Communicable Diseases Weekly Report

Week 22, 26 May to 1 June 2019

In summary, we report:

- Measles – one new imported case
- Dengue – four new imported cases
- Summary of notifiable conditions activity in NSW

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

Measles

A new case of measles was notified in this reporting week (Table 1), in a seven month old infant recently returned from the Philippines. This infant had not been vaccinated against measles prior to travel. New recommendations encourage parents to vaccinate infants travelling to areas at high risk of measles from 6 months of age. The Philippines is currently an area at high risk for measles with over 34,950 cases and 477 deaths reported from 1 January to 11 May this year.

There have now been 35 measles cases notified in NSW so far this year, and 37 cases notified since Christmas 2018. An additional five people have been infectious with measles in NSW during this period, however their infections were notified in other jurisdictions.

This case highlights the ongoing need for people planning overseas travel to discuss their plans with their doctor, as there are measures which can be taken to reduce the risk of preventable diseases such as measles while travelling. Measles cases across the globe have increased in 2019, with a 300% increase in the first four months, compared to the same period last year. Several countries popular with Australian travellers, including the Philippines, Thailand, and Vietnam have experienced significant increases in measles cases this year.

Timely public health action to identify and isolate cases and their contacts, and increasing vaccine uptake to achieve and maintain high two-dose vaccine coverage are integral to preventing ongoing transmission of the virus in the community.

Measles is a serious viral illness and one of the most highly communicable infectious diseases. The measles virus is usually spread through coughing or by contact with the nasal or throat secretions of an infected person.

The symptoms of measles usually start 7 to 18 days after exposure to someone who has measles. They include fever, cough, runny nose, conjunctivitis (red, watery eyes) and feeling unwell. After three to five days a rash with flat red spots breaks out, usually starting on the face before spreading to the rest of the body. People are usually infectious from around four days before the onset of the rash until four days after it appears.

People are considered immune to measles if they have had a confirmed measles illness in the past or have evidence of having received two doses of a measles-containing vaccine. People born before 1966 are also considered immune as they are highly likely to have had measles infection as a child. One dose of measles-containing vaccine provides long-term immunity in most people. However, around 5% of people fail to develop immunity to measles after 1 dose. After a 2nd vaccine dose, about 99% of people are immune to measles.

People who think they might have measles should avoid public places and see a doctor, but should call ahead to ensure they do not come in to contact with other people in the waiting areas.

Further information

- NSW Health measles website and measles factsheet.
- The Australian Immunisation Handbook for more information on measles vaccine recommendations.

Dengue

There were four new cases of dengue notified this week (Table 1). These cases were in people who acquired their infections in Thailand (2), Fiji (1) and Indonesia (1).

These three countries have accounted for two thirds of the 172 dengue infections diagnosed in NSW this year, with Indonesia the most frequent source (29%) followed by Fiji (19%) and Thailand (17%). For cases acquired in Indonesia, Bali remains the most common island visited by cases, and was implicated in 11 of the 13 Indonesia-linked cases notified in May.

Dengue is a mosquito-borne viral infection transmitted by the bite of particular *Aedes* mosquitoes. Dengue usually causes severe flu-like symptoms, including sudden fever, chills, severe headache with pain behind the eyes, swollen glands, muscle and joint pain and extreme fatigue.

All people who travel to dengue-affected countries are at risk. Travellers to dengue-affected areas should stay in accommodation with screened windows and doors, and wear light-coloured clothing that covers the arms and legs. Travellers should apply insect repellent containing DEET or picaridin to exposed skin, and re-apply during the day according to the manufacturer's instructions. Repellents containing oil of lemon eucalyptus (OLE) or para menthane diol (PMD) also provide adequate protection.

Further information

- For more information on the illness see the Dengue factsheet.
- For specific advice on steps to avoid being bitten by mosquitoes see the Mosquitoes are a Health Hazard Fact sheet.
- Follow the link for further information on dengue notifications.

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 26 May – 1 June 2019, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Enteric Diseases	Cryptosporidiosis	8	7	380	419	985	708	1266
	Giardiasis	50	61	1538	1355	1680	2937	3135
	Listeriosis	1	0	5	15	7	19	20
	Rotavirus	7	9	261	405	293	808	2319
	Salmonellosis	61	60	1944	1766	2177	3342	3681
	Shigellosis	22	16	393	98	92	530	236
	Typhoid	1	1	37	32	34	58	55
Respiratory Diseases	Influenza	2315	1916	17828	4295	3998	17423	103852
	Legionellosis	2	4	77	74	56	171	138
	Tuberculosis	11	19	241	203	199	510	542
Sexually Transmissible Infections	Chlamydia	576	637	13631	13710	12855	31197	29005
	Gonorrhoea	239	217	5053	4552	4173	10621	9160
	LGV	1	0	21	36	13	85	50
Vaccine Preventable Diseases	Measles	1	0	36	6	25	18	32
	Meningococcal Disease	1	1	13	26	27	72	91
	Mumps	1	3	25	40	62	72	127
	Pertussis	141	133	2656	1661	2632	6281	5366
	Pneumococcal Disease (Invasive)	8	15	182	174	169	686	683
Vector Borne Diseases	Barmah Forest	2	3	35	39	54	74	127
	Dengue	4	17	192	140	151	299	306
	Malaria	1	1	26	24	31	66	68
	Ross River	8	22	330	286	1314	570	1653
Zoonotic Diseases	Q fever	5	1	117	81	98	227	210

*** Notes on Table 1: NSW Notifiable Conditions activity**

- Only conditions which had one or more case reports received during the reporting week appear in the table.
- 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 notifiable disease data available on the NSW Health website are reported by onset date so case totals are likely to vary from those shown here.
- Cases involving interstate residents are not included.
- The shigellosis case definition changed on 1 July 2018 to include probable cases (PCR positive only), hence case counts cannot be validly compared to previous years.
- 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.
- Chronic blood-borne virus conditions (such as HIV, Hepatitis B and C) are not included here. Related data are available from the Infectious Diseases Data and the HIV Surveillance Data Reports webpages.