

# Communicable Diseases Weekly Report

## Week 25, 19 June to 25 June 2022

In this report we provide information regarding *Vibrio cholerae* and monkeypox and a summary of notifiable conditions activity in NSW over the reporting period, week 25, 19 June to 25 June 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.

### *Vibrio cholerae*

One case of *Vibrio cholerae* infection, commonly known as cholera, was recently diagnosed in a child. Their isolate was identified as *V. cholerae* O1, or serotype Ogawa. The child had not recently travelled and most likely acquired their infection from relatives who had recently returned from Pakistan and who had experienced severe gastrointestinal illness. The World Health Organisation has reported that Pakistan is currently experiencing a large [cholera outbreak](#).

Cholera is a typically a severe diarrhoeal illness caused by infection with cholera bacteria, *V. cholerae*. In Australia, the spread of toxigenic strains (serogroups O1 and O139) has been eliminated by modern water and sewage treatment systems and food safety programs. Most infections are identified in travellers returning from regions where cholera is endemic, including those who return to their country of birth to visit friends and relatives.

The bacteria is spread through drinking contaminated water, eating raw or undercooked seafood from contaminated waters, or eating other contaminated foods. To prevent cholera infections, travellers to risk countries should only drink bottled or boiled water, avoid ice and drinks that may have been made with untreated water, avoid uncooked foods including fruit and vegetables (except foods that you can peel yourself before eating), avoid raw or undercooked seafood, avoid eating from street vendors, protect food from flies, and always practice good hygiene by thoroughly washing hands with soap and running water before meals and after using the toilet.

A cholera vaccine is available but is generally only recommended for travellers at increased risk of the infection because of a pre-existing medical condition, or for humanitarian disaster workers deployed to regions with endemic cholera.

Only toxigenic strains of serogroups O1 and O139 cause widespread epidemics, but non-toxigenic strains within these serogroups also exist in the environment and may cause sporadic cases of disease. Similarly, non-epidemic strains (non-O1/O139) are ubiquitous to a variety of aquatic ecosystems worldwide, including Australia, and occasionally cause milder disease in humans.

Clinicians should be alert to the possibility of cholera infection in patients presenting with watery diarrhoea with recent travel history to countries with endemic cholera.

Follow the links for further information on [cholera](#).

## Monkeypox

Eight cases of monkeypox have been notified in NSW up until 1 July 2022, one of whom was notified in this reporting week (Table 1). All cases are adults from metropolitan Sydney, seven cases acquired their infection whilst overseas, the remaining case most likely acquired their infection in Queensland from an overseas traveller. Since May 2022, there has been a global increase in monkeypox cases reported from countries that are not endemic for monkeypox virus.

Monkeypox is a zoonotic viral infection that is usually associated with travel to Central and West Africa and spread through contact with bodily fluids or ingestion of wild animals. It can also be passed on from one person to another through prolonged close contact (i.e. inhaling respiratory droplets), or direct contact with infected bodily fluids, lesions or scabs on the skin or contaminated objects, such as bedding or clothes. It may also be passed on by direct contact during sex.

Symptoms of monkeypox normally begin with fever, headache, muscle aches, backache, swollen lymph nodes, chills and exhaustion. Within 1 to 3 days (sometimes longer) after the appearance of fever, a rash appears, often beginning as sores in the mouth and on the face then spreading to other parts of the body. A notable symptom in this international outbreak is that the rash may first appear in the genital area. Lesions start as a macular rash that develops into papules, vesicles, then pustules, which crust and fall off. The number of lesions can vary from a few to several thousand.

Infection with monkeypox virus is usually self-limiting and most people recover within a few weeks. However, severe illness can occur in a small percentage of people.

A large proportion of cases detected in this multi-country outbreak have involved mainly, but not exclusively, men who have sex with men. NSW Health is urging people who have recently returned from overseas and have attended large parties or sex on premises venues to watch for symptoms. If symptoms appear, contact your GP or local sexual health clinic by phone or telehealth or call the NSW Sexual Health Infolink on 1800 451 624.

More information on monkeypox is available from:

- NSW Health [Monkeypox fact sheet](#)
- NSW Health [infectious disease alerts](#)

## 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 19 June - 25 June 2022, by date received\***

		Weekly		Year to date				Full Year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	223	198	5044	6120	4447	5535	11954	10008	11482
	Cholera	1	0	2	0	0	0	1	0	0
	Cryptosporidiosis	8	7	221	297	396	409	444	549	669
	Giardiasis	31	33	611	971	1104	1983	1504	1871	3328
	Rotavirus	10	8	202	179	361	341	356	500	1777
	STEC/VTEC	2	5	73	64	50	33	126	115	79
	Salmonellosis	41	38	1761	1834	1937	2109	3096	2883	3555
	Shigellosis	12	9	142	42	370	433	60	494	867
Other	Monkeypox	1	0	6	0	0	0	0	0	0
Respiratory Diseases	Influenza	14520	18164	91037	48	7313	32971	124	7488	116430
	Legionellosis	1	3	122	107	77	85	213	170	153
	Tuberculosis	8	3	211	295	268	276	558	625	589
Sexually Transmissible Infections	Chlamydia	501	385	12023	14401	13402	15466	25368	27243	32475
	Gonorrhoea	235	183	4841	4599	4917	5744	7624	9882	11688
Vaccine Preventable Diseases	Mumps	2	0	4	3	50	28	6	56	57
	Pertussis	2	2	24	30	1304	3033	43	1400	6386
	Pneumococcal Disease	17	23	187	217	157	224	386	358	690
Vector Borne Diseases	Dengue	3	0	24	1	74	230	4	76	456
	Malaria	1	0	14	2	20	29	8	25	73
	Ross River	8	1	533	516	1676	382	659	1990	595
Zoonotic Diseases	Q fever	1	2	86	101	114	140	188	207	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.