Communicable Diseases Weekly Report

Week 32, 07 to 13 August 2022

In this report we provide information regarding, monkeypox and a summary of notifiable conditions activity in NSW over the reporting period week 32, 07 to 13 August 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, 41 cases of monkeypox have been notified in NSW up to 19 August 2022 (Table 1). All 41 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.

NSW Health has secured limited supplies of a new vaccine against smallpox called JYNNEOS. JYNNEOS has fewer side effects than the currently available smallpox vaccine (ACAM2000) and can be safely used by all groups of people, including those who are immunocompromised.

On 8 August 2022 NSW Health commenced vaccination for high-risk groups, at targeted clinics mainly in Surry Hills and Darlinghurst. Additional vaccine has also been supplied to several public funded authorised sexual health clinics across NSW. Vaccination has been targeted to those at greatest risk of severe illness and acquisition of the virus. A small allocation of this vaccine has been reserved for post exposure prophylaxis. Further doses of vaccine will become available in September 2022 which will allow vaccination to expand further.

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. In this current international outbreak transmission has mainly occurred through very close skin to skin contact with a person infected with Monkeypox (including sexual contact). Transmission is also possible by respiratory droplets in the prodromal phase and contact with clothing, linen or other contaminated items is also possible.

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 07 – 13 August 2022, by date received*

		Weekly		Year to date				Full Year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	230	238	6657	7479	5589	6833	11954	10008	11482
	Cryptosporidiosis	11	8	285	337	425	462	444	549	669
	Giardiasis	32	22	783	1144	1286	2349	1504	1871	3328
	Listeriosis	1	1	21	14	9	7	22	20	16
	Rotavirus	22	14	295	224	400	529	356	500	1777
	STEC/VTEC	2	2	83	75	59	39	126	115	79
	Salmonellosis	35	52	2041	2078	2135	2428	3097	2883	3554
	Shigellosis	8	13	214	44	400	541	60	494	867
	Typhoid	1	0	28	2	33	46	2	37	64
Other	Monkeypox	3	4	35	0	0	0	0	0	0
Respiratory Diseases	Influenza	622	976	112054	64	7393	81337	124	7485	116429
	Tuberculosis	15	10	289	372	345	351	558	625	589
Sexually Transmissible Infections	Chlamydia	377	392	15263	17608	16872	19772	25370	27241	32474
	Gonorrhoea	177	241	6303	5490	6170	7292	7623	9881	11687
Vaccine Preventable Diseases	Meningococcal Disease	1	5	17	15	13	31	23	22	59
	Pertussis	4	2	37	36	1365	3834	43	1400	6386
	Pneumococcal Disease (Invasive)	17	9	312	301	218	368	387	358	690
Vector Borne Diseases	Dengue	2	1	43	2	76	291	4	76	456
	Ross River	2	3	558	569	1820	457	659	1990	595

*** 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.