

Communicable Diseases Weekly Report

Week 27, 30 June to 6 July 2019

In summary, we report:

- [Ciguatera fish poisoning](#) – two suspected clusters
- [Measles](#) –one traveller infectious in NSW
- [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.

Ciguatera fish poisoning

Two instances of suspected ciguatera fish poisoning were reported this week in people who had consumed redthroat emperor fish. In the first instance, a family of three people from metropolitan Sydney became unwell after consuming the fish on Friday 5 July 2019. Symptom onset occurred within three hours, including the sensation of temperature reversal, perioral tingling and nausea.

In the second instance, a family of two people from regional NSW became unwell after consuming fillets from a 2-2.5 kg fish on Saturday 6 July 2019. The fish was filleted at the place of purchase. Symptom onset occurred within a few hours, resulting in diarrhoea, headache, muscle weakness and, for one person, temperature reversal.

A sample of the food consumed by the Sydney family has been submitted for analysis. The remaining product has been withdrawn from retail sale. In addition, the supplier conducted a trade level recall on 9 July 2019.

A NSW Food Authority investigation is ongoing, involving tracing supply of the implicated fish and review of ciguatoxin risk control measures that are currently in place. Those control measures currently include Sydney Fish Market restrictions on the sale of high risk fish and fish caught in high risk areas.

Ciguatera poisoning occurs from eating fish containing the ciguatera toxin. The toxin is concentrated as it moves up the food chain. Large predator fish that feed in warm ocean waters are potential carriers of large amounts of ciguatera poison.

Fish species that have caused ciguatera poisoning in humans include coral trout, Spanish mackerel, red and redthroat emperor, wrasse, reef cod, sturgeon fish, trevally, queenfish, chinaman, red bass, groper, barracouta and kingfish.

Ciguatera toxin does not affect the appearance, odour or taste of the fish, and cooking or freezing does not destroy the toxin.

Symptoms of ciguatera poisoning begin one to 24 hours after eating fish containing ciguatera toxin. The time taken for symptoms to develop in an individual depends on their previous exposure, how much fish is eaten and on how much toxin is in the fish. Symptoms can include:

- nausea, vomiting and diarrhoea, often with abdominal cramps;
- tingling and numbness in fingers, toes, around lips, tongue, mouth and throat;
- headache, tiredness, dizziness and fainting;
- temperature reversal with a burning sensation on contact with cold water;
- intense itchiness;

- joint and muscle pain with muscular weakness; and
- convulsions and difficulty breathing in severe cases.

Most symptoms disappear within days to several weeks, but some may persist for months causing significant distress. People who have had ciguatera poisoning are more sensitive to further exposure to the toxin, particularly in the first few months after their illness. They should avoid eating warm water (reef) fish for at least six months. Alcohol should also be avoided as this can trigger ciguatera poisoning symptoms. Ciguatera toxin is only slowly excreted from the human body.

Ciguatera poisoning can be avoided by not eating large warm water (reef) fish. Fish for consumption should be limited to about six kilograms. The head, roe, liver and other viscera of warm water ocean fish should not be eaten, as ciguatera toxin is concentrated in these parts of the fish.

There are certain reefs in waters off the Northern Territory and Queensland which are known to be associated with ciguatera poisoning. Fish of any size caught at these reefs should not be eaten.

Further information

- NSW Health [seafood poisoning](#) factsheet.
- NSW Food Authority [Fish ciguatera poisoning](#) factsheet.

Measles

NSW Health has issued a [measles alert](#) after a tourist with measles visited Sydney while infectious. The case in a man aged in his forties was diagnosed in Queensland and so does not appear in Table 1. This case, which was believed to have been acquired in Thailand, reminds us to remain vigilant for this highly infectious disease, especially among travellers from overseas countries where measles is prevalent.

Measles has officially been eliminated in Australia, meaning that the virus does not circulate in the community. However, measles remains common in many parts of the world and importation of measles into Australia by travellers continues to occur, particularly after visits to South-East Asia.

Although high levels of immunity across the population reduces the likelihood of person to person spread from imported measles cases, prompt public health action is required to limit transmission and prevent outbreaks in vulnerable pockets of the community, such as under or unvaccinated people, babies too young to be vaccinated, and people with suppressed immune systems.

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 documented 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.

While one dose of vaccine induces effective protection in 95% of people, two doses are recommended as this provides long-term protection in 99% of people.

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.

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 30 June – 6 July 2019, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Enteric Diseases	Cryptosporidiosis	4	6	409	462	1044	708	1266
	Giardiasis	47	51	1785	1604	1958	2937	3135
	Hepatitis A	1	2	38	59	15	86	71
	Hepatitis E	1	0	11	10	11	18	20
	Rotavirus	28	19	363	456	387	808	2319
	Salmonellosis	47	36	2176	2000	2400	3341	3681
	Shigellosis	13	14	457	129	109	530	236
	Typhoid	1	0	40	34	37	58	55
Respiratory Diseases	Influenza	6167	5671	42531	5081	8281	17423	103851
	Tuberculosis	10	9	298	252	262	508	542
Sexually Transmissible Infections	Chlamydia	587	617	16552	16678	15444	31197	29005
	Gonorrhoea	209	237	6221	5497	4937	10619	9160
Vaccine Preventable Diseases	Haemophilus influenzae type b	1	0	5	2	4	6	9
	Meningococcal Disease	3	1	20	29	33	72	91
	Mumps	1	0	27	46	69	72	127
	Pertussis	116	132	3257	2069	3130	6281	5366
	Pneumococcal Disease (Invasive)	18	22	271	257	243	683	683
	Rubella	1	0	10	0	2	0	5
Vector Borne Diseases	Barmah Forest	2	2	45	47	84	74	127
	Dengue	4	4	224	165	166	299	306
	Ross River	15	12	389	373	1408	570	1653
Zoonotic Diseases	Q fever	2	3	138	102	121	228	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.