Communicable Diseases Weekly Report

Week 14, 01 April to 07 April 2018

In summary, we report:

- Measles – one recent case in a returned traveller
- Hepatitis A – two 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 on April 8 (just after this reporting week) in an adult who acquired their infection while travelling in South-East Asia. A local media release was issued by South Eastern Sydney Local Health District warning that the person had spent time in Ramsgate, Watsons Bay, Lilyfield and Kogarah while infectious. A list of exposure sites has also been published on the NSW Health Alerts page.

This is the fifth case of measles diagnosed in NSW this year. Of these five cases, four have occurred in NSW residents recently returned from travel to Asia (including three infants); while the remaining case occurred in a visitor from Asia. An additional person was recently infectious in NSW, during transit at Sydney Airport on March 10, however their infection was diagnosed and notified in Victoria.

As of April 12, there have been 37 cases of measles notified in Australia. Eleven of the cases have been introduced to Australia by travellers from South and South East Asia. Secondary cases arising from these importations have been reported in Victoria, where seven cases have been linked to a single imported case who flew into Melbourne Airport while infectious, and in Queensland.

People planning travel to Asia and other regions where measles remains prevalent are encouraged to discuss their travel plans with their GP, as they may require vaccination prior to departure. Adults born during or after 1966 should ensure they have received two doses of measles containing vaccine prior to travel. For children under the age of 12 months, the first dose of measles vaccine may be given to children as young as 9 months of age under certain circumstances – including travel to countries where measles is prevalent, or where outbreaks are occurring.

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.

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). 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

Two new cases of hepatitis A infection were reported during this reporting week (Table 1). One was a child from metropolitan Sydney who had eaten frozen pomegranate arils (seed pods) before they became unwell, and the other was an adult, also from metropolitan Sydney, who is likely to have acquired their infection overseas.

A total of eight people have been affected by the national hepatitis A outbreak linked to consumption of Creative Gourmet Pomegranate Arils in New South Wales (5), Western Australia (1), the Australian Capital Territory (1) and Queensland (1). The genetic profiles of the viruses from all eight cases are identical. Laboratory tests to confirm whether or not the child is also part of the outbreak are pending. The product has been recalled. See the NSW Health Hepatitis A Alert for further information about the outbreak and what to do if you have eaten this product.

Of the 38 hepatitis A cases notified so far this year, 12 have been acquired in NSW, including three which were directly linked to an imported (acquired overseas) case. NSW Health investigates each hepatitis A 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. 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 the 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 and 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.

Routine hepatitis A vaccination requires two doses spaced at least six months apart. This has been 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.

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 1 April 2018 to 7 April 2018, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2018	2017	2016	2017	2016
Enteric Diseases	Cryptosporidiosis	15	23	307	780	420	1266	1184
	Giardiasis	36	39	833	1170	1257	2994	3480
	Hepatitis A	2	5	38	10	17	72	41
	Hepatitis E	1	0	2	6	9	20	16
	Rotavirus	14	21	275	193	166	2318	750
	Salmonellosis	71	68	1238	1595	1799	3687	4544
	Shigellosis	6	4	65	65	85	235	310
Other Diseases	Acute Rheumatic Fever	1	1	6	5	4	19	16
Respiratory Diseases	Influenza	155	163	3432	2518	1899	103851	35540
	Legionellosis	6	3	46	36	36	138	134
	Tuberculosis	7	8	106	135	138	534	534
Sexually Transmissible Infections	Chlamydia	484	566	8549	8599	7123	28977	25990
	Gonorrhoea	180	160	2850	2842	1804	9174	6999
	LGV	1	0	6	9	16	50	60
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	9	44	91	57	271	258
	Haemophilus influenzae type b	1	0	1	2	1	9	5
	Meningococcal Disease	3	2	18	16	12	91	70
	Pertussis	73	65	1039	1815	3843	5367	10956
	Pneumococcal Disease (Invasive)	8	7	95	90	78	682	545
Vector Borne Diseases	Barmah Forest	2	1	25	26	11	127	40
	Dengue	2	6	97	105	152	305	485
	Ross River	14	8	131	1020	193	1653	595
Zoonotic Diseases	Q fever	2	1	55	70	73	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.