Communicable Diseases Weekly Report

Week 45:   5 November – 11 November 2012

In summary, we report:

- **Measles infections** – 2 cases reported
- **Meningococcal infections** – 3 cases reported
- **Gastroenteritis** – continued decline in activity
- **Summary of notifiable conditions activity in NSW**

For information on other communicable disease in NSW, see the A-Z of Infectious diseases and the National Notifiable Diseases Surveillance System fortnightly report for Australian data.

Note: click on the heading of each section to see a fact sheet. Updated data are provided in the links below each section where available.

Measles infections

There were two new cases of measles reported this week (Table 1). Both of the cases were in young adults from the Western Sydney Local Health District. Public health follow-up of potentially exposed contacts is underway.

Measles is usually spread when a person breathes in the measles virus that has been coughed or sneezed into the air by an infectious person. Measles is one of the most easily spread of all human infections. Just being in the same room as someone with measles can result in infection.

People with measles are usually infectious from just before the symptoms begin until four days after the rash appears. The time from exposure to becoming sick is usually about 10 days. The first symptoms are fever, tiredness, cough, runny nose, sore red eyes and feeling unwell. A few days later a rash appears. The rash starts on the face, spreads down to the body and lasts for 4-7 days.

Follow the link for updated measles data (note that cases are summarised by onset date).

Meningococcal infections

Three cases of invasive meningococcal disease were notified in the last week. Public Health investigations are continuing however no links between any of the three cases have been identified. Two cases were in young adults while the third case involved an older adult. One case was identified as being caused by a group B meningococcus (not covered by vaccines) and group results are pending for the other two cases.

Meningococcal disease is a serious illness that usually causes meningitis (inflammation of the lining of the brain and spinal cord) and/or septicaemia (blood poisoning). Symptoms of meningococcal disease are non-specific but may include sudden onset of fever, headache, neck stiffness, joint pain, a rash of red-purple spots or bruises, dislike of bright lights nausea and vomiting.

Meningococcal C conjugate vaccine protects against meningococcal group C disease. It is recommended for all children at one year of age (as part of free routine immunisation). Meningococcal polysaccharide vaccine protects against groups A, C, Y and W135. It is recommended for travellers to countries where there are epidemics of meningococcal disease (eg. sub-Saharan Africa and people travelling to the Hajj in Saudi Arabia).

Follow the meningococcal factsheet link for more information about prevention measures.

Follow the link for updated meningococcal data (note that cases are summarised by onset date).
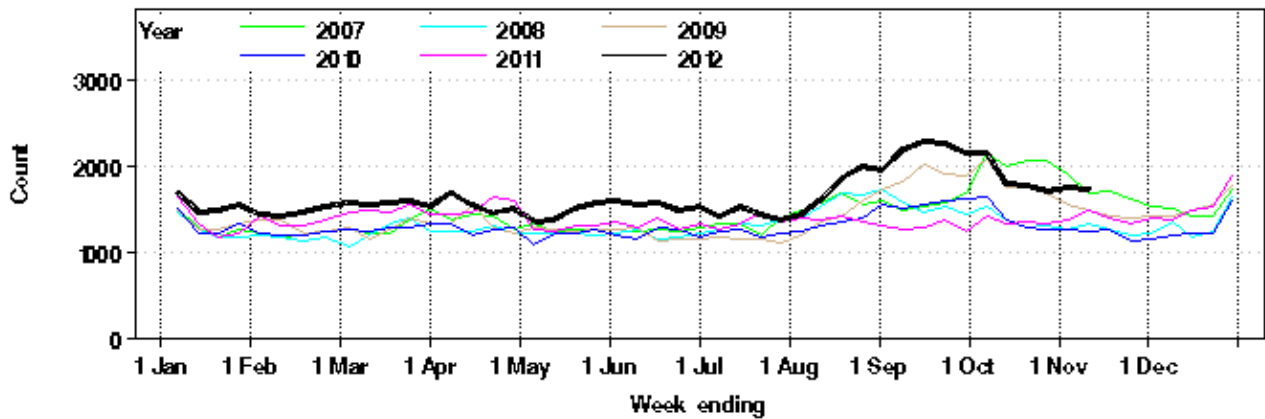
Gastroenteritis

Gastrointestinal Illness Emergency Department Surveillance
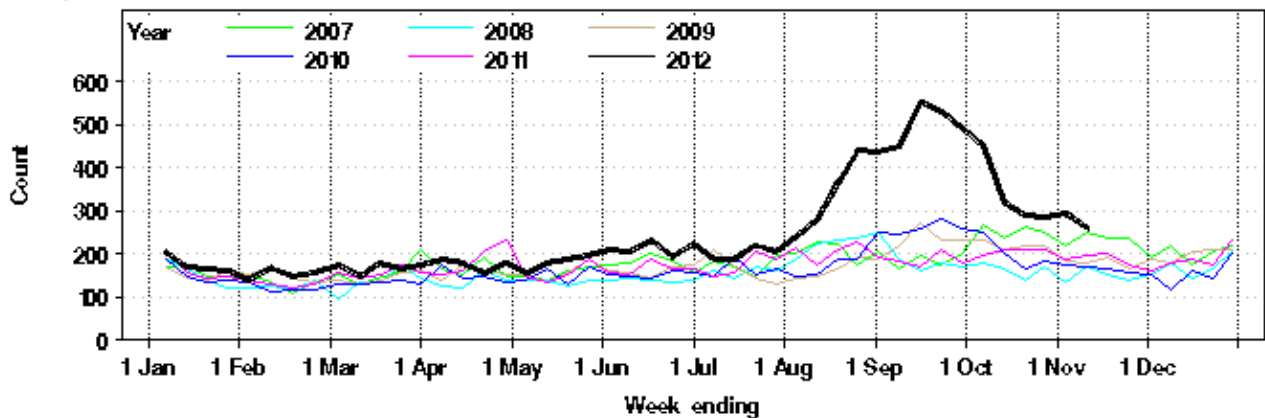(includes gastroenteritis, vomiting, diarrhoea, and food poisoning)

In NSW, the number of patients presenting with gastrointestinal illness remained steady and below the peak levels of previous years (Figure 1).

Figure 1. Total weekly counts of ED visits for gastrointestinal illness, from January – November 2012 (black line), compared with each of the five previous years (coloured lines), for 59 NSW hospitals.

Presentations in the 5-16 year age group also remained steady, and were about 60% higher than usual for this time of year (Figure 1a).

Figure 1a. Total weekly counts of Emergency Department presentations for gastrointestinal illness in 5-16 year olds, from January – November 2012 (black line), compared with each of the 5 previous years (coloured lines), for 59 NSW hospitals.

Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period (Table 1). See explanatory notes below.

Table 1. NSW Notifiable Conditions activity for the period 05 November to 11 November 2012 (by date received).

		This week	Last week	Year to date			Full Year	
				2012	2011	2010	2011	2010
Enteric Diseases	Cryptosporidiosis	7	6	575	314	314	353	354
	Giardiasis	30	18	1769	2167	2101	2375	2312
	Hepatitis A	1	2	34	53	84	60	88
	Rotavirus	56	37	1633	1093	1081	1207	1221
	Salmonellosis	41	73	2554	3236	3258	3574	3686
	Shigellosis	2	2	111	108	96	126	112
	Typhoid	1	3	38	43	37	45	38
Respiratory Diseases	Influenza	33	32	7763	5610	1363	5783	1514
	Tuberculosis	10	2	214	475	444	529	500
Sexually Transmissible Infections	Chlamydia	326	321	18164	18355	16315	20441	18271
	Gonorrhoea	52	58	3425	2467	2102	2818	2316
	LGV	3	0	19	36	55	39	59
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	2	170	209	155	228	165
	Measles	2	0	170	77	25	87	25
	Meningococcal Disease	3	0	65	63	66	69	70
	Mumps	1	0	97	52	34	60	41
	Pertussis	94	115	5360	11911	6782	13317	9057
	Pneumococcal Disease (Invasive)	11	5	510	477	457	527	499
Vector Borne Diseases	Barmah Forest	10	10	290	450	222	471	251
	Dengue	2	5	235	121	178	145	218
	Malaria	3	1	62	74	103	82	117
	Ross River	8	9	540	560	1008	589	1080
Zoonotic	Q fever	2	1	96	113	130	132	141

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.
- 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.