

Communicable Diseases Weekly Report

Week 14, 4 to 10 April 2021

In summary, we report:

- [HIV – Quarter 4 & Annual Data Report available](#)
- [Novel coronavirus 2019 \(COVID-19\)](#)
- [Summary of notifiable conditions activity in NSW](#)

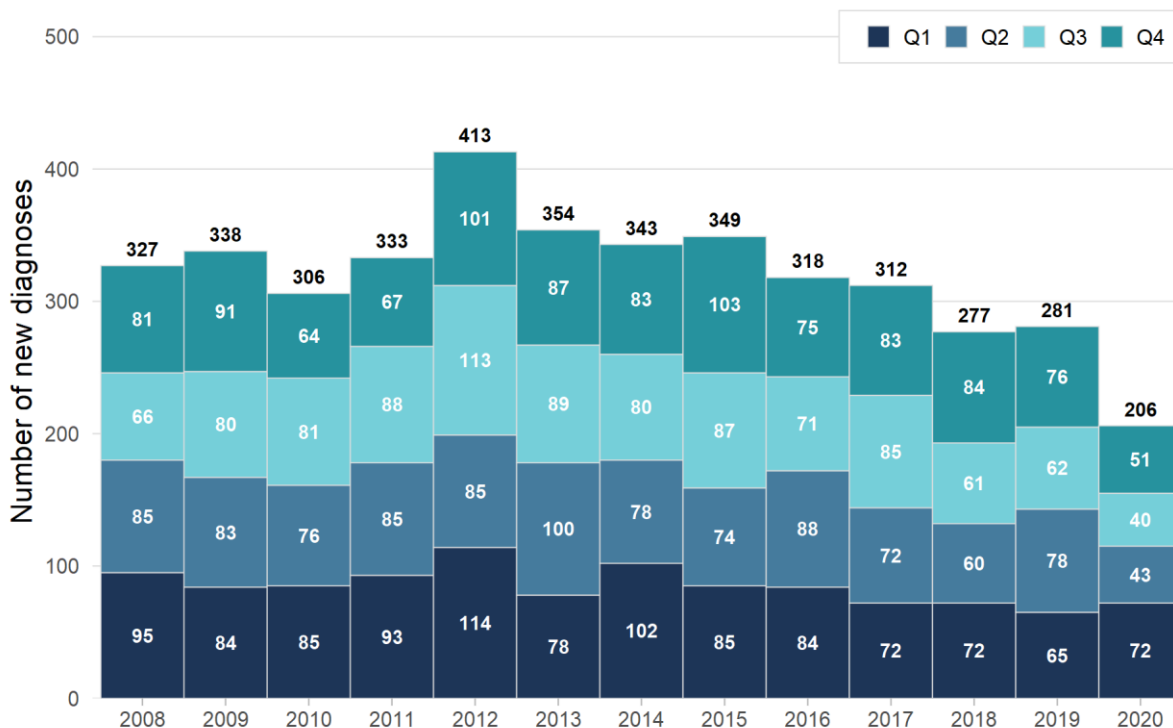
For further information see NSW Health [infectious diseases page](#). This includes links to other NSW Health [infectious disease surveillance reports](#) and a [diseases data page](#) for a range of notifiable infectious diseases.

HIV

[Reports on progress](#) against the NSW *HIV Strategy 2016-2020* are published every three months; however due to COVID-19 no report was published for Q1 2020. The NSW HIV surveillance [Data report - Quarter 4 & Annual 2020](#) is now available.

In 2020, 206 NSW residents were notified to NSW Health with newly diagnosed HIV infection (Figure 1), 33% less than the 2015-2019 average of 307.

Figure 1: NSW residents with newly diagnosed HIV infection 2008-2020



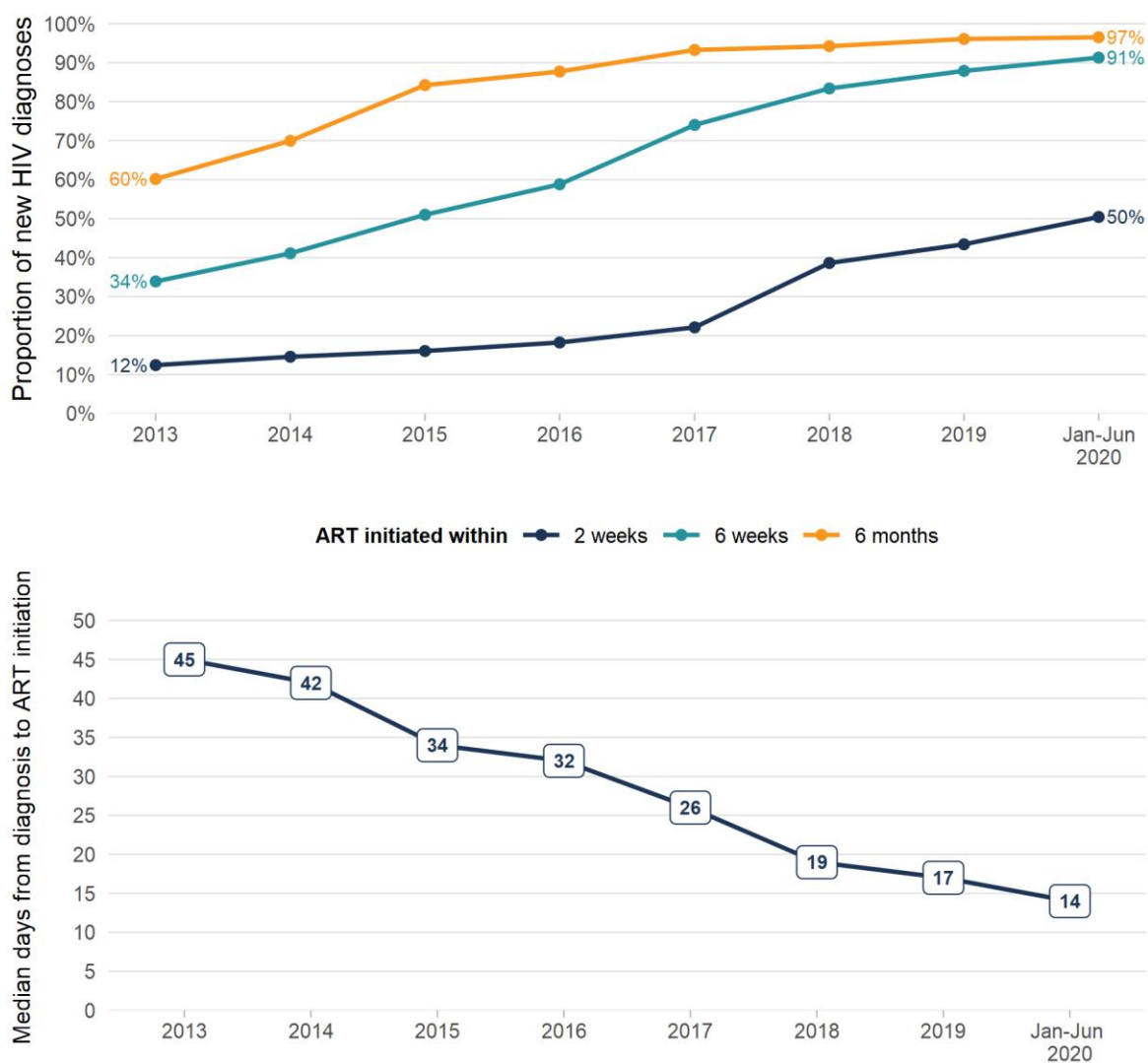
Only 31% (n=64) of these new diagnoses had evidence that their infection occurred in the 12 months preceding diagnosis (early stage HIV infection), a reduction of 47% relative to the last five years.

This large decline in diagnoses, particularly for early stage infections, is encouraging and suggests that there may have been reduced transmission of HIV in 2020. It is likely that many of the restrictions that occurred in response to the COVID-19 pandemic, as well as altered health seeking and social

behaviour, also contributed to the larger than expected reduction in notifications. However, as overall testing also declined during 2020 this may also have contributed to the reduction of HIV diagnoses.

The time between HIV diagnosis and initiation of anti-retroviral treatment (ART) continues to decline, with the median falling to 14 days. Of 115 people newly diagnosed in January to June 2020 and followed up six months post-diagnosis, 50% initiated ART within two weeks; 91% within 6 weeks; and 97% within 6 months of diagnosis (Figure 2). Of those on ART by 6 months, 91% had an undetectable viral load. The risk of sexual HIV transmission from those with an undetectable viral load is effectively zero.

Figure 2: Time to ART for NSW residents newly diagnosed from Jan 2013-Jun 2020



Though the number of HIV tests was 11% less in 2020 compared to 2019, testing remained well-targeted. This reduction is likely due to the impact of reduced casual sex activity, a decrease in the number of people attending clinics for screening and pre-exposure prophylaxis (PrEP), and the increased use of telehealth and other online services during COVID-19.

Under the new [HIV Strategy 2021-2025](#), NSW will expand innovations such as peer-based testing, self-testing and community-based models in more sites in outer Sydney and regional NSW. PrEP prescriber availability will be expanded for greater geographical coverage to ensure equitable access for at-risk populations.

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 4 April to 10 April 2021, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2021	2020	2019	2020	2019
Enteric Diseases	Cryptosporidiosis	2	5	207	320	320	550	669
	Giardiasis	29	38	539	785	1292	1791	3271
	Rotavirus	9	8	73	289	182	463	1755
	STEC/VTEC	2	3	39	36	24	114	80
	Salmonellosis	49	60	1256	1466	1400	2888	3556
	Shigellosis	2	0	27	343	246	494	867
Respiratory Diseases	Influenza	1	1	17	7127	8173	7489	116442
	Legionellosis	1	5	67	42	56	170	153
	Tuberculosis	10	14	156	134	149	625	590
Sexually Transmissible Infections	Chlamydia	438	502	8344	8899	9063	27278	32495
	Gonorrhoea	163	160	2595	3201	3261	9905	11702
Vaccine Preventable Diseases	Pertussis	1	1	15	1126	1771	1405	6386
	Pneumococcal Disease (Invasive)	9	5	97	115	90	360	691
Vector Borne Diseases	Barmah Forest	3	2	40	36	21	271	63
	Ross River	23	22	317	124	203	1989	593
Zoonotic Diseases	Leptospirosis	2	1	17	3	3	12	9
	Q fever	3	2	57	68	98	206	248

* Notes on Table 1: NSW Notifiable Conditions activity

- Only conditions for which one or more case reports were 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.