

Communicable Diseases Weekly Report

Week 44, 27 October to 2 November 2019

In summary, we report:

- [Measles](#) – increased risk from new outbreaks in the Pacific
- [Dengue](#) – continuing risk for overseas travellers
- [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

There were no new cases of measles in this reporting week and more than 36 days have passed since the end of the infectious period in the last case. However, the measles outbreaks recently reported in Tonga and Samoa, together with the ongoing outbreak in New Zealand suggest that the risk of measles being imported into NSW by infected travellers is increasing rather than decreasing.

People visiting New Zealand, Samoa and Tonga may be exposed to measles, and are susceptible to infection if they have not received two doses of measles vaccine or have had measles in the past. People visiting from these countries may also inadvertently import the highly infectious disease and transmit it to susceptible people here.

Many measles cases in Australia this year, including at least five NSW cases, have been acquired in New Zealand and the outbreaks in Tonga and Samoa may also be linked to New Zealand. Some recently imported measles cases in other Australian states have led to measles outbreaks, and local New Zealander and Pacific Islander communities have been particularly affected.

NSW Health encourages all people, born during or after 1966 to make sure they have received two doses of the measles vaccine. This is particularly important when planning travel overseas, or receiving visitors from areas of known outbreak.

Two doses of the measles vaccine provides lifelong protection against measles in 99% of recipients.

The measles vaccine is offered to children in Australia under the National Immunisation Program at 12 months of age (as measles-mumps rubella or MMR) and 18 months of age (as measles-mumps-rubella-varicella or MMRV). However, parents planning travel with children under 18 months of age



Measles is about!

Outbreaks in the Pacific

Families visiting **Tonga, Samoa or New Zealand**, or receiving visitors from these countries may get exposed to measles.

Measles is a serious illness.

Measles vaccination is the best way to protect your whole family

- **The measles shot is free!** Everyone born after 1965 should have two doses unless they have already had measles
- **Two doses** protects you for life
- **It's safe** to have another measles shot if you're not sure if you have had two doses
- **Babies** can have the measles shot from 6 months old if they are travelling, especially to Tonga, Samoa or New Zealand.

Visit your **doctor** to make sure you and your family are protected.

 www.health.nsw.gov.au/measles

are encouraged to discuss their travel plans with their doctor, as the measles vaccine schedule can be adjusted to begin as early as 6 months of age to offer protection during travel.

The measles vaccine is also available for free in NSW, for anyone born during or after 1966 who does not have evidence of two doses of measles vaccine or immunity to measles.

People born between 1966 and 1994 should discuss measles vaccination with their doctor (particularly prior to travel) as changes to the vaccination schedule during this time means they may have missed one or both doses, and be unknowingly unprotected.

Clinicians are encouraged to discuss measles vaccination with their patients, especially prior to travel, and to have a high index of suspicion for measles in people returning from overseas travel with fever and rash.

Further information

- NSW Health [measles homepage](#) for general information about measles and specific information for [travellers](#) and [health professionals](#)
- NSW Health [measles resources page](#) , including posters for display in waiting rooms (including multiple language options), fact sheets and decision aids.
- NSW Health [measles alerts](#) and [notification data](#)
- New Zealand Ministry of Health – Public Health Surveillance [Measles reports](#).
- ReliefWeb – [Pacific measles outbreak](#) – October 2019.

Dengue

There were 14 new cases of dengue notified this week (Table 1). These cases were in people who acquired their infections in Cuba (n=1), Fiji (n=3), India (n=4), Nepal (n=2), Philippines (n=1), Sri Lanka (n=1), Thailand (n=2), and Vietnam (n=1).

Three countries have accounted for over half of the 380 dengue notifications reported in NSW this year, by onset date: Indonesia (especially Bali) (n=95, 25%), Thailand (n=62, 16%) and Fiji (n=56, 15%).

Dengue is a mosquito-borne viral infection transmitted by the bite of particular *Aedes* mosquitoes. Dengue usually causes severe flu-like symptoms, including sudden fever, chills, severe headache with pain behind the eyes, swollen glands, muscle and joint pain and extreme fatigue.

Anyone who lives in or travels to a dengue-affected country is at risk of infection. This includes Pacific Island countries and territories, and countries in Asia, Central and South America, the Middle East and Africa.

Travellers to dengue-affected areas should stay in accommodation with screened windows and doors, and wear light-coloured clothing that covers the arms and legs.

Travellers should apply insect repellent containing DEET or picaridin to exposed skin, and re-apply during the day according to the manufacturer's instructions. Repellents containing oil of lemon eucalyptus (OLE) or para menthane diol (PMD) also provide adequate protection.

Further information

- For more information on the illness see the [Dengue fact sheet](#).
- For specific advice on steps to avoid being bitten by mosquitoes see the [Mosquitoes are a Health Hazard fact sheet](#).
- Follow the link for further information on [dengue notifications](#).
- For up-to-date information on areas where dengue has been recently reported, see the US CDC [Dengue Around the World](#) 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 27 October – 2 November 2019, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Enteric Diseases	Cryptosporidiosis	13	9	517	625	1178	708	1266
	Giardiasis	55	42	2853	2512	2755	2937	3134
	Hepatitis A	2	1	54	77	57	86	71
	Listeriosis	1	0	14	17	15	19	20
	Paratyphoid	1	0	36	24	12	34	17
	Rotavirus	46	34	1014	704	2037	808	2319
	STEC/VTEC	1	5	58	47	45	57	53
	Salmonellosis	63	82	3040	2797	3190	3337	3680
	Shigellosis	16	25	729	392	198	532	236
	Typhoid	1	0	58	49	49	58	55
Respiratory Diseases	Influenza	236	327	113710	15669	102726	17409	103841
	Legionellosis	3	4	130	130	117	171	138
	Tuberculosis	11	12	495	427	448	508	542
Sexually Transmissible Infections	Chlamydia	620	655	27076	26711	24589	31183	28987
	Gonorrhoea	215	219	9941	9146	7802	10610	9151
	LGV	4	3	54	71	41	85	50
Vaccine Preventable Diseases	Pertussis	119	127	5242	4407	4689	6280	5363
	Pneumococcal Disease (Invasive)	14	15	591	580	611	681	682
Vector Borne Diseases	Chikungunya	1	0	20	5	39	13	47
	Dengue	14	7	383	239	257	299	306
	Malaria	3	3	58	61	65	66	68
	Ross River	6	4	539	520	1591	571	1653
Zoonotic Diseases	Q fever	4	3	208	200	177	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.