

Communicable Diseases Weekly Report

Week 7, 12 to 18 February 2023

In this report we provide information regarding foodborne botulism, measles, and a summary of notifiable conditions activity in NSW over the reporting period Week 7, 12 to 18 February 2023.

For surveillance data on COVID-19 and influenza please see the latest [NSW Respiratory Surveillance Report](#).

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.

Foodborne botulism

A resident of metropolitan Sydney developed severe symptoms of foodborne botulism after consuming an almond milk drink that was subsequently found to be contaminated with botulinum toxin. A [food recall](#) was implemented for the affected product on 16 February, and expanded with additional products from the same manufacturer on 17 February.

Foodborne botulism is an extremely rare but serious disease, with a case fatality rate of up to 10 per cent. The most recent case in Australia occurred in 2015, after a person consumed improperly prepared home-manufactured preserved meat.

Foodborne botulism occurs when the bacteria *Clostridium botulinum* grows and produces toxin in food which is then eaten without sufficient heating to destroy the toxin. This is more likely to occur with fermented, salted or smoked fish or meat products and home canned or bottled vegetables and fruits. Symptoms may begin from as early as 6 hours or as late as 10 days after eating the contaminated food.

The initial symptoms of foodborne botulism are non-specific but include weakness, marked fatigue and vertigo. These symptoms are usually followed by blurred vision, dry mouth, slurred speech and difficulty swallowing. Symptoms may then progress to more serious symptoms including descending paralysis, starting from the head down and affecting the muscles closest to the center of the body before progressing to the outer limbs. Paralysis might progress to the lungs, which can lead to respiratory failure and death.

Most cases recover if diagnosed and treated early with botulism antitoxin, which arrests the progression of paralysis.

For more information, see the [NSW Health Botulism factsheet](#).

Measles

A measles exposure occurred in NSW this reporting week after an ACT resident flew into Sydney while infectious. Because this person is an ACT resident, they do not appear in [table 1](#). The person arrived in Sydney on a flight from Jakarta, then travelled onto Canberra by plane. Details of the exposure can be found in the [NSW Health media release](#). Details on the case and further exposures in the ACT can be found in the [ACT media release](#).

People on the flight and in the airports at the same time as the case are considered contacts and are advised to monitor for symptoms for 18 days after the exposure. Passengers on the international flight who indicated they were remaining in NSW were sent an SMS or email by NSW Health advising of the exposure and providing advice.

Measles is a highly contagious viral illness spread via respiratory droplets produced when an infected person coughs, sneezes, or speaks. The virus can survive for short periods in the air, so simply being in the same room as someone who has measles or entering a room shortly after an infected person has left can result in transmission.

Symptoms of measles can take up to 18 days to present following an exposure but will usually develop within 7-10 days. A person with measles will usually develop a fever, runny nose, cough, and or sore red eyes; followed around 4 days later by a non-itchy, red, blotchy, rash which starts on the face and neck and extends to the body. People with measles, particularly babies, often require hospitalisation, and up to a third will develop a complication including otitis media (middle ear infection), diarrhoea (more common in infants), pneumonia, or encephalitis (swelling of the brain) (1 in 1000).

People with measles are infectious for 24 hours before the onset of symptoms until four days after the rash presents. People with measles should isolate and those with suspected measles should limit their contact with others, and call ahead when seeking medical care, so that arrangements can be made to limit their contact with others.

Measles has been eliminated in Australia, meaning the virus no longer circulates locally. This is thanks to high rates of vaccination in the population, which are sufficiently high to provide 'herd immunity'. Measles cases in NSW are usually related to international travel, with unvaccinated visitors or returned travellers bringing the virus from a country where it remains endemic, or where an outbreak is occurring.

During the period of the COVID-19 pandemic when international travel was restricted, there were no measles cases notified in NSW. In 2022 a single case was notified in September, in a returned traveller (see [CDWR Week 37 2022](#)); however with increasing international travel the risk of measles cases occurring in NSW is potentially increasing.

The best prevention against measles is to be vaccinated. Unfortunately, as a result of the COVID-19 pandemic, many vaccination programs internationally were interrupted and as a result more people are at risk of measles than prior to the pandemic. This means the risk of measles importations is likely higher than it was prior to the pandemic.

Two doses of measles vaccine provide lifelong protection for 99% of people vaccinated. Measles vaccine is included in the National Immunisation Schedule for babies and is available for free in NSW for anyone born after 1966 who does not have evidence of having received two doses in the past.

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 to 18 February 2023, by date received*

		Weekly		Year to date					Full Year			
		This week	Last week	2023	2022	2021	2020	2019	2022	2021	2020	2019
Enteric Diseases	Campylobacter	252	261	1945	1666	2004	1738	1807	12900	12790	10819	11930
	Cryptosporidiosis	14	17	103	60	105	154	151	463	444	548	669
	Giardiasis	54	46	288	157	269	418	600	1389	1548	1953	3386
	Hepatitis A	2	3	13	2	0	11	16	37	8	19	61
	Hepatitis E	1	0	2	0	0	1	2	7	1	13	24
	Listeriosis	1	1	6	2	2	1	1	33	22	20	16
	Paratyphoid	2	0	10	0	0	6	10	12	1	17	39
	Rotavirus	45	61	576	43	42	234	117	1811	356	500	1777
	Salmonellosis	73	73	594	569	705	713	739	2967	3100	2885	3552
	Shigellosis	22	23	129	28	10	212	135	460	60	494	867
	Typhoid	5	1	13	4	0	17	17	47	2	37	64
Other	Invasive Group A Streptococcus	7	9	95	0	-	-	-	146	-	-	-
Respiratory Diseases	Influenza	300	321	2417	33	11	4004	3531	116315	124	7481	116402
	Legionellosis	4	7	32	40	41	14	35	268	214	171	154
	Respiratory syncytial virus (RSV)	345	294	1566	1	-	-	-	5669	-	-	-
	Tuberculosis	11	9	80	42	80	57	65	529	559	625	589
Sexually Transmissible Infections	Chlamydia	640	706	4436	2946	4312	4568	4403	25854	25309	27233	32474
	Gonorrhoea	247	276	1671	1144	1331	1710	1563	10230	7625	9880	11686
	LGV	2	0	7	2	4	16	11	29	36	44	69
Vaccine Preventable Diseases	Pertussis	3	2	15	3	6	574	1017	81	43	1400	6387
	Pneumococcal Disease (Invasive)	3	1	54	27	41	60	45	545	386	342	686
Vector Borne Diseases	Barmah Forest	3	2	22	10	20	11	10	89	111	271	63
	Dengue	4	9	35	2	1	37	65	163	4	76	456
	Malaria	5	5	19	2	1	5	10	42	8	25	73
	Ross River	12	6	86	225	144	22	73	725	660	1990	596
Zoonotic Diseases	Brucellosis	1	0	2	1	0	0	2	8	4	4	4
	Q fever	1	2	25	32	30	42	54	196	206	212	249

* 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.