

Communicable Diseases Weekly Report

Week 36, 4 to 10 September 2022

In this report we provide information regarding invasive meningococcal disease and a summary of notifiable conditions activity in NSW over the reporting period, week 36, 4 to 10 September 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 meningococcal disease

One case of invasive meningococcal disease (meningococcal disease) was notified in this reporting week ([Table 1](#)). The case occurred in a young adult from metropolitan Sydney, and was due to meningococcal serogroup B.

Meningococcal disease is a rare, but serious and sometimes fatal acute bacterial infection caused by *Neisseria meningitidis*. Meningococcal disease cases can occur at any time of year but incidence tends to increase in late winter and early spring.

Who is at risk?

Meningococcal disease can affect anyone, but children under five (particularly those under two) and people aged 15-25 years are at most risk. Young children are at increased risk due to the naivety of their immune systems, while adolescents and young adults are at increased risk because carriage rates are highest in this age group and they are more likely to participate in activities which increase the likelihood of bacterial transmission.

Aboriginal people are also considered an at-risk group because Aboriginal people are disproportionately affected by meningococcal disease compared to non-Aboriginal people.

Symptoms of meningococcal disease

Meningococcal disease can have many symptoms, which depend on the site of the infection (the blood or the fluid surrounding the brain and spinal cord). Some of the early symptoms of meningococcal disease can be similar to those caused by viral illnesses such as gastro and the flu or COVID. With meningococcal disease, symptoms often come on suddenly, get worse quickly, and can progress to more severe, specific symptoms, including the characteristic rash, which can start as red/purple pin pricks and progresses to purple bruise like spots. The rash is non-blanching, meaning the marks do not disappear when pressed. The rash does not always appear, and often appears late in the illness.

Meningococcal disease requires rapid treatment

Meningococcal disease can become very severe, and even fatal very quickly. Up to 10% of people with meningococcal disease die, even with rapid treatment and 40% of those who survive suffer long term effects including learning difficulties, sight and hearing problems, liver and kidney failure, loss of fingers, toes, or limbs, or scarring caused by skin grafts.

Patients with meningococcal disease require urgent treatment with antibiotics, in hospital. If you think you, your child, or someone you know or care for could have meningococcal disease, seek urgent medical advice. See a doctor or call healthdirect on 1800 022 222

Even if you've already seen a doctor, if symptoms rapidly worsen, or you or your child are very unwell, go straight to your local Emergency Department.

Meningococcal vaccination

Vaccination is a key component of meningococcal disease prevention. Under the National Immunisation Program, the following groups are eligible for free meningococcal vaccine

Vaccine	Groups eligible for free vaccine
Meningococcal ACWY vaccine	All children at 12 months of age Children aged 15-19 years (via the School Vaccination Program, their GP or select community pharmacy immunisers**)
Meningococcal B vaccine	Aboriginal children < 2 years of age
Both vaccines	People with certain medical conditions that cause increased risk of infection*

*including asplenia, hyposplenia, complement deficiency and those receiving eculizumab treatment

** Registered pharmacist immunisers can now provide adolescent vaccines usually delivered via the School Program. This is to increase catch-up options available for those who may have missed their school program vaccines, due to lockdowns or school closures. The vaccine itself will be free, but a service fee may be charged.

For all other people wishing to protect themselves against meningococcal disease, the vaccines are available for purchase via prescription from your doctor. Some private health insurance companies provide rebates for privately purchased vaccines depending on your level of cover. As not all practices store all meningococcal vaccines on site, you should discuss how best to access meningococcal vaccines with your doctor.

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 alongside reports received in the previous week, year to date and in previous years (Table 1).

Table 1. NSW Notifiable conditions from 4 – 10 September 2022, by date received*

		Weekly		Year to date				Full Year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	259	251	7172	7825	5945	7229	11954	10008	11482
	Cryptosporidiosis	10	8	303	347	435	465	444	549	669
	Giardiasis	30	30	845	1169	1335	2449	1504	1871	3328
	Listeriosis	1	0	22	15	9	8	22	20	16
	Rotavirus	34	26	357	237	406	603	356	500	1777
	STEC/VTEC	3	2	88	77	60	42	126	115	79
	Salmonellosis	39	37	2117	2141	2179	2526	3097	2883	3554
	Shigellosis	18	13	246	45	406	574	60	494	867
	Typhoid	3	1	33	2	33	48	2	37	64
Other	Monkeypox	7	5	47	0	0	0	0	0	0
Respiratory Diseases	Influenza	291	400	112740	68	7413	93398	124	7485	116429
	Legionellosis	2	4	165	131	100	101	213	170	153
	Tuberculosis	14	7	314	392	365	377	558	625	589
Sexually Transmissible Infections	Chlamydia	482	429	16197	18424	17803	21006	25370	27240	32474
	Gonorrhoea	229	228	6764	5717	6517	7814	7622	9882	11687
	LGV	1	0	14	31	35	39	36	44	69
Vaccine Preventable Diseases	Meningococcal Disease	1	1	19	15	14	35	23	22	59
	Pertussis	7	4	48	37	1374	4109	43	1400	6386
	Pneumococcal Disease (Invasive)	11	21	340	314	232	401	387	358	690
Vector Borne Diseases	Barmah Forest	1	2	51	80	212	49	111	271	63
	Dengue	1	1	45	2	76	306	4	76	456
	Malaria	1	0	21	5	21	45	8	25	73
	Ross River	4	4	567	578	1837	473	659	1990	595
Zoonotic Diseases	Q fever	1	2	117	132	151	170	205	208	249

* 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.