

Communicable Diseases Weekly Report

Week 36, 1 September to 7 September 2019

In summary, we report:

- [Measles](#) – five new cases, including three locally-acquired cases
- [Invasive meningococcal disease](#) – six 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

Five new cases of measles were notified in this reporting week ([Table 1](#)), including three locally acquired cases in people who were infected following contact with two of the imported measles cases reported in [Week 34](#).

Two of these cases were acquired in the Hunter New England Local Health District (HNE LHD) in people who had come into contact with a measles case at a hospital. For further information see the [HNE LHD measles alert](#).

The other locally acquired case occurred in Nepean Blue Mountains Local Health District (NBM) in a person who had come into contact with a measles case acquired in New Zealand. For further information see to the [NBM LHD measles alert](#).

The two new imported measles cases were acquired during travel in New Zealand, [where a large outbreak is currently occurring](#). NSW Health issued a warning for passengers on two flights between Auckland and Sydney after being notified of a New Zealand measles case who had briefly visited Sydney while infectious.

Further information

- [NSW Health media releases](#) and [current measles alerts](#) page
- [NSW Health measles homepage](#).

Invasive meningococcal disease (IMD)

Six new cases of invasive meningococcal disease (IMD) were notified in this reporting week ([Table 1](#)) from four different local health districts. One case occurred in an infant, another in a child less than 5 years old, two in teenagers, one person in their early 20s and one person in their 70s.

Cases were caused by meningococcal serogroup B (2), serogroup Y (2) and serogroup W (1), with the serogroup result for the remaining case not yet known.

The case due to serogroup W occurred in a 18 year old person who no longer attended school but who would have been eligible for free meningococcal ACWY vaccine from their general practitioner (GP). GPs are encouraged to discuss meningococcal ACWY (MenACWY) vaccination with patients aged 15-19 years and offer the vaccine if they have not received a dose at school.

Parents and GPs can check the Australian Immunisation Register (AIR) for Men ACWY vaccine doses administered to teenagers that have been previously reported. Instructions for obtaining an

immunisation statement are available on the AIR's [How to get an immunisation history statement](#) website.

Where necessary, public health unit immunisation staff can advise on Men ACWY doses administered to students through the NSW School Vaccination Program.

The Men ACWY vaccine is also offered to children at 12 months of age as part of the National Immunisation Program (NIP). Another vaccine that protects against most meningococcal B strains is also available and is recommended for anyone over 6 weeks of age who wishes to protect themselves from invasive meningococcal B disease. This vaccine is not funded under the NIP but is available via private prescription from GPs.

Further information

- NSW Health [Meningococcal disease homepage](#) and [Meningococcal disease factsheet](#)
- NSW Health [Meningococcal disease data](#)
- [The Australian Immunisation Handbook](#) (NH&MRC).

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 1 – 7 September 2019, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Enteric Diseases	Cryptosporidiosis	4	3	468	551	1113	708	1266
	Giardiasis	39	35	2212	2080	2382	2937	3135
	Rotavirus	34	46	656	568	1030	808	2319
	Salmonellosis	45	35	2596	2401	2803	3340	3681
	Shigellosis	14	9	597	273	160	531	236
	Typhoid	2	1	49	41	42	58	55
Respiratory Diseases	Influenza	4309	6122	103388	11089	77436	17423	103851
	Legionellosis	2	1	105	105	89	171	138
	Tuberculosis	9	9	386	348	360	508	542
Sexually Transmissible Infections	Chlamydia	567	612	22120	22066	20283	31192	29002
	Gonorrhoea	213	209	8283	7450	6434	10618	9159
	LGV	1	0	40	60	29	85	50
Vaccine Preventable Diseases	Measles	5	0	46	13	25	18	32
	Meningococcal Disease	6	1	43	43	59	72	91
	Mumps	1	2	35	56	84	72	127
	Pertussis	102	133	4314	3042	4049	6280	5366
	Pneumococcal Disease (Invasive)	25	22	458	464	462	681	683
	Rubella	1	0	11	0	4	0	5
Vector Borne Diseases	Barmah Forest	1	2	50	57	101	74	127
	Dengue	6	3	299	201	210	299	306
	Ross River	13	6	474	444	1492	571	1653
Zoonotic Diseases	Brucellosis	1	0	4	5	3	9	6
	Q fever	1	4	165	151	159	228	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](#), the [HIV Surveillance Data Reports](#) and the [Hepatitis B and C Strategies Data Reports](#) webpages.

- Notification is dependent on a diagnosis being made by a doctor, hospital or laboratory. Changes in awareness and testing patterns influence the proportion of patients with a particular infection that is diagnosed and notified over time, especially if the infection causes non-specific symptoms.