

Communicable Diseases Weekly Report

Week 44 28 October 2013 – 3 November 2013

In summary, we report:

- [Measles](#) – one new imported case reported this week.
- [Gastroenteritis](#) – increased activity in institutions and in ED presentations
- [Australian Bat Lyssavirus](#) – human exposure incident
- [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.

[Measles](#)

One measles case was notified in this reporting week (Table 1). The case was a 19 month old unvaccinated child from Illawarra Local Health District who acquired their infection in Italy. Public health authorities investigated the case and their contacts to control the risk of further transmission. Follow up of flight contacts was implemented by the Public Health Network after it was discovered the child was infectious during their return journey from Italy.

In NSW, there have been 29 measles cases notified to date in 2013, of which 20 were acquired overseas or interstate or were closely linked to such cases. More than a quarter of measles notifications in NSW this year have been linked with travel to Bali, Indonesia. During the last couple of months there have been many other measles cases reported in Australia which were believed to have been acquired in Bali. NSW Health urges everyone planning international travel, particularly young people travelling to Bali for “Schoolies” celebrations, to ensure they are up to date with their vaccinations (including measles) prior to their departure.

Measles is highly infectious and is spread easily through the air. Symptoms can include fever, tiredness, runny nose, cough and sore red eyes which usually last for several days before a red, blotchy rash appears. Complications can range from an ear infection and pneumonia to swelling of the brain.

Children should receive two doses of vaccine, one at 12 months and the second at 18 months. Children over 18 months who have not had their second dose of measles vaccine can be vaccinated now. Anyone born during or after 1966 should have two doses of vaccine, at least 4 weeks apart.

Follow the link for further information on [measles disease notifications](#).

Follow the link for further information on [measles vaccination](#) (external link).

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[Australian Bat Lyssavirus](#)

There was one report in this reporting week of a wildlife worker who was scratched by a bat who latter tested positive for Australian Bat Lyssavirus (ABLV). Fortunately the worker had previously been vaccinated against rabies and ABLV and so required only a further two doses of vaccine as post-exposure prophylaxis.

Rabies virus and Australian bat lyssavirus (ABLV) belong to a group of viruses called lyssaviruses, and are usually transmitted via a bite from an infected ("rabid") animal. It affects the central nervous system and is usually fatal. Rabies does not currently occur in animals in Australia. However, ABLV, which is closely related but not identical to rabies, does occur in Australia, and there is a risk of transmission from bats to humans.

A three dose vaccination course is recommended for all persons liable to receive bites or scratches from bats (this includes bat handlers, veterinarians, wildlife officers and others who come into direct contact with bats) in any country, including Australia. People that haven't had prior vaccination who are bitten or scratched by bats may require a full course of injections to prevent them developing this fatal infection.

Follow the link for further information on [rabies and ABLV vaccination](#) (external link).

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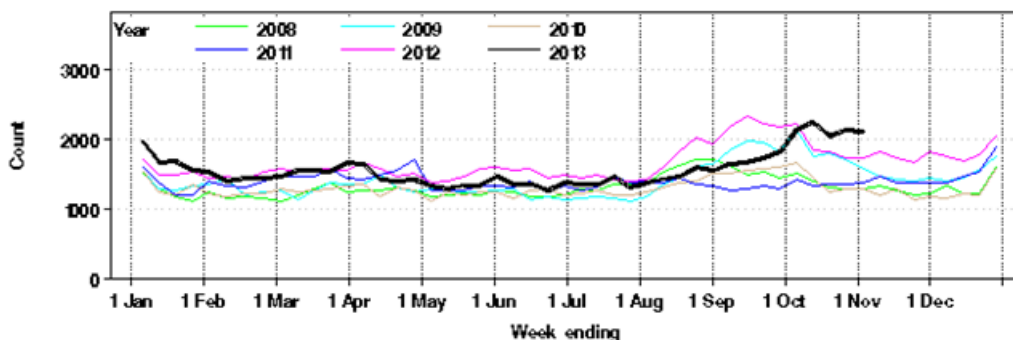
Gastroenteritis - Institutional Outbreaks and Emergency Departments

There were 19 outbreaks of gastroenteritis in an institution reported in this period affecting at least 110 people. Eight outbreaks occurred in aged care facilities, nine occurred in a child care centres, one occurred in a hospital and one in a mental health facility. All outbreaks appeared to have been caused by a virus and spread from one person to another. Stool samples were collected in three of the outbreaks and norovirus has so far been identified in two of these outbreaks.

The activity this week was high compared to the previous five year average for October/November of 11 outbreaks per week. Gastroenteritis outbreak numbers rose in October this year, with that month recording 107 outbreaks, well up on the previous five year average for October of 61 outbreaks. Viral gastroenteritis activity usually peaks between July and September.

The overall number of patients presenting to NSW Emergency Departments with gastroenteritis remained steady at 2,122, but this was still 33 percent higher than background levels (Figure 1). The increase was across all age groups, with persons aged 17-34 years showing the greatest increase compared to the previous 51 weeks. Activity peaked during the second week of October.

Figure 1. Total weekly counts of Emergency Department presentations for gastroenteritis, for 2013 (black line), compared with each of the 5 previous years (coloured lines), persons of all ages, for 59 NSW hospitals.



In Western Sydney Local Health District (LHD), the number of gastroenteritis presentations was also raised and the number that were then admitted was at its highest level in at least six years. Gastroenteritis presentations were also higher than average for South Eastern Sydney, South Western Sydney, Sydney and Illawarra Shoalhaven LHDs.

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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 28 October 2013 to 03 November 2013, by date received.

		This week	Last week	Year to date			Full Year	
				2013	2012	2011	2012	2011
Enteric Diseases	Cryptosporidiosis	5	6	1022	566	306	655	354
	Giardiasis	35	43	1921	1747	2087	2013	2373
	Rotavirus	19	23	427	1577	1025	1761	1208
	Salmonellosis	76	87	2918	2459	3146	2941	3567
	Shigellosis	2	4	113	109	101	131	126
Respiratory Diseases	Influenza	91	129	7916	7731	5513	8039	5791
	Legionellosis	2	1	85	93	93	105	105
	Tuberculosis	5	4	330	356	464	442	540
Sexually Transmissible Infections	Chlamydia	365	364	17494	18072	17445	21261	20448
	Gonorrhoea	76	76	3614	3503	2303	4114	2818
Vaccine Preventable Diseases	Adverse Event Following Immunisation	2	10	465	241	321	264	363
	Measles	1	1	27	168	78	172	88
	Meningococcal Disease	3	3	41	63	65	68	72
	Mumps	1	2	73	104	50	110	61
	Pertussis	42	54	1960	5273	11439	5996	13411
	Pneumococcal Disease (Invasive)	4	9	429	491	461	563	530
Vector Borne Diseases	Barmah Forest	26	4	389	282	432	344	471
	Dengue	5	4	229	257	115	289	149
	Malaria	1	4	78	59	71	68	82
	Ross River	8	13	443	533	549	596	590
Zoonotic	Q fever	1	3	117	105	112	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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