

Communicable Diseases Weekly Report

Week 4, 20 January to 26 January 2019

In summary, we report:

- [Measles](#) – three new cases reported this week
- [NSW STI strategy 2016 – 2020: January to June 2018 data report](#)
- [NSW Tuberculosis report 2017](#)
- [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

The total number of measles cases in NSW since Christmas reached 11 this reporting week, with eight of the cases notified in NSW residents during 2019 (Table 1). The cases this week were reported in a man in his fifties and two infants. The three cases are unrelated, however two travelled overseas to South East Asia prior to developing symptoms. A series of [alerts](#) have been issued by NSW Health throughout January advising people, including passengers on [three international flights](#), to be on the lookout for symptoms until mid-February. All NSW residents are encouraged to be aware of whether they are susceptible to measles, and take advantage of free measles vaccine, available for all people aged 12 months or older, and born during or after 1966.

People experiencing symptoms of measles should seek medical care, but call ahead to alert staff so that measures can be taken to prevent their contact with other people when they arrive at their GP or local emergency department.

For more information visit the [NSW Health Measles webpage](#), or see previous reports in weeks [one](#) and [two](#).

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

NSW STI strategy 2016 – 2020: January to June 2018

Sexually transmissible infections (STIs) remain a significant health burden in NSW. [The NSW Sexually Transmissible Infections Strategy 2016-2020](#) provides a framework to respond to changes in STI epidemiology across NSW. The Strategy outlines four goals:

1. Reduce gonorrhoea and syphilis infections and reduce the burden of disease of chlamydia infection
2. Sustain the low rates of STIs amongst sex workers
3. Sustain the virtual elimination of congenital syphilis
4. Maintain high coverage of HPV vaccination.

The [NSW Sexually Transmissible Infections Strategy 2016-2020: January to June 2018 Data Report](#) is now available. These data reports form the primary mechanism for reporting progress against the Strategy's targets (Table 1).

Table 1. Key STI data to 30 June 2018

Reduce gonorrhoea infections				
		Jan-June 2018	Change since 2017	
Gonorrhoea notification rate (per 100,000 population)		132	14% higher (116)	
Number of tests		471,350	4.6% higher (450,553)	
Reduce infectious syphilis infections				
		Jan-June 2018	Change since 2017	
Infectious syphilis notification rate (per 100,000 population)		17.3	24% higher (14)	
Reduce pelvic inflammatory disease (PID) associated with chlamydia: Hospitalisations				
		2017	Change since 2016	
Hospital admissions for chlamydia associated PID		181	13% lower (209)	
Reduce pelvic inflammatory disease (PID) associated with chlamydia: Chlamydia notifications				
		Jan-June 2018	Change since 2017	
Chlamydia notification rate (per 100,000 population)		404	10% higher (368)	
Number of tests		315,511	4.7% higher (301,330)	
Maintain levels of condom use for preventing the transmission of STIs				
		2017	Change since 2016	
Proportion reporting condomless intercourse with casual partners	Men who have sex with men ¹	69%	Increased by 12 per cent (57%)	
	Young people aged 15-29 years ²	17.6%	Increased by 1 per cent (16.6%)	
Maintain high coverage of HPV vaccination for Year 7 school students				
		2016	Change since 2015	
Course completion for human papillomavirus (HPV) vaccination	Female year 7 students	82%	Unchanged at 82%	
	Male year 7 students	80%	Unchanged at 80%	
Increase comprehensive STI testing in priority populations in accordance with risk				
		2017	Change since 2016	
Comprehensive STI testing rates	Men who have sex with men	PFSHs ³	87%	Increased 1 per cent (86%)
		GP ⁴	72%	Increased 4 per cent (68%)
	Young people	PFSHs	64%	Increased by 5 per cent (59%)
		GP	37%	Increased by 1 per cent (36%)
	Female sex workers		84%	Increased by 2 per cent (82%)

In summary, from January to June 2018:

Gonorrhoea

- The annualised gonorrhoea notification rate was 132 notifications per 100,000 population, 14% higher compared to the full year of 2017 (116 per 100,000 population) and more than double the rate compared to 2014 (65 per 100,000 population). The highest age-specific rates continue to occur in the 25-29 years age group; however the largest relative rate increase occurred in the 60+ years age group compared with the full year of 2017. A 10% decline in the gonorrhoea notification rate occurred in the 15-19 years age group.
- The annualised gender specific gonorrhoea notification rate for males in the first six months of 2018 was 218 per 100,000 males, an 11% increase compared to the full year of 2017. The annualised female gender specific rate in the first half of 2018 was 45 per 100,000 females, an 18% increase compared to the full year of 2017.

¹ Sydney Gay Community Periodic Survey, Centre for Social Research, UNSW

² It's Your Love Life Periodic Survey, Centre for Social Research, UNSW

³ PFSHs: Publicly funded sexual health services

⁴ General practices with high and medium case load of GBM in Sydney

Chlamydia

- The annualised chlamydia notification rate was 387 notifications per 100,000 population, 15% higher than the rate for the full year of 2016 (337 per 100,000). The highest age-specific rates of chlamydia notifications continue to occur in people 20-24 years of age.
- The annualised chlamydia notification rate was higher in males than females (403 per 100,000 males compared to 354 per 100,000 females). This was due to a 19% increase in the rate in males compared with a 5% increase in the rate in females.

Infectious syphilis

- The annualised infectious syphilis notification rate was 17.3 per 100,000 population, 24% higher than the rate for the full year of 2017 (14 per 100,000 population). Between January and June 2018, 95% of infectious syphilis notifications were in males.
- Males notified with infectious syphilis were most commonly 25-39 years of age. Most men reported acquiring syphilis via male-to-male sex.

The NSW STI Programs Unit and ACON will continue to intensify efforts to promote condom use amongst gay and bisexual men and young people. Targeted strategies are being implemented to improve comprehensive STI testing among priority populations, including communications and education for GPs to incorporate STI screening and treatment as part of routine care. Further efforts are also being prioritised to increase the rate of testing and re-testing following treatment for gonorrhoea and chlamydia, in accordance with STI testing guidelines.

More detailed data can be found in the [NSW Sexually Transmissible Infections Strategy 2016-2020 January to June 2018 Data Report](#).

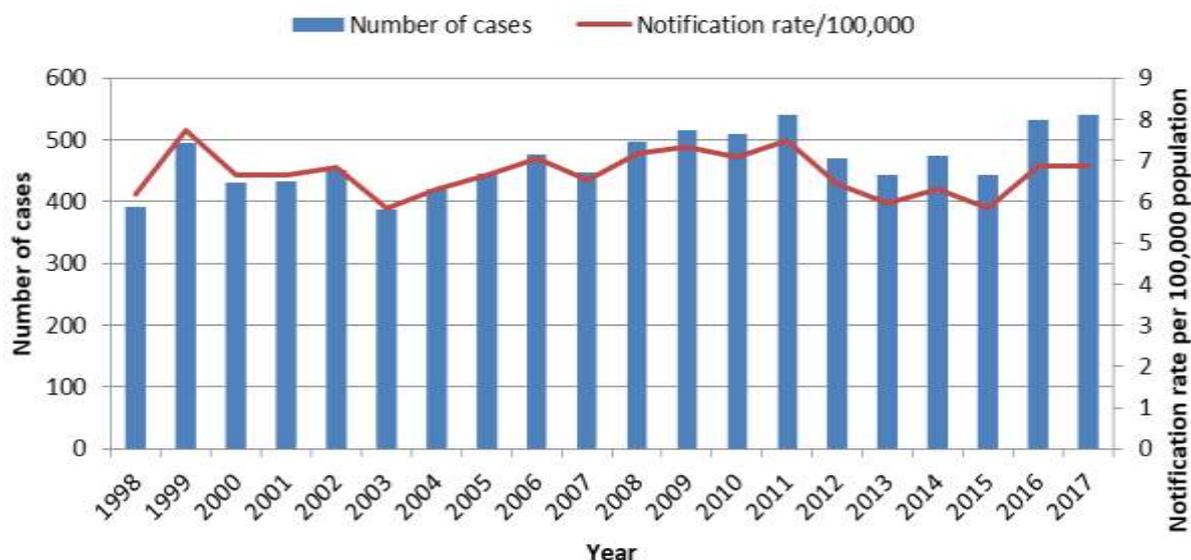
NSW Tuberculosis report 2017

Tuberculosis (TB) is a bacterial disease caused by infection with *Mycobacterium tuberculosis*. TB most commonly affects a person's lungs but can also cause infection in other parts of the body. The symptoms of pulmonary (lung) TB are prolonged cough, fevers, unexplained weight loss and night sweats. TB is spread through the air when a person with TB in the lungs or throat coughs, sneezes or speaks.

Globally TB remains a disease of public health significance with the World Health Organization (WHO) estimating 10 million new cases in 2017, and an estimated 1.6 million deaths. Drug resistant TB is an increasing threat globally, with over 550,000 cases of rifampicin resistant TB estimated worldwide in 2017, of which 451,000 cases (82%), had multi drug resistant TB.

Since the 1980's, Australia has maintained one of the lowest rates of TB in the world. In 2017, 1,432 new cases of TB were reported in Australia (5.8 cases per 100,000 population) . Despite Australia's success in reducing TB, there is no room for complacency. Global migration means that TB will remain a public health concern in Australia until worldwide control of TB is achieved.

Figure 1: Number and rate of TB notifications in NSW, 1998 - 2017



The [2017 NSW Tuberculosis \(TB\) Surveillance Report](#) was recently published on the NSW Health website.

In summary:

- There were 540 tuberculosis (TB) cases notified in New South Wales (NSW) in 2017, similar to the number notified in 2016 (Figure 1).
- The TB notification rate was 6.9 cases per 100,000 population.
- Overseas born TB cases accounted for 91% of cases - the most frequently reported countries of birth were India, Vietnam, and the Philippines.
- Of the 50 Australian born cases, five (10%) identified as Aboriginal or Torres Strait Islander people.
- TB notification rates were highest in Western Sydney and Sydney Local Health Districts.
- The most frequently reported risk factors were being born, or past residence (≥ 3 months), in a high risk country for TB, having an immunosuppressive health condition or being on immunosuppressive therapy, or known contact with TB.
- 78% of cases had laboratory confirmation by culture or polymerase chain reaction (PCR), with 22% of cases receiving a clinical diagnosis only.
- Eight cases (1%) were classified as having multi-drug resistant TB and there were no cases of extensively drug resistant TB.

Further information on TB is available from the [NSW TB Program website](#).

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 19 January – 26 January 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	2	4	3	1	31	36
Enteric Diseases	Cryptosporidiosis	19	18	56	70	140	708	1266
	Giardiasis	72	63	223	222	282	2798	3134
	Listeriosis	1	0	1	7	0	19	20
	Rotavirus	11	20	56	86	88	806	2319
	STEC/VTEC	2	3	10	6	10	57	53
	Salmonellosis	109	99	397	376	435	3341	3681
	Shigellosis	25	16	72	16	30	530	235
	Typhoid	2	2	12	6	10	116	110
Respiratory Diseases	Influenza	432	455	1544	999	647	17413	103852
	Legionellosis	6	3	19	9	9	167	138
	Tuberculosis	8	11	31	42	35	513	542
Sexually Transmissible Infections	Chlamydia	561	683	2056	2202	2324	31179	29006
	Gonorrhoea	217	236	751	839	764	10626	9161
	LGV	3	0	5	7	1	85	50
Vaccine Preventable Diseases	Measles	3	2	8	0	4	18	32
	Meningococcal Disease	1	1	2	4	9	72	91
	Pertussis	168	173	665	305	593	6282	5366
	Pneumococcal Disease (Invasive)	8	9	27	32	20	688	683
Vector Borne Diseases	Barmah Forest	2	1	3	2	9	75	127
	Dengue	5	11	23	44	32	289	306
	Ross River	4	10	29	21	383	568	1652
	Sindbis	1	0	1	0	0	0	0
Zoonotic Diseases	Brucellosis	1	0	1	1	0	9	6
	Q fever	2	4	15	21	18	222	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.