

## Communicable Diseases Weekly Report

### Week 27, 28 June to 4 July 2020

In summary, we report:

- [Invasive meningococcal disease](#) – two new cases
- [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.

### Invasive meningococcal disease

Two new cases of invasive meningococcal disease (IMD) were notified in this reporting week ([Table 1](#)).

One case, caused by meningococcal serogroup W, occurred in a child in the 10-14 year age group and a second case, caused by meningococcal serogroup B, was reported in a child under 12 months of age. Each occurred in different areas of regional NSW.

Both children have been discharged from hospital, and their close contacts have been provided with clearance antibiotics.

Invasive meningococcal disease (IMD) is a rare but serious and sometimes fatal infection caused by *Neisseria meningitidis* bacteria. There are six serogroups of meningococcal bacteria associated with IMD in humans (A, B, C, W, X, Y), of which four (B, C, W, Y) cause almost all IMD in Australia.

Meningococcal infection does not spread easily. It is spread by secretions from the nose and throat of a person who is carrying the bacteria and close and prolonged contact is needed to pass it on.

Meningococcal disease usually begins with the sudden onset of fever, often with headache, nausea and drowsiness. Neck stiffness, dislike of bright lights and a rash of reddish-purple spots or bruises may develop rapidly. Babies with the infection may be irritable, not feed properly and have an abnormal cry.

The National Immunisation Program includes a combined vaccination for meningococcal A, C, W and Y (MenACWY) at the age of 12 months, and for older adolescents. In NSW the adolescent dose is delivered via the school vaccination program in Year 10. People aged 15-19 years who have not received the MenACWY vaccine via the school program can visit their general practitioner to receive a free vaccine.

#### **Updates to the National Immunisation Program schedule: Meningococcal B vaccination**

From 1 July 2020, the National Immunisation Program (NIP) provides free meningococcal B (MenB) vaccination for all Aboriginal children under two years of age, with doses given at 6 weeks, 4 months and 12 months of age. Catch-up vaccination is available for Aboriginal children less than 2 years of age until 30 June 2023; the number of doses required is based on their age at the time of the first dose.

The NIP also funds vaccines for people of all ages with the following specified medical conditions: asplenia/hyposplenia (MenB, MenACWY, pneumococcal, and Hib if required); complement deficiency (MenB, MenACWY); undergoing treatment with eculizumab (MenB, MenACWY). Refer to the [Australian Immunisation Handbook](#) for dosing.

## Further information

- NSW Health [meningococcal disease website](#) and [meningococcal disease factsheet](#)
- [Australian Immunisation Handbook](#) for more information on meningococcal vaccines and vaccine recommendations
- [NSW meningococcal disease data](#)

## 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 28 June to 4 July 2020, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Enteric Diseases	Cryptosporidiosis	9	1	406	420	462	669	708
	Giardiasis	20	13	1099	2090	1604	3271	2937
	Rotavirus	3	7	360	386	456	1755	808
	Salmonellosis	35	33	2012	2193	1998	3562	3336
	Shigellosis	3	1	375	460	129	868	530
Respiratory Diseases	Influenza	9	13	7325	48169	5073	116444	17409
	Legionellosis	3	3	83	93	85	153	171
	Tuberculosis	7	10	283	300	253	594	508
Sexually Transmissible Infections	Chlamydia	439	531	14307	16709	16673	32451	31178
	Gonorrhoea	216	162	5336	6212	5491	11719	10605
Vaccine Preventable Diseases	Meningococcal Disease	2	0	11	19	29	59	72
	Pertussis	21	9	1336	3277	2068	6386	6280
	Pneumococcal Disease (Invasive)	8	5	171	261	257	692	681
	Rubella	1	0	1	9	0	9	0
Vector Borne Diseases	Barmah Forest	5	8	144	46	47	63	74
	Ross River	27	31	1582	408	374	577	571
Zoonotic Diseases	Q fever	3	1	112	145	102	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 [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.