

Communicable Diseases Weekly Report

Week 17, 25 April to 1 May 2021

In summary, we report:

- [Condensed reporting](#)
- [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.

The condensed CDWR (introduced in Week 11 2020) consists 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 25 April – 1 May 2021, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2021	2020	2019	2020	2019
Enteric Diseases	Cryptosporidiosis	5	15	233	346	346	550	669
	Giardiasis	49	36	656	857	1497	1791	3271
	Rotavirus	5	7	89	304	221	463	1755
	STEC/VTEC	4	4	49	40	27	114	80
	Salmonellosis	50	60	1432	1579	1596	2888	3556
	Shigellosis	1	1	31	352	282	494	867
Respiratory Diseases	Influenza	1	2	21	7197	10359	7489	116442
	Legionellosis	5	4	81	53	64	170	153
	Tuberculosis	10	12	197	181	178	625	590
Sexually Transmissible Infections	Chlamydia	570	574	10112	9952	10504	27278	32495
	Gonorrhoea	173	215	3199	3622	3867	9905	11702
	LGV	2	1	16	32	18	44	69
Vaccine Preventable Diseases	Meningococcal Disease	1	0	5	8	9	22	59
	Pertussis	2	3	20	1214	2046	1405	6386
	Pneumococcal Disease (Invasive)	12	6	124	127	124	360	691
Vector Borne Diseases	Barmah Forest	2	3	47	58	25	271	63
	Dengue	1	0	2	73	151	76	456
	Ross River	19	19	378	476	248	1989	593
Zoonotic Diseases	Leptospirosis	3	6	32	6	3	12	9
	Q fever	2	2	64	79	112	206	248

* 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.