

## Communicable Diseases Weekly Report

### Week 10, 1 March to 7 March 2020

In summary, we report:

- [Invasive meningococcal disease](#) – two new cases
- [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.

### Invasive meningococcal disease

Two cases of invasive meningococcal disease (IMD) were notified in this reporting week ([Table1](#)), in teenagers from different regional areas of NSW.

Testing has shown both infections were caused by meningococcal serogroup B.

Invasive meningococcal disease, also referred to as meningococcal disease or IMD, is a serious and sometimes fatal infection caused by the bacteria *Neisseria meningitidis*. There are six serogroups of meningococcal bacteria associated with IMD in humans (A, B, C, W, X, Y), of which four (B, C, W, Y) cause almost all IMD in Australia.

Meningococcal disease can, and does, affect people of all ages, however children under five years of age and young people aged between 15 and 24 years are at highest risk. For young children, this is considered to be due to the naivety of their immune systems. For young people, this is likely due to increased rates of asymptomatic carriage of the bacteria in the nose and throat, and participation in activities which increase the likelihood of transmission. People with weakened immune systems due to medical conditions or treatment, and those without a spleen are also at higher risk of invasive meningococcal infections.

The initial symptoms of IMD are non-specific and often mimic other illnesses making diagnosis difficult. Symptoms may include sudden fever; nausea, vomiting, abdominal pain, headache, neck stiffness, photophobia (dislike of bright lights), joint pain, and irritability. A red-purple rash that is non-blanching (i.e. does not disappear when pressure is applied) is typical but does not always appear or may only occur late in the disease.

In young children, symptoms may also include irritability, difficulty waking up, high-pitched crying, rapid or laboured breathing or refusal to eat.

People with IMD can become very unwell, very quickly, and the disease can be fatal within hours of first symptom appearance. Globally, IMD has a 10% case fatality rate (CFR) and 20% of survivors have significant long term complications including limb or digit amputation, neurological deficits or skin scarring.

The National Immunisation Program provides meningococcal ACWY vaccine to children at 12 months of age and high school students in Year 10. Adolescents aged 14 to 19 years who are not enrolled in school, or who miss out on the school vaccination can access free vaccine from their GP. A vaccine against the most common strains of meningococcal B is available in Australia via private prescription.

As vaccines do not cover all strains of meningococcal bacteria, NSW Health encourages all people to know the symptoms of meningococcal disease, and to act fast if they present, even if they or the person they care for has received a meningococcal vaccination.

### Further information

- NSW Health [meningococcal disease website](#) and [meningococcal disease factsheet](#)
- [The Australian Immunisation Handbook](#) for more information on meningococcal vaccines
- [NSW meningococcal disease data](#).

## 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 March – 7 March 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	2	5	10	29	38
Enteric Diseases	Cryptosporidiosis	17	25	242	239	223	669	708
	Giardiasis	74	57	567	912	662	3271	2937
	Hepatitis E	4	0	5	2	2	23	18
	Paratyphoid	1	2	10	19	10	39	34
	Rotavirus	12	8	261	142	210	1756	808
	STEC/VTEC	1	3	23	20	12	80	57
	Salmonellosis	142	168	1169	1033	941	3565	3336
	Shigellosis	22	29	294	184	43	869	531
	Typhoid	2	3	25	27	14	63	58
Respiratory Diseases	Influenza	528	593	5749	5275	2746	116448	17409
	Legionellosis	4	5	20	41	33	153	171
	Tuberculosis	9	13	86	100	90	597	507
Sexually Transmissible Infections	Chlamydia	548	665	6508	6392	6240	32452	31181
	Gonorrhoea	157	181	2278	2270	2068	11715	10608
	LGV	3	0	21	14	13	69	85
Vaccine Preventable Diseases	Meningococcal Disease	2	1	7	9	10	59	72
	Mumps	1	3	21	14	23	56	72
	Pertussis	88	87	833	1276	770	6386	6280
	Pneumococcal Disease (Invasive)	5	6	84	70	72	692	681
Vector Borne Diseases	Barmah Forest	5	2	21	12	17	63	74
	Dengue	4	1	39	94	87	453	299
	Malaria	2	1	10	14	15	73	66
	Ross River	7	7	40	117	89	577	571

### \* 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.
- 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.