

Communicable Diseases Weekly Report

Week 13, 24 March to 30 March 2019

In summary, we report:

- [Paratyphoid](#) – six new cases
- [Legionellosis](#) – two new cases
- [Summary of notifiable conditions activity in NSW](#)

For further information see 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.

Paratyphoid

Six new cases of paratyphoid infection were reported during this reporting week ([Table 1](#)). Five of these infections acquired their illness during overseas travel (four from India, one from Pakistan).

Paratyphoid fever is caused by an infection with bacteria called *Salmonella* Paratyphi. The disease is similar to Typhoid fever. People with paratyphoid may experience mild or severe symptoms. The symptoms may include fever, headache, non-productive cough, general discomfort and a lack of appetite. Some people have rose-coloured spots on the trunk of the body. Constipation or diarrhoea may occur. If symptoms are severe, hospitalisation may be required. Symptoms generally start 1 to 10 days following infection but may occur as late as 60 days after infection.

The bacteria that cause paratyphoid fever are found in the faeces of infected individuals. Some people (known as carriers) continue to carry the bacteria even after symptoms have resolved. Paratyphoid is treated with antibiotics. Some people may never have symptoms but may be carriers of paratyphoid. Antibiotic treatment is required to treat carriers also.

Transmission usually occurs when faecally-contaminated food and water are ingested. Therefore, paratyphoid fever is more common in less developed countries with poor sanitation, poor hand hygiene and food handling standards, and untreated drinking water.

Further information on these infection is available in the NSW Health [enteric fever fact sheet](#).

Further information on safe travel and travel precautions is available from the NSW Health fact sheet [Staying healthy when travelling overseas](#).

Legionellosis

Two new cases of legionellosis (Legionnaires' disease) were reported in this reporting week (Table 1); both were due to the *Legionella pneumophila* serogroup 1 (LP1) strain. Both cases appear to have acquired their infections while travelling overseas (Indonesia and Hong Kong).

Legionellosis is a type of pneumonia and the symptoms include fever, chills, cough and shortness of breath. Some people also have muscle aches, headache, tiredness, loss of appetite and diarrhoea. Risk factors for Legionnaires' disease include increasing age (most cases are aged over 50 years), smoking, and immunosuppression as a result of chronic medical conditions, cancer or taking high dose corticosteroids. People with Legionnaires' disease often have severe symptoms and infection is associated with a 10-15 per cent mortality rate.

Legionellosis is caused by *Legionella* bacteria. There are around 50 different species of *Legionella* bacteria, but most infections in NSW are caused by *Legionella pneumophila* or *Legionella longbeachae*.

Legionellosis is not spread from person to person, but can occur from inhaling contaminated water aerosols or dust. *Legionella longbeachae* is found in potting mix, compost and soils and infection is associated with gardening and the use of potting mix. People intending to handle potting mix should be wearing gloves and a mask, and should wet the potting mix to reduce dust. People should also wash their hands well with soap and water after handling potting mix or soil.

Legionella pneumophila is found in water and can contaminate air conditioning cooling towers, spas, plumbing systems and other bodies of warm water. Outbreaks are sometimes associated with contaminated cooling towers that are part of air conditioning systems in large buildings. Regular inspection, disinfection and maintenance of cooling towers and plumbing systems limit the growth of the bacteria and prevent legionellosis outbreaks.

The NSW Public Health Act 2010 and the Public Health Regulation 2012 control various man-made environments and systems which are conducive to the growth of *Legionella* bacteria and which are capable, under the right conditions, of transmitting Legionnaires' disease. Follow the link for more information on the [regulatory control of Legionnaires' disease](#).

Follow the links for more information on [Legionnaires' disease](#) and on case notifications of [Legionnaires' disease](#).

Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period (Table 1).

Table 1. NSW Notifiable conditions from 24 March to 30 March 2019, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2019	2018	2017	2018	2017
Bloodborne	Hepatitis C - Newly Acquired	1	1	7	11	9	37	40
Enteric Diseases	Cryptosporidiosis	22	27	295	295	747	708	1266
	Giardiasis	83	67	990	861	1088	2798	3135
	Hepatitis A	4	2	23	37	10	86	71
	Paratyphoid	6	1	29	12	7	34	17
	Rotavirus	6	4	143	261	168	806	2319
	Salmonellosis	91	90	1294	1172	1471	3343	3681
	Shigellosis	14	14	224	60	63	531	236
Respiratory Diseases	Influenza	654	683	7201	3307	2321	17422	103852
	Legionellosis	2	6	54	40	33	170	138
	Tuberculosis	9	14	133	124	121	513	542
Sexually Transmissible Infections	Chlamydia	564	654	8195	8079	8025	31188	29006
	Gonorrhoea	220	255	2935	2682	2639	10623	9161
	LGV	1	2	17	21	9	85	50
Vaccine Preventable Diseases	Mumps	1	0	14	28	34	72	127
	Pertussis	102	125	1602	990	1692	6281	5366
	Pneumococcal Disease (Invasive)	4	6	85	88	84	688	683
Vector Borne Diseases	Barmah Forest	2	1	15	23	24	74	127
	Dengue	10	7	108	98	102	298	306
	Ross River	27	11	163	119	979	568	1652
Zoonotic Diseases	Q fever	5	4	74	56	64	226	210

* 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.
- 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.
- The shigellosis case definition changed on 1 July 2018 to include probable cases (PCR positive only), hence case counts cannot be validly compared to previous years.

- Data cells in the 'Adverse Event Following Immunisation' category refer to suspected cases only. These reports are referred to the Therapeutic Goods Administration (TGA) for assessment. Data on adverse events following immunisation is available online from the TGA [Database of Adverse Event Notifications](#).
- 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](#) and the [HIV Surveillance Data Reports](#) webpages.