

Communicable Diseases Weekly Report

Week 16, 16 April to 22 April 2017

In summary, we report:

- [Measles](#) – 2 new cases; World Immunisation Week
- [Typhoid](#) – 2 new cases and update
- [Summary of notifiable conditions activity in NSW](#)

For further information on infectious diseases on-line see [NSW Health Infectious Diseases](#).

Also see [NSW Health Infectious Diseases Reports](#) for links to other surveillance reports.

Measles

Two cases of measles were notified in this reporting week (Table 1). Both were adults who were unaware of their vaccination status, and had been exposed to people with measles notified in previous weeks who were part of the western Sydney outbreak. Local public health units are following up identified close contacts.

In each case, the person visited public places while infectious, so [media alerts](#) were issued. NSW Health maintains a list of the exposure sites of recent measles cases on our [website](#).

It is currently [World Immunisation Week](#) (24 to 30 April), which aims to promote the use of vaccines to protect people of all ages against disease. This is an important reminder for everyone to make sure they are fully vaccinated, including against measles. People born between 1966 and 1994 may have only had one dose of measles vaccine due to changing vaccination schedules during this period. People in this age group should not assume that they are protected against measles unless they have a record of two doses. People who are unsure if they have received two doses of a measles vaccine in the past can safely be given another measles vaccine. The vaccine is free and provided through local GPs.

Ensuring protection against measles through vaccination is particularly important prior to overseas travel as the risk of being exposed to a case of measles is greater when travelling. Parents taking young infants overseas to countries where measles is common should discuss vaccination with their GP before they leave. In some circumstances measles vaccine can be given as early as nine months of age; however two further doses at 12 and 18 months are still required for full protection.

The measles virus is highly infectious and it is readily transmitted from person to person via respiratory secretions in the air following coughing and sneezing. Symptoms of measles include fever, runny nose, sore red eyes and cough, followed three to four days later by a red blotchy rash spreading from the head and neck to the rest of the body.

Infection with the measles virus can be serious with common complications including middle ear infection and viral or bacterial bronchopneumonia. Acute encephalitis occurs rarely and subacute sclerosing panencephalitis is a very rare fatal complication, occurring many years after infection in about one per 100,000 cases.

Measles containing vaccine is routinely offered to all children at 12 months (as measles-mumps-rubella) and 18 months (as measles-mumps-rubella-varicella) of age through the National Immunisation Program.

For more information please follow these links:

- [measles fact sheet](#)
- [measles notifications](#)
- [measles vaccination information](#).

Typhoid

Two notifications of typhoid were received this reporting period, both of which were acquired overseas. A total of 28 notifications have been received this year to date (by onset date), which is the highest for this time of year in the past five years. Of these, 26 (93%) were hospitalised.

Since 1 January 2017, most typhoid infections were acquired in travellers to endemic regions, predominantly India, Bangladesh and Pakistan. Locally acquired cases are usually acquired via person-to-person transmission from a household member who has recently travelled overseas, and sometimes from an infected food handler. Three people with typhoid who worked in food-handling occupations had to be excluded from work until cleared by their local public health unit.

It is highly recommended that all travellers to developing countries aged 2 years and older are vaccinated against typhoid at least two weeks prior to travel. This includes people visiting friends and relatives. None of the cases to date this year had received the vaccination before travel.

Typhoid fever is caused by an infection with bacteria called *Salmonella* Typhi. In Australia, most diagnosed typhoid infections are acquired overseas by individuals consuming contaminated food or water while visiting friends and relatives in developing countries.

People with typhoid may experience mild or severe symptoms. The symptoms may include fever, headache, non-productive cough, general discomfort and a lack of appetite. Some people have rose-coloured spots on the trunk of the body. Constipation or diarrhoea may occur. If symptoms are severe, hospitalisation may be required. Symptoms generally start 8 to 14 days following infection but possibly as early as 3 days or as late as 60 days after infection.

Typhoid is treated with antibiotics. Some people may never have symptoms but may be carriers of typhoid or paratyphoid. Antibiotic treatment is required to treat carriers also.

The bacteria that cause typhoid and paratyphoid fever are found in the faeces of infected individuals. Some people (known as carriers) continue to carry the bacteria even after symptoms have resolved. Transmission usually occurs when faecally-contaminated food and water are ingested. Therefore, typhoid fever is more common in less developed countries with poor sanitation, poor hand hygiene and food handling standards, and untreated drinking water. Raw fruits and vegetables and shellfish are the types of foods most often associated with the illness. Flies may also transfer the bacteria to food.

People travelling to countries where typhoid is common should:

- Receive the typhoid vaccine two weeks prior to travel (for those aged 2 years and older). Typhoid vaccination boosters are required every three years to protect against infection.
- Drink only bottled or boiled water (even when brushing teeth)
- Ask for drinks without ice and avoid ice-blocks that may have been made with contaminated water
- Wash hands thoroughly with soap and water before eating
- Eat food that has been thoroughly cooked, is hot and steaming when presented, and is eaten while still hot
- Avoid raw vegetables and fruit that you cannot peel yourself
- Avoid eating from street stalls.

People infected with typhoid, or who share a house with someone infected with typhoid, must not work if their work involves food handling or caring for children, patients or the elderly, and should not prepare food for others until their stool (faeces) samples have shown that they are not infectious. Children infected with typhoid should not attend child care until their stool samples have shown that they are no longer infectious. A number of stool tests will be required to ensure a person is no longer infectious. Your local public health unit will advise you when are able to return to work or other activity.

For more information, see the following NSW Health fact sheets and resources:

- [typhoid fact sheet](#)
- [fact sheet on staying healthy when travelling overseas.](#)

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 16 April to 22 April 2017, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2017	2016	2015	2016	2015
Enteric Diseases	Cryptosporidiosis	29	26	834	498	462	1184	1040
	Giardiasis	59	57	1287	1428	1326	3481	3413
	Rotavirus	3	9	204	184	122	746	1033
	STEC/VTEC	2	1	21	14	11	64	29
	Salmonellosis	73	93	1763	1980	1892	4542	4022
	Typhoid	2	2	29	22	18	37	41
Respiratory Diseases	Influenza	127	121	2765	2305	1395	35538	30301
	Legionellosis	2	2	38	42	32	134	96
	Tuberculosis	6	9	138	156	126	532	444
Sexually Transmissible Infections	Chlamydia	385	412	9370	8170	7472	25997	22545
	Gonorrhoea	117	128	3087	2051	1733	7004	5397
Vaccine Preventable Diseases	Adverse Event Following Immunisation	6	9	104	77	60	257	186
	Measles	2	1	25	10	6	16	9
	Meningococcal Disease	2	1	20	15	11	76	47
	Mumps	3	3	44	10	16	67	65
	Pertussis	76	75	1960	4162	2018	10957	12079
	Pneumococcal Disease (Invasive)	8	6	104	92	87	542	494
Vector Borne Diseases	Barmah Forest	1	0	22	14	105	35	184
	Dengue	1	3	106	186	139	481	344
	Ross River	17	24	989	239	1055	541	1635
Zoonotic Diseases	Brucellosis	1	0	1	3	3	10	10
	Q fever	2	2	71	81	73	230	264

* 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.