

Communicable Diseases Weekly Report

Week 17, 19 April to 25 April 2020

In summary, we report:

- [NSW STI Data Report January to June 2019](#) – report released
- [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.

NSW STI Data Report January to June 2019

The [NSW Sexually Transmissible Infections Strategy 2016-2020](#) sets out a number of goals related to STI transmission and the associated burden of disease. Progress towards four of these goals is evaluated using routinely collected STI notification data:

1. Reduce gonorrhoea infections
2. Reduce infectious syphilis infections
3. Reduce the burden of disease of chlamydia infection
4. Sustain the virtual elimination of congenital syphilis

The [NSW STI Data Report January to June 2019](#) summarising trends in notifications in the first half of 2019 is now available.

Table 1 below provides an overview of notification and testing data.

Table 1. Summary of STI notifications and testing, NSW, 1 January-30 June 2019

Gonorrhoea		
	January-June 2019 (annualised rate)	Change since 2018
Gonorrhoea notification rate (per 100,000 population)	144	13% higher (from 128)
Number of tests	487,951 tests	2% increase (from 479,653 tests in January-June 2018)
Infectious syphilis		
	January-June 2019 (annualised rate)	Change since 2018
Infectious syphilis notification rate (per 100,000 population)	22	16% higher (from 19)
Chlamydia		
	January-June 2019 (annualised rate)	Change since 2018
Chlamydia notification rate (per 100,000 population)	397	2% higher (from 388)
Number of tests	337,170 tests	2% increase (from 331,102 in January-June 2018)

Lymphogranuloma venereum (LGV)		
	January-June 2019 (annualised rate)	Change since 2018
LGV notification rate (per 100,000 males)	1.1	43% reduction (from 2)

Data source: NSW Notifiable Conditions Information Management System (NCIMS), Australian Bureau of Statistics population estimates (via SAPHARI), NSW Health denominator data project; NCIMS data extracted 6 November 2019. Excludes non-NSW residents. Reporting year is based on calculated onset date

Overall, notification rates for gonorrhoea and syphilis have increased in the first half of 2019 compared to 2018, while the chlamydia notification rate has remained largely stable. Testing data, which are routinely available for gonorrhoea and chlamydia, indicate that the increase in the number of gonorrhoea notifications outpaced the increase in the number of tests. This suggests an increase in gonorrhoea transmission, better targeting of testing towards groups most at risk, or a combination of both.

- **Gonorrhoea:** The annualised gonorrhoea notification rate was 144 notifications per 100,000 population in the first half of 2019. This represents a 13% increase compared to 2018, when the rate was 128 notifications per 100,000 population. Approximately 80% of gonorrhoea notifications (n=5,812) occurred in males and 20% (n=1,168) in females. Since 2014, the female notification rate has almost tripled, while the male notification rate has approximately doubled.
- **Syphilis:** The annualised gonorrhoea notification rate was 22 notifications per 100,000 population in the first half of 2019. This represents a 16% increase compared to 2018, when the rate was 19 per 100,000 population. Over 90% of syphilis notifications occurred in males (n=831) and 6% occurred in females (n=51). Male-to-male sex continued to be the predominant sexual exposure reported by men diagnosed with infectious syphilis, accounting for two thirds of cases. The notification rate has increased more sharply in females compared to males, with the male-driven overall increase of 16% masking a 32% increase among females since 2018. Despite the small number of females affected, the increase in infectious syphilis in women is of particular concern due to the high risk of congenital syphilis in babies born to mothers with untreated infection. In the first half of 2019, 90% of females were under 45 years old, and one case of congenital syphilis was notified.
- **Chlamydia:** The annualised chlamydia notification rate was 397 notifications per 100,000 population in the first half of 2019. This represents a 2% increase compared to 2018, when the rate was 388 notifications per 100,000 population. Males accounted for 53% of chlamydia notifications (n= 8,507) and females for 47% of notifications (n= 7,471). Relative rate increases for both genders were in line with increases in testing, suggesting that transmission has been stable.
- **Lymphogranuloma venereum (LGV):** The annualised LGV notification rate decreased compared to 2018. LGV is a rare disease caused by an invasive strain of the bacterium *Chlamydia trachomatis* that affects almost exclusively gay and other men-who-have-sex-with-men. As the LGV notification rate is based on a very small number of notifications (n=23 in January-June 2019, all in men), there is considerable fluctuation over time and changes in the notification rate should be interpreted with caution.

Please refer to the [full report](#) for more detailed notification data, including comparisons by Aboriginal and Torres Strait Islander status, and information on additional indicators.

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 19 April – 25 April 2020, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Enteric Diseases	Cryptosporidiosis	10	7	346	346	361	669	708
	Giardiasis	21	17	847	1497	1092	3271	2937
	STEC/VTEC	1	4	39	27	23	80	57
	Salmonellosis	41	37	1580	1598	1466	3563	3336
	Shigellosis	3	2	354	282	75	868	530
Respiratory Diseases	Influenza	23	11	7162	10359	3796	116448	17409
	Legionellosis	4	4	53	64	58	153	171
	Tuberculosis	18	19	179	179	163	597	507
Sexually Transmissible Infections	Chlamydia	379	302	9828	10510	10532	32449	31178
	Gonorrhoea	157	129	3616	3878	3511	11712	10607
Vaccine Preventable Diseases	Meningococcal Disease	1	0	8	9	23	59	72
	Pertussis	42	20	1211	2047	1263	6386	6280
	Pneumococcal Disease (Invasive)	4	1	127	124	110	692	681
Vector Borne Diseases	Barmah Forest	1	8	44	25	32	63	74
	Malaria	2	0	17	21	19	73	66
	Ross River	125	86	377	247	172	578	571
Zoonotic Diseases	Leptospirosis	1	0	5	2	3	8	56
	Psittacosis	2	0	3	2	3	10	7
	Q fever	5	3	67	112	67	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.