Communicable Diseases Weekly Report

Week 2, 8 to 14 January 2023

In this report we provide information regarding rotavirus and a summary of notifiable conditions activity in NSW over the reporting period Week 1, 1 to 7 January 2023.

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.

Murray Valley encephalitis

Murray Valley encephalitis (MVE) virus was detected in mosquitos in Menindee on the 4th and 10th of January 2023 as well as Griffith on the 10th of January 2023. In addition, there have also been detections of MVE in mosquitos in parts of northern Victoria. There have been no human cases detected in 2023. This is the first time since 2011 that MVE has been detected, when it was detected in sentinel chickens. Two locally acquired cases were identified at that time in 2011. Since this time, the last positive case of MVEV was notified in 2021 after a person returned from the Northern Territory where he had likely been exposed whilst undertaking outdoor activities.

MVE is a rare but serious mosquito-borne illness that is transmitted by the bite of Culex mosquitoes. It is more common in some parts of northern Australia and Papua New Guinea. In NSW, MVE is rarely diagnosed in patients who live or travel west of the Great Dividing Range, usually after periods of heavy rainfall. The presence of MVE virus in the environment is monitored through the NSW Arbovirus Surveillance and Mosquito Monitoring Program. This includes surveillance of chicken flocks, trapping mosquitoes for virus testing and surveillance of human cases.

Most people infected with MVE virus do not show symptoms, or may develop a mild illness with fever, headache, nausea and vomiting. A small proportion may develop severe disease involving encephalitis, an infection of the brain. Symptoms of encephalitis include severe headache, increasing confusion, drowsiness and loss of coordination. It can progress to seizures, loss of consciousness and even death. People with encephalitis usually require treatment in hospital. Some people who recover will remain with permanent neurological complications.

There is currently no specific treatment for Murray Valley encephalitis, or vaccine to prevent infection. People in NSW are urged to take actions to prevent mosquito bites to protect against all mosquito-borne viruses including Japanese encephalitis, Ross River Fever and Barmah Forest virus. Protect yourself and your family by:

- covering openings such as windows and doors with insect screens and checking there are no have gaps in them
- removing items that might collect water (such as old tyres, empty pots) outside your house where mosquitoes can breed
- improving drainage on your property so that water does not become stagnant
• wearing light, loose-fitting long-sleeved shirts, long pants and covered footwear and socks, especially around dusk and dawn
• applying repellent to all areas of exposed skin, using repellents that contain DEET, picaridin, or oil of lemon eucalyptus
• re-applying repellent regularly, particularly after swimming, being sure to always apply sunscreen first and then apply repellent
• using insecticide sprays, vapour dispensing units and mosquito coils to repel mosquitoes (mosquito coils should only be used outside).

Further information
• Murray Valley Encephalitis (MVE) factsheet
• Mosquitoes are a health hazard factsheet
• Vector borne diseases pages
• Kuniin factsheet

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 8 to 14 January 2023, by date received*

<table>
<thead>
<tr>
<th>Enteric Diseases</th>
<th>Other Diseases</th>
<th>Respiratory Diseases</th>
<th>Sexually Transmissible Infections</th>
<th>Vaccine Preventable Diseases</th>
<th>Vector Borne Diseases</th>
<th>Zoonotic Diseases</th>
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<tbody>
<tr>
<td>Campylobacter</td>
<td>Influenza</td>
<td>Tuberculosis</td>
<td>Gonorrhoe</td>
<td>Meningococcal Disease</td>
<td>Ross River</td>
<td>Q fever</td>
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<td>Cryptosporidiosis</td>
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<td>Giardia</td>
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<td>Rotavirus</td>
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<td>Salmonellosis</td>
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<td>Shigellosis</td>
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<td>STEC-VTEC</td>
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<td>Invovs Group A Streptococcus</td>
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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.