

# Communicable Diseases Weekly Report

## Week 43, 18 October to 24 October 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 18 October – 24 October 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	12	22	29	29	38
	Cryptosporidiosis	3	3	467	508	616	669	708
Enteric Diseases	Giardiasis	31	25	1489	2819	2446	3271	2936
	Listeriosis	1	0	13	13	17	16	19
	Rotavirus	4	5	425	1014	690	1755	807
	STEC/VTEC	2	2	68	58	45	80	57
	Salmonellosis	30	36	2435	2996	2741	3557	3335
	Shigellosis	3	6	461	715	368	867	528
	Influenza	1	2	7443	113808	15502	116449	17408
Respiratory Diseases	Legionellosis	2	4	131	127	126	153	171
	Tuberculosis	7	19	482	495	422	593	508
Sexually Transmissible Infections	Chlamydia	558	600	22322	26678	26121	32443	31174
	Gonorrhoea	183	218	8305	9783	8943	11702	10600
Vaccine Preventable Diseases	Meningococcal Disease	1	0	19	53	58	59	72
	Pertussis	1	1	1393	5153	4182	6387	6280
	Pneumococcal Disease (Invasive)	4	5	289	569	574	692	681
Vector Borne Diseases	Barmah Forest	1	5	239	58	64	62	74
	Ross River	5	12	1900	545	510	592	571
Zoonotic Diseases	Brucellosis	1	0	4	3	6	4	9
	Psittacosis	1	0	20	7	7	11	7
	Q fever	2	1	164	210	197	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.