

Communicable Diseases Weekly Report

Week 23, 31 May to 6 June 2020

In summary, we report:

- [Condensed reporting](#) – until further notice
- [Novel coronavirus 2019 \(COVID-19\)](#)
- [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.

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 ([Table 1](#)), 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 [NSW Health Infectious Diseases Alerts Page](#).

Novel coronavirus 2019 (COVID-19)

For up-to-date information regarding the COVID-19 outbreak and the NSW response, please visit the [NSW Health COVID-19 page](#).

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 31 May to 6 June, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Bloodborne	Hepatitis C - Newly Acquired	1	0	7	13	21	29	38
Enteric Diseases	Cryptosporidiosis	3	4	391	397	431	669	708
	Giardiasis	27	22	1016	1884	1416	3271	2937
	Rotavirus	6	4	336	298	412	1756	808
	Salmonellosis	36	40	1868	2022	1809	3562	3336
	Shigellosis	1	2	365	405	104	868	530
Respiratory Diseases	Influenza	6	11	7271	22052	4357	116446	17409
	Legionellosis	1	3	84	80	77	154	171
	Tuberculosis	14	17	246	258	210	594	506
Sexually Transmissible Infections	Chlamydia	470	392	12389	14310	14324	32448	31178
	Gonorrhoea	163	150	4540	5358	4749	11709	10605
Vaccine Preventable Diseases	Pertussis	12	16	1295	2801	1731	6386	6280
	Pneumococcal Disease (Invasive)	2	3	147	186	188	692	681
Vector Borne Diseases	Barmah Forest	6	11	113	39	41	63	74
	Malaria	1	0	19	28	24	73	66
	Ross River	93	115	1366	360	305	577	571
Zoonotic Diseases	Psittacosis	1	1	11	4	4	11	7
	Q fever	4	6	99	134	90	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.
- 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.
- 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](#), 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.