Communicable Diseases Weekly Report

Week 39 23 September 2013 – 29 September 2013

In summary, we report:

- **Rabies and Australian Bat Lyssavirus potential exposures** – 14 this reporting week
- **Measles** – two locally-acquired cases reported this week in Sydney
- **Summary of notifiable conditions activity in NSW**

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

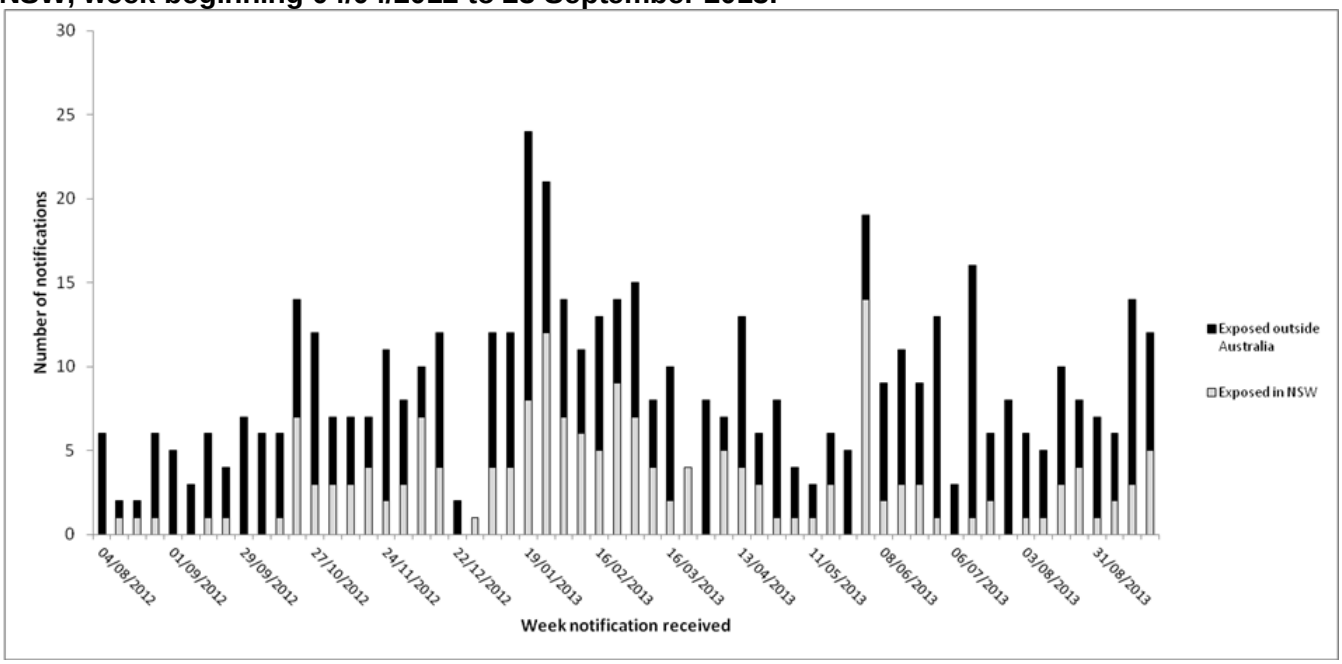
Follow the A to Z of Infectious Diseases link for more information on specific diseases.

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

Rabies and Australian Bat Lyssavirus Infection

Fourteen people were notified to public health units with potential exposures to Australian bat lyssavirus (ABLV) or rabies virus. Of these, six were exposed to bats in Australia and eight were exposed to mammals overseas. Ten people received rabies immunoglobulin and vaccine, three people had vaccine only and one person received no treatment as the bat submitted for testing was negative for ABLV. For the same week last year there were five people who received post-exposure treatment for rabies or ABLV. There has been an average of eight people (range 1-24) who receive post-exposure treatment per week in the past 12 months (Figure 1).

Figure 1. Numbers of notifications per week of potential exposures to rabies or ABLV in NSW, week beginning 04/04/2012 to 23 September 2013.



Rabies virus and Australian bat lyssavirus (ABLV) belong to the lyssavirus genus of viruses. Most infections in humans are transmitted via a bite from an infected animal.

There have been three known human cases of ABLV infection; all were in Queensland, had been bitten by a bat, and died from the infection. 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. Any Australian bat should be considered to be potentially infected with ABLV.

Rabies virus does not occur in animals in Australia but is found in many mammals in Asia, Africa, North and South America and parts of Europe. Worldwide, it is estimated that rabies virus causes more than 50,000 deaths per year, almost all in rural areas of Asia and Africa, with dogs being the main transmitters.

Rabies virus and ABLV cause an identical disease in humans. Early symptoms are flu-like which progress to paralysis, delirium, convulsions and death, usually within two weeks. The time between exposure to the infected animal and the onset of symptoms is usually 3-8 weeks, but can be as short as a few days or as long as several years.

Rabies and ABLV infection can be prevented by vaccination. Three doses of vaccine are recommended for those most at risk of contact with infected animals, including bat handlers.

The best way to prevent ABLV infection and rabies is to avoid contact with potentially infected animals. In particular, people, unless vaccinated, should never handle flying foxes or other bats. Injured 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 . Travellers to countries were rabies is endemic, including Bali in Indonesia, should avoid contact with dogs, cats, monkeys and other mammals.

Anyone who is bitten or scratched by a bat, or a mammal in a country where rabies is present, 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. Timely administration of rabies immunoglobulin injected into and around the wound, and a course of 4 doses of rabies vaccine given over two weeks is very effective in preventing rabies and ABLV infection. Medical practitioners should contact their local public health unit for advice and to arrange immunisation.

Both rabies immunoglobulin and vaccine are currently in short supply in Australia.

Measles

As was reported in last week's Communicable Diseases Weekly Report, one laboratory-confirmed case of measles that was locally acquired was notified in this reporting week (Table 1), making a total of three locally acquired cases in the last fortnight. All had spent time in suburbs in the inner west or inner south of Sydney. No source of infection has been identified for any of these cases.

As the incubation period for measles is around 10 days (range 7-18 days) more cases of measles may present in the next week. People who are not fully vaccinated should be alert for symptoms, which include fever, cough, runny nose and sore red eyes, followed several days later by a red, blotchy rash. People who may have measles should phone ahead before presenting to a doctor or hospital so that precautions can be put in place to stop spread of the virus at the healthcare facility.

Measles is preventable by vaccination. Everyone born since 1966 should make sure they have had two doses of a measles containing vaccine. Children should receive two doses of vaccine, one at 12 months and the second at 18 months of age.

Follow the link for further information on measles vaccines (external link).
Follow the link for more information on measles case notifications data.

Back to top

Back to top

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 23 September 2013 to 29 September 2013, by date received

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	4	3	999	545	281	655	354
	Giardiasis	33	28	1739	1592	1911	2015	2377
	Rotavirus	20	8	337	1166	630	1761	1208
	Salmonellosis	42	34	2581	2184	2929	2942	3567
	Shigellosis	2	2	92	98	92	131	126
	Typhoid	1	0	45	32	39	43	45
Respiratory Diseases	Influenza	326	530	7000	7320	5091	8039	5791
	Legionellosis	3	4	79	90	83	105	105
	Tuberculosis	5	6	277	305	395	440	538
Sexually Transmissible Infections	Chlamydia	361	381	15717	16119	15485	21261	20448
	Gonorrhoea	76	73	3243	3077	1997	4114	2818
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	7	427	218	290	262	352
	Measles	1	2	16	148	77	172	88
	Mumps	1	2	68	100	45	110	61
	Pertussis	32	65	1734	4830	10098	5996	13411
	Pneumococcal Disease (Invasive)	7	10	383	447	412	563	530
	Rubella	1	0	12	11	15	11	17
Vector Borne Diseases	Barmah Forest	3	3	345	249	402	344	471
	Dengue	2	3	192	232	106	289	148
	Malaria	5	0	68	50	63	68	82
	Ross River	6	6	408	499	522	596	591
Zoonotic	Q fever	1	0	106	91	99	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.

Back to top