

Communicable Diseases Weekly Report

Week 47, 17 November to 23 November 2019

In summary, we report:

- [Measles](#) – first importation from Pacific Islands outbreak
- [Listeriosis](#) – two cases, a mother and child
- [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

A new case of measles was notified in this reporting week ([Table 1](#)). This is the 55th case of measles in a NSW resident in 2019 and the first importation into NSW resulting from the outbreak occurring in Samoa.

The outbreak in Samoa is developing rapidly, and a [State of Emergency has been declared](#). [As of 26 November](#), 2,437 cases had been reported, and 32 people, mainly children under the age of five had died. Schools and universities have been closed, children under the age of 17 are not permitted to attend public gatherings and travel between Upolu and Savaii is prohibited for people aged 19 years or younger. A mandatory vaccination campaign has commenced, with 24,000 people immunised as of 26 November.

A contingent of NSW health workers have been [deployed to Samoa](#) as part of the Commonwealth Government's Australian Medial Assistance Team (AUSMAT) to provide assistance to the Samoan Department of Health.

The outbreaks in Tonga and Samoa are linked to the ongoing outbreak in New Zealand. The outbreak has now also spread to Fiji and American Samoa.

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

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 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 prior immunity to measles.

People born between 1966 and 1994 should discuss measles vaccination with their doctor if they do not have a record of two doses of measles vaccine. 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](#) – 26 November 2019.

Listeriosis

Two new cases of listeriosis (infection with *Listeria*) were reported this week in a woman and her newborn baby ([Table 1](#)). The baby required intensive care after delivery but both the mother and baby are now doing well.

Pregnant women are at increased risk from listeriosis because their immune systems are partially suppressed. Listeriosis during pregnancy may cause stillbirth or premature delivery.

Listeriosis is a rare illness caused by eating food contaminated with a bacterium called *Listeria monocytogenes*. This bacterium is widespread throughout nature, being commonly carried by many species of both domestic and wild animals. Outbreaks of illness have been associated with raw milk, soft cheeses, rockmelons, pre-prepared salads (for example, from salad bars), unwashed raw vegetables, pâté, cold diced chicken and pre-cut fruit and fruit salad. Babies can be born with listeriosis if their mothers eat contaminated food during the pregnancy. *Listeria* bacteria survive refrigeration but can be killed through cooking.

People at increased risk of listeriosis include pregnant women and their unborn child, newborns, older people and people with weakened immune systems; for example, people on cancer treatment or steroids, or people with diabetes, kidney disease, liver disease or living with HIV infection. Listeriosis may be severe in these individuals, and infections during pregnancy may cause still birth or premature delivery.

NSW Health recommends that people at increased risk of listeriosis do not eat rockmelon, pre-cut fruit or pre-prepared fruit, pre-packed cold salads, frozen vegetables unless cooked and served hot, pre-cooked cold chicken, cold delicatessen meats, paté and/or meat spreads, raw seafood, smoked seafood unless cooked and served hot, chilled seafood (for example, ready-to-eat prawns), unpasteurised milk or milk products, soft cheeses (for example, camembert, ricotta, or blue-vein), soft serve ice cream, or sprouted seeds. Fruit and vegetables eaten raw should be thoroughly washed prior to eating.

Further information

Follow the links for further [listeriosis data](#), the [listeriosis factsheet](#) and the NSW Food Authority [Food safety during pregnancy brochure](#).

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 17 November – 23 November 2019, by date received*

		Weekly		Year to date		Full Year		
		This week	Last week	2019	2018	2017	2018	2017
Enteric Diseases	Cryptosporidiosis	17	13	558	658	1205	708	1266
	Giardiasis	43	45	2988	2688	2912	2937	3134
	Hepatitis A	1	0	55	80	61	86	71
	Hepatitis E	1	0	21	15	19	18	20
	Listeriosis	2	0	16	17	17	19	20
	Rotavirus	64	78	1229	738	2187	808	2319
	STEC/VTEC	1	1	61	52	47	57	53
	Salmonellosis	62	51	3213	2989	3387	3337	3680
Shigellosis	20	15	783	465	208	531	236	
Respiratory Diseases	Influenza	262	288	114745	16294	103255	17409	103841
	Legionellosis	4	1	137	149	126	171	138
	Tuberculosis	10	8	529	461	494	508	544
Sexually Transmissible Infections	Chlamydia	621	636	29015	28475	26377	31181	28987
	Gonorrhoea	198	225	10608	9713	8331	10610	9149
Vaccine Preventable Diseases	Measles	1	1	56	17	31	18	32
	Meningococcal Disease	1	1	55	63	85	72	91
	Mumps	1	1	51	66	116	72	127
	Pertussis	138	172	5720	5157	4963	6280	5363
	Pneumococcal Disease (Invasive)	12	15	636	623	653	681	682
Vector Borne Diseases	Dengue	9	10	414	268	284	299	306
	Malaria	3	2	64	63	66	66	68
	Ross River	3	5	552	535	1609	571	1653
Zoonotic Diseases	Q fever	3	2	218	213	189	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.