## Communicable Diseases Weekly Report

### Week 28, 5 July to 11 July 2020

In summary, we report:

- **Listeriosis** – two new cases
- **Novel coronavirus 2019 (COVID-19)**
- **Summary of notifiable conditions activity in NSW**


### Listeriosis

Two new infections caused by *Listeria monocytogenes* (listeriosis) were reported this week ([Table 1](#)). The first case was an 85-year-old woman who had a history of multiple comorbidities and was on an immunocompromising medication at time of diagnosis. She had onset of fever and chills in late June and subsequently sustained a fall at home which led to hospital admission, where *Listeria* was isolated on blood culture. She had consumed a number of high-risk foods within her exposure period including a variety of soft and hard cheeses such as ricotta, mozzarella and bocconcini, meats such as BBQ chicken and cold cooked chicken, and fruit such as pre-cut watermelon, rockmelon, mandarin, grapes, and tomatoes. She remains in hospital. The infection was typed as binary type 158.

The second case was a 77-year-old woman who had onset of diarrhoea and vomiting in late May, which progressed to fever, decreased level of consciousness, and confusion in early July. She was admitted to hospital, where *listeria* was isolated on blood culture. While in hospital, she was also diagnosed with a condition which would impair her immune system. The woman had consumed numerous foods which are a risk for listeriosis within her exposure period, including fruits such as watermelon, apple, and pear, home grown goods including shallots and parsley, dairy goods such as ice cream and yoghurt, and meats which included BBQ chicken, ham, and salami. The woman remains in hospital and is clinically improving. The infection was typed as binary type 82.

The typing results indicate that these cases are unrelated to each other. Both isolates will undergo whole genome sequencing to establish whether they are related to any previous cases in NSW or across Australia.

Listeriosis is a rare illness caused by eating food contaminated with a bacterium called *Listeria monocytogenes*. This bacterium is widespread throughout nature, being commonly carried by many species of both domestic and wild animals. *Listeria* survive refrigeration but are killed at cooking temperatures.

Outbreaks of illness have been associated with raw milk, soft cheeses, pre-prepared salads (for example, from salad bars), unwashed raw vegetables, pâté, cold diced chicken, pre-cut fruit, fruit salad and most recently rockmelon.

Babies can be born with listeriosis if their mothers eat contaminated food during the pregnancy.

People at increased risk of listeriosis include pregnant women and their unborn child, newborns, older people and people with weakened immune systems, for example: people on cancer treatment or steroids, or people with diabetes, kidney disease, liver disease or living with HIV infection.
Listeriosis may be severe in these individuals, and infections during pregnancy may cause still birth or premature delivery.

People at increased risk of listeriosis should not eat the following foods:

- rockmelon (cantaloupe)
- pre-cut fruit, including fruit salad
- pre-packed cold salads, including coleslaw
- frozen vegetables, unless cooked prior to consumption
- pre-cooked cold chicken, cold delicatessen meats, paté or meat spreads
- raw seafood, smoked seafood (unless cooked and served hot), chilled seafood
- unpasteurised milk or milk products
- soft cheeses such as brie, camembert, ricotta, or blue-vein cheese
- soft serve ice cream
- sprouted seeds.

Fruit and vegetables eaten raw should be thoroughly washed prior to eating.

Follow the links for further listeriosis data, the listeriosis factsheet and the NSW Food Authority Food safety during pregnancy brochure.

**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](https://www.health.nsw.gov.au/). 

**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 5 July to 11 July 2020, by date received**

<table>
<thead>
<tr>
<th>Enteric Diseases</th>
<th>Weekly This week</th>
<th>Last week</th>
<th>Year to date 2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
<th>Full Year 2018</th>
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<tbody>
<tr>
<td>Cryptosporidiosis</td>
<td>3</td>
<td>9</td>
<td>409</td>
<td>426</td>
<td>470</td>
<td>869</td>
<td>708</td>
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<tr>
<td>Giardiasis</td>
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<td>21</td>
<td>1122</td>
<td>3142</td>
<td>1648</td>
<td>3271</td>
<td>2937</td>
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<td>Listeriosis</td>
<td>2</td>
<td>0</td>
<td>9</td>
<td>6</td>
<td>16</td>
<td>16</td>
<td>19</td>
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<tr>
<td>Rotavirus</td>
<td>4</td>
<td>3</td>
<td>364</td>
<td>404</td>
<td>465</td>
<td>1755</td>
<td>808</td>
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<tr>
<td>STEC/TEC</td>
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<td>0</td>
<td>50</td>
<td>36</td>
<td>33</td>
<td>80</td>
<td>57</td>
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<tr>
<td>Salmonellosis</td>
<td>26</td>
<td>36</td>
<td>2640</td>
<td>2238</td>
<td>2941</td>
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<tr>
<td>Shigellosis</td>
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<td>3</td>
<td>380</td>
<td>472</td>
<td>149</td>
<td>868</td>
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<td>Influenza</td>
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<td>12</td>
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<td>56504</td>
<td>5369</td>
<td>11644</td>
<td>17409</td>
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<tr>
<td>Legionellosis</td>
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<td>85</td>
<td>97</td>
<td>86</td>
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<td>Tuberculosis</td>
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<td>298</td>
<td>312</td>
<td>260</td>
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<td>Sexually Transmissible Infections</td>
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<td>14827</td>
<td>17297</td>
<td>17269</td>
<td>32451</td>
<td>31178</td>
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<tr>
<td>Gonorrhoea</td>
<td>192</td>
<td>222</td>
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<td>Pertussis</td>
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<td>Pneumococcal Disease (invasive)</td>
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<td>180</td>
<td>281</td>
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<td>Vector Borne Diseases</td>
<td>29</td>
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<td>1736</td>
<td>418</td>
<td>383</td>
<td>377</td>
<td>571</td>
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<tr>
<td>Ross River</td>
<td>29</td>
<td>29</td>
<td>1736</td>
<td>418</td>
<td>383</td>
<td>377</td>
<td>571</td>
</tr>
</tbody>
</table>

*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.