

Communicable Diseases Weekly Report

Week 5, 29 January to 4 February 2023

In this report we provide information regarding acute rheumatic fever and a summary of notifiable conditions activity in NSW over the reporting period Week 5, 29 to 4 February 2023.

For surveillance data on COVID-19 and influenza please see the latest [NSW Respiratory Surveillance Report](#).

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.

Acute rheumatic fever (ARF)

There was one new case of ARF reported this week in a non-Indigenous child in South Western Sydney Local Health District (LHD).

ARF is an uncommon but serious inflammatory complication of infection with group A streptococcal bacteria (Strep A). Polyarthrititis (pain and swelling in several joints) and fever are the most common symptoms of ARF. Other signs and symptoms may include carditis (inflammation of the heart), chorea (jerky limb movements arising from inflammation of the brain), erythema marginatum (a distinctive skin rash), and subcutaneous nodules. Episodes of ARF can cause permanent damage to the heart valves leading to rheumatic heart disease (RHD).

This is the second case of ARF notified in 2023. Nine ARF cases were reported in 2022. ARF notifications in NSW peaked with 32 cases in 2018, broadly following trends in invasive Strep A infections. Notified cases of ARF in 2020 and 2021 declined by 39% compared to those reported in the four years prior to the COVID-19 pandemic. We recently reported an increase in invasive group A streptococcal notifications¹. If this information reflects increasing community burden of Strep A, it may also increase the risk of people developing ARF.

People diagnosed with ARF require long-term follow-up, including benzathine benzylpenicillin G (BPG) injections every 21-28 days generally for 10 years or until the age of 21 years, whichever is longer. This is to prevent repeat Strep A infections, which may lead to recurrent episodes of ARF and worsening valvular disease. People with ARF should also have annual medical and dental reviews, and an echocardiogram (ultrasound of the heart) every two years. People with RHD may require more frequent clinical review.

ARF in people of all ages and RHD in people aged less than 35 years became notifiable in NSW in October 2015. NSW Health established a register for people diagnosed with ARF and RHD to assist patients and their doctors manage adherence to regular penicillin prophylaxis and clinical reviews in May 2016. Families and primary care providers of people with ARF and RHD are provided with information about ARF and RHD and how to reduce the risk of recurrent episodes of ARF. Consent is sought for their inclusion on the NSW ARF/RHD Register to help with their ongoing management.

¹ Health Protection NSW (2022). Invasive group A streptococcal disease. *Communicable Diseases Report: Week 52*. Available from <https://www.health.nsw.gov.au/Infectious/Reports/Publications/cdwr/2022/cdwr-week-52-2022.pdf>, accessed 9 February 2023.

Aboriginal and Torres Strait Islander people are at substantially higher risk of both ARF and RHD. In NSW, people from Māori and Pacific Island backgrounds are also at higher risk. Timely and appropriate treatment of sore throats and skin infections in high-risk populations, such as Aboriginal and Torres Strait Islander people and Māori and Pacific Islander people, can reduce the risk of ARF.

Further information on these conditions is available from [NSW Health](#) and [Menzies School of Health Research](#).

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 29 January to 4 February 2023, by date received*

		Weekly		Year to date					Full Year			
		This week	Last week	2023	2022	2021	2020	2019	2022	2021	2020	2019
Enteric Diseases	Campylobacter	327	231	1425	1081	1320	1291	1308	12884	12712	10819	11930
	Cryptosporidiosis	18	19	72	41	71	97	87	463	444	548	669
	Giardiasis	51	39	191	98	155	284	366	1370	1504	1934	3375
	Hepatitis A	2	3	9	2	0	8	8	37	8	19	61
	Listeriosis	1	1	4	1	1	1	1	33	22	20	16
	Paratyphoid	3	0	8	0	0	6	5	12	1	17	39
	Rotavirus	63	67	466	29	32	210	75	1811	356	500	1777
	Salmonellosis	109	83	447	370	551	467	516	2966	3097	2883	3552
	Shigellosis	28	21	83	21	6	166	91	461	60	494	867
	STEC/VTEC	4	6	19	11	13	13	14	144	126	115	79
Typhoid	3	2	7	1	0	9	8	47	2	37	64	
Other Diseases	Invasive Group A Streptococcus	12	8	79	0	-	-	-	147	-	-	-
Respiratory Diseases	Influenza	313	290	1788	20	11	2832	2241	116315	124	7481	116402
	Legionellosis	5	5	18	29	30	14	26	266	214	171	154
	Respiratory syncytial virus (RSV)	274	182	897	0	-	-	-	5666	-	-	-
	Tuberculosis	12	4	59	28	56	37	39	529	559	625	589
Sexually Transmissible Infections	Chlamydia	706	570	3036	1895	2893	3311	2879	25853	25309	27233	32474
	Gonorrhoea	230	200	1080	763	898	1277	1073	10230	7625	9881	11686
	LGV	1	1	5	2	2	11	6	29	36	44	69
Vaccine Preventable Diseases	Pneumococcal Disease (Invasive)	10	8	48	22	30	51	38	544	386	342	686
Vector Borne Diseases	Barmah Forest	3	1	16	5	16	8	7	89	111	271	63
	Dengue	3	7	23	2	1	30	37	163	4	76	456
	Malaria	2	3	9	1	0	4	7	42	8	25	73
	Ross River	12	11	69	139	98	20	46	725	659	1990	596
Zoonotic Diseases	Psittacosis	1	0	1	0	2	0	1	17	18	30	11
	Q fever	5	2	22	21	19	32	34	195	206	212	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.
- Surveillance data on COVID-19 can be found in the [NSW Respiratory Surveillance Report](#).
- 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.