

Communicable Diseases Weekly Report

Week 39, 26 September to 2 October 2021

In summary, we report:

- [Novel coronavirus 2019 \(COVID-19\)](#)
- [Summary of notifiable conditions activity in NSW](#)
- [Invasive meningococcal disease \(IMD\)](#) – one case reported this week

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.

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 26 September to 2 October 2021, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2021	2020	2019	2020	2019
Enteric Diseases	Campylobacter	158	152	8113	6541	8180	9459	11183
	Cryptosporidiosis	1	0	355	456	485	550	669
	Giardiasis	10	21	1261	1455	2679	1869	3323
	Hepatitis E	1	0	2	14	19	14	24
	Rotavirus	2	7	224	412	850	464	1754
	Salmonellosis	32	31	2332	2327	2750	2886	3556
	Shigellosis	0	1	49	444	643	495	867
	STEC/VTEC	3	0	86	66	48	114	80
Respiratory Diseases	Influenza	1	1	73	7451	111572	7488	116437
	Legionellosis	3	1	135	122	119	170	153
	Tuberculosis	17	5	443	448	437	624	590
Sexually Transmissible Infections	Chlamydia	350	377	20138	20639	24356	27269	32486
	Gonorrhoea	102	101	6244	7651	8993	9901	11696
Vaccine Preventable Diseases	Haemophilus influenzae type b	0	1	8	6	9	6	11
	Meningococcal Disease	1	0	18	18	53	24	64
	Mumps	0	1	6	50	44	53	57
	Pneumococcal Disease (Invasive)	5	8	353	271	502	359	690
Vector Borne Diseases	Barmah Forest	1	2	86	235	55	271	63
	Ross River	1	3	590	1891	525	1991	593
Zoonotic Diseases	Q fever	1	3	121	163	194	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.
- 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.

Invasive meningococcal disease

One case of meningitis due to invasive meningococcal disease (IMD) was reported this week in a young adult from a regional area of NSW. Laboratory testing revealed the infection was caused by *Neisseria meningitidis* (meningococcal bacteria) serogroup B.

IMD is a rare disease that can occur year-round but tends to increase in late winter and early spring. Measures to reduce transmission of COVID-19, such as wearing face masks, social distancing and staying at home, can also reduce transmission of IMD and have likely contributed to the lower numbers of IMD cases reported so far this year. However, with restrictions easing, it will be important to be alert to the symptoms of meningococcal disease and act fast if it is suspected.

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. People of all ages are susceptible to contracting IMD, but the disease is more common in children under 5 years of age and people aged 15-24 years.

Meningococcal bacteria are not easily spread from person to person but can be passed between people in secretions from the back of the nose and throat. Spread of the bacteria from one person to another generally requires close and prolonged contact such as living in the same household or intimate kissing.

The initial symptoms of IMD are often non-specific and can mimic other illnesses like gastroenteritis or COVID-19, making diagnosis in the early stages difficult. Symptoms can vary, but may include sudden fever, nausea, vomiting, abdominal pain, headache, neck stiffness, photophobia (sensitivity to bright lights), joint pain and irritability. A red-purple rash that is non-blanching (i.e. does not disappear when pressure is applied) is typical but does not always appear, or may only occur late in the disease.

In young children, symptoms may also include irritability, difficulty waking up, high-pitched crying, rapid or laboured breathing and refusal to eat.

IMD can result in meningitis, meningococcaemia (bloodstream infection with the bacterium) or both. People with IMD can become very unwell very quickly, and the disease can be fatal within hours of the first symptom appearing. Anyone who thinks they, or someone they care for, might be experiencing symptoms of IMD should seek urgent medical care.

Meningococcal disease can be prevented through vaccination. In NSW, meningococcal vaccines are provided free of charge under the National Immunisation Program (NIP) to the following groups:

Vaccine	Groups eligible for free vaccine
Meningococcal ACWY vaccine	All children at 12 months of age Children aged 15-19 years (via the NSW School Vaccination Program, or catch up vaccination via their GP) People with certain medical conditions that cause increased risk of infection (including asplenia, hyposplenia, complement deficiency and those receiving eculizumab treatment)
Meningococcal B vaccine	Aboriginal children < 2 years of age People with certain medical conditions that cause increased risk of infection (including asplenia, hyposplenia, complement deficiency and those receiving eculizumab treatment)

Anyone outside of these groups wishing to protect themselves against meningococcal disease can access the vaccines via private prescription from their GP. If there are concerns that a teenager has missed their meningococcal ACWY vaccine due to school closures this year, this can be checked on the Australian Immunisation Register (AIR). If required, GPs can arrange catch up vaccination.

More information on meningococcal disease is available from:

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