

Communicable Diseases Weekly Report

Week 34, 21 August to 27 August 2022

In this report we provide information regarding XDR Typhoid and a summary of notifiable conditions activity in NSW over the reporting period week 34, 21 August to 27 August 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.

Extensively drug-resistant (XDR) typhoid

One case of extensively drug-resistant (XDR) typhoid was notified during this reporting week ([Table 1](#)). The case travelled to Pakistan during their incubation period and had not been previously immunised against the disease. 'XDR' is a term that describes any isolate that has genotypic markers of resistance to 3rd generation cephalosporins (e.g. ceftriaxone). In the past 3 years, there have been 8 cases of XDR typhoid notified in NSW; seven of these cases reported travel to Pakistan and one had travelled to Iraq.

In Australia, local transmission of typhoid is rare. Typhoid infection is usually acquired during overseas travel; in particular, in people who are going overseas to stay with family and friends in countries endemic with the disease. While the introduction of antibiotics has limited the prevalence of typhoid globally, the organism has developed resistance to multiple drugs.

What is typhoid?

- Typhoid fever is caused by an infection with bacteria called *Salmonella typhi*. People with typhoid may experience mild or severe symptoms.
- The symptoms may include fever, headache, non-productive cough, general discomfort, and a lack of appetite. If symptoms are severe, hospitalisation may be required. Symptoms generally start 8 to 14 days following infection but possibly as early as 3 days or as late as 60 days after infection.
- Transmission usually occurs when food or water contaminated with faecal matter are ingested. Therefore, typhoid fever is more common in less developed countries with poor sanitation, poor hand hygiene and food handling standards, and untreated drinking water.
- Typhoid is preventable through vaccination.
- People may continue to 'carry' the infection, even once symptoms have resolved, which can put other people at risk. For this reason, people who work in roles that increase the risk of passing the infection onto others must be cleared of the infection by a doctor before returning to work.

If I am a doctor what should I do?

- **Advise** patients planning to visit overseas about the risk of enteric fever.
- **Test** returning travellers with a clinically consistent illness by requesting a stool MC&S (for antibiotic sensitivities) for gastro symptoms.

- **Consider** the location of travel for your patient and the potential for resistance strains if considering pre-emptive antibiotic treatment.
- **Advise** patients with suspected typhoid and paratyphoid infections that they should exclude themselves from work, particularly if they work in food handling, childcare, schools, or hospitals (which are higher risk for onward transmission). These patients are required to submit two negative stool samples before they can return to work.

If I am considering going overseas, what should I do?

- **Talk to your GP.** If you are going to countries which have poor access to clean drinking water and sanitation, contact your doctor or pharmacist for advice on how to stay healthy. This is particularly important if you are staying outside the main tourist areas, such as with family or friends.
- **Check vaccinations are up to date**, especially if taking young children.
- **While overseas**, be careful with water, think about what you are eating, always wash your hands with soap and clean water before eating, drinking and preparing food, and avoid people who are showing symptoms.
- **When you return home**,
 - **Talk to your doctor** if you develop symptoms such as diarrhoea.
 - **Be alert**, you might not feel sick straight away when you return home. It may take a few weeks for symptoms to show. Be alert to early signs or symptoms.
 - **Protect others** by always washing hands with soap and water. For the first few weeks you are back, take extra care with hygiene, especially if you are around vulnerable people including young children.

Further information

Further information on typhoid is available in the NSW Health [typhoid fact sheet](#).

Information on safe travel and travel precautions is available from the NSW Health factsheets [Travelling overseas to visit family and friends - How to stay healthy](#) and [Staying healthy when travelling overseas](#).

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 21 August - 27 August 2022, by date received*

		Weekly		Year to date				Full Year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	259	251	7172	7825	5945	7229	11954	10008	11482
	Cryptosporidiosis	10	8	303	347	435	465	444	549	669
	Giardiasis	30	30	845	1169	1335	2449	1504	1871	3328
	Listeriosis	1	0	22	15	9	8	22	20	16
	Rotavirus	34	26	357	237	406	603	356	500	1777
	STEC/VTEC	3	2	88	77	60	42	126	115	79
	Salmonellosis	39	37	2117	2141	2179	2526	3097	2883	3554
	Shigellosis	18	13	246	45	406	574	60	494	867
	Typhoid	3	1	33	2	33	48	2	37	64
Other	Monkeypox	7	5	47	0	0	0	0	0	0
Respiratory Diseases	Influenza	291	400	112740	68	7413	93398	124	7485	116429
	Legionellosis	2	4	165	131	100	101	213	170	153
	Tuberculosis	14	7	314	392	365	377	558	625	589
Sexually Transmissible Infections	Chlamydia	482	429	16197	18424	17803	21006	25370	27240	32474
	Gonorrhoea	229	228	6764	5717	6517	7814	7622	9882	11687
	LGV	1	0	14	31	35	39	36	44	69
Vaccine Preventable Diseases	Meningococcal Disease	1	1	19	15	14	35	23	22	59
	Pertussis	7	4	48	37	1374	4109	43	1400	6386
	Pneumococcal Disease (Invasive)	11	21	340	314	232	401	387	358	690
Vector Borne Diseases	Barmah Forest	1	2	51	80	212	49	111	271	63
	Dengue	1	1	45	2	76	306	4	76	456
	Malaria	1	0	21	5	21	45	8	25	73
	Ross River	4	4	567	578	1837	473	659	1990	595
Zoonotic Diseases	Q fever	1	2	117	132	151	170	205	208	249

*** 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.