

Communicable Diseases Weekly Report

Week 1, 03 January to 09 January 2021 (includes activity for week 53 2020)

In summary, we report:

- Legionnaire's disease (pneumophila) new cases and advice
- Novel coronavirus 2019 (COVID-19)
- Summary of notifiable conditions activity in NSW

For further information see NSW Health <u>infectious diseases page</u>. This includes links to other NSW Health <u>infectious disease surveillance reports</u> and a <u>diseases data page</u> for a range of notifiable infectious diseases.

Legionnaires' disease

Three cases of legionellosis were notified in this reporting week (<u>Table 1</u>); two were caused by *Legionella pneumophila* and the other was caused by *Legionella longbeachae*. In December 2020, there were 11 confirmed cases of *Legionella pneumophila* notified in NSW, which was slightly elevated for the time of year.

NSW Health has undertaken environmental investigations in several areas that patients diagnosed with legionellosis had visited. No clear source of *Legionella* has been found. NSW will continue to actively monitor for any further cases.

Legionnaires' disease is an infection of the respiratory system, and usually causes fever, chills, cough and shortness of breath. Some people also have muscle aches, headache, tiredness, loss of appetite and diarrhoea. Legionnaires' disease can result in severe pneumonia and usually affects people over the age of 50, especially those who smoke, with existing lung conditions, or suppressed immune systems.

Legionnaires' disease is not spread from person to person. *Legionella* bacteria are present in the environment, and infection may occur after breathing in contaminated water vapour or dust. There are two types of *Legionella* bacteria which commonly cause Legionnaires' disease: *L. pneumophila* and *L. longbeachae*. *L. pneumophila* may be found in building water systems, such as airconditioning cooling towers and warm water systems, and has been associated with spas, showerheads and other aerosol-producing devices. *L. longbeachae* may contaminate soil, including bagged potting mix and landscaping products.

Reducing risk of Legionnaires' disease:

Certain activities such as gardening, irrigation, and re-commissioning of spas or large air-conditioning systems may increase the risk of *Legionella* bacteria exposure.

The risk of Legionnaires' disease can be reduced by:

- Businesses ensuring water cooling towers are well maintained particularly after periods of decommission, in line with NSW <u>Public Health Regulations</u>.
- 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, potting mix and similar products:
 - Wet down products while working to reduce dust.
 - o Use appropriate personal protective equipment including mask and gloves.

 Wash hands after handling soil and potting mix 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 03 January – 09 January 2021, by date received* (includes activity for Week 53 2020)

		Weekly		Year to date			Full Year	
		This week	Last week	2021	2020	2019	2020	2019
Enteric Diseases	Cryptosporidiosis	26	3	25	9	10	551	669
	Giardiasis	23	19	25	20	47	1791	3271
	Listeriosis	1	0	1	1	0	20	16
	Rotavirus	8	3	8	52	24	462	1755
	STEC/VTEC	6	5	6	1	3	113	80
	Salmonellosis	138	59	129	43	96	2889	3556
	Shigellosis	3	1	3	7	17	496	867
Respiratory Diseases	Influenza	4	2	4	179	313	7478	116445
	Legionellosis	3	7	4	1	5	165	153
	Tuberculosis	9	4	9	5	8	609	590
Sexually Transmissible	Chlamydia	516	193	528	258	342	27207	32440
	Gonorrhoea	183	91	179	83	168	9909	11702
Vaccine Preventable D	Meningococcal Disease	1	0	1	0	0	23	59
	Pertussis	2	1	2	61	177	1405	6386
	Pneumococcal Disease (Invasive)	13	8	13	5	7	361	692
Vector Borne Diseases	Barmah Forest	4	0	4	0	0	270	62
	Ross River	18	1	18	3	9	1984	592
Zoonotic Diseases	Q fever	1	0	1	3	4	200	248

* 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 <u>Latest Updates on COVID-19</u> 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 <u>notifiable disease data</u> 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 <u>Infectious Diseases Data</u>, the <u>HIV Surveillance Data Reports</u> and the <u>Hepatitis B and C Strategies Data Reports</u> 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.