total number of notifications in 2018, and two more than the average number of notifications for the same period over the previous 5 years. This increase in the number of rubella notifications seen in the first few months has also been observed nationally (Figure 1).

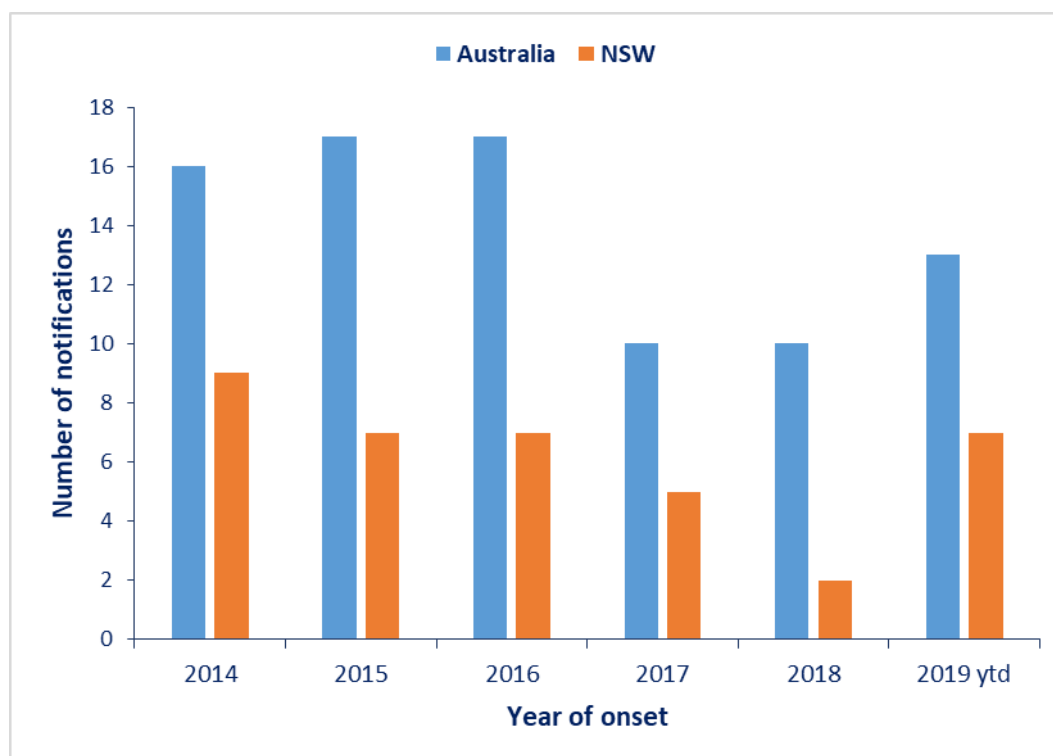


Figure 1: Rubella notifications in NSW and Australia, by year of onset, 2014-2018 and 2019 YTD (data from NCIMS, and NNDSS correct as of 17/04/2019)

The increase may partly be due to increased rubella in our region, for example, Japan reported 1,112 cases in the first quarter of 2019, and is currently offering free rubella vaccines for males aged 39 to 56 years, as this group were not offered the vaccine in childhood. Increased use of more sensitive tests, in the context of increased measles cases, may also mean that more cases are being detected

in Australia than usual. Of the cases notified in NSW this year, two were acquired in China however the other cases did not travel before their illness.

Once a common disease of childhood, rubella is now rare in Australia, and in October 2018, [Australia was declared to have eliminated rubella](#) by the World Health Organization.

Rubella is a viral illness, spread by through the air when an infected person coughs or sneezes. In most people rubella usually causes a mild illness, with symptoms including fever, rash, runny nose, sore red eyes, and swollen lymph nodes. Painful joints are also common, especially in women.

Infection with rubella in early pregnancy can cause a number of serious birth defects (known as congenital rubella syndrome), or miscarriage.

The time from exposure to rubella to the onset of symptoms is usually between 14 to 21 days. People with rubella are usually infectious from seven days before the rash occurs, until four days after it appears and should avoid contact with susceptible people, particularly non-immune pregnant women during this time.

The best protection against rubella is through vaccination with two doses a rubella vaccine. Children in Australia are offered two doses of rubella vaccine as part of the National Immunisation Program (NIP) at 12 months (as measles-mumps-rubella (MMR) and 18 months of age (as measles-mumps-rubella-varicella (MMRV)).

People born between 1966 and 1994, particularly women planning pregnancy, should ensure that they have received two doses of MMR, to protect against rubella, as well as measles and mumps. Males in this age groups are less likely to have received two doses of rubella vaccine, due to changes in the immunisation schedule during this time.

Free MMR vaccine is available in NSW for anyone born during or after 1966, who does not have evidence of having received two doses in the past.

More information about rubella can be found on the [NSW Health factsheet](#).

For more information about [rubella vaccination recommendations](#), see the [Australian Immunisation handbook](#).

Information on the history of immunisation in Australia is available via the [National Centre for Immunisation Research and Surveillance](#) website.

Leprosy

There was one new case of leprosy (also known as Hansen's disease) notified in the last reporting week in an adult female. This was the second case notified so far this year and was likely acquired in Indonesia. Both cases were acquired overseas and were unrelated to each other.

Leprosy is a chronic infection of the skin and peripheral nerves caused by the bacterium *Mycobacterium leprae*. The organism multiplies very slowly and on average it takes five years for symptoms to develop, however this can vary from months up to 30 years. Loss of nerve function eventually leads to damage and deformity of skin, hands and feet. Leprosy is an important cause of disability in some countries.

Leprosy is not highly infectious. While leprosy can be passed from one person to another, this requires close and prolonged contact with someone with the infection. The exact mechanism of transmission is not well understood, although person to person spread via nasal droplets is believed to be the main route. While leprosy is not highly infectious, public health guidelines require close contacts to have expert medical review. Leprosy is curable with multi-drug therapy and once a person begins appropriate treatment they quickly become non-infectious.

Leprosy affects hundreds of thousands people worldwide, though the incidence is declining due to various factors including socioeconomic development, the use of Bacillus Calmette–Guérin vaccine and high treatment coverage with multi-drug therapy.

However, leprosy is a rare disease in Australia. Between 2000 and 2018, there were 43 confirmed leprosy cases notified in New South Wales (NSW), an average of two cases per year. The majority of leprosy cases notified were acquired overseas.

Follow the link for further information from the [leprosy factsheet](#). Leprosy is a nationally notifiable disease and all cases are reported to the World Health Organization (WHO). WHO has a Global Leprosy Strategy: Accelerating towards a leprosy free world; further information can be obtained from [WHO Global Leprosy Strategy](#) site.

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 7 April – 13 April 2019, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Bloodborne	Hepatitis C - Newly Acquired	1	0	8	12	10	37	40
Enteric Diseases	Cryptosporidiosis	15	15	323	331	805	708	1266
	Giardiasis	65	93	1154	969	1228	2799	3135
	Hepatitis A	3	3	29	41	10	86	71
	Rotavirus	17	15	176	294	200	808	2319
	STEC/VTEC	1	0	24	19	19	57	53
	Salmonellosis	88	95	1474	1338	1680	3343	3681
	Shigellosis	15	23	262	71	66	532	236
	Typhoid	1	1	32	24	26	58	55
Respiratory Diseases	Influenza	836	769	8929	3592	2651	17422	103852
	Legionellosis	5	2	60	56	39	171	138
	Tuberculosis	17	12	164	143	146	513	542
Other diseases	Leprosy	0	1	2	0	0	0	2
Sexually Transmissible Infections	Chlamydia	555	662	9434	9281	9046	31197	29006
	Gonorrhoea	303	269	3508	3093	2971	10623	9161
Vaccine Preventable Diseases	Adverse Event Following Immunisation	1	0	1	0	0	0	0
	Measles	2	6	30	5	24	18	32
	Meningococcal Disease	0	0	11	20	17	72	91
	Mumps	1	1	16	30	42	72	127
	Pertussis	126	143	1878	1134	1889	6281	5366
	Pneumococcal Disease (Invasive)	12	10	108	100	95	686	683
	Rubella	0	2	7	0	1	1	5
Vector Borne Diseases	Barmah Forest	2	5	22	30	26	74	127
	Dengue	4	6	120	106	111	299	306
	Malaria	1	1	18	18	23	66	68
	Ross River	19	14	201	143	1049	569	1652
Zoonotic Diseases	Q fever	4	4	84	63	73	227	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.
- The shigellosis case definition changed on 1 July 2018 to include probable cases (PCR positive only), hence case counts cannot be validly compared to previous years.
- 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.