

Communicable Diseases Weekly Report

Week 24, 12 June to 18 June 2022

In this report we provide information regarding Measles and a summary of notifiable conditions activity in NSW over the reporting period 24, 12 June to 18 June 2022.

Due to the rapidly evolving nature of the situation, data on **COVID-19** notifications can be found separately on the NSW Health [Latest Updates on COVID-19](#) page.

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

Information on notifiable conditions is available at the 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 Victorian resident, recently returned from overseas, attended multiple sites in NSW whilst unknowingly infectious with measles during this reporting period. Health Protection NSW issued a [media alert](#) notifying people who had attended venues in the NSW/Victoria border region visited by person to be on the lookout for [signs and symptoms](#) of measles. The locations pose no ongoing risk to the public. Clinicians are advised to suspect measles in patients with fever, runny nose, cough and or conjunctivitis and a non-itchy rash if they have been in one of the locations identified in the media release at the same time as the case, or recently returned from overseas.

Measles is a highly contagious, acute viral illness caused by the measles virus, which is spread through the air when an infected person coughs, sneezes or talks. Measles has been eliminated in Australia since 2014, meaning that it no longer circulates locally, and risk of infection in Australia is rare. Cases of measles in Australia are usually associated with importations from places overseas where it remains endemic, by visitors or returned travellers.

Over the last two years there have been no cases of measles in NSW, likely as a result of international border closures and reduced international travel. This recent case from Victoria is a reminder that with international borders re-opening, importations of measles are likely to occur, and it's important for everyone to make sure they are fully protected against measles.

Measles vaccination is highly effective with two doses of measles vaccine providing life-long protection in 99 out of 100 people vaccinated. Anyone born during or after 1966 should ensure they have received two doses of measles vaccine at least four weeks apart. Measles vaccine is provided for free for children as part of the National Immunisation Program (NIP) at 12 and 18 months of age. NSW Health makes the measles vaccine available free to anyone born during or after 1966 who doesn't have two documented doses of measles vaccine.

People travelling with children between the ages of 6 and 12 months should discuss their travel plans with their doctor, as infants can receive the measles vaccine as early as 6 months of age if travelling to an area considered high risk for measles.

Signs and symptoms of measles

People who are exposed to measles will usually become sick after about 10 days, but it can take as little as seven and as many as 18 days for symptoms to appear.

The main symptoms of measles include:

- fever

- cough
- runny nose
- conjunctivitis (sore, red, eyes)
- generally feeling unwell/tiredness
- followed 3-4 days later by a non-itchy, spotty rash that starts on the face and neck and spreads to other parts of the body.

Up to one third of people with measles will have serious complications including:

- Otitis media (middle ear infection)
- diarrhoea (more common in infants)
- pneumonia
- encephalitis (swelling of the brain) (1 in 1000)

One in 100,000 people who get measles will develop chronic, progressive brain inflammation several years after infection. This severe complication is called sub-acute sclerosing panencephalitis and is fatal.

Anyone experiencing symptoms should seek medical attention and should call their doctor or emergency department before attending so that spread of measles to others in the waiting room can be prevented.

Further information:

- [NSW Health Measles fact sheet](#)
- [NSW Health Legionellosis notification data page](#)
- [NSW Measles homepage](#)
- [NSW Health Measles Vaccination FAQs](#)

Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period alongside reports received in the previous week, year to date and in previous years (Table 1).

Table 1. NSW Notifiable conditions from 12 June - 18 June 2022, by date received*

		Weekly		Year to date				Full year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	221	197	5045	6132	4508	5526	11953	10008	11482
	Cryptosporidiosis	8	7	219	296	396	406	444	549	669
	Giardiasis	31	33	611	964	1111	1988	1504	1871	3328
	Rotavirus	9	7	199	181	364	334	356	500	1777
	Salmonellosis	41	38	1765	1856	1953	2096	3096	2883	3555
	Shigellosis	12	9	142	41	371	432	60	494	867
	STEC/VTEC	2	5	73	65	50	33	126	115	79
Other Diseases	Monkeypox	1	0	6	0	0	0	0	0	0
Respiratory Diseases	Influenza	14519	18165	89947	48	7316	34491	124	7488	116430
	Legionellosis	1	4	124	107	80	85	213	170	153
	Tuberculosis	8	3	206	295	277	276	557	625	589
Sexually Transmissible Infections	Chlamydia	484	381	11963	14389	13682	15546	25368	27243	32475
	Gonorrhoea	231	183	4821	4594	5024	5754	7624	9882	11688
Vaccine Preventable Diseases	Meningococcal Disease	1	0	8	14	9	16	23	22	59
	Mumps	1	0	3	3	50	27	6	56	57
	Pertussis	2	2	24	30	1305	3045	43	1400	6386
	Pneumococcal Disease (Invasive)	15	23	185	216	158	231	386	358	690
Vector Borne Diseases	Dengue	1	0	22	1	74	230	4	76	456
	Malaria	1	0	14	2	20	28	8	25	73
	Ross River	8	1	532	516	1693	383	659	1990	595
Zoonotic Diseases	Q fever	2	2	87	101	115	140	188	207	248

*** 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.
- Due to the rapidly evolving nature of the situation, data on COVID-19 notifications can be found separately on the NSW Health [Latest Updates on COVID-19](#) page.
- 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.
- 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.