

# **Communicable Diseases Weekly Report**

### Week 44, 28 October to 3 November 2018

## In summary, we report:

- Measles One new case, elimination status maintained.
- Summary of notifiable conditions activity in NSW

For further information see NSW Health <u>infectious diseases page</u>. This includes links to other NSW Health <u>infectious disease surveillance reports</u> and a <u>diseases data page</u> for a range of notifiable infectious diseases.

## **Measles**

One new case of measles was notified in this reporting week (<u>Table 1</u>), in a child from the South Eastern Sydney Local Health District. The public health unit has <u>issued an alert</u> warning residents of the Sutherland Shire, and people who attended Sydney Children's Hospital at Randwick on November 1 to be alert for signs and symptoms of the infection, as the child visited several locations including the Hospital's emergency department while infectious.

Measles is a highly contagious viral infection, which is spread through the air by respiratory droplets formed when an infected person coughs or sneezes. Symptoms include fever, runny nose, cough, and conjunctivitis (sore red eyes) followed three to four days later by a red, spotty, non-itchy rash which starts on the head and neck and spreads to the rest of the body. The rash disappears in the order it presents. During the early stages of the disease, small, white clustered lesions known as Koplik spots may be found in the mouth.

Vaccination is the best protection against measles. Prior to the introduction of measles containing vaccine (MCV) in the late 1960s, measles was endemic in Australia, and was once considered a common disease of childhood.

Two doses of MCV provide full protection against measles in 99 per cent of vaccinated people. Currently, the vaccine is recommended and provided as part of the National Immunisation Program to children at 12 months of age as measles-mumps-rubella (MMR) vaccine, and 18 months of age as measles-mumps-rubella-varicella (MMRV) vaccine. The latest <u>Annual Immunisation Coverage Report</u> shows that vaccination rates in NSW are at their highest level ever, with more than 94 per cent of five year olds fully vaccinated against measles.

NSW Health encourages all people to ensure they are fully protected against measles. Free MMR is available from general practitioners for anyone born during or after 1966 who does not have evidence of prior measles infection, or having had two doses of MCV. Anyone who is unsure of whether or not they have had two doses in the past can safely receive another dose of the vaccine. People born before 1966 are likely to have had measles as a child and are generally considered to be immune.

Vaccination protects the individual from infection if they are exposed to the virus, which may occur during overseas travel, as measles remains endemic in many areas of the world. High vaccination rates within a population limit the spread of the virus if it is introduced – either by a returned unvaccinated traveler, or a visitor from overseas. This is particularly important for protecting those unable to be vaccinated such as children less than 12 months old and people with compromised immune systems – a concept known as herd immunity.

Elimination is the absence of endemic measles virus transmission in a defined area for more than 12 months, in the presence of a high quality surveillance system. Australia was verified as having eliminated endemic measles by the World Health Organization (WHO) in 2014, and on 30 October 2018 the WHO announced that Australia had maintained this status for the fourth consecutive year. Maintaining high two-dose coverage of MCV is a key component of maintaining this status.

High two dose coverage of measles-mumps-rubella vaccine in Australia also enables the prevention of mumps, rubella, and congenital rubella infection; and contributes to the elimination of rubella. This year the WHO officially verified that Australia has also eliminated endemic rubella virus transmission.

Follow the links for more information on measles, notification data, vaccination, and elimination.

# 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 28 October - 3 November 2018, by date received\*

		Weekly		Year to date			Full Year	
		This week	Last week	2018	2017	2016	2017	2016
Enteric Diseases	Cryptosporidiosis	9	13	623	1182	918	1266	1184
	Giardiasis	48	54	2279	2753	3060	3134	3480
	Rotavirus	10	15	696	2038	523	2319	750
	STEC/VTEC	2	1	46	45	43	53	65
	Salmonellosis	58	67	2795	3191	3895	3680	4533
	Shigellosis	19	17	388	197	261	235	310
	Typhoid	1	0	48	49	32	55	37
Other Diseases	Acute Rheumatic Fever	2	0	25	19	14	20	16
Respiratory Diseases	Influenza	148	196	15578	102745	34174	103853	35540
	Legionellosis	4	2	119	117	109	138	134
	Tuberculosis	5	10	435	448	441	542	533
Sexually Transmissible Infections	Chlamydia	528	525	26472	24600	22188	28972	25987
	Gonorrhoea	178	216	9112	7816	5893	9170	6992
Vaccine Preventable Diseases	Adverse Event Following Immunisation	3	4	263	256	229	279	262
	Measles	1	0	18	31	11	32	16
	Meningococcal Disease	1	1	59	82	62	91	70
	Mumps	1	1	65	102	56	128	67
	Pertussis	219	199	4366	4703	9224	5365	10956
	Pneumococcal Disease (Invasive)	7	17	584	612	474	683	545
Vector Borne Diseases	Chikungunya	1	0	5	39	24	47	39
	Dengue	5	8	230	257	417	306	485
	Ross River	9	11	512	1592	429	1653	595
Zoonotic Diseases	Brucellosis	1	1	7	3	10	6	10
	Q fever	2	15	192	177	186	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 (i.e. by report date). Note that <u>notifiable disease data</u> available on the NSW Health website are reported by onset date so case totals are likely to vary from those shown here.
- 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 <u>Database of Adverse Event Notifications</u>.
- Only conditions for which at least one case report was received appear in the table. HIV and chronic blood-borne virus case reports are not included here but are available from the <u>Infectious Diseases Data</u> webpage.