# Communicable Diseases Weekly Report

## Week 47 18 November 2013 – 24 November 2013

In summary, we report:

- **Mumps** – one case in an infant associated with travel in Bangladesh
- **Australian Bat Lyssavirus** – 10 potential exposures
- **Summary of notifiable conditions activity in NSW**

For further information on infectious diseases and alerts see the Infectious Diseases webpage.

Follow the A to Z of Infectious Diseases link for more information on specific diseases.

For links to other surveillance reports, including influenza reports, see the NSW Health Infectious Diseases Reports webpage.

## Mumps

One notification of mumps was received this reporting week. The case, from Western Sydney Local Health District, is an 11 month old baby girl who acquired the infection in Bangladesh. As her 12 month vaccinations were not yet due, she was not vaccinated prior to her travel overseas. This brings the total of mumps cases in NSW this year to 77, following outbreaks in Northern Sydney and the North Coast in unvaccinated children and young adults.

Mumps is caused by a virus and in the past was a common childhood illness. Now, as a result of immunisation, it is a rare disease in Australia. Most cases in NSW are now in older adolescents and young adults up to 35 years of age. Like the situation for measles, adults born after 1966 are at risk of mumps infection unless they have received two doses of a mumps containing vaccine. This age group may have missed being vaccinated in childhood and may also have missed being infected in childhood (when vaccination had reduced the number of cases of mumps in the community), so remain non-immune.

Mumps is spread via respiratory droplets when an infected person coughs or sneezes, or via direct contact with infected saliva. The symptoms of mumps are fever, loss of appetite, tiredness and headache followed by tenderness and swelling of the salivary glands. One or both of the parotid salivary glands, which are located within the cheeks, are most frequently affected. Complications from mumps are uncommon and include encephalitis, meningitis, orchitis (inflammation of the testes) and hearing loss. Mumps during the first trimester of pregnancy can result in loss of the foetus. Mumps is usually a more serious illness in adolescents and adults than in children.

Mumps is prevented by vaccination. Measles-mumps-rubella (MMR) vaccine provides good protection against mumps, and is on the routine childhood immunisation schedule at 12 months of age. A second dose of mumps vaccine, given as measles-mumps-rubella-varicella (MMRV) vaccine is due at 18 months of age. Children over 18 months who have not had their second dose of MMR vaccine can be vaccinated now. Anyone born during or after 1966 should have two doses of MMR vaccine, at least 4 weeks apart. Infants under 6 months of age are protected from mumps infection by maternal antibodies, provided the mother is immune (via natural infection or vaccination).

Infants under 12 months of age who will be travelling to areas where measles or mumps viruses are currently circulating can receive MMR vaccine from 9 months of age. If MMR is administered under 11 months of age, two further doses are required after 12 months of age (making three in total).

Follow the link for further information on mumps disease notifications.

Follow the link for further information on mumps vaccination (external link). Back to top

## Australian Bat Lyssavirus

This reporting week, there have been ten people notified to public health units across NSW who had been potentially exposed to Australian bat lyssavirus (ABLV) via a bite of scratch from a bat. In the last month, there have been 34 such notifications. This is well above the expected number for this time of year. In the corresponding four week period in November 2012 there were a total of 12 notifications of potential ABLV exposures. In one recent incident, the bat was subsequently found to be infected with ABLV. However, not all bats that have bitten or scratched a person are available to be tested for ABLV.

At the moment there is a reduced amount of native food available for flying foxes so these animals may forage in fruit trees close to where people are living. Bats may then become entangled in fruit tree nets or nearby fences. Additionally, flying fox pups are born in spring and are carried by the mother when she goes out to feed. Sometimes the young fall from the mother and are found on the ground; if touched they may bite or scratch. Recent bushfires may also have driven bats closer to towns and cities.

ABLV belongs to the lyssavirus genus of viruses and is closely related to rabies virus. There have been three known human cases of ABLV infection; all resulted in death. All three cases were in Queensland and the infection was acquired from a bat bite. The most recent case was in an eight year old child in February 2013.

Evidence of ABLV infection has been found in all four species of flying foxes found in Australia, and in Australian insectivorous microbats. Infected bats may not demonstrate any abnormal behaviour and infection can occur in bats of any age. While ABLV is not common in bats, any Australian bat should be considered to be potentially infected with ABLV.

ABLV cause a rabies-like disease in humans. Early symptoms are flu-like which progress to paralysis, delirium, convulsions and death, usually within two weeks.

The best protection against ABLV infection is to avoid contact with flying foxes or other bats. Only people who have been fully vaccinated against rabies, use protective equipment and have been trained in bat handling should touch a bat. Injured or trapped bats should be reported to the local Wildlife Information Rescue and Education Service (WIRES) network on 1300 094 737 or at www.wires.org.au .

Anyone who is bitten or scratched by a bat should immediately wash the wound thoroughly with soap and copious water for at least five minutes and then apply an antiseptic such as povidone-iodine or alcohol. Urgent medical care should be sought so that rabies immunoglobulin can be injected into the wound in the case of a bite, and a course of 4 doses of rabies vaccine given over two weeks administered for both bites and scratches. Medical practitioners should contact their local public health unit for advice and to arrange immunisation.

NSW Health is currently preparing a media release to warn members of the public about the dangers of handling bats.

Follow the link for further information on rabies and ABLV infection.

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## 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 18 November 2013 to 24 November 2013, by date received.**

| | | This week | Last week | Year to date | | | Full Year | |
|---|---|---|---|---|---|---|---|---|
| | | | | 2013 | 2012 | 2011 | 2012 | 2011 |
| Enteric Diseases | Cryptosporidiosis | 22 | 9 | 1059 | 592 | 319 | 655 | 354 |
| | Giardiasis | 44 | 43 | 2049 | 1852 | 2193 | 2013 | 2373 |
| | Hepatitis A | 3 | 0 | 58 | 37 | 54 | 41 | 60 |
| | Rotavirus | 8 | 8 | 459 | 1692 | 1115 | 1761 | 1208 |
| | STEC/VTEC | 4 | 0 | 21 | 14 | 9 | 14 | 9 |
| | Salmonellosis | 64 | 52 | 3098 | 2660 | 3306 | 2941 | 3567 |
| Respiratory Diseases | Influenza | 55 | 88 | 8165 | 7834 | 5659 | 8039 | 5791 |
| | Tuberculosis | 4 | 4 | 352 | 400 | 498 | 443 | 540 |
| Sexually Transmissible Infections | Chlamydia | 411 | 426 | 18878 | 19375 | 18712 | 21261 | 20448 |
| | Gonorrhoea | 83 | 67 | 3832 | 3786 | 2535 | 4115 | 2818 |
| Vaccine Preventable Diseases | Adverse Event Following Immunisation | 3 | 8 | 481 | 251 | 343 | 264 | 363 |
| | Measles | 1 | 0 | 31 | 171 | 81 | 172 | 88 |
| | Meningococcal Disease | 3 | 1 | 45 | 66 | 70 | 68 | 72 |
| | Mumps | 1 | 1 | 77 | 105 | 54 | 110 | 61 |
| | Pertussis | 45 | 65 | 2119 | 5579 | 12266 | 5996 | 13411 |
| | Pneumococcal Disease (Invasive) | 14 | 8 | 454 | 525 | 484 | 563 | 530 |
| | Adverse Event Following Immunisation | 3 | 8 | 481 | 251 | 343 | 264 | 363 |
| Vector Borne Diseases | Barmah Forest | 8 | 9 | 409 | 306 | 453 | 344 | 471 |
| | Dengue | 2 | 3 | 243 | 271 | 127 | 289 | 149 |
| | Ross River | 7 | 7 | 470 | 563 | 567 | 596 | 590 |
| Zoonotic | Q fever | 3 | 3 | 132 | 110 | 127 | 123 | 145 |

**Notes on Table 1: NSW Notifiable Conditions activity**

- 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.
- 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.
- Only conditions for which at least one case report was received appear in the table. HIV and other blood-borne virus case reports are not included here but are available from the Infectious Diseases Data webpage.

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