

Communicable Diseases Weekly Report

Week 16, 12 April to 18 April 2020

In summary, we report:

- [Condensed reporting](#) – until further notice
- [Novel coronavirus 2019 \(COVID-19\)](#)
- [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.

Condensed reporting

Due to increasing demand on public health staff and clinicians in NSW as a result of the COVID-19 response, the Communicable Diseases Weekly Report will be published in a condensed format until further notice.

From Week 11 2020 the condensed CDWR will consist of the summary of notifiable conditions activity in NSW ([Table 1](#)), and links to the most up to date information on COVID-19. Full reports will be published in the event of high priority notifications, or events of significant interest.

Public health alerts will continue to be published on the [NSW Health Infectious Diseases Alerts Page](#).

Novel coronavirus 2019 (COVID-19)

For up-to-date information regarding the COVID-19 outbreak and the NSW response, please visit the [NSW Health COVID-19 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 12 April to 18 April 2020, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Bloodborne	Hepatitis C - Newly Acquired	1	0	4	8	14	29	38
	Cryptosporidiosis	7	11	338	345	351	669	708
	Giardiasis	17	25	822	1451	1029	3271	2937
	Rotavirus	6	5	300	214	315	1756	808
	STEC/VTEC	4	0	38	26	21	80	57
	Salmonellosis	37	34	1531	1546	1411	3562	3336
	Shigellosis	2	3	350	273	74	868	530
Enteric Diseases	Typhoid	1	0	30	33	25	63	58
	Influenza	11	22	7119	9810	3721	116448	17409
	Legionellosis	4	2	49	64	58	153	171
	Tuberculosis	18	10	159	174	152	597	507
Respiratory Diseases	Chlamydia	302	310	9422	10194	10003	32450	31178
	Gonorrhoea	129	135	3446	3721	3332	11713	10607
	Sexually Transmissible Infections	LGV	1	1	32	18	29	69
	Pertussis	20	21	1175	1988	1195	6386	6280
	Vaccine Preventable Diseases	Pneumococcal Disease (Invasive)	1	7	123	121	104	692
	Barmah Forest	7	3	42	25	32	63	74
	Dengue	1	3	60	146	111	453	299
Vector Borne Diseases	Ross River	82	47	240	238	155	578	571
Zoonotic Diseases	Q fever	3	0	57	109	65	248	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.
- 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.
- 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.