

Communicable Diseases Weekly Report

Week 35, 23 August to 29 August 2020

In summary, we report:

- [Legionnaires' disease](#) – new cases and advice for spring
- [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.

Legionnaires' disease

Five cases of Legionnaires' disease were notified in this reporting week ([Table 1.](#)) two cases were due to *Legionella pneumophila* and three cases were due to *Legionella longbeachae*. No links have been identified between these cases to date.

Legionnaires' disease is an infection of the respiratory system often resulting in severe pneumonia, caused by *Legionella* bacteria. There are two types of *legionella* bacteria most commonly associated with Legionnaire's disease: *L. pneumophila* and *L. longbeachae*.

Legionnaires' disease is not spread from person to person. Legionella bacteria are commonly found in the environment, and infection occurs after a person breathes in water vapour or dust contaminated with *legionella* bacteria. The type of *legionella* bacteria that causes infection can help to identify the potential source. *L. pneumophila* is commonly found in water, such as air-conditioning cooling towers, "spas" or "hot tubs", and bodies of water such as dams or reservoirs. *L. longbeachae* is commonly found in soil including bagged potting mix and products from landscape supply companies.

Following notification of a single case of Legionnaires' disease in NSW, public health officers work closely with the case and their family to investigate and try to identify potential sources. Where a cooling tower is identified as a potential source, NSW Health works with local councils to examine and, where required remediate, the tower to reduce ongoing risk. When the source is identified as soil or potting mix; education regarding the importance of using appropriate personal protective equipment when handling these products is provided to the case.

Cases and potential source sites of Legionnaires' disease are closely monitored by NSW Health Epidemiologists. When cases are notified with similar or overlapping time spent in the same location or area, or exposure to the same soil or landscaping product source or brand; thorough investigations, such as examining and testing all cooling towers and water sources, or testing of soil products are carried out to rule out common sources of infection.

Legionnaires' disease usually affects people of over 50 years of age. Those with existing lung conditions, smokers and people with suppressed immune systems due to illness or medical treatment are also at increased risk of infection.

Reducing risk of Legionnaires' disease

As we move into spring, certain activities such as gardening, irrigation, and re-commissioning of spas/hot tubs or large air-conditioning systems may increase the risk of legionella bacteria exposure.

The risk of legionnaire's disease can be reduced by:

- Businesses ensuring water cooling towers are well maintained – particularly after periods of decommission, in line with [NSW Public Health Regulations](#)
- Regular maintenance including disinfection, of spas/hot tubs, and irrigation systems – particularly those sourced from stagnant water such as dams or reservoirs
- Taking appropriate precautions when gardening and handling soil and similar products:
 - Wet down products while working to reduce dust
 - Use appropriate personal protective equipment including mask and gloves
 - Wash hands after handling products and before eating, drinking, or smoking

Further information

- [NSW Health Legionnaires' disease fact sheet](#)
- [NSW Health Legionellosis notification data 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 23 August – 29 August 2020, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Enteric Diseases	Cryptosporidiosis	4	6	439	468	549	669	708
	Giardiasis	20	24	1302	2466	2023	3271	2936
	Listeriosis	1	0	10	8	17	16	19
	Rotavirus	3	1	391	640	555	1755	807
	STEC/TEC	1	0	59	43	36	80	57
	Salmonellosis	19	27	2204	2561	2356	3559	3335
	Shigellosis	5	0	414	583	253	868	529
Respiratory Diseases	Influenza	8	11	7411	99440	9802	116457	17408
	Legionellosis	5	0	104	102	104	153	171
	Tuberculosis	20	20	386	387	343	593	508
Sexually Transmissible Infections	Chlamydia	502	451	18248	21645	21441	32445	31176
	Gonorrhoea	198	169	6744	8035	7222	11704	10601
Vaccine Preventable Diseases	Haemophilus influenzae type b	1	0	6	9	3	11	6
	Meningococcal Disease	1	0	15	36	42	59	72
	Pertussis	2	3	1379	4243	2916	6387	6280
	Pneumococcal Disease (Invasive)	9	5	243	425	435	692	681
Vector Borne Diseases	Barmah Forest	2	6	212	51	56	63	74
	Ross River	11	7	1799	476	440	577	571
Zoonotic Diseases	Brucellosis	1	0	3	2	4	4	9
	Q fever	1	5	141	178	144	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.