

Communicable Diseases Weekly Report

Week 13, 26 March to 1 April 2023

In this report we provide information regarding measles and a summary of notifiable conditions activity in NSW over the reporting period Week 13, 26 March to 1 April 2023

For surveillance data on COVID-19 and influenza please see the latest [NSW Respiratory Surveillance Report](#).

For up-to-date information regarding the Japanese encephalitis outbreak and the NSW response, please visit the [NSW Health Japanese encephalitis page](#).

Information on notifiable conditions is available at the 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 have been two cases of measles notified up to 9 April ([Table 1](#)). The first case was notified in this reporting week; this is the first case of measles reported in NSW in 2023, with only one other case reported since February 2020 (in September 2022). The case, an infant under 12 months old, acquired their infection while travelling in India and developed symptoms after returning to Sydney. The case was unvaccinated, which is in line with children being scheduled to receive their first dose of measles-containing vaccine at 12 months of age under the National Immunisation Program.

On March 27th, they visited locations in Parramatta Westfield and the Children's Hospital at Westmead whilst unknowingly infectious with measles. Over 200 contacts have been identified and contact tracing and management has occurred. Health Protection NSW issued a media alert notifying people who had attended venues visited by the person to be on the lookout for signs and symptoms of measles. A GP alert was also released, and clinicians are advised to suspect measles in patients with fever, runny nose, cough and or conjunctivitis and a non-itchy rash if they have been in one of the locations identified in the media release at the same time as the case, or recently returned from overseas.

Additionally, a second case of measles was reported in the week ending 9 April in another unvaccinated infant. This case is suspected to be locally acquired as they have had no overseas travel or contact with known overseas travellers. This case attended many venues whilst infectious which have been listed in the [media release](#) dated 6 April 2023. Investigations for the source of this cases infection are ongoing. An additional GP, clinicians and a pharmacy alert have been released.

Between March 2020 and August 2022 there were no cases of measles in NSW, likely because of international border closures and reduced international travel. This case is a reminder that with international borders re-opening, importations of measles are likely to occur, and it's important for everyone to make sure they are fully protected against measles. Measles cases associated with international travel have also recently been reported in Victoria, South Australia, Queensland, and New Zealand. Measles remains common in many parts of the world and large outbreaks are currently occurring in many countries, including several within our region. Impacts of the COVID-19 pandemic on immunisation programs mean globally more people may be at risk of measles, with outbreaks potentially larger and more widespread.

Measles is a highly contagious, acute viral illness caused by the measles virus, which is spread through the air when an infected person coughs, sneezes, or talks. Measles has been eliminated in Australia since 2014, meaning that it no longer circulates locally, and risk of infection in Australia is

low. Cases of measles in Australia are usually associated with importations from places overseas where it remains endemic, by visitors or returned travellers.

Signs and symptoms of measles

People who are exposed to measles will usually become sick after about 10 days, but it can take as little as seven and as many as 18 days for symptoms to appear. The main symptoms of measles include:

- fever
- cough
- runny nose
- conjunctivitis (sore, red, eyes)
- generally feeling unwell/tiredness
- followed 3-4 days later by a non-itchy, spotty rash that starts on the face and neck and spreads to other parts of the body.

Up to one third of people with measles will have serious complications including:

- otitis media (middle ear infection)
- diarrhoea (more common in infants)
- pneumonia
- encephalitis (swelling of the brain) (1 in 1000),

One in 100,000 people who get measles will develop chronic, progressive brain inflammation several years after infection. This severe complication is called sub-acute sclerosing panencephalitis and is fatal.

Anyone experiencing symptoms should seek medical attention and should call their doctor or emergency department before attending so that spread of measles to others in the waiting room can be prevented.

Measles vaccination

Measles vaccination is highly effective with two doses of measles vaccine providing life-long protection in 99 out of 100 people vaccinated. Anyone born during or after 1966 should ensure they have received two doses of measles vaccine at least four weeks apart. Measles vaccine is provided for free for children as part of the National Immunisation Program (NIP) at 12 and 18 months of age. NSW Health makes the measles vaccine available free to anyone born during or after 1966 who doesn't have two documented doses of measles vaccine.

People travelling with children between the ages of 6 and 12 months should discuss their travel plans with their doctor, as infants can receive the measles vaccine as early as 6 months of age if travelling to an area considered high risk for measles.

Further information:

- [NSW Health measles fact sheet](#)
- [NSW Health measles notification data page](#)
- [NSW measles homepage](#)
- [NSW Health measles vaccination FAQs](#)
- [Australian Immunisation Handbook](#)

Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period alongside reports received in the previous week, year to date and in previous years (Table 1).

Table 1. NSW Notifiable conditions from 26 March – 1 April 2023, by date received*

		Weekly		Year to date					Full Year			
		This week	Last week	2023	2022	2021	2020	2019	2022	2021	2020	2019
Enteric Diseases	Campylobacter	215	180	3272	3145	3652	3310	3159	13347	13015	11052	12071
	Cryptosporidiosis	8	10	167	99	205	307	306	463	444	548	669
	Giardiasis	58	67	648	347	542	832	1199	1410	1585	1986	3420
	Hepatitis A	4	2	25	4	0	17	25	37	8	19	61
	Paratyphoid	1	1	17	3	0	14	28	12	1	17	39
	Rotavirus	30	50	898	100	80	291	171	1803	356	500	1777
	STEC/VTEC	4	4	48	33	37	36	24	144	126	115	79
	Salmonellosis	90	74	1045	1078	1202	1421	1311	2967	3100	2885	3552
	Shigellosis	10	28	253	63	24	339	227	460	60	494	867
	Typhoid	4	2	35	10	0	28	31	47	2	37	64
Other	Invasive Group A Streptococcus	10	11	164	0	0	0	0	144	0	0	0
Respiratory Diseases	Influenza	944	709	6169	399	16	7057	7391	116314	125	7481	116402
	Legionellosis	2	5	61	66	70	38	55	274	215	171	154
	Respiratory syncytial virus (RSV)	1275	978	6586	1	0	0	0	5669	0	0	0
	Tuberculosis	7	13	151	97	143	119	138	529	559	625	589
Sexually Transmissible Infections	Chlamydia	660	618	8247	6065	7870	8475	8372	25856	25309	27227	32473
	Gonorrhoea	238	241	3173	2330	2422	2983	2993	10227	7625	9878	11684
	LGV	1	1	11	4	10	26	17	29	36	44	69
Vaccine Preventable Diseases	Measles	1	0	1	0	0	16	22	1	0	16	58
	Pertussis	3	2	27	12	10	1095	1624	81	44	1400	6387
	Pneumococcal Disease (Invasive)	3	4	91	51	82	105	81	533	386	342	686
Vector Borne Diseases	Barmah Forest	2	2	41	24	37	33	16	89	111	271	63
	Dengue	8	7	82	8	1	66	120	169	4	78	460
	Ross River	8	9	148	401	306	92	185	725	661	1990	596
Zoonotic Diseases	Q fever	1	0	41	60	64	69	92	197	209	212	249

* 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.
- Surveillance data on COVID-19 can be found in the [NSW Respiratory Surveillance Report](#).
- 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.
- 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.