

# Communicable Diseases Weekly Report

## Week 1, 29 December 2019 to 4 January 2020

(includes activity for the previous week – Week 52, 2019)

In summary, we report:

- [Measles](#) – four new locally-acquired cases reported
- [Tuberculosis](#) – 2018 NSW surveillance report highlights
- [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

Four new cases of measles were notified in this reporting week (Table 1). All four cases were in Sydney residents with no history of overseas travel or contact with a known case of measles. Three are young adults and one is a teenager. Information on sites these cases visited while potentially infectious were provided in three media releases – see the NSW Health [Measles Alert page](#) for links and further information.

Queensland Health has also reported one measles case in this reporting week who likely acquired the infection while visiting Sydney in December.

The last measles case reported prior to these cases (see the [CDWR for Week 47 – 2019](#)) was in a man who reported extensive travel in Sydney in December while infectious. This case may have been the source for one or more of these recent cases although no direct links are known.

These locally-acquired cases highlight the need for clinicians to consider measles in anyone presenting with fever and a maculopapular rash, irrespective of their vaccination and travel history.

### Information about measles and measles vaccination

Measles is a serious viral illness and one of the most highly communicable infectious diseases. The measles virus is usually spread through coughing or by contact with the nasal or throat secretions of an infected person.

The symptoms of measles usually start 7 to 18 days after exposure to someone who has measles. They include fever, cough, runny nose, conjunctivitis and feeling unwell. After three to five days a rash with flat red spots breaks out, usually starting on the face before spreading to the rest of the body. People are usually infectious from four days before the onset of the rash until four days after.

People are at risk of measles if they have never had measles infection in the past or if they have not received two doses of measles vaccine. People born before 1966 are considered immune as it is highly likely they had measles infection as a child.

Two doses of measles vaccine provides lifelong immunity to 99 per cent of people vaccinated. Measles vaccines are offered to all children under the National Immunisation Program at 12 months of age as measles-mumps-rubella (MMR) and 18 months of age as measles-mumps-rubella-varicella (MMRV).

NSW Health also provides free catch-up MMR vaccine to anyone born during or after 1966 who has not received two measles vaccine doses. If the vaccine history is uncertain it is safe to have another dose.

NSW Health encourages all people to ensure they are protected against measles, particularly prior to overseas travel. People travelling with children under the age of 12 months should discuss travel plans with their doctor, as the immunisation schedule can be altered to provide protection to children travelling to high risk areas, from 6 months of age.

#### Further information

- NSW Health [measles homepage](#) for general information about measles (including vaccination) 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](#)

## Tuberculosis

The [2018 NSW Tuberculosis \(TB\) Surveillance Report](#) was recently published on the NSW Health website.

In summary:

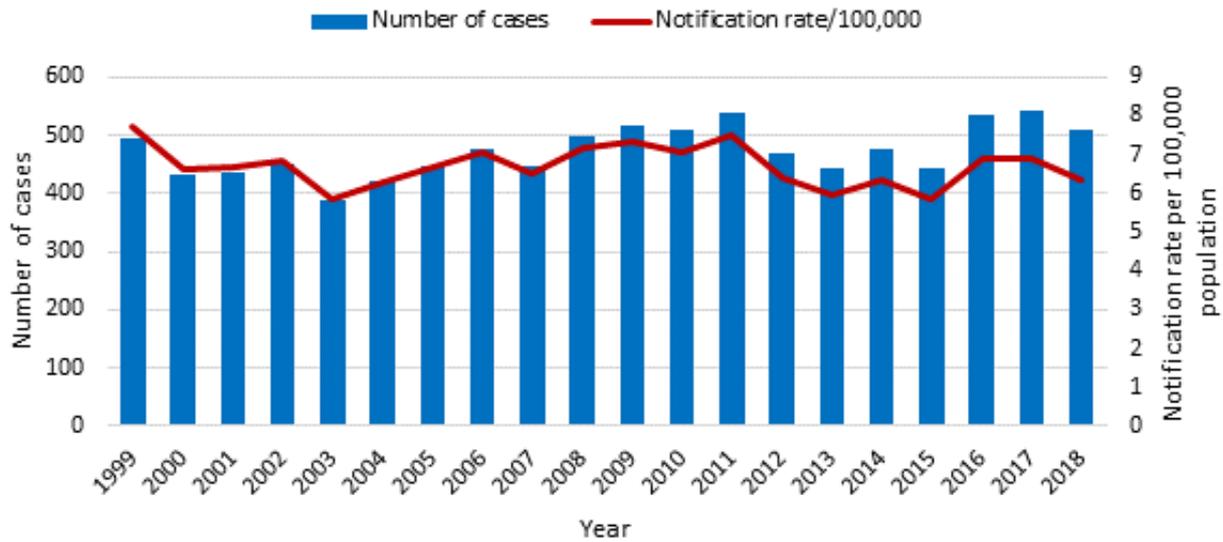
- There were 508 tuberculosis (TB) cases notified in NSW in 2018, 6% lower than the number of cases notified in 2017.
- The annual TB notification rate was 6.4 cases per 100,000 population.
- Overseas born TB cases accounted for 93% of cases. The most frequently reported countries of birth were India, Vietnam and Nepal.
- Of the 35 Australian born cases, three (9%) 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 TB risk factors were being born, or past residence ( $\geq 3$  months), in a high risk country for TB, known contact with TB, or having an immunosuppressive health condition or being on immunosuppressive therapy.
- 79% of TB cases were laboratory confirmed by culture or polymerase chain reaction (PCR), with 21% of cases receiving a clinical diagnosis only.
- Of those TB cases with laboratory confirmation, 10 cases were classified as having multi-drug resistant TB (MDR-TB) and no cases had extensively drug resistant TB (XDR-TB). This represents 3% of laboratory confirmed cases and is consistent with previous years.

Tuberculosis 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 2018 and 1.4 million deaths. Drug resistant TB is an increasing threat globally, with about 500,000 cases of rifampicin resistant TB estimated worldwide in 2018, of which 78% had multi drug resistant TB.

Since the 1980's, Australia has maintained one of the lowest rates of TB in the world. In 2018, 1,438 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, 1999 – 2018.



### Further information

- NSW Health [TB Program website](#)
- NSW Health [TB factsheet](#).

## Summary of notifiable conditions activity in NSW

The following table (Table 1) summarises notifiable conditions activity over the reporting period.

**Table 1. NSW Notifiable conditions from 29 December 2019 – 4 January 2020, by date received\* (includes activity for Week 52 2019)**

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Enteric Diseases	Cryptosporidiosis	12	12	9	10	11	669	708
	Giardiasis	29	31	18	47	35	3268	2937
	Hepatitis A	2	1	1	1	2	61	86
	Hepatitis E	1	1	1	0	0	24	18
	Listeriosis	1	0	1	0	0	16	19
	Paratyphoid	1	1	1	1	1	39	34
	Rotavirus	48	30	41	24	15	1742	808
	STEC/VTEC	2	4	1	3	2	81	57
	Salmonellosis	70	39	45	96	93	3562	3336
	Shigellosis	10	8	7	17	3	869	531
Typhoid	1	1	1	2	2	63	58	
Respiratory Diseases	Influenza	239	173	154	312	149	116373	17409
	Tuberculosis	6	11	4	8	8	598	508
Infections	Chlamydia	310	278	223	341	371	32378	31181
	Gonorrhoea	122	106	81	168	163	11694	10610
Diseases	Measles	4	0	5	1	0	58	18
	Mumps	3	0	2	1	1	56	72
	Pertussis	77	57	53	178	79	6383	6280
	Pneumococcal Disease (Invasive)	7	14	5	7	7	692	681
Vector Borne Diseases	Chikungunya	1	0	0	2	1	32	13
	Dengue	6	4	4	5	11	454	299
	Malaria	1	3	0	2	2	73	66
	Ross River	3	2	2	9	7	577	571
Zoonotic Diseases	Q fever	3	2	2	4	1	244	228

### \* 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.