

Communicable Diseases Weekly Report

Week 11, 13 to 19 March 2022

In summary, we report:

- [World Tuberculosis Day 2022](#)
- [Novel coronavirus 2019 \(COVID-19\)](#)
- [Japanese encephalitis](#)
- [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.

World Tuberculosis Day 2022

Thursday 24 March 2022, marks [World TB Day](#). World TB Day aims to raise public awareness about the devastating health, social and economic impacts of TB, and to increase efforts to end TB, which remains a slowly progressing epidemic in much of the world. To view information on World TB Day 2022 social media campaigns, see the [Stop TB Partnership](#).

On this day in 1882, Dr Robert Koch discovered the bacteria that causes TB, which at the time was causing the deaths of one in seven people in Europe and the Americas. His discovery paved the way towards diagnosing and curing TB.

The global theme this year “Invest to End TB. Save Lives.” highlights the urgent need to invest resources to ramp up the fight against TB. The commitments to end TB made by global leaders have been put at risk due to the COVID-19 pandemic. The pandemic has reversed years of global progress in tackling TB and for the first time in over a decade, worldwide TB deaths have increased. In 2020, more people died from TB than in 2019, with far fewer people being diagnosed and treated or provided with TB preventive treatment. Overall spending on essential TB services fell. Globally, more needs to be done to ensure equitable access to TB prevention and care. More investment will save millions more lives, accelerating the end of the TB epidemic.

[Tuberculosis](#) is a bacterial infection caused by *Mycobacterium tuberculosis*. Symptoms of TB disease include a cough lasting more than three weeks, fever, unexplained weight loss, night sweats, and tiredness. Treatment usually requires a combination of special antibiotics for at least six months.

Australia has one of the lowest TB infection rates in the world. In Australia during 2020 the rate was 6.3 cases per 100,000 people, and this fell to 5.6 cases per 100,000 in 2021. In NSW, 625 cases of TB were notified in 2020, a slightly higher rate of 7.8 cases per 100,000 people. In 2021, NSW notifications dropped to 558 cases, 6.7 cases per 100,000 people.

The highest population rates for TB are in the Western Sydney, Sydney, and South Eastern Sydney Local Health Districts. Over 90% of these cases are diagnosed in people who were born, or had spent significant amounts of time in countries with a high prevalence of TB.

Multi-drug resistant TB (MDR-TB) strains are those that are resistant to two of the most effective first line TB drugs. MDR TB presents a significant public health concern, as it makes treatment options limited and expensive. There were seven cases of MDR TB notified in NSW in 2021.

In NSW, actions taken to work towards ending TB include the following:

- supporting the screening and prevention of TB in refugees and other migrant communities
- using whole genome sequencing technology to improve identification of TB transmission to allow better targeting of public health measures, to help make NSW “TB transmission free”
- working closely with Aboriginal communities to encourage early diagnosis and treatment of TB among Aboriginal people in NSW.

The [NSW TB Program](#) includes a network of specialised TB services across the state which provide free, confidential and culturally appropriate services to ensure everyone in NSW gets the TB care they need.

Further information

- [NSW Health Tuberculosis epidemiology reports page](#)
- [NSW Health Tuberculosis 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](#).

Japanese encephalitis

For up-to-date information regarding the Japanese encephalitis outbreak and the NSW response, please visit the [NSW Health Japanese encephalitis 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 13 March – 19 March 2022, by date received*

		Weekly		Year to date				Full Year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	215	193	2351	2693	2463	2737	11188	9457	11179
	Cryptosporidiosis	10	7	84	194	273	257	443	549	669
	Giardiasis	28	26	266	436	676	1009	1501	1868	3322
	Rotavirus	9	10	84	61	282	158	357	500	1777
	STEC/VTEC	2	2	28	31	32	23	127	115	79
	Salmonellosis	85	91	907	1073	1291	1125	3097	2884	3555
	Shigellosis	7	9	54	20	310	197	60	494	867
	Typhoid	2	0	8	0	26	28	2	37	64
Respiratory Diseases	Influenza	55	29	143	14	6440	5989	124	7487	116434
	Legionellosis	5	3	50	61	26	45	211	170	153
	Tuberculosis	8	7	81	117	105	116	558	624	589
Sexually Transmissible Infections	Chlamydia	514	544	5053	6766	7303	7086	25353	27248	32478
	Gonorrhoea	194	171	1903	2066	2526	2508	7628	9887	11690
Vaccine Preventable Diseases	Pertussis	1	2	8	6	930	1394	43	1402	6386
	Pneumococcal Disease (Invasive)	4	5	39	73	94	74	386	358	690
Vector Borne Diseases	Barmah Forest	1	0	13	33	26	13	110	271	63
	Japanese Encephalitis	3	0	6	0	0	0	0	0	0
	Ross River	14	12	317	259	49	144	655	1990	595
Zoonotic Diseases	Q fever	2	2	28	53	59	73	178	206	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 [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.
- 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.