

# Communicable Diseases Weekly Report

## Week 21, 23 May to 29 May 2021

In summary, we report:

- [Invasive meningococcal disease](#) – two cases reported this week
- [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.

### Invasive meningococcal disease

The Northern Sydney Local Health District and Health Protection NSW have been managing a cluster of three epidemiologically linked cases of invasive meningococcal disease (IMD). Two cases were notified in this reporting week, with the third case notified in the previous reporting week (Table 1). All three cases in this cluster are teenagers who reside in the same local government area. Further laboratory testing has shown that these infections were all caused by *Neisseria meningitidis* serogroup B. Close contacts have been identified for all cases, and clearance antibiotics have been offered in accordance with NSW control guidelines and as directed by a panel of experts.

IMD is a rare but serious infection caused by *Neisseria meningitidis* bacteria. There are six serogroups of meningococcal bacteria associated with IMD in humans (A, B, C, W, X, Y), of which four (B, C, W, Y) cause almost all IMD in Australia. Meningococcal disease can affect people of all ages but is more common in children under 5 years of age, and people aged 15-24 years.

Invasive meningococcal disease can manifest as either meningitis, meningococcaemia (bloodstream infection with the bacterium) or both. People with IMD can become very unwell very quickly, and the disease can be fatal within hours of the first symptom appearing. Anyone who thinks they, or someone they care for, might be experiencing symptoms of IMD, should seek urgent medical care as prompt administration of antibiotics can be life-saving.

The initial symptoms of IMD may be non-specific and can mimic other illnesses, making diagnosis in the early stages difficult. Symptoms can vary, but include fever, nausea, vomiting, abdominal pain, headache, neck stiffness, photophobia (sensitivity to bright lights), joint pain and irritability. A red-purple rash that is non-blanching (i.e. does not disappear when pressure is applied) is typical but does not always appear, or may only occur late in the disease. Occasionally, IMD may begin as conjunctivitis, and then progress to affect other body systems. IMD requires treatment with intravenous antibiotics in a hospital setting.

Meningococcal bacteria can be passed between people in secretions from the back of the nose and throat. Meningococcal bacteria are not easily spread from person to person and do not survive well outside the human body. Therefore, people who have only had minor exposure to someone with meningococcal disease have a very low risk of developing the disease. Spread of the bacteria from one person to another generally requires close and prolonged contact such as living in the same household, intimate kissing, or (for healthcare workers) performing mouth to mouth resuscitation or tracheal intubation without a mask. The public health management of IMD includes giving oral antibiotics to people identified as close contacts. This aims to “clear” the bacteria from the nose and throat of carriers, who are people carrying the bacteria in their upper respiratory tract without any

symptoms. This “clearance” reduces the risk of any additional cases occurring who may have been in contact with the same carrier.

In NSW meningococcal vaccines are provided free of charge under the National Immunisation Program (NIP) to the following groups:

<b>Vaccine</b>	<b>Groups eligible for free vaccine</b>
Meningococcal ACWY vaccine	<ul style="list-style-type: none"><li>• All children at 12 months of age</li><li>• Children aged 15-19 years (via the NSW School Vaccination Program or their GP)</li><li>• People with certain medical conditions that cause increased risk of infection (including asplenia, hyposplenia, complement deficiency and those receiving eculizumab treatment)</li></ul>
Meningococcal B vaccine	<ul style="list-style-type: none"><li>• Aboriginal children &lt; 2 years of age</li><li>• People with certain medical conditions that cause increased risk of infection (including asplenia, hyposplenia, complement deficiency and those receiving eculizumab treatment)</li></ul>

Anyone outside of these groups wishing to protect themselves against meningococcal disease can access the vaccines via private prescription from their GP.

More information on meningococcal disease is available from:

- NSW Health [meningococcal disease website](#) and [meningococcal disease factsheet](#)
- The [Australian Immunisation Handbook](#) for more information on meningococcal vaccines
- NSW Health [meningococcal disease data](#)

## **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 May – 29 May 2021, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2021	2020	2019	2020	2019
Enteric Diseases	Cryptosporidiosis	12	3	260	384	382	550	669
	Giardiasis	32	38	819	966	1769	1791	3271
	Rotavirus	5	4	108	325	274	464	1755
	STEC/VTEC	5	3	57	42	31	114	80
	Salmonellosis	62	65	1642	1795	1899	2888	3556
	Shigellosis	1	1	37	361	373	494	867
Respiratory Diseases	Influenza	4	7	37	7263	15683	7487	116442
	Legionellosis	3	3	96	73	76	170	153
	Tuberculosis	13	13	248	219	231	624	590
Sexually Transmissible Infections	Chlamydia	463	588	12314	11604	13153	27277	32495
	Gonorrhoea	156	194	3886	4217	4863	9905	11702
Vaccine Preventable Diseases	Meningococcal Disease	2	2	11	9	11	22	59
	Pneumococcal Disease (Invasive)	17	10	171	142	168	359	691
Vector Borne Diseases	Barmah Forest	2	1	59	109	34	271	63
	Ross River	10	14	456	1274	340	1989	593
Zoonotic Diseases	Leptospirosis	1	3	52	6	4	12	9
	Psittacosis	1	0	5	10	4	30	11

### \* 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.
- 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.