

Communicable Diseases Weekly Report

Week 4, 24 January to 30 January 2021

In summary, we report:

- Novel coronavirus 2019 (COVID-19)
- <u>Leptospirosis</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.

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

Leptospirosis

There has been one confirmed case of Leptospirosis in January 2021 (<u>Table 1</u>). Leptospirosis is rare in NSW however more infections may occur with increased rodent activity following the wet weather.

Leptospirosis is a rare and potentially serious bacterial disease of humans and animals. It is caused by *Leptospira* bacteria transmitted through direct contact with the bodily fluids (e.g. urine) or tissues of infected animals, or via exposure to contaminated water, soil and environments. The bacteria enter through cuts in the skin or through mucous membranes (such as the eyes, nose or mouth); bacteria can also be inhaled in dust (aerosols). Symptoms develop between 2–30 days after exposure (most commonly 5–14 days). The most common clinical presentation is a non-specific acute febrile illness; however, symptoms can also include headache, sore muscles, chills, conjunctival suffusion (red eyes), gastrointestinal symptoms, cough and rash. Some people may develop life-threatening complications, including kidney failure, meningitis or pulmonary haemorrhage. Leptospirosis is commonly treated with a course of antibiotics.

Leptospirosis can affect many wild and domestic animals, including livestock, dogs and rodents. In NSW, most human cases are reported from regional areas, often in association with floods or rodent plagues. It is noteworthy that the increased notifications are coinciding with recent heavy rains and reports of a large mouse plague in regional NSW, in an area extending from the Upper Hunter and New England, into Far Western NSW and Queensland. Those most at risk of leptospirosis are people with frequent exposure to outdoor environments including flooded areas, those doing farm work, or having direct or indirect contact with livestock and rodents. There are various preventive measures available to reduce the risk of contracting leptospirosis. These include practising good hand hygiene by thoroughly washing hands with soap and water after contact with potentially contaminated environments, e.g. crop areas; and keeping any cuts and abrasions covered with a waterproof dressing. When working with potentially infected animals, their tissues or bodily fluids, the use of personal protective clothing (e.g. gloves, goggles and boots) is very important. Implement rodent control measures around homes, outbuildings and other areas attracting rodents, e.g. grain or animal feed stores and refuse disposal areas. Carefully follow instructions and check that any rodenticide used in homes is safe for domestic use, as some are toxic to humans and only safe for agricultural use. Animal owners can also seek veterinary advice about vaccination to protect against leptospirosis, which in NSW is available for cattle and dogs. Additional public health information is also available in the NSW Health <u>Leptospirosis fact sheet</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 24 January – 30 January 2021, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2021	2020	2019	2020	2019
Enteric Diseases	Cryptosporidiosis	7	14	58	65	62	551	669
	Giardiasis	32	40	122	183	295	1791	3271
	Rotavirus	1	3	16	164	74	463	1755
	STEC/VTEC	3	1	11	8	12	114	80
	Salmonellosis	85	105	463	318	427	2888	3556
Respiratory Diseases	Influenza	1	1	10	1808	1767	7478	116445
	Legionellosis	5	5	23	9	23	167	153
	Tuberculosis	7	10	42	29	31	608	590
Sexually Transmissible Infections	Chlamydia	438	649	2262	2450	2334	27222	32437
	Gonorrhoea	130	197	738	941	889	9910	11702
	LGV	1	0	1	10	6	44	69
Vaccine Preventable	Pneumococcal Disease (Invasive)	2	6	23	48	28	361	691
Vector Borne	Barmah Forest	2	1	10	6	4	271	63
Diseases	Malaria	1	0	1	2	7	25	73
	Ross River	14	16	70	15	37	1986	592
Zoonotic Diseases	Leptospirosis	0	1	1	1	0	12	9

* 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 <u>Latest Updates on COVID-19</u> 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 <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 <u>Database of Adverse Event Notifications</u>.
- 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> 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.