

Communicable Diseases Weekly Report

Epi-Week 41: 06 October – 12 October 2014

In summary, we report:

- [Invasive Meningococcal Disease](#) – one new case
- [Mumps](#) – new cases and the year to date
- [Pertussis](#) – three cases in children less than one year
- [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.

[Invasive Meningococcal Disease](#)

There was one case of invasive meningococcal disease reported this week (Table 1).

Invasive meningococcal disease is a rare but severe illness caused by the bacteria *Neisseria meningitidis*. *N. meningitidis* resides harmlessly in the throat of about 10% of the population, but in some people causes severe and sometimes fatal illness in the form of meningitis (inflammation of the tissues surrounding the brain and spinal cord) or septicaemia (infection of the blood).

Symptoms of invasive meningococcal disease often appear rapidly and include fever, headache, stiffness of the neck, dislike of light and a characteristic blotchy, spreading rash that does not change colour when pressure is applied. Medical attention should be sought immediately if meningococcal disease is suspected.

Meningococcal disease is spread by close contact such as intimate kissing, or sleeping in the same room/dormitory overnight. Close contacts of a confirmed meningococcal case may be given precautionary antibiotics and vaccination.

Vaccination is available against some strains of meningococcal bacteria. A vaccine against strain C is provided as part of the routine vaccination schedule at 12 months of age. A meningococcal B vaccine is now available for purchase from GPs and is licensed for people over two months of age. Vaccines for other strains are also available, and are generally recommended for travellers to high risk areas such as some countries in sub-Saharan Africa and the Hajj.

For more information regarding invasive meningococcal disease notifications, follow this link: <http://www0.health.nsw.gov.au/data/diseases/meningococcal.asp>

For information regarding meningococcal vaccines follow this link (external link): <http://ncirs.edu.au/immunisation/fact-sheets/index.php>

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[Mumps](#)

There was one notification of mumps this reporting week (Table 1). This year to 12 October 2014 there have been 59 reports of confirmed cases of mumps. This is a 30% decrease in the average number of cases for the year to date, compared to the previous 10 years. There has however been an increase in the number of notifications in the Illawarra Shoalhaven Local Health District this year, resulting from a cluster of four cases associated with the University of Wollongong.

Mumps is an infectious disease caused by the mumps virus. While common in the past it has become very uncommon in Australia due to immunisation. It is still common in other parts of the world including Southeast Asia.

Symptoms of mumps include fever, anorexia, tiredness and headache, followed by swelling and tenderness of the salivary glands, particularly those in the cheeks near the jawline. However, one third of people who are infected with mumps show no symptoms at all. Orchitis (inflammation of the testes) occurs in 15-30% of post pubertal males who contract mumps, although subsequent infertility is rare.

Mumps is spread via respiratory droplets from an infected person. People with mumps are infectious from 7 days before until 9 days after the swelling of the salivary glands.

Immunisation is the best protection against mumps. Mumps vaccine is given in combination with measles, rubella and varicella vaccines and is part of the routine vaccination schedule at 12 and 18 months of age. Travellers should ensure they have had 2 doses of mumps containing vaccine prior to travel.

For more information on mumps notifications, follow this link:

<http://www0.health.nsw.gov.au/data/diseases/mumps.asp>

For more information on vaccination, follow this link:

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/handbook10part4>

For a copy of the routine vaccination schedule follow this link:

http://www.health.nsw.gov.au/immunisation/Documents/nsw_schedule_july_13.pdf

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Pertussis (whooping cough)

For the period January to September, there were 1631 pertussis notifications in NSW; this is a four per cent decrease on the same period last year and a 62% reduction in the average for the period for the previous four years. More than 80 cases have been notified in October so far. This reporting period there were three cases reported in children aged less than one year. All were vaccinated fully for their age; however only one had received the full primary course (three doses by six months of age).

Pertussis, commonly known as whooping cough, is a respiratory infection caused by the bacterium *Bordetella pertussis*. Pertussis is spread from person to person via respiratory droplets from coughing and sneezing.

Initial symptoms are similar to a cold and can include blocked or runny nose, mild fever and cough. Bouts of coughing become increasingly severe and may be followed by a 'whoop' sound or vomiting. The cough may persist for an extended period of time. The disease is more severe in small babies who do not always develop the characteristic whoop sound, but may stop breathing or turn blue during bouts of coughing.

Immunisation is the best protection against severe pertussis. Vaccination is provided as part of the routine immunisation schedule and is recommended at 6 weeks, 4 months and 6 months of age with booster doses at 3½-4 years of age, and during year 7 of high school. Vaccination against pertussis is also recommended for women prior to pregnancy or during their third trimester, as well as to others who care for young babies (fathers, grandparents, child care workers and health care workers).

For more information on pertussis notifications follow this link:

<http://www0.health.nsw.gov.au/data/diseases/pertussis.asp>

For information on the 'Save the Date to Vaccinate' Application for iPhone and Android, follow this link: <http://www.immunisation.health.nsw.gov.au/>

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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 06 October to 12 October 2014, by date received.*

		Year to date			Full Year			
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	5	6	318	1014	552	1132	655
	Giardiasis	40	47	2299	1856	1691	2242	2014
	Rotavirus	25	23	458	391	1455	508	1759
	Salmonellosis	54	50	3360	2798	2332	3483	2941
	Shigellosis	4	7	171	107	104	136	131
Respiratory Diseases	Influenza	148	415	19874	7708	7611	8403	8036
	Tuberculosis	5	10	350	344	361	438	467
Sexually Transmissible Infections	Chlamydia	212	377	17894	16913	17253	21090	21267
	Gonorrhoea	62	88	3749	3480	3311	4267	4116
Vaccine Preventable Diseases	Adverse Event Following Immunisation	2	1	199	457	238	509	269
	Meningococcal Disease	1	0	25	35	61	48	67
	Mumps	1	0	59	73	94	89	110
	Pertussis	55	60	1739	1879	5085	2378	6000
	Pneumococcal Disease (Invasive)	8	13	407	417	477	489	564
	Rubella	1	0	8	12	11	12	11
Vector Borne Diseases	Barmah Forest	1	6	148	363	265	439	352
	Dengue	1	7	325	251	244	303	288
	Malaria	2	2	78	76	55	93	68
	Ross River	20	7	502	432	517	513	598

* 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](#) (external link).
- 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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