

## Communicable Diseases Weekly Report

### Week 37, 8 September to 14 September 2019

In summary, we report:

- [Listeriosis](#) – two cases, a mother and child pair
- [Measles](#) – two cases, one local and one imported from New Zealand.
- [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.

### Listeriosis

Two new cases of listeriosis were reported this week affecting a woman and her newborn baby ([Table 1](#)). Both the mother and her baby were ill at the time of birth and required intensive care. Both remain under specialist treatment in hospital.

Pregnant women are at increased risk from listeriosis because their immune systems are partially suppressed. Babies can be born with listeriosis if their mothers have acquired the infection during the pregnancy. Listeriosis during pregnancy can also cause stillbirth or premature delivery.

Listeriosis is a rare illness caused by eating food contaminated with a bacterium called *Listeria monocytogenes*. This bacterium is widespread throughout nature, being commonly carried by many species of both domestic and wild animals.

Outbreaks of listeriosis have been associated with the consumption of raw milk, soft cheeses, pre-prepared salads (for example, from salad bars), unwashed raw vegetables, pâté, cold diced chicken and pre-cut fruit and fruit salad. *Listeria* bacteria survive refrigeration but can be killed through cooking.

People at increased risk of listeriosis include pregnant women and their unborn child, newborns, older people and people with weakened immune systems; for example, people on cancer treatment or steroids, or people with diabetes, kidney disease, liver disease or living with HIV infection. Listeriosis may be severe in these individuals, and infections during pregnancy may cause still birth or premature delivery.

NSW Health recommends that people at increased risk of listeriosis do not eat:

- rockmelon, pre-cut fruit or pre-prepared fruit
- pre-packed cold salads, frozen vegetables (unless cooked and served hot) or sprouted seeds
- pre-cooked cold chicken, cold delicatessen meats, pâté and/or meat spreads
- raw seafood, smoked seafood (unless cooked and served hot), or chilled seafood (for example, ready-to-eat prawns)
- unpasteurised milk or milk products, soft cheeses (for example camembert, ricotta, or blue-vein), or soft serve ice cream.

Fruit and vegetables eaten raw should be thoroughly washed prior to eating.

### Further information

- NSW Health [listeriosis data](#)
- NSW Health [listeriosis factsheet](#)
- NSW Food Authority [Food safety during pregnancy brochure](#).

## Measles

Two new unrelated cases of measles were notified in this reporting period ([Table 1](#)).

The first was a locally acquired case in an unvaccinated close contact of a recent case acquired in New Zealand. Further details can be found in the Northern Sydney Local Health District (LHD) [measles alert](#)

The second case was in a traveller recently returned from Thailand. Further details can be found in the South Western Sydney LHD [measles alert](#).

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 in Australia before 1966 are also generally considered to be immune as they are highly likely to have had measles infection as a child.

While one dose of vaccine induces effective protection in 95 percent of people, two doses are recommended as this provides long-term protection in 99 percent 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 08 September – 14 September 2019, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Enteric Diseases	Cryptosporidiosis	5	4	474	562	1122	708	1266
	Giardiasis	58	39	2264	2142	2416	2937	3135
	Hepatitis A	1	0	48	71	37	86	71
	Listeriosis	2	0	10	17	13	19	20
	Rotavirus	28	35	685	587	1142	808	2319
	STEC/VTEC	2	0	44	37	39	57	53
	Salmonellosis	42	44	2633	2458	2829	3340	3680
	Shigellosis	14	14	611	282	162	531	236
	Typhoid	1	2	50	44	42	58	55
Respiratory Diseases	Influenza	2547	4305	105753	12209	83719	17423	103851
	Legionellosis	6	2	110	108	91	171	138
	Tuberculosis	5	10	393	360	376	508	542
Sexually Transmissible Infections	Chlamydia	538	581	22695	22631	20799	31192	29001
	Gonorrhoea	201	217	8483	7672	6619	10618	9159
	LGV	1	1	41	64	30	85	50
Vaccine Preventable Diseases	Measles	2	5	48	14	26	18	32
	Meningococcal Disease	2	6	44	46	61	72	91
	Mumps	1	1	37	57	86	72	127
	Pertussis	91	103	4418	3165	4126	6280	5366
	Pneumococcal Disease (Invasive)	14	26	473	484	477	681	683
	Rubella	1	0	11	0	4	0	5
Vector Borne Diseases	Dengue	4	6	305	203	216	299	306
	Malaria	1	0	47	51	53	66	68
	Ross River	6	14	480	458	1504	571	1653
Zoonotic Diseases	Q fever	1	2	171	156	162	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](#), the [HIV Surveillance Data Reports](#) and the [Hepatitis B and C Strategies Data Reports](#) webpages.
- Notification is dependent on a diagnosis being made by a doctor, hospital or laboratory. Changes in awareness and testing patterns influence the proportion of patients with a particular infection that is diagnosed and notified over time, especially if the infection causes non-specific symptoms.