

Communicable Diseases Weekly Report

Week 2, 9 January to 15 January 2022

In summary, we report:

- [Hepatitis A and Typhoid fever](#)– one case each, both in returning travellers
- [COVID-19 \(Coronavirus\)](#)
- [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.

Hepatitis A and Typhoid

One new case of hepatitis A infection and one new case of typhoid were notified during this reporting week in returning travellers who live in metropolitan Sydney ([Table 1](#)). Both of these infections were in otherwise healthy adults who acquired their illness while visiting family in India and Pakistan respectively. The hepatitis A case had an unknown vaccination status, whilst the typhoid case confirmed that they were not vaccinated against typhoid. Both hepatitis A and typhoid are preventable through the vaccinations recommended for people travelling to countries endemic for hepatitis A and typhoid fever.

People travelling overseas should visit their GP or travel clinic at least four weeks before travel to confirm they are up to date with the vaccinations recommended for their destinations, and to allow time to be immunised against those they are missing. International travellers should be alert to symptoms of serious infectious diseases, such as hepatitis A and typhoid, both during and after their return from travel.

Both infections may also be prevented by washing hands thoroughly with soap and running water; particularly after going to the toilet, before eating, before preparing food or drink, and after handling objects that may have been contaminated with body fluids. When travelling to countries where hepatitis A and typhoid are common, it is also recommended to drink bottled or boiled water, avoid eating from street stalls, avoid eating uncooked foods, and ensure hot food is thoroughly cooked and eaten whilst still hot.

Hepatitis A

Hepatitis A is a viral infection of the liver. Symptoms include feeling unwell, lack of appetite, aches and pains, fever, nausea, and abdominal discomfort, followed by dark urine, pale stools and jaundice (yellowing of the skin and eyes). People who experience these symptoms are advised to see their GP. Symptoms usually start four weeks after exposure to the virus, but possible as early as 15 days or as late as 50 days after infection. The illness usually lasts from one to three weeks.

Infected people can transmit the virus to others from two weeks before the development of symptoms until one week after the appearance of jaundice. The virus is spread by the faecal-oral route, including through the consumption of contaminated food or water or by direct contact with an infected person. People diagnosed with hepatitis A should avoid preparing food or drink for other people, sharing utensils or towels, or having sex for at least one week after the onset of jaundice.

Typhoid

Typhoid fever is caused by an infection with bacteria called *Salmonella typhi*. People with typhoid may experience mild or severe symptoms. The symptoms may include fever, headache, non-productive cough, general discomfort and a lack of appetite. Some people have rose-coloured spots on the trunk of the body. Constipation or diarrhoea may occur. If symptoms are severe, hospitalisation may be required. Symptoms generally start 8 to 14 days following infection but possibly as early as 3 days or as late as 60 days after infection.

Some people infected with typhoid may never have symptoms but may become carriers of the bacteria, while others may also continue to carry the bacteria even after symptoms have resolved. In such cases, these carriers may transmit the infection to others. For these reasons, antibiotic treatment is required for all individuals who are found to have a typhoid infection.

Transmission usually occurs when food or water contaminated with faecal matter are ingested. Therefore, typhoid fever is more common in less developed countries with poor sanitation, poor hand hygiene and food handling standards, and untreated drinking water. Raw fruits, vegetables and shellfish are the types of foods most often associated with the illness. Flies may also transfer the bacteria to food.

Further information

Further information on these infection is available in the NSW Health [hepatitis A fact sheet](#) and [typhoid fact sheet](#).

Further information on safe travel and travel precautions is available from the NSW Health factsheet [Staying healthy when travelling overseas](#).

COVID-19 (Coronavirus)

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 9 January to 15 January 2022, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2022	2021	2020	2021	2020
Enteric Diseases	Cryptosporidiosis	9	5	15	37	32	442	549
	Giardiasis	22	9	31	54	78	1498	1869
	Hepatitis A	1	0	1	0	2	7	18
	Rotavirus	3	2	5	15	95	298	464
	STEC/TEC	2	4	6	7	2	127	115
	Salmonellosis	66	67	133	276	139	3098	2884
	Shigellosis	4	1	5	4	44	60	494
	Typhoid	1	0	1	0	3	2	37
Respiratory Diseases	Influenza	7	8	15	7	672	119	7485
	Legionellosis	5	5	9	14	4	210	170
	Tuberculosis	9	7	16	26	12	563	625
Sexually Transmissible Infections	Chlamydia	375	153	547	1168	872	25274	27253
	Gonorrhoea	137	85	213	401	321	7618	9890
	LGV	1	1	2	0	4	36	44
Vaccine Preventable Diseases	Pertussis	2	0	2	3	172	43	1404
	Pneumococcal Disease (Invasive)	7	5	12	16	21	391	359
Vector Borne Diseases	Dengue	1	0	1	1	14	4	76
	Ross River	16	11	27	42	9	652	1990
Zoonotic Diseases	Q fever	1	1	2	10	13	170	206

* 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.