

## Communicable Diseases Weekly Report

### Week 21, 17 May to 23 May 2020

In summary, we report:

- [Tularaemia](#) – first notification in NSW
- [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.

### Tularaemia

The first probable case of tularaemia in a NSW resident was reported this week (Table 1). The woman in her 40s was bitten and scratched by a ringtail possum in a Northern Sydney suburb in early March, and since developed symptoms including cervical lymphadenopathy, fatigue, and a sore throat. Further testing is ongoing to confirm the diagnosis, including referral of the specimen to the US Centres for Disease Control (CDC).

Tularaemia is an extremely rare disease caused by the bacterium *Francisella tularensis*, a Gram-negative rod. Only two cases of tularaemia have been reported in people in Australia previously, both of whom had been bitten or scratched by possums in Tasmania in 2011.

Worldwide, tularaemia can affect a wide range of animals including rabbits, hares, rodents and wildlife. The infection has only been found in two possums in Australia, which died in separate clusters in 2002 and 2003.

People can acquire the infection through:

- Skin contact with sick or dead infected animals
- Bites of infected blood-feeding arthropods such as ticks and deer fly
- Drinking contaminated water or eating undercooked meat of an infected animal,
- Contact of broken skin with natural water bodies including lakes or rivers, contaminated by infected animals
- Laboratory exposure
- Inhalation of contaminated dusts or aerosols.

It is not spread via person to person transmission.

The best way to prevent tularaemia in Australia is to avoid handling any wildlife, particularly any sick or dead ringtail possums.

Symptoms of tularaemia include fever, chills, fatigue, body aches, headache and nausea. Additional symptoms depend on where the bacteria enters the body, whether it be through the skin, eyes, mouth, throat or lungs. These can include a skin ulcer at the site of the bite or skin exposure, lymphadenopathy, eye irritation and swelling, sore throat, mouth ulcers, tonsillitis, cough, chest pain and difficulty breathing. The average incubation period for tularaemia is between 3 and 5 days, but in rare cases can be as long as 14 days.

If a person becomes unwell after handling a possum, it is important to seek medical treatment early. Treatment of the condition involves administration of appropriate antibiotics according to the Therapeutic Guidelines.

There are three subspecies of *Francisella tularensis*. Subspecies *holarctica* (Type B) is the only type that has been identified in Australia. It typically causes a less severe form of disease and occurs throughout the northern hemisphere. There have been no deaths associated with the disease in Australia. Other subspecies include subsp. *Tularensis* and subsp. *Mediasiatica*. Subspecies *tularensis* (Type A) is the most virulent and is geographically restricted to North America. Subspecies *mediasiatica* has virulence similar Type B tularaemia and has only been isolated from a small region in central Asia.

Follow the links for further information about [Tularaemia data](#), and the [Tularaemia factsheet](#). For further information on tularaemia in possums, see the NSW [DPI tularaemia webpage](#) and [CVO bulletin for wildlife carers](#).

## 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 17 May – 23 May 2020, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Enteric Diseases	Cryptosporidiosis	11	10	384	382	403	669	708
	Giardiasis	33	20	967	1769	1312	3271	2937
	Rotavirus	3	3	324	274	390	1756	808
	Salmonellosis	52	60	1796	1901	1713	3563	3336
	Shigellosis	5	0	362	373	92	868	530
Respiratory Diseases	Influenza	10	17	7251	15685	4192	116446	17409
	Legionellosis	2	8	76	76	69	154	171
	Tuberculosis	12	9	216	233	191	594	506
Sexually Transmissible Infections	Chlamydia	411	398	11475	13138	13084	32448	31178
	Gonorrhoea	156	160	4222	4868	4361	11709	10605
Vaccine Preventable Diseases	Mumps	1	1	39	25	37	56	72
	Pertussis	5	17	1268	2550	1584	6386	6280
	Pneumococcal Disease	4	2	142	168	161	692	681
Vector Borne Diseases	Barmah Forest	9	10	90	34	38	63	74
	Ross River	153	165	1128	339	267	578	571
	Sindbis	1	0	1	0	0	0	0
Zoonotic Diseases	Brucellosis	1	0	1	3	2	5	9
	Psittacosis	1	2	10	4	4	10	7
	Q fever	5	5	86	125	76	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.