

Communicable Diseases Weekly Report

Week 38, 18 to 24 September 2022

In this report we provide information regarding *Legionella longbeachae* and a summary of notifiable conditions activity in NSW over the reporting period 38, 18 to 24 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](#).

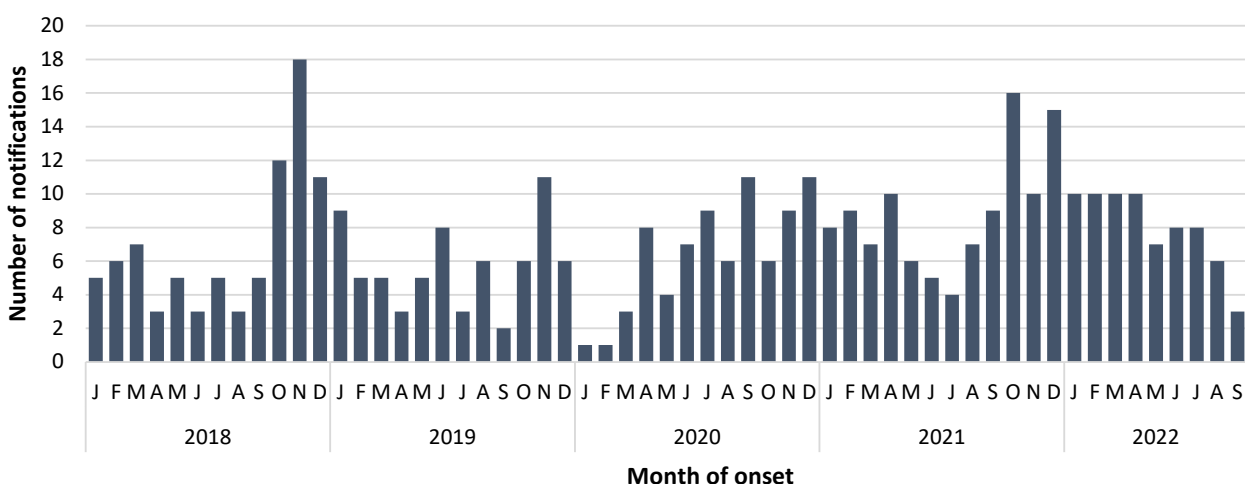
Information on notifiable conditions is available at the NSW Health [infectious diseases page](#). This includes links to other NSW Health [infectious disease surveillance reports](#) and a [diseases data page](#) for a range of notifiable infectious diseases.

Legionellosis

Legionellosis (Legionnaires' disease) is caused by infection with Legionella bacteria. The risk of infection from one particular type, *Legionella longbeachae*, tends to increase in the spring and summer months and is often linked to unprotected exposure to potting mix or similar soil-based products.

Whilst in September there were only two cases of *L. longbeachae* notified, in 2021 there was a large increase in notifications for the months of October (n=16), November (n=10) and December (n=15) – see Figure 1. Many of these cases reported prior exposure to potting mix or similar material.

Figure 1. Legionellosis (*Legionella longbeachae*) notifications in NSW residents, by month of disease onset. January 2018 to 30 September 2022.



Legionellosis is a type of pneumonia and the symptoms include fever, chills, cough and shortness of breath. Some people also have muscle aches, headache, tiredness, loss of appetite and diarrhoea. People with legionellosis often have severe symptoms and infection is associated with a 10 to 15 per cent mortality rate.

The risk of legionellosis is greater with increasing age (most cases are aged over 50 years), with smoking, and immunosuppression as a result of chronic medical conditions, cancer or taking high-dose corticosteroid medicines.

Reducing the risk in the garden

Legionellosis is not spread from person to person, but can occur from inhaling contaminated water aerosols or dust.

L. longbeachae bacteria are commonly found in the soil and they thrive in potting mix and garden compost. *L. longbeachae* infection is believed to be most commonly acquired through inhalation of dust from these contaminated products.

As gardening activities tend to increase during spring and summer this is an important time to promote awareness about the safe use of potting mix and compost. To reduce the risk of infection, people handling these products should:

- wet the material beforehand to suppress dust
- wear gloves and a protective facemask
- wash hands with soap and water after handling potting mix, mulch or soil.

Always follow the safety instructions included on potting mix packaging.

Further information

- NSW Health [Legionellosis/Legionnaires' disease website](#)
- NSW Health [Legionellosis 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 18- 24 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	229	267	8484	8488	6644	8020	12014	10054	11482
	Cryptosporidiosis	4	4	334	353	453	478	444	549	669
	Giardiasis	25	29	965	1255	1425	2631	1504	1872	3329
	Listeriosis	4	0	29	16	12	11	22	20	16
	Rotavirus	58	63	565	265	426	803	356	500	1777
	STEC/VTEC	2	1	97	82	62	46	126	115	79
	Salmonellosis	28	29	2250	2258	2280	2697	3097	2883	3554
	Shigellosis	10	14	287	46	431	626	60	494	867
	Typhoid	2	0	39	2	35	53	2	37	64
Other	Invasive Group A Streptococcus	5	2	19	0	0	0	0	0	0
Respiratory Diseases	Influenza	107	105	113369	71	7440	109450	124	7485	116429
	Legionellosis	4	4	178	141	112	116	213	170	153
	Respiratory syncytial virus (RSV)	601	972	2615	0	0	0	0	0	0
	Tuberculosis	5	15	357	427	427	411	558	625	589
Sexually Transmissible Infections	Chlamydia	489	523	18318	19836	19767	23528	25368	27239	32473
	Gonorrhoea	151	225	7571	6093	7312	8693	7621	9881	11686
Vaccine Preventable Diseases	Meningococcal Disease	1	0	21	16	16	48	23	22	59
	Pertussis	3	2	50	38	1384	4602	43	1400	6386
	Pneumococcal Disease (Invasive)	9	16	404	338	262	481	387	358	690
Vector Borne Diseases	Barmah Forest	2	1	57	88	226	52	111	271	63
	Dengue	7	3	60	2	76	333	4	76	456
	Ross River	2	8	592	607	1874	520	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.