

# Communicable Diseases Weekly Report

## Week 7, 9 to 15 February 2020

In summary, we report:

- [Lymphogranuloma venereum \(LGV\)](#) – three new cases
- [After the rain](#) – mosquitoes are a health hazard
- [Novel coronavirus \(COVID-19\)](#)
- [Summary of notifiable conditions activity in NSW](#)

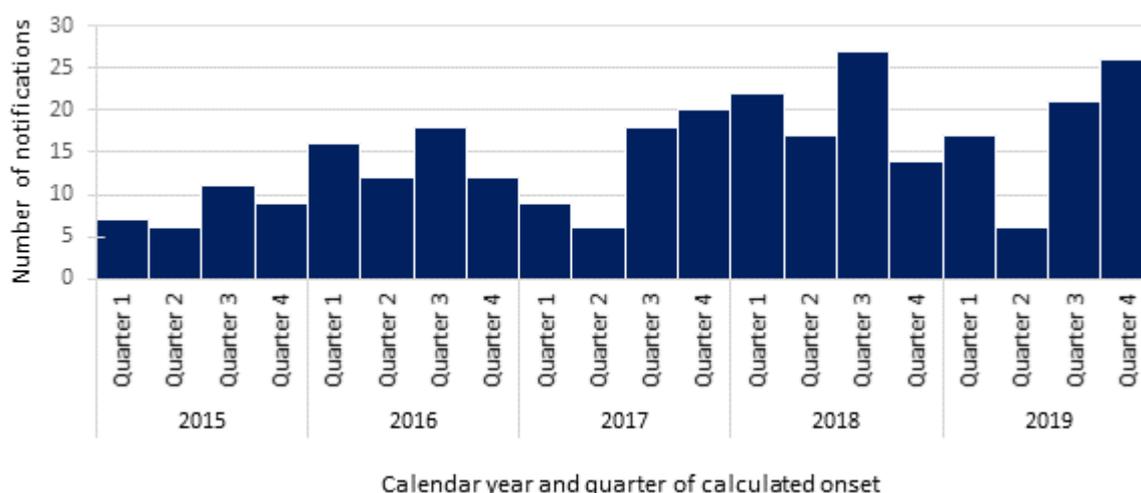
For further information see NSW Health [infectious diseases page](#). This includes links to other NSW Health [infectious disease surveillance reports](#) and a [diseases data page](#) for a range of notifiable infectious diseases.

### Lymphogranuloma venereum (LGV)

Three new cases of LGV were notified in this reporting week ([Table 1](#)), bringing the total number of notifications in 2020 to date to 15 cases. This contrasts with 11 cases notified in the same period in 2019 and 2018.

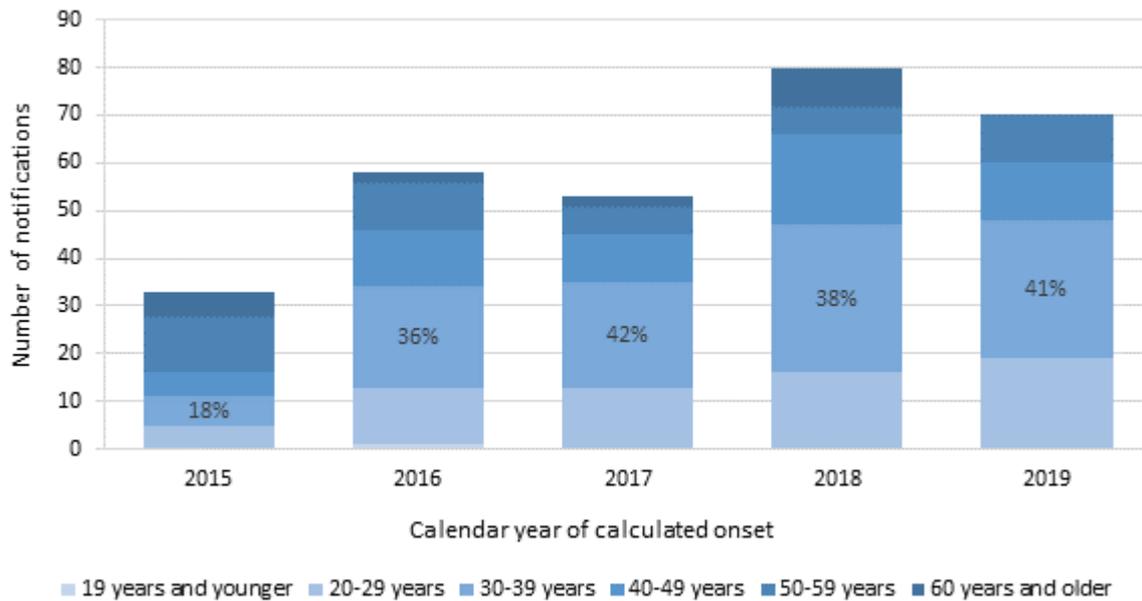
LGV remains a comparatively rare disease in NSW. The number of notifications has fluctuated over the last five years (Figure 1), ranging from 33 cases in 2015 to 80 cases in 2018. In 2019, 71 cases were notified, with an increasing trend observed in quarters 3 and 4. Virtually all notifications since 2015 have occurred in males, reflecting ongoing transmission primarily among gay and other men-who-have-sex-with-men.

**Figure 1. Number of lymphogranuloma venereum (LGV) cases by calendar year and month of calculated onset date, NSW, 1 January 2015 to 31 December 2019**



*Data source: NSW Notifiable Conditions Information Management System (NCIMS); data extracted 19 February 2020. Excludes non-NSW residents. Calculated onset date reflects the date of symptom onset where reported, or otherwise the earliest of several dates related to specimens or notification.*

Males aged 30-39 years accounted for the largest percentage of notifications each year (Figure 2), with the exception of 2015. The median age of 34.5 years at notification was lower in 2019 compared to previous years. Over 95% of cases notified since 2015 occurred in residents of major city areas, including 14 out of the 15 cases for which a notification was received to date.

**Figure 2. Number of lymphogranuloma venereum (LGV) cases by calendar year and age group, NSW, 1 January 2015 to 31 December 2019**

Data source: NSW Notifiable Conditions Information Management System (NCIMS); data extracted 19 February 2020. Excludes non-NSW residents. Calculated onset date reflects the date of symptom onset where reported, or otherwise the earliest of several dates related to specimens or notification.

LGV is a sexually transmissible infection (STI) caused by certain rare serovars of the bacterium *Chlamydia trachomatis*. Other serovars of *C. trachomatis* cause chlamydia, the most common notifiable STI in Australia.

LGV is an invasive disease with potentially severe clinical manifestations if left untreated. LGV usually begins with a small, painless ulcer at the site of infection, which is most commonly the genital area, rectum or mouth. This is followed some weeks later by lymphadenopathy, an inflammation of the lymph nodes usually in the groin or pelvis. Symptoms at this stage may also include systemic symptoms such as fever, chills, malaise and joint and muscle pains. Where infection occurred through anal intercourse, proctitis is the most common clinical presentation. Symptoms may include anal discharge and pain, constipation, and a sensation of needing to pass stools. Anal LGV infection may be difficult to distinguish from other conditions such as chronic inflammatory bowel disease. If left untreated, both rectal and genitourinary infection may lead to the development of abscesses, fistulas, or strictures that require surgery. On the other end of the clinical spectrum, asymptomatic rectal infections have also been observed.

LGV is spread through unprotected anal, vaginal or oral sex, especially if there is trauma to the skin or mucous membranes. The presence of ulcers due to LGV or other STIs increases the risk of becoming infected with HIV. Using condoms for anal and vaginal sex, and dental dams and condoms for oral sex, reduces the risk of transmission. To avoid infection, sex partners should not share sex toys, or toys should be washed and protected with a fresh condom between partners.

The antibiotic doxycycline, which is also used to treat chlamydia, is effective in treating LGV but requires a longer course. To prevent spreading the infection to sexual partners, people diagnosed with LGV should not have sex until they have completed the full 21 day course. All sexual partners in the three months prior to diagnosis should be counselled, tested and treated. For asymptomatic patients, all sexual contacts in the six months prior to diagnosis should be followed up.

### Further information

- NSW Health [LGV fact sheet](#) and [LGV notification data page](#).
- Australian STI Management Guidelines, [LGV section](#).
- Anonymous online partner notification tools: '[Let them know](#)'; '[Drama Down Under](#)' (for gay and bisexual men and other men who have sex with men); '[Better to know](#)' (for Aboriginal and Torres Strait Islander people)

## After the rain

The risk of mosquito-borne arbovirus infections is likely to increase in the next few weeks. This is because of the high tides between 8 and 12 February which coincided with heavy rainfall along the coast. These conditions may trigger an increase in mosquito abundance in the following two weeks and result in an increase in the risk of arbovirus transmission.

Mosquitoes can transmit a number of serious human diseases. In NSW mosquitoes can transmit viruses such as [Ross River virus](#) and [Barmah Forest virus](#), and very rarely the virus which causes [Murray Valley Encephalitis](#).

There is no specific treatment for these infections. The best way to avoid arbovirus infection is to avoid being bitten by mosquitoes and stop them breeding around your home.

In NSW, mosquitoes that can transmit disease tend to be most active at dawn and dusk and into the early evening. To avoid mosquito bites try to avoid being outdoors during these times or take preventive measures such as using appropriate mosquito repellent on any exposed skin and on clothing (check that it's OK to use the repellent on clothes).

Tips for reducing the risk of mosquitoes breeding around your home include:

- cleaning up your backyard and removing all water-holding rubbish, including tires and containers
- keeping your lawns mowed
- flushing and wiping out bird baths and water features once a week
- filling pot plant bases with sand to avoid standing water
- storing anything that can hold water undercover or in a dry place, and keeping bins covered
- flushing out the leaves of water-holding plants such as bromeliads once a week
- keeping drains and roof guttering clear to avoid standing water
- covering or securely screening the openings of septic tanks and rainwater tanks
- properly cleaning and chlorinating swimming pools - neglected pools can be a haven for mosquitoes.

### Further information

- NSW Health [Mosquitoes are a health hazard](#) fact sheet for information on reducing risks associated with mosquitoes.
- For more tips on beating mosquito bites see Dr Cameron Webb's article "[The best \(and worst\) ways to beat mosquito bites](#)" and [other articles on mozzies](#) in The Conversation.

## 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 9 – 15 February 2020, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Enteric Diseases	Cryptosporidiosis	30	40	153	151	127	669	708
	Giardiasis	68	63	356	599	443	3271	2937
	Hepatitis A	1	0	9	16	15	61	86
	Rotavirus	12	22	219	114	149	1756	808
	STEC/VTEC	2	4	17	16	9	80	57
	Salmonellosis	149	125	702	739	669	3564	3336
	Shigellosis	28	34	217	135	34	869	531
	Typhoid	6	3	16	17	8	63	58
Respiratory Diseases	Influenza	562	701	3741	3531	1951	116448	17409
	Tuberculosis	11	5	51	65	69	598	507
Sexually Transmissible	Chlamydia	649	650	4254	4410	4165	32452	31181
	Gonorrhoea	210	256	1562	1564	1471	11716	10609
	LGV	3	1	15	11	11	69	85
Vaccine Preventable	Mumps	1	5	14	9	19	56	72
	Pertussis	81	89	565	1018	546	6386	6280
	Pneumococcal Disease (Invasive)	9	3	63	45	50	692	681
Vector Borne Diseases	Barmah Forest	2	1	11	10	10	63	74
	Malaria	1	0	5	10	8	73	66
	Ross River	2	3	21	73	45	577	571
Zoonotic Diseases	Q fever	3	2	28	54	37	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.
- 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.