

# Communicable Diseases Weekly Report

## Week 49, 2 December to 8 December 2018

In summary, we report:

- [Invasive meningococcal disease](#) – Three new cases
- [Legionellosis \(Legionnaires' disease\)](#) – Six new cases of *Legionella longbeachae*
- [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.

### Invasive meningococcal disease

Three new cases of invasive meningococcal disease (IMD) were notified this reporting week. Two of the cases were in unrelated people aged over 50 years from the same metropolitan local health district. A third case in an infant was reported from a rural local health district ([Table 1](#)). So far typing is available for two of the cases, one is serogroup Y and one serogroup B.

As of 8 December there have been 71 confirmed cases of IMD notified in NSW with onset in 2018, of which six have been fatal (case fatality rate of 8%). Forty-nine per cent of cases have been due to serogroup B, 28% due to serogroup W, 20% to serogroup Y, and three per cent to serogroup C.

Invasive meningococcal disease can affect people of any age, but is more common among children less than 5 years of age, and people aged 15-24 years. The disease is often difficult to diagnose in the early stages, as symptoms are non-specific, and may mimic other illnesses such as common respiratory and gastrointestinal illnesses. The disease progresses rapidly, and even with rapid, appropriate treatment, can be fatal within hours.

Common symptoms of meningococcal disease include sudden onset of fever, headache, dislike of bright lights, neck stiffness, abdominal pain, vomiting, and abdominal or joint and muscle pain. In infants symptoms may be more general and can include irritability, drowsiness or difficulty waking, high-pitched or moaning cry, pale and blotchy skin, and refusing to eat.

The characteristic, non-blanching, red-purple rash does not always appear, or may present late in the disease.

NSW Health encourages anyone who thinks they, or someone they care for, might be experiencing symptoms of meningococcal disease, to seek urgent medical care. Patients are encouraged to return to the doctor, or visit an emergency department, if symptoms persist or rapidly worsen.

Vaccination provides protection against IMD. Vaccines against serogroups A, C, W and Y (MenACWY), also reduce carriage of meningococcal bacteria in the throat, reducing the risk of spread to other people. Vaccination against meningococcal serogroup C was provided as part of the National Immunisation Program (NIP) at 12 months of age from 2003 to July 2018, when it was replaced with a MenACWY vaccine. From April 2019 the MenACWY vaccine will also be provided to teenagers 14-19 years of age under the NIP, replacing state funded programs in place in NSW and most other states and territories during 2017 and 2018. Vaccines against several strains of serogroup B disease are registered for use in Australia, and are available for private purchase via prescription.

For further information see the [meningococcal disease fact sheet](#).

Follow the links for more information on [meningococcal vaccination](#) and [meningococcal disease notifications](#) data.

## Legionellosis (Legionnaires' disease)

There were eight notifications of legionellosis (Legionnaires' disease) this reporting week (Table 1). All but two of the infections were caused by *Legionella longbeachae* and were likely acquired during unprotected exposure to different brands of garden potting mix or other garden materials.

There have been 63 reported cases of *Legionella longbeachae* in NSW in 2018 to date, compared to 48 cases in 2017. Of these 22 (35%) have been reported since October 2018, which has prompted a media release urging all home gardeners to take simple safety precautions when using potting mix or similar soil-based products.

Legionellosis is a type of pneumonia and the symptoms include fever, chills, cough and shortness of breath. Some people also have muscle aches, headache, tiredness, loss of appetite and diarrhoea. Risk factors for legionellosis include increasing age (most cases are aged over 50 years), smoking, and immunosuppression as a result of chronic medical conditions, cancer or taking high-dose corticosteroid medicines. People with legionellosis often have severe symptoms and infection is associated with a 10 to 15 per cent mortality rate.

Legionellosis is caused by infection with *Legionella* bacteria. There are around 50 different species of *Legionella* bacteria but most infections in NSW are caused by *L. pneumophila* or *L. longbeachae*.

Legionellosis is not spread from person to person, but can occur from inhaling contaminated water aerosols or dust. *L. longbeachae* is commonly found in the soil and it thrives in potting mix and garden compost. *L. longbeachae* infection is usually associated with unprotected exposure to these materials and is most likely acquired through inhalation of contaminated dust.

Gardening activities increase during spring and summer so this is an important time to promote awareness about the safe use of potting mix and compost. To reduce the risk of infection, people handling these products should wet the material beforehand to suppress dust and wear gloves and a protective facemask. Washing hands with soap and water after handling potting mix, mulch or soil is also important. The safety instructions included on the product packaging should be followed.

Follow the link for more information on the [regulatory control of Legionnaires' disease](#).

Follow the links for more information on [Legionnaires' disease](#) and on [notifications of Legionnaires' disease](#)

## 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 December – 8 December 2018, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2018	2017	2016	2017	2016
Bloodborne	Hepatitis C - Newly Acquired	1	1	27	36	25	36	25
Enteric Diseases	Cryptosporidiosis	15	10	681	1237	1065	1266	1187
	Giardiasis	32	62	2541	3012	3340	3133	3494
	Hepatitis A	1	1	82	65	37	71	41
	Rotavirus	20	16	771	2258	676	2319	750
	STEC/VTEC	2	1	55	48	59	53	65
	Salmonellosis	72	55	3117	3514	4286	3681	4536
	Shigellosis	16	15	493	221	294	235	310
	Typhoid	4	0	110	106	66	110	74
Respiratory Diseases	Influenza	214	225	16719	103583	35207	103852	35541
	Legionellosis	3	9	158	132	122	138	134
	Tuberculosis	9	9	489	508	486	542	531
Sexually Transmissible Infections	Chlamydia	474	669	29575	27583	24856	29006	26024
	Gonorrhoea	177	199	10091	8689	6655	9161	7004
	LGV	2	0	81	48	59	50	60
Vaccine Preventable Diseases	Meningococcal Disease	3	2	68	87	67	91	71
	Mumps	1	1	68	121	62	127	67
	Pertussis	267	275	5687	5156	10453	5366	10978
	Pneumococcal Disease (Invasive)	12	9	649	664	530	683	545
Vector Borne Diseases	Barmah Forest	1	1	72	121	36	127	40
	Chikungunya	2	1	12	43	35	47	39
	Dengue	4	14	275	294	469	306	486
	Ross River	9	11	551	1631	492	1652	600
Zoonotic Diseases	Q fever	2	5	212	198	218	210	231

### \* Notes on Table 1: NSW Notifiable Conditions activity

- 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.
- 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](#).
- Only conditions for which at least one case report was received appear in the table. HIV and chronic blood-borne virus case reports are not included here but are available from the [Infectious Diseases Data](#) webpage.