

Communicable Diseases Weekly Report

Epi-Week 9 24 February 2014 – 2 March 2014

In summary, we report:

- [Measles](#) – seven new cases reported with local transmission
- [Ciguatera seafood poisoning](#) – nine new cases linked to one locally-caught fish
- [Dengue fever](#) – cases linked to outbreak in Fiji
- [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

Seven measles cases were notified in this reporting week (Table 1). Four of the seven notifications had strong epidemiological links to known cases, endemic areas or outbreaks. One person acquired his illness while visiting friends and relatives in Vietnam; one acquired their illness in the Northern Territory (where there is an ongoing measles outbreak); and two probably acquired their illnesses at the 'Ground Sounds' music festival in Gosford from an earlier case who also reported attending the festival.

A likely source of infection could not be established for the remaining three notifications. Two of these locally-acquired cases were Year 8 students at a K-12 independent school in western Sydney who are considered co-secondary cases linked to an unidentified index case at the school. An MMR vaccination clinic was held for staff and students at the school on 4 March. The other case was in a 20 year old who works in a community pharmacy in northern Sydney.

Case investigation and contact tracing conducted by local public health units has identified a range of sites where infectious measles cases may have exposed others. These include areas of Bathurst, the Central Coast, metropolitan Sydney, and the New England region. Measles cases may also have exposed others through visits to general practices and hospital emergency departments, including the Ryde, Canterbury, Gosford, and Bathurst Hospitals.

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.

NSW Health urges everyone planning international travel to ensure they are up to date with their vaccinations, especially measles, prior to their departure

Children should receive two doses of vaccine, one at 12 months and the second at 18 months. Babies who are travelling before their vaccines are due can be given the first dose as **early as 9 months of age**. 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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Ciguatera seafood poisoning

A total of nine cases of ciguatera poisoning were reported this week in a group who ate a large Spanish mackerel. The fish had been caught off Scotts Head on the mid north coast of NSW. This is second ciguatera poisoning event this year following a similar report in February from northern NSW which also involved consumption of a Spanish mackerel.

Ciguatera poisoning occurs from eating fish containing the ciguatera toxin. The toxin is concentrated as it moves up the food chain. Large predator fish that feed in warm ocean waters are potential carriers of large amounts of ciguatera poison.

Fish species that have caused ciguatera poisoning in humans include coral trout, Spanish mackerel, red emperor, wrasse, reef cod, sturgeon fish, trevally, queenfish, chinaman, red bass, groper, barracouta and kingfish.

Ciguatera toxin does not affect the appearance, odour or taste of the fish, and cooking or freezing does not destroy the toxin.

Symptoms of ciguatera poisoning begin one to 24 hours after eating fish containing ciguatera toxin. The time taken for symptoms to develop in an individual depends on how much fish is eaten and on how much toxin is in the fish. Symptoms can include:

- nausea, vomiting and diarrhoea, often with abdominal cramps;
- tingling and numbness in fingers, toes, around lips, tongue, mouth and throat;
- headache, tiredness, dizziness and fainting;
- temperature reversal with a burning sensation on contact with cold water;
- intense itchiness;
- joint and muscle pain with muscular weakness; and
- convulsions and difficulty breathing in severe cases.

Most symptoms disappear within days to several weeks, but some may persist for months causing significant distress. People who have had ciguatera poisoning are more sensitive to further exposure to the toxin, particularly in the first few months after their illness. They should avoid eating warm water fish for at least six months. Alcohol should also be avoided as this can trigger ciguatera poisoning symptoms. Ciguatera toxin is only slowly excreted from the human body.

Ciguatera poisoning can be avoided by not eating large warm water fish. Fish weight should be limited to about six kilograms as ciguatera poisoning usually occurs when larger fish are eaten. The head, roe, liver and other viscera of warm water ocean fish should not be eaten, as ciguatera toxin is concentrated in these parts of the fish.

There are certain reefs in waters off the Northern Territory and Queensland which are known to be associated with ciguatera poisoning. Fish of any size caught at these reefs should not be eaten.

Follow the links for further information on [seafood poisoning](#).

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Dengue fever – outbreak in Fiji

Five cases of dengue fever were reported in this reporting week (Table 1), including one case believed to have been acquired in Fiji. Indonesia, particularly Bali, remains the country most commonly linked to dengue infection in NSW travellers, but there has been an increase in dengue infections following travel to Fiji this year.

In February 2014, the Fiji Ministry of Health declared a dengue fever outbreak in the Central Division, particularly in Suva, with 2589 cases reported.

In the first two months of 2014 there were 12 cases of dengue reported in NSW which are believed to have been acquired in Fiji. All travellers to Fiji should take measures to reduce their risk of this serious mosquito-borne infection.

Dengue is a viral infection that is caused by four dengue viruses (types 1-4). It is spread by two types of mosquito: the Dengue mosquito (*Aedes aegypti*) and the Asian Tiger mosquito (*Aedes albopictus*). These mosquitoes become infected when they feed on someone who has dengue during their infection. Once infected, the virus multiplies inside the mosquito and can infect other people when the mosquito feeds again.

People who travel to dengue-affected areas are at risk. Affected areas include many tropical countries throughout Asia, the Pacific, parts of sub-Saharan Africa and the Middle East.

There is currently no vaccine against dengue. Travellers to dengue-affected areas should avoid being bitten by mosquitoes. The dengue mosquito prefers to live and bite people indoors, and peak biting activity is during daylight hours. The mosquito hides under furniture and tends to bite around the feet and ankles. People may not notice they are being bitten.

Travellers to dengue affected areas should stay in accommodation with screened windows and doors, wear loose fitting clothing that covers the arms and legs and apply insect repellent containing DEET or Picaridin to exposed skin, especially during daylight hours and in the early evening. Insecticidal surface sprays inside the home can kill the adult mosquitoes.

For additional advice on steps to avoid being bitten by mosquitoes see the [Mosquitoes are a Health Hazard Factsheet](#).

Follow the link for the NSW Health [Denque Fever Outbreak in Fiji alert](#).

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

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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 24 February to 2 March 2014, by date received.*

		This week	Last week	Year to date			Full Year	
				2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	5	9	111	384	117	1132	655
	Giardiasis	69	108	543	529	460	2243	2012
	Hepatitis A	3	3	21	28	8	62	41
	Listeriosis	2	0	5	14	8	33	36
	Rotavirus	5	7	64	102	150	508	1758
	Salmonellosis	125	115	1042	965	791	3486	2941
	Shigellosis	6	10	72	29	40	136	131
	Typhoid	1	1	12	15	11	58	43
Respiratory Diseases	Influenza	57	46	540	312	141	8400	8038
	Legionellosis	1	0	9	18	32	104	106
	Tuberculosis	1	2	50	81	85	437	467
Sexually Transmissible Infections	Chlamydia	482	531	4256	4265	4477	21071	21260
	Gonorrhoea	79	86	867	923	811	4270	4116
	LGV	1	0	2	8	4	28	28
Vaccine Preventable Diseases	Adverse Event Following Immunisation	4	6	35	141	47	508	269
	Measles	7	5	28	3	2	33	174
	Mumps	5	2	22	17	21	87	110
	Pertussis	38	49	370	606	1848	2379	5998
	Pneumococcal Disease (Invasive)	6	4	39	67	44	491	564
Vector Borne Diseases	Barmah Forest	7	5	42	104	70	441	343
	Dengue	5	6	66	47	70	293	285
	Malaria	1	3	17	21	12	93	68
	Ross River	8	12	73	110	135	512	596
Zoonotic	Leptospirosis	1	0	3	1	5	11	23
	Q fever	1	2	35	26	30	155	124

* 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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