

# Communicable Diseases Weekly Report

## Week 6, 2 February to 8 February 2020

In summary, we report:

- [Measles](#) – 5 new cases
- [Novel coronavirus 2019](#) – refer to the NSW health website for ongoing updates
- [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

Five new cases of measles were notified in this reporting week ([Table 1](#)), across the greater Sydney region. Three of the cases occurred in unrelated individuals, while two were co-incident infections in members of the same family. None of the five cases had travelled overseas recently, however two people have occupations which place them in regular contact with tourists and other people from overseas.

Two of the cases occurred in babies under 12 months of age, who were too young to have received their first dose of measles vaccine under the National Immunisation Program Schedule. One case occurred in an unvaccinated person in their early twenties. The remaining cases occurred in people in the 20-60 year age group and their vaccination histories are unclear.

Measles is a highly contagious viral illness spread through the air via respiratory droplets produced when an infectious person coughs, sneezes or speaks. It is considered the most contagious virus affecting humans. In a fully susceptible (e.g. unvaccinated) population a person infectious with measles will, on average, infect between 12 and 18 people.

Measles usually begins with a fever, cough, runny nose, and sore red eyes; followed a few days later by a red, spotty, non-itchy rash which usually starts on the head and neck and then progresses to the rest of the body. It can take up to 18 days for symptoms to present after exposure to measles.

Measles can be very severe, and can cause death. Many people with measles require hospitalisation. Up to one-third of cases will experience complications including pneumonia, bronchitis, or middle ear infection and one to three in 1000 cases will experience encephalitis (swelling of the brain). During the recent measles outbreak in Samoa, over 80 people, mainly children under the age of 5 years, died of measles and complications related to measles.

Since 2014 Australia has held the status of having eliminated measles as per the World Health Organization criteria. This means that the virus is no longer considered endemic (common) to Australia and ongoing transmission among the population does not usually occur. An important aspect of achieving and maintaining our elimination status, is making sure that we have a high coverage rate of two doses of measles vaccination across the population. Two doses of measles vaccine provide lifelong protection against measles in 99% of vaccinated people. Maintaining high rates of vaccination in the population also provides protection to people who are unable to be vaccinated due to age, or for medical reasons.

Generally in Australia, measles infections occur in people visiting from or returning from travel to countries where measles remains endemic, or where outbreaks are occurring. These are classified as imported cases. Occasionally local transmission to susceptible people occurs as a result of these

imported cases. Where a new infection can be linked to a previous imported case, the new case is classified as import-related.

When a measles case is notified in NSW, public health unit staff work extensively to identify any places the person spent time while infectious, and people who may have been exposed. Efforts are undertaken to notify all potentially exposed people, either directly or through the media in the form of alerts. The aim of these activities is to prevent ongoing transmission, through the use of post exposure treatment where possible, and by ensuring people who may develop symptoms are tested and isolated appropriately.

Of the 16 measles cases notified in NSW in 2020, 15 have had no history of travel outside of Australia, and 13 of these cases have had no known contact with another known measles case. These cases are classified as locally acquired, and are of particular concern to public health, as they indicate that one or more people with measles have spent time in NSW while infectious, without being diagnosed and notified to public health.

The number of locally acquired cases, many of whom have spent time in busy public locations and on public transport while infectious, highlight why it is important for everyone, not only those planning travel, to ensure they are fully protected against measles.

People are susceptible to measles if they have no history of measles infection, and do not have evidence of having received two doses of measles vaccine.

Infants (under 12 months of age) and people with compromised immune systems due to illness or medical treatment are particularly susceptible as they are generally unable to be vaccinated against measles (infants can receive the vaccine from 6 months of age if planning travel to high risk countries for measles).

Many people born between 1966 and 1994 may unknowingly be unprotected against measles, as changes to the immunisation schedule during this time mean they may have missed one or more doses of the vaccine, even if they received all the vaccines on the schedule when they were a child.

Two doses of measles vaccine is recommended for anyone over 12 months of age, born during or after 1966. Two doses are provided for children at 12 and 18 months of age under the National Immunisation Program. In NSW, anyone born during or after 1966 who does not have evidence of having received two doses of measles vaccine, can receive it for free via general practitioners.

It is safe to receive more than two doses, so people who are unsure of their vaccination history can safely receive a dose.

While the risk of measles infection occurring in vaccinated people is very low, it is important for anyone who has potentially been exposed to measles to be alert for signs and symptoms.

Anyone experiencing symptoms of measles should seek medical attention, but call ahead to the practice or emergency department to alert staff, so that measures can be taken to limit exposure to others.

#### **Further information**

- [Current measles alerts in NSW](#)
- NSW Health [measles homepage](#) for general information about measles (including [vaccination](#)) and specific information for [travellers](#) and [health professionals](#)
- Health [measles resources page](#), including posters for display in waiting rooms (including multiple language options), fact sheets and decision aids.
- NSW Health [measles notification data](#)

### **Novel coronavirus 2019**

For up-to-date information regarding the novel coronavirus outbreak and NSW response, please visit the [NSW Health novel coronavirus page](#).

## 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 2 February – 8 February 2020, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Enteric Diseases	Cryptosporidiosis	39	20	121	118	107	669	708
	Giardiasis	62	55	285	489	369	3271	2937
	Rotavirus	21	21	202	96	131	1756	808
	STEC/VTEC	4	3	14	15	8	80	57
	Salmonellosis	126	103	555	629	574	3564	3336
	Shigellosis	34	31	193	112	28	869	531
	Typhoid	3	3	10	12	7	63	58
Respiratory Diseases	Influenza	665	660	3108	2846	1671	116448	17409
	Legionellosis	3	2	10	31	14	153	171
	Tuberculosis	5	8	41	51	60	597	507
Sexually Transmissible Infections	Chlamydia	571	487	3446	3675	3560	32455	31181
	Gonorrhoea	230	178	1293	1331	1282	11716	10610
	LGV	1	1	12	10	11	69	85
Vaccine Preventable Diseases	Measles	5	0	16	10	0	58	18
	Mumps	4	1	12	8	15	56	72
	Pertussis	89	63	485	922	462	6386	6280
	Pneumococcal Disease (Invasive)	3	3	54	42	44	692	681
Vector Borne Diseases	Barmah Forest	1	2	9	9	7	63	74
	Dengue	5	1	23	54	67	453	299
	Ross River	3	2	18	60	42	577	571
Zoonotic Diseases	Q fever	2	3	24	42	32	247	228

### \* 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.