

Communicable Diseases Weekly Report

Week 27, 03 July to 09 July 2022

In this report we provide information regarding invasive pneumococcal disease and a summary of notifiable conditions activity in NSW over the reporting period, 03 July to 09 July 2022.

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.

For up-to-date information regarding the **Japanese encephalitis** outbreak and the NSW response, please visit the [NSW Health Japanese encephalitis page](#).

Information on notifiable conditions is available at the 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 pneumococcal disease

A total of 22 notifications of invasive pneumococcal disease (IPD) were reported this week ([Table 1](#)). To date in 2022 there have been 232 notifications reported ([Table 1](#)), which is higher than the average of the of the previous two years.

In the year to date there have been 30 notifications of IPD in children aged 0-4 years, with the majority (70%) of these cases caused by serotypes that aren't covered by the vaccine. Investigations into the vaccination status of the affected children are not yet finalised.

IPD is a severe form of infection with the bacterium *Streptococcus pneumoniae*. Invasive infections can be life-threatening and can cause a variety of diseases include pneumonia and meningitis (infection of the membranes lining the brain and spinal cord).

There are over 90 different pneumococcal serotypes and they vary in their propensity to cause disease. Worldwide, only a limited number of serotypes are responsible for most cases of IPD and the predominant serotypes vary by age group and geographic area. People most at risk of pneumococcal disease include children less than two years of age, older adults, Aboriginal and Torres Strait Islander people, people with lung disease, heart disease, cancer, kidney disease, or HIV infection, people whose spleen has been removed or is impaired and people who smoke.

Vaccination with the pneumococcal vaccine is the most effective way to prevent infection. The pneumococcal vaccine is funded under the National Immunisation Program as part of the childhood immunisation schedule, for people with risk conditions for IPD, Aboriginal and Torres Strait Islander people aged 50 years and over, and all non-Indigenous adults aged 70 years and over.

Pneumococcal vaccines available in Australia are Prevenar 13 (13vPCV, 13-valent pneumococcal conjugate vaccine) and Pneumovax 23 (23vPPV, 23-valent pneumococcal polysaccharide vaccine).

For further information on pneumococcal disease see the NSW Health [pneumococcal disease fact sheet](#) and [the invasive pneumococcal disease data page](#).

Follow the link for up to date information on the [NSW Immunisation Schedule](#).

For information on the National Immunisation Program pneumococcal vaccine schedule, see the following resources:

- [Clinical advice for vaccination providers](#)
- [Clinical decision tree for vaccination providers](#)

Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period alongside reports received in the previous week, year to date and in previous years (Table 1).

Table 1. NSW Notifiable conditions from 03 Month- 09 Month 2022, by date received*

		Weekly		Year to date				Full Year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	231	212	5489	6521	4718	5867	11954	10008	11482
	Cryptosporidiosis	7	12	238	309	405	420	444	549	669
	Giardiasis	20	24	657	1033	1146	2091	1504	1871	3328
	Hepatitis A	1	0	12	2	17	40	8	18	61
	Rotavirus	12	6	220	196	373	393	356	500	1777
	STEC/VTEC	1	2	76	66	51	36	126	115	79
	Salmonellosis	30	50	1841	1921	2007	2191	3096	2883	3555
	Shigellosis	21	6	170	42	374	460	60	494	867
	Typhoid	3	1	25	1	32	41	2	37	64
Other	Monkeypox	8	2	16	0	0	0	0	0	0
Respiratory Diseases	Influenza	5276	9465	104904	53	7337	48161	124	7488	116429
	Legionellosis	3	7	135	114	84	93	213	170	153
	Tuberculosis	15	6	232	325	292	297	558	625	589
Sexually Transmissible Infections	Chlamydia	533	537	13097	15436	14413	16722	25370	27242	32475
	Gonorrhoea	226	205	5250	4910	5322	6197	7624	9882	11688
	LGV	2	0	10	20	33	24	36	44	69
Vaccine Preventable Diseases	Diphtheria	1	1	3	0	0	1	0	0	1
	Pertussis	1	0	25	33	1333	3276	43	1400	6386
	Pneumococcal Disease (Invasive)	22	21	232	251	170	260	387	358	690
Vector Borne Diseases	Barmah Forest	1	1	43	70	163	46	111	271	63
	Dengue	4	1	31	1	74	241	4	76	456
	Malaria	1	0	15	3	20	29	8	25	73
	Ross River	1	3	539	537	1741	411	659	1990	595
Zoonotic Diseases	Leptospirosis	1	0	19	79	7	6	96	12	9
	Q fever	1	3	97	108	119	145	191	207	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.
- 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.