

Communicable Diseases Weekly Report

Week 3, 12 January to 18 January 2020

In summary, we report:

- [Novel coronavirus 2019](#) – information
- [Measles](#) – four new locally-acquired cases reported, including two infants
- [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.

Novel coronavirus 2019

At the end of December 2019, a new coronavirus currently known as 2019-nCoV, was identified as the cause of acute respiratory illness in Wuhan City, China. In recent days, the number of cases reported from the Wuhan region and other Chinese provinces has increased as surveillance and testing have expanded. A small number of cases has been reported internationally, including from a number of Asian countries or territories and the United States. Most of these cases reported travel to Wuhan. Most recently, the Chinese government have escalated control measures by limiting travel to and from the most affected areas.

Coronaviruses are a family of viruses which occur in both humans and animals. Human coronaviruses usually cause mild respiratory disease such as the common cold. Some animal strains can spread between animals and people, causing illness in humans. The initial cluster of cases reportedly attended a seafood and live animal market in Wuhan, suggesting that 2019-nCoV likely originated in an animal species.

2019-nCoV is genetically related to the SARS (severe acute respiratory syndrome) coronavirus and belongs to the same family as MERS (Middle East respiratory syndrome) coronavirus. The clinical presentation of 2019-nCoV is believed to be less severe than SARS; however knowledge of this novel virus continues to evolve. A range of symptoms have been reported, including fever, headache, cough, sore throat, and shortness of breath. Severe cases of 2019-nCoV infections have involved pneumonia. To date, deaths have occurred almost exclusively in older people and/or with significant co-morbidities. The time from exposure to the virus to onset of symptoms has been estimated to be approximately 2-14 days. While person-to-person transmission was initially believed to be unlikely, the Chinese National Health Commission has since confirmed that the virus has been passed between people in community and healthcare settings. Person-to-person transmission occurs most likely through direct contact with ill persons, by respiratory droplets, and by contact with contaminated objects and surfaces.

Based on the information currently available, the Australian Government Department of Health considers the risk of transmission in Australia to be low, although this may change as more information becomes available. In NSW, suspected 2019-nCoV infection has been made a notifiable disease to enable rapid detection of potential cases and control the risk of onward transmission. Laboratory capacity for urgent coronavirus testing is available, and guidance regarding the assessment and management of persons with suspected 2019-nCoV infection has been provided to [general practitioners](#) and [hospitals](#).

NSW Health urges anyone who develops a fever and respiratory signs and symptoms and who has travelled to Wuhan City in the 14 days or been in contact with a known case to see a doctor. Calling

ahead and advising of the potential 2019-nCoV infection is vital to ensure that precautions can be taken on arrival. People with symptoms are also advised to wear a surgical mask to prevent the spread of infections to others. In addition, routine hygiene practices such as frequent handwashing and cough etiquette should always be applied, as these also reduce the likelihood of transmitting common diseases such as colds and influenza.

Further information

- NSW Health [Novel coronavirus page](#) for general information and [Frequently asked questions](#)
- Australian Government Department of Health [resources page](#), including updates from the Chief Medical Officer and links to travel advice
- World Health Organization [Coronavirus page](#)

Measles

Four new cases of measles were notified in this reporting week ([Table 1](#)), including two cases in infants too young to have received their first measles vaccine. Both babies were hospitalised, but have since been discharged. This takes the total number of people to have acquired measles in NSW since Christmas to eleven.

All four cases were Sydney residents with no history of overseas travel. One of the cases is a confirmed contact of a recent case, known to have spent time in the same location during the previous case's infectious period.

Babies under twelve months of age, and other people who are unable to be vaccinated, usually due to medical conditions or treatment, are more likely to suffer from severe complications of measles.

Maintaining high rates of vaccination is the best way to protect babies and other vulnerable people from measles. Vaccination rates among children in NSW are high, with over 93% of children fully vaccinated against measles according to the most recent data from the Australian Immunisation Register. However due to changes to the National Immunisation Schedule over time, many adults, particularly those born between 1966 and 1994 may be unknowingly under-protected against measles, having potentially missed one or more doses of the vaccine.

Measles is highly infectious, and people with measles are able to spread the virus from about 24 hours before the onset of symptoms to four days after the presentation of the rash. Several recent measles cases have spent time in public places in and around Sydney during their infectious periods. A list of active measles alerts can be found on the [NSW Health Current Measles Alerts Page](#).

People with measles should be isolated to avoid spreading the infection to others, particularly to vulnerable people who are unable to be vaccinated. Many people may have been recently exposed to measles in and around Sydney, and could be developing symptoms now, or over the coming days and weeks, as it can take up to 18 days for symptoms to appear following an exposure to measles.

NSW Health encourages people to be aware of the symptoms of measles which include fever, cough, runny nose and sore red eyes, followed 3 to 4 days later by a red spotty rash which starts on the head and spreads to the rest of the body. People experiencing these symptoms should seek medical attention, but call ahead to the practice or emergency department so that their exposure to other people can be limited on arrival.

Clinicians should have a high index of suspicion for measles in anyone presenting with fever and a maculopapular rash, irrespective of travel history. Further information about managing suspected measles cases can be found in the [NSW Health Measles Clinician Alerts](#).

Two doses of measles vaccine provides the best protection. Two doses are currently provided for children at 12 and 18 months of age under the National Immunisation Program. Measles vaccine (as MMR – measles-mumps-rubella) is available for free in NSW, for anyone over 12 months of age, born during or after 1966 who does not have documented evidence of measles immunity. Those unsure of, or unable to validate their immunisation history can visit their GP to access free vaccine, as it is safe to receive more than two doses.

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](#)
- Australian Immunisation Register – [how to get an immunisation history statement](#)

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 12 January 2020 – 18 January 2020, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Enteric Diseases	Cryptosporidiosis	16	23	48	44	56	669	708
	Giardiasis	45	50	114	198	152	3270	2937
	Hepatitis A	1	1	3	6	6	61	86
	Paratyphoid	1	1	3	5	3	39	34
	Rotavirus	47	42	125	60	69	1748	808
	STEC/VTEC	4	1	6	9	6	80	57
	Salmonellosis	89	89	225	324	302	3562	3336
Respiratory Diseases	Shigellosis	34	37	81	53	10	869	529
	Influenza	448	455	1055	1254	726	116408	17409
Sexually Transmissible Infections	Tuberculosis	8	6	18	27	28	598	507
	Chlamydia	794	593	1609	1649	1754	32409	31181
	Gonorrhoea	313	226	609	618	668	11698	10610
Vaccine Preventable Diseases	LGV	1	3	5	4	5	69	85
	Measles	4	2	10	5	0	58	18
	Meningococcal Disease	1	2	3	1	4	59	72
	Mumps	1	1	4	5	4	56	72
	Pertussis	75	112	235	534	247	6383	6280
Vector Borne Diseases	Pneumococcal Disease (Invasive)	18	16	39	21	28	692	681
	Barmah Forest	2	1	3	1	2	63	74
	Dengue	2	6	12	22	36	454	299
Zoonotic Diseases	Ross River	1	5	8	28	17	578	571
	Q fever	7	7	16	20	17	246	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.