

# **Communicable Diseases Weekly Report**

## Week 11, 8 March to 14 March 2020

In summary, we report:

- Condensed reporting until further notice
- <u>Novel coronavirus 2019 (COVID-19)</u>
- Summary of notifiable conditions activity in NSW

For further information see NSW Health <u>infectious diseases page</u>. This includes links to other NSW Health <u>infectious disease surveillance reports</u> and a <u>diseases data page</u> for a range of notifiable infectious diseases.

### **Condensed reporting**

Due to increasing demand on public health staff and clinicians in NSW as a result of the COVID-19 response, the Communicable Diseases Weekly Report will be published in a condensed format until further notice.

From Week 11 2020 the condensed CDWR will consist of the summary of notifiable conditions activity in NSW (<u>Table 1</u>), and links to the most up to date information on COVID-19. Full reports will be published in the event of high priority notifications, or events of significant interest.

Public health alerts will continue to be published on the <u>NSW Health Infectious Diseases Alerts Page</u>.

#### Novel coronavirus 2019 (COVID-19)

For up-to-date information regarding the COVID-19 outbreak and the NSW response, please visit the <u>NSW Health COVID-19 page</u>.

## 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 8 March – 14 March 2020, by date received\*

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Enteric Diseases	Cryptosporidiosis	30	17	270	257	248	669	708
	Giardiasis	59	74	628	1009	745	3271	2937
	Hepatitis E	1	4	6	2	2	23	18
	Paratyphoid	2	1	12	21	12	39	34
	Rotavirus	2	13	266	154	226	1756	808
	STEC/VTEC	6	1	31	23	15	80	57
	Salmonellosis	119	142	1283	1126	1033	3564	3336
	Shigellosis	16	21	310	197	50	869	531
	Typhoid	1	2	26	28	16	63	58
Respiratory Diseases	Influenza	485	534	6273	5988	2961	116448	17409
	Legionellosis	2	4	21	45	36	153	171
	Tuberculosis	14	10	102	115	108	597	507
Sexually Transmissible Infections	Chlamydia	488	568	7026	7094	6878	32451	31181
	Gonorrhoea	168	166	2450	2512	2280	11715	10607
	LGV	2	3	23	14	15	69	85
Vaccine Preventable Diseases	Mumps	1	1	22	16	24	56	72
	Pertussis	89	90	920	1395	830	6386	6280
	Pneumococcal Disease (Invasive)	9	5	94	74	78	692	681
Vector Borne Diseases	Barmah Forest	3	5	24	13	18	63	74
	Chikungunya	1	0	7	6	3	32	13
	Dengue	2	5	45	102	91	453	299
	Malaria	2	2	11	15	15	73	66
	Ross River	4	7	45	144	99	577	571
Zoonotic Diseases	Q fever	1	1	45	73	49	248	228

#### \* 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 <u>notifiable disease data</u> 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 <u>Infectious Diseases Data</u>, the <u>HIV Surveillance Data</u> <u>Reports</u> and the <u>Hepatitis B and C Strategies Data Reports</u> 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.