

INFECTIOUS DISEASES, NSW: NOVEMBER 1999

TRENDS

History made: measles transmission interrupted in NSW!

September 1999 was the first month since 1991, when the new Public Health Act's enhanced notification requirements began, that there were no reports of measles in NSW. (It is also most likely that this is the first month since colonial times that measles has not occurred in this state.) Indeed, the last laboratory-confirmed case was reported in July (two unconfirmed cases were reported in August). These data indicate that transmission of measles may have been interrupted for the first time in NSW.

Epidemics of measles tend to occur every three to five years. The last outbreak in NSW was in 1994 (Figure 1). It is likely that the next expected epidemic has been averted through a combination of the Australia-wide 1998 Measles Control Program,¹ and the increasing immunisation rates in the community.

The interruption of local transmission is a remarkable achievement, and those parents, clinicians, public health workers, school staff and—most importantly—children whose hard work helped bring this about deserve enormous thanks. While we will certainly see measles cases again soon (since it is still common around the world), this has demonstrated that measles eradication is possible provided we remain vigilant in:

- maximising immunisation of susceptible people
- ensuring all suspected cases are promptly reported to the local public health unit to enable the implementation of immediate control measures
- seeking (with the patient's consent) laboratory-confirmation of all suspected cases.

Re-emergence of pertussis?

In recent months, there has been a moderate increase in notifications of pertussis in some parts of the state, most notably in the Mid Western NSW and Hunter areas. While the number of cases reported for August (123) was well below the peaks reported in the last outbreak in late 1997 (more than 700 cases per month—see Figure 1), these data suggest that a resurgence of the illness may be on the way. Clinicians should check carefully that all children are up to date with their immunisations and consider the diagnosis in all patients with a prolonged coughing illness.

Reference

1. NSW Department of Health. The 1998 Measles Control Campaign. *NSW Public Health Bulletin* 1999; 10: 89–92.

NSW INFLUENZA SURVEILLANCE ACTIVITY UPDATE

Summary

In this final report for the 1999 influenza season, influenza activity continues its downward trend. In August, reports of influenza A declined sharply, while influenza B emerged

as the dominant strain. The number of cases of influenza B continued to fluctuate following a small peak in mid August. The influenza season arrived earlier in 1999 than in the previous few years, but did not exceed the peaks achieved in recent years.

Clinical activity

Figure 2 shows that the rate of reported influenza-like illness peaked in July and again in August. However, neither peak reached the levels achieved in 1997 and 1998. Reported activity decreased steadily during October to levels seen outside the influenza season. Reports were received this year from more than 30 sentinel general practitioners in four Public Health Units, including more than 3,500 consultations per week. This source of data may include illness due to causes other than influenza.

Virological activity

The laboratory reporting rate for influenza A continued at a low level during September, while influenza B decreased from a moderate peak to a low level (Figure 3). In the last week of September, five cases of influenza A (two virological, three serological), five cases of influenza B (all virological) and 20 cases of respiratory syncytial virus were reported. In the same week last year, there were no cases of influenza A or B and 17 of respiratory syncytial virus. This source of data tends to include a high proportion of hospitalised patients, particularly children, and may not accurately reflect the effect of influenza on other sections of the community.

Directed virological surveillance

The data over recent weeks showed a trend consistent with the other data sources discussed above. The number of samples submitted from patients with influenza-like illness decreased markedly, mirroring the decline in clinical activity Figure 2. The isolation rate for influenza A remained low during September, while the rate for influenza B decreased. Approximately 30 sentinel general practitioners participated in the scheme this year from Central Sydney, South Eastern Sydney, Western Sydney, Wentworth, Central Coast, Hunter, Illawarra, Greater Murray and Southern Areas.

International surveillance

There were no reports of influenza activity for September.

CLARIFICATION

In the August edition of the *NSW Public Health Bulletin*, (Volume 10, Number 8, p.108) it was noted there would be a change to the Bulletin's production schedule. Some readers may have been left with the impression that the timeliness of each issue was affected by delays in receiving infectious disease reports. This was not the intention of the Bulletin and we apologise for any misconception. ☞

FIGURE 1

REPORTS OF SELECTED INFECTIOUS DISEASES, NSW, JANUARY 1994 TO SEPTEMBER 1999, BY MONTH OF ONSET

These are preliminary data: case counts in recent months may increase because of reporting delays

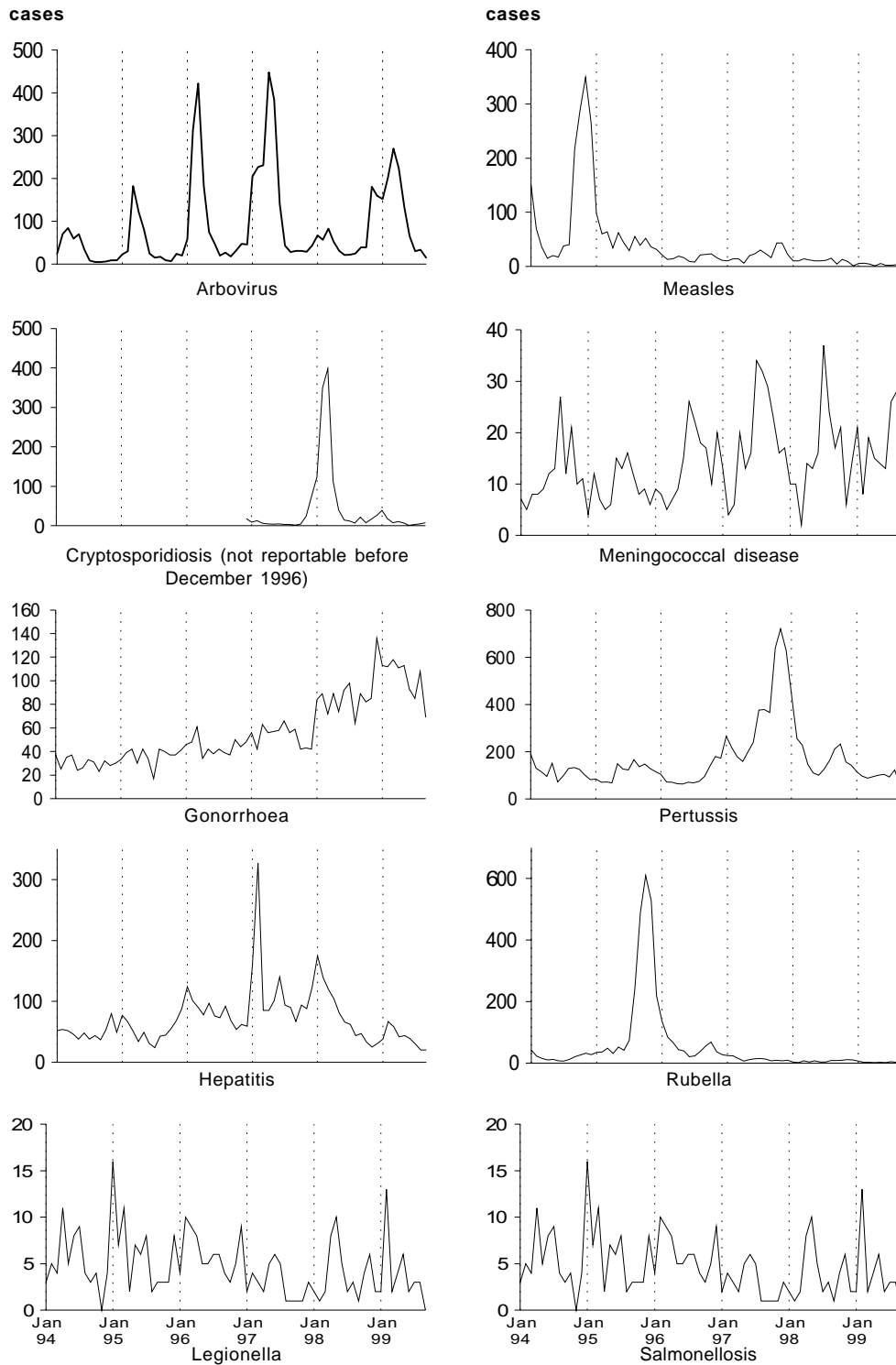


TABLE 1 REPORTS OF NOTIFIABLE CONDITIONS RECEIVED IN SEPTEMBER 1999 BY AREA HEALTH SERVICES

| Condition | Area Health Service (1999) | | | | | | | | | | | | | | | | | Total | | |
|--|----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|----------|----------|----|
| | CSA | NSA | WSA | WEN | SWS | CCA | HUN | ILL | SES | NRA | MNC | NEA | MAC | MWA | FWA | GMA | SA | for Sep† | To date† | |
| Blood-borne and sexually transmitted | | | | | | | | | | | | | | | | | | | | |
| AIDS | 4 | 3 | - | - | - | 3 | - | - | 2 | - | - | - | - | - | - | - | - | 15 | 109 | |
| HIV infection* | 2 | - | 1 | - | - | 2 | - | - | 2 | - | - | - | - | - | - | - | - | 28 | 279 | |
| Hepatitis B: acute viral* | - | - | - | - | - | - | - | - | 1 | - | 1 | - | - | - | - | - | - | 2 | 46 | |
| Hepatitis B: other* | 48 | 34 | 3 | 6 | 3 | 5 | 11 | 3 | 39 | 5 | - | 3 | 1 | - | 1 | 4 | 4 | 170 | 2,452 | |
| Hepatitis C: acute viral* | - | - | - | - | - | - | - | - | - | 2 | - | - | - | - | - | - | - | 2 | 39 | |
| Hepatitis C: other* | 65 | 47 | 43 | 20 | 3 | 54 | 78 | 12 | 95 | 39 | 22 | 12 | 8 | 42 | 1 | 16 | 20 | 582 | 5,927 | |
| Hepatitis D: unspecified* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 10 | |
| Hepatitis, acute viral (not otherwise specified) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Chancroid* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | |
| Chlamydia (genital)* | 15 | 11 | 7 | 7 | 5 | 8 | 23 | 5 | 46 | 17 | 8 | 19 | 2 | 7 | 1 | 10 | 1 | 193 | 1,746 | |
| Gonorrhoea* | 12 | 16 | 5 | 2 | 4 | 1 | 3 | 1 | 59 | 1 | - | 1 | 1 | 2 | - | - | 1 | 111 | 984 | |
| Syphilis | 10 | 2 | 2 | - | 2 | 2 | 2 | 2 | 20 | - | 4 | 2 | - | 4 | - | - | - | 54 | 495 | |
| Vector-borne | | | | | | | | | | | | | | | | | | | | |
| Arboviral infection (BFV)* | - | - | - | - | - | 1 | 1 | - | - | 3 | 2 | 1 | - | - | - | 3 | - | 11 | 219 | |
| Arboviral infection (RRV)* | - | - | - | - | 1 | - | 3 | 1 | 1 | 5 | - | 2 | - | - | - | 1 | - | 15 | 1,021 | |
| Arboviral infection (Other)* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 1 | 15 | |
| Malaria* | 2 | 5 | - | - | 2 | - | 1 | - | - | 1 | - | - | - | - | - | - | - | 11 | 150 | |
| Zoonoses | | | | | | | | | | | | | | | | | | | | |
| Brucellosis* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 3 | |
| Leptospirosis* | - | - | - | - | - | - | - | - | - | 3 | - | - | - | - | - | - | - | 3 | 37 | |
| Q fever* | - | - | - | - | - | - | - | - | - | 2 | 2 | 4 | 1 | 1 | - | - | - | 10 | 111 | |
| Respiratory and other | | | | | | | | | | | | | | | | | | | | |
| Blood lead level* | 4 | 9 | - | 1 | 7 | 4 | 10 | 1 | - | 3 | 2 | - | - | - | - | 1 | - | 42 | 512 | |
| Legionnaires' Longbeachae* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 1 | 11 | |
| Legionnaires' Pneumophila* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 20 | |
| Legionnaires' (Other)* | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | 1 | 6 | |
| Leprosy | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | 1 | 1 | |
| Meningococcal infection (invasive) | 3 | 4 | 3 | 3 | - | - | 2 | - | 5 | 1 | 1 | - | - | 1 | - | - | 1 | 26 | 168 | |
| Mycobacterial tuberculosis | 8 | 8 | - | - | 1 | 1 | - | 2 | 7 | - | - | - | 1 | 1 | - | 1 | 1 | 31 | 309 | |
| Mycobacteria other than TB | 6 | 9 | - | - | - | 1 | - | 3 | 2 | 2 | 2 | - | - | - | - | - | 2 | 27 | 298 | |
| Vaccine-preventable | | | | | | | | | | | | | | | | | | | | |
| Adverse event after immunisation | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 21 |
| <i>H. influenzae</i> b infection (invasive)* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 9 | |
| Measles | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | 1 | 28 | |
| Mumps* | - | - | - | - | 1 | - | - | - | 1 | - | 1 | - | - | - | - | - | - | 3 | 21 | |
| Pertussis | 9 | 24 | 10 | 3 | 14 | 2 | 24 | 2 | 13 | - | 3 | 2 | 2 | 26 | - | 3 | 6 | 145 | 988 | |
| Rubella* | - | 1 | - | 1 | - | - | - | - | 1 | - | - | - | - | - | - | - | - | 3 | 31 | |
| Tetanus | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Faecal-oral | | | | | | | | | | | | | | | | | | | | |
| Botulism | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Cholera* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 2 | |
| Cryptosporidiosis* | - | - | - | 1 | - | - | - | - | 4 | 1 | - | 1 | - | - | - | 1 | - | 8 | 112 | |
| Giardiasis* | 3 | 11 | 4 | 6 | - | 3 | 3 | 1 | 9 | 4 | 1 | 3 | - | 4 | 1 | 2 | - | 55 | 870 | |
| Food-borne illness (not otherwise specified) | 2 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 2 | 25 | |
| Gastroenteritis (in an institution) | - | - | - | 10 | - | - | 7 | - | - | - | - | - | - | - | - | - | - | 17 | 299 | |
| Haemolytic uraemic syndrome | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 9 | |
| Hepatitis A* | 5 | 4 | 5 | - | 6 | 4 | - | - | 3 | - | - | - | - | - | - | - | - | 27 | 368 | |
| Hepatitis E* | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | 6 | |
| Listeriosis* | - | - | - | 2 | - | - | - | - | 2 | - | - | - | - | 1 | - | - | - | 5 | 16 | |
| Salmonellosis (not otherwise specified)* | 5 | 6 | 6 | 4 | 4 | 2 | 5 | 1 | 6 | 6 | 5 | 5 | 1 | 2 | - | 5 | 2 | 67 | 1,181 | |
| Typhoid and paratyphoid* | - | 1 | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | 2 | 23 | |
| Verotoxin producing <i>E. coli</i> * | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |

* lab-confirmed cases only

† includes cases with unknown postcode

CSA = Central Sydney Area
NSA = Northern Sydney AreaWSA = Western Sydney Area
WEN = Wentworth Area
SWS = South Western Sydney AreaCCA = Central Coast Area
HUN = Hunter Area
ILL = Illawarra AreaSES = South Eastern Sydney Area
NRA = Northern Rivers Area
MNC = North Coast AreaNEA = New England Area
MAC = Macquarie Area
MWA = Mid Western AreaFWA = Far West Area
GMA = Greater Murray Area

FIGURE 2

NSW GP SENTINEL SURVEILLANCE—INFLUENZA-LIKE ILLNESS, BY WEEK OF CONSULTATION, WITH HISTORICAL COMPARISONS

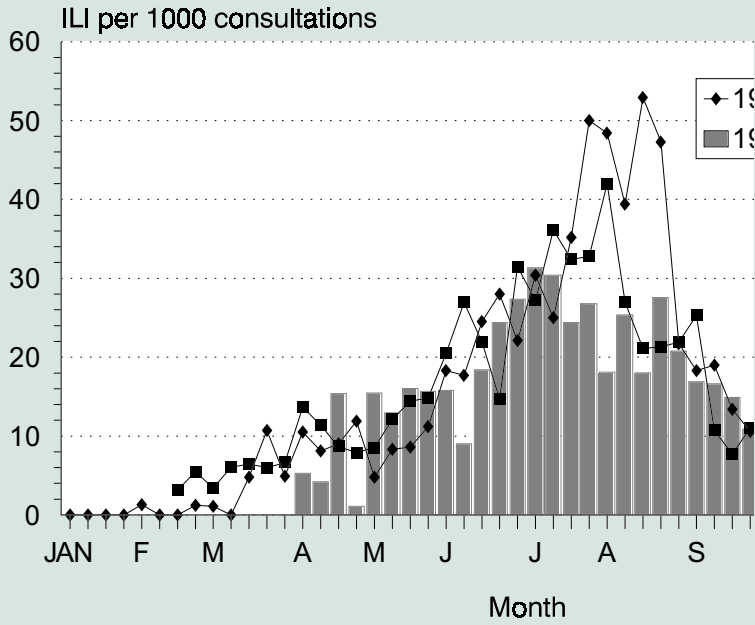


FIGURE 3

RESPIRATORY VIRUS ISOLATION RATES, NSW, 1990–1999

