

Communicable Diseases Weekly Report

Week 29, 17 to 23 July 2022

In this report we provide information regarding monkeypox and a summary of notifiable conditions activity in NSW over the reporting period, week 29, 17 to 23 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.

Monkeypox

Since 20 May 2022, 24 cases of monkeypox have been notified in NSW, one of whom was notified in this reporting week ([Table 1](#)). An additional two NSW residents were diagnosed with monkeypox while overseas, one in the United Kingdom and one in the Netherlands. Both residents have since returned to NSW but will not be included in the NSW data. All 24 cases are adults from metropolitan Sydney, and all but two cases acquired their infection while overseas. Of the remaining two cases, one case most likely acquired their infection in Queensland from an overseas traveller. The source of the other case is unknown. Since May 2022, there has been a global increase in monkeypox cases reported from countries that are not endemic for monkeypox virus.

Monkeypox is a zoonotic viral infection that is usually associated with travel to Central and West Africa and spread through contact with bodily fluids or ingestion of wild animals. It can also be passed on from one person to another through prolonged close contact (i.e. inhaling respiratory droplets), or direct contact with infected bodily fluids, lesions or scabs on the skin or contaminated objects, such as bedding or clothes. It may also be passed on by direct contact during sex.

Symptoms of monkeypox normally begin with fever, headache, muscle aches, backache, swollen lymph nodes, chills and exhaustion. Within 1 to 3 days (sometimes longer) after the appearance of fever, a rash appears, often beginning as sores in the mouth and on the face then spreading to other parts of the body. A notable symptom in this international outbreak is that the rash may first appear in the genital area. Lesions start as a macular rash that develops into papules, vesicles, then pustules, which crust and fall off. The number of lesions can vary from a few to several thousand.

Infection with monkeypox virus is usually self-limiting and most people recover within a few weeks. However, severe illness can occur in a small percentage of people.

A large proportion of cases detected in this multi-country outbreak have involved mainly, but not exclusively, men who have sex with men. NSW Health is urging people who have recently returned from overseas and have attended large parties or sex on premises venues to watch for symptoms. If symptoms appear, contact your GP or local sexual health clinic by phone or telehealth or call the NSW Sexual Health Infolink on 1800 451 624.

More information on monkeypox is available from:

- NSW Health [Monkeypox fact sheet](#)
- NSW Health [infectious disease alerts](#)

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 17 – 23 July 2022, by date received*

		Weekly		Year to date				Full Year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	248	204	5966	6934	5062	6207	11954	10008	11482
	Cryptosporidiosis	5	7	250	321	416	433	444	549	669
	Giardiasis	30	19	704	1077	1196	2194	1504	1871	3328
	Haemolytic Uremic Syndrome	1	0	3	0	1	4	0	2	4
	Listeriosis	2	1	19	13	9	6	22	20	16
	Rotavirus	11	15	248	208	383	437	356	500	1777
	Salmonellosis	38	38	1917	1988	2055	2277	3096	2883	3555
	Shigellosis	9	7	185	44	384	489	60	494	867
	Typhoid	1	1	27	2	33	41	2	37	64
Other	Monkeypox	1	7	24	0	0	0	0	0	0
Respiratory Diseases	Influenza	1784	2714	109254	56	7357	63225	124	7485	116429
	Legionellosis	8	2	148	118	89	97	213	170	153
	Tuberculosis	12	12	256	349	313	319	558	625	589
Sexually Transmissible Infections	Chlamydia	465	511	14082	16373	15349	17893	25370	27242	32475
	Gonorrhoea	234	190	5680	5151	5686	6623	7624	9882	11688
	LGV	1	2	13	21	33	29	36	44	69
Vaccine Preventable Diseases	Pertussis	2	1	28	34	1350	3460	43	1400	6386
	Pneumococcal Disease (Invasive)	21	17	271	278	192	305	387	358	690
Vector Borne Diseases	Dengue	4	0	35	1	76	260	4	76	456
	Malaria	1	2	18	3	20	32	8	25	73
	Ross River	5	3	547	550	1784	433	659	1990	595
Zoonotic Diseases	Leptospirosis	1	0	20	81	7	6	96	12	9
	Psittacosis	1	0	4	8	19	4	17	30	11
	Q fever	2	2	103	112	126	149	192	207	11

* 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.