

# Communicable Diseases Weekly Report

## Week 16, 17 to 23 April 2022

In summary, we report:

- [Invasive Meningococcal Disease](#) – one case reported
- [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

One case of invasive meningococcal disease (IMD) was notified in this reporting week ([Table 1](#)). The case is an adult from a major city in NSW. Laboratory testing revealed the infection was caused by *Neisseria meningitidis* (meningococcal bacteria) serogroup B. So far in 2022, four cases of IMD have been reported in NSW.

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 since 2020.

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
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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 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](#)

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 17 – 23 April 2022, by date received\***

		Weekly		Year to date				Full Year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	123	149	3175	3796	3101	3892	11186	9456	11179
	Cryptosporidiosis	5	17	136	228	338	345	443	549	669
	Giardiasis	10	22	384	606	858	1451	1497	1867	3322
	Haemolytic Uremic Syndrome	1	0	2	0	1	1	0	2	4
	Listeriosis	5	1	11	6	6	2	22	20	16
	Paratyphoid	1	0	4	0	15	29	1	17	39
	Rotavirus	4	1	119	103	306	219	357	500	1777
	STEC/VTEC	3	2	44	46	39	26	127	115	79
	Salmonellosis	68	61	1270	1380	1534	1544	3096	2884	3555
Shigellosis	4	4	76	29	348	273	60	494	867	
Respiratory Diseases	Influenza	523	345	1582	20	7170	9806	124	7488	116431
	Legionellosis	6	8	75	77	49	64	213	170	153
	Tuberculosis	10	14	133	185	160	173	557	624	589
Sexually Transmissible Infections	Chlamydia	378	501	7442	9500	9536	10183	25365	27243	32475
	Gonorrhoea	172	198	2896	3002	3456	3707	7624	9883	11689
Vaccine Preventable Diseases	Meningococcal Disease	1	0	4	4	7	9	23	22	59
	Mumps	1	0	1	3	44	20	6	55	57
	Pneumococcal Disease (Invasive)	7	7	72	106	122	121	386	358	690
Vector Borne Diseases	Barmah Forest	3	0	22	46	51	25	111	271	63
	Chikungunya	1	0	1	0	8	7	0	8	33
	Dengue	1	0	8	1	72	146	4	76	456
	Ross River	4	11	408	373	303	238	655	1990	595
Zoonotic Diseases	Leptospirosis	1	1	9	32	5	3	96	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 [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.