

# Communicable Diseases Weekly Report

## Week 17, 24 April to 30 April 2022

In this report we provide information regarding Legionellosis and a summary of notifiable conditions activity in NSW over the reporting period week 17, 24 April to 30 April 2022.

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.

For up-to-date information regarding the **Japanese encephalitis** outbreak and the NSW response, please visit the [NSW Health Japanese encephalitis page](#).

Information on notifiable conditions is available at the 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.

## Legionellosis

Five new cases of legionellosis (Legionnaires' disease) were reported in this reporting week (Table 1); two were due to the *Legionella pneumophila* serogroup 1 (Lp1), two were due to *L. longbeachae* and one was due to another legionella species. The two cases with Lp1 infection reside in the South Eastern Sydney Local Health District (LHD) and had recently been in the St George Hospital Kogarah. Legionella bacteria had recently been identified from routine testing in a cooling tower in this area. A [media release](#) was issued alerting people to be aware of symptoms for Legionnaires' disease. The investigation to identify the source of infection for the Lp1 cases is ongoing.

Legionnaires' disease is an infection of the respiratory system caused by *Legionella* bacteria and is characterised by fever, chills, cough and shortness of breath. Some people may also experience muscle aches, headache, tiredness, loss of appetite and diarrhoea. Legionnaires' disease typically affects people over the age of 50 years and can result in severe pneumonia, especially in those who smoke tobacco, have existing lung conditions or suppressed immune systems.

Legionnaires' disease is not spread from person to person, but infection may occur after breathing in water aerosols or environmental dust contaminated with *Legionella* bacteria.

There are two types of *Legionella* bacteria that commonly cause Legionnaires' disease: *L. longbeachae*, which may be found in soil, bagged potting mix and landscaping products, and *L. pneumophila*, which can be present in building water systems such as air-conditioning cooling towers and warm water systems.

Following notification of a case of Legionnaires' disease, the Public Health Unit (PHU) works closely with the case and their family to investigate potential sources. NSW Health in conjunction with the PHU consistently checks for common potential sources between cases, and monitors for any further cases or crossover in exposures.

### 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:

- Taking appropriate precautions when gardening and handling soil, potting mix and similar products, including:

- Wetting down gardening products while working to reduce dust
- Use of appropriate personal protective equipment including a P2/N95 mask and gloves
- Washing hands after handling soil and potting mix and before eating, drinking, or smoking.
- Businesses ensuring cooling water systems are well maintained, particularly after periods of intermittent operation or seasonal usage, in line with the NSW Public Health Regulation.
- Regular maintenance (including disinfection) of spas, hot tubs and irrigation systems – particularly those sourced from untreated water sources such as dams or reservoirs.

Further information:

- [NSW Health Legionnaires' disease fact sheet](#)
- [NSW Health Legionellosis notification data page](#)
- [NSW Guidelines for Legionella Control in Cooling Water Systems](#)

## Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period alongside reports received in the previous week, year to date and in previous years (Table 1).

**Table 1. NSW Notifiable conditions from 24 April - 30 April 2022, by date received\***

		Weekly		Year to date				Full Year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	169	127	3357	4263	3373	4049	11953	9937	11482
	Cryptosporidiosis	12	5	148	233	346	346	443	549	669
	Giardiasis	25	11	410	658	881	1497	1497	1867	3322
	Hepatitis A	2	0	7	0	17	33	8	18	61
	Rotavirus	8	4	125	111	310	226	357	500	1777
	STEC/VTEC	2	3	47	50	40	27	126	115	79
	Salmonellosis	93	72	1364	1434	1577	1596	3096	2884	3555
	Shigellosis	7	4	82	30	352	282	60	494	867
Respiratory Diseases	Influenza	992	530	2680	21	7198	10359	124	7488	116431
	Legionellosis	5	6	83	82	53	64	213	170	153
	Tuberculosis	7	9	145	197	179	177	556	625	589
Sexually Transmissible Infections	Chlamydia	435	381	7922	10129	9941	10499	25365	27243	32475
	Gonorrhoea	175	177	3087	3195	3613	3864	7624	9883	11688
Vaccine Preventable Diseases	Meningococcal Disease	1	1	5	5	8	9	23	22	59
	Pneumococcal Disease (Invasive)	8	7	78	118	126	124	386	358	690
Vector Borne Diseases	Barmah Forest	1	3	28	49	58	25	111	271	63
	Dengue	1	1	9	1	73	151	4	76	456
	Ross River	5	4	422	400	476	248	656	1990	595
Zoonotic Diseases	Q fever	2	2	62	70	79	112	185	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.
- 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.