

# Communicable Diseases Weekly Report

## Week 45, 1 November to 7 November 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 1 November – 7 November 2020, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Enteric Diseases	Cryptosporidiosis	7	2	478	533	640	669	708
	Giardiasis	33	40	1566	2927	2577	3271	2936
	Listeriosis	1	0	14	14	17	16	19
	Rotavirus	2	2	432	1125	719	1755	807
	STEC/VTEC	2	4	73	61	48	80	57
	Salmonellosis	47	32	2513	3113	2868	3557	3335
	Shigellosis	2	1	464	749	415	867	529
	Shigellosis	1	0	36	58	49	64	58
Respiratory Diseases	Influenza	3	2	7447	114438	15873	116448	17408
	Legionellosis	2	1	133	132	134	153	171
	Tuberculosis	9	12	502	513	444	591	508
Sexually Transmissible Infections	Chlamydia	518	555	23410	28012	27276	32442	31174
	Gonorrhoea	166	206	8678	10246	9310	11702	10600
Vaccine Preventable Diseases	Pertussis	1	0	1394	5440	4633	6386	6280
	Pneumococcal Disease (Invasive)	6	5	302	603	603	692	681
Vector Borne Diseases	Barmah Forest	7	0	248	59	65	62	74
	Ross River	12	5	1922	558	526	592	571
Zoonotic Diseases	Brucellosis	1	0	9	8	56	9	56
	Q fever	4	3	176	219	205	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.