

# Communicable Diseases Weekly Report

## Week 12, 18 March to 24 March 2018

In summary, we report:

- [Measles](#) – One new case in an infant too young for routine vaccination
- [Hepatitis A](#) – Four cases this week
- [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

A case of measles was notified in this reporting week ([Table 1](#)), who acquired their infection whilst travelling in South Asia. The infant was too young to have received their routine measles vaccination on their first birthday. The infant spent time in the Sydney CBD, and around Bankstown whilst unknowingly infectious. A list of exposure sites has been published on the [NSW Health Alerts page](#).

This is the second case of measles diagnosed in NSW for 2018, following a confirmed case in a traveller from South East Asia reported [last week](#). The two cases are unrelated.

As of March 29, there have been ten cases of measles introduced to Australia by travellers from South and South East Asia during March 2018, with secondary cases occurring [in other states](#) among tourists and backpackers. The [Victorian Department of Health and Human Services](#) has reported six secondary cases linked to a single traveller who flew into Melbourne Airport while infectious.

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. The time from exposure to an to onset of symptoms is around 10 days (range 7-18 days, occasionally longer) to the onset of fever and about 14 days to the onset of the rash.

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.

People born after 1965 who have not received two doses of measles containing vaccine are at risk of developing measles. Measles containing vaccine is routinely offered to all children at 12 months (as measles-mumps-rubella) and 18 months of age (as measles-mumps-rubella-varicella); but [may be given to children as young as 9 months of age](#) under certain circumstances – including travel to countries where measles is endemic, or where outbreaks are occurring.

People born between 1966 and 1994 should not assume that they have had two doses of vaccine due to changing vaccination schedules during this period. 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 in NSW for people up to 52 years of age and provided through GPs.

People with measles symptoms should seek medical advice as soon as possible, and call ahead to the GP or emergency department so that arrangements can be made to keep them away from others to minimise the risk of spreading infection.

For further information on measles please see the [measles fact sheet](#). For further information on measles notifications in NSW residents see the [diseases data page](#). Follow the link for more [measles vaccination information](#).

## Hepatitis A

Four new cases of hepatitis A infection were reported this week ([Table 1](#)). Two of the new cases were acquired overseas, one was locally acquired from a household contact who acquired the infection overseas, and one is locally acquired from an unknown source.

Of 30 hepatitis A cases notified this year, five have been acquired in NSW. NSW Health investigates each case with an in depth questionnaire including foods eaten 15 to 50 days before onset to try to determine the possible source of their infection. NSW Health will continue to investigate possible sources of locally acquired hepatitis A infection in conjunction with the NSW Food Authority.

Hepatitis A is a viral infection of the liver. Symptoms include feeling unwell, lack of appetite, aches and pains, fever, nausea, and abdominal discomfort, followed by dark urine, pale stools and jaundice (yellowing of the skin and eyes). The illness usually lasts from one to three weeks. People who experience these symptoms are advised to see their GP.

Infected people can transmit the virus to others from two weeks before the development of symptoms until one week after the appearance of jaundice. The virus is spread by the faecal-oral route, including through the consumption of contaminated food or water or by direct contact with an infected person. While infectious, people diagnosed with hepatitis A should avoid preparing food or drink for other people, sharing utensils or towels, or having sex for at least one week after onset of jaundice.

There is no specific treatment for hepatitis A and people sometimes require hospitalisation for supportive care. A safe and effective vaccine is available, with two doses spaced at least six months apart shown to provide high levels of protection against infection for many years. Hepatitis A vaccination is routinely recommended for people at higher risk of infection and those who are at increased risk of severe liver disease. These include travellers to countries where hepatitis A is common (most developing countries), some occupational groups, men who have sex with men, people with developmental disabilities and people with chronic liver disease.

People exposed to hepatitis A can be protected from developing the disease if they receive the vaccine or protective antibodies within two weeks of exposure.

Follow the links for NSW Health [hepatitis A notification data](#) and the NSW Health [hepatitis A fact sheet](#).

## 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 18 March 2018 to 24 March 2018, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2018	2017	2016	2017	2016
Bloodborne Diseases	Hepatitis C - Newly Acquired	1	1	9	9	9	39	25
Enteric Diseases	Cryptosporidiosis	25	26	269	698	330	1266	1184
	Giardiasis	73	81	758	987	1081	2994	3480
	Hepatitis A	4	2	31	10	15	72	41
	Rotavirus	14	16	240	163	148	2318	750
	STEC/VTEC	2	3	17	17	14	53	65
	Salmonellosis	75	87	1097	1367	1600	3687	4544
	Shigellosis	5	7	55	59	74	235	310
	Typhoid	3	3	19	20	20	55	37
Respiratory Diseases	Influenza	176	218	3117	2101	1517	103851	35540
	Legionellosis	1	3	36	32	24	138	134
	Tuberculosis	3	14	88	114	121	532	534
Sexually Transmissible Infections	Chlamydia	621	615	7457	7391	6076	28977	25991
	Gonorrhoea	237	212	2513	2444	1519	9175	6999
Vaccine Preventable Diseases	Adverse Event Following Immunisation	6	2	31	69	49	271	258
	Measles	1	1	2	11	4	32	16
	Meningococcal Disease	1	2	13	14	11	91	70
	Mumps	3	0	25	31	7	128	67
	Pertussis	78	58	895	1601	3455	5367	10956
	Pneumococcal Disease (Invasive)	3	6	80	80	63	682	545
Vector Borne Diseases	Barmah Forest	4	1	22	22	11	127	40
	Dengue	1	4	89	98	119	306	485
	Malaria	2	0	17	19	10	68	59
	Ross River	10	10	109	921	158	1653	594
Zoonotic Diseases	Q fever	3	3	49	60	64	210	231

### \*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.