

Communicable Diseases Weekly Report

Week 39, 25 September to 1 October 2022

In this report we provide information regarding *Mycobacterium tuberculosis* and a summary of notifiable conditions activity in NSW over the reporting period 39, 25 September to 1 October 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.

Tuberculosis

Despite the COVID-19 pandemic, tuberculosis (TB) notifications in NSW reached a twenty-year high in 2020 with 625 cases notified (approximately 156 cases per quarter). Unlike other infectious diseases with short incubation periods, there is generally a delay between TB exposure and disease activation and diagnosis. This has meant that the impact of border closures and social distancing on TB notifications was not observed until the third quarter of 2021 - when notifications in NSW began to decrease, reaching a low of 92 notifications in Quarter 1 of 2022. Notifications have recently returned to pre-pandemic levels with 159 notifications received in Quarter 3 of 2022.

[Tuberculosis](#) is a bacterial infection caused by *Mycobacterium tuberculosis*. Symptoms of TB disease include a cough lasting more than three weeks, fever, unexplained weight loss, night sweats, and tiredness. Treatment usually requires a combination of antibiotics for at least six months.

Australia has one of the lowest TB infection rates in the world. The notification rate in Australia was 6.3 cases per 100,000 people in 2020 and fell to 5.6 cases per 100,000 people in 2021. In NSW, the TB notification rate for 2020 was 7.8 per 100,000 and 6.7 per 100,000 in 2021 – the latter represents 558 persons diagnosed with TB.

The highest rates for TB in NSW are in the Western Sydney, Sydney, and South Eastern Sydney local health districts. Over 90% of NSW TB cases are in people who were born or had spent at least three months in countries with a TB incidence of at least 40 per 100,000 people per year.

Multi-drug resistant TB (MDR-TB) strains are those that are resistant to at least isoniazid and rifampicin which are two of the most effective first line TB drugs. MDR-TB presents a significant public health concern, as it limits treatment options to antibiotics with potential for more significant side effects and generally significantly extends treatment length. There were seven cases of MDR-TB notified in NSW in 2021, and five MDR-TB cases to the end of Quarter 3 2022.

The [NSW TB Program](#) includes a network of specialised TB services across the state which provide free, confidential and culturally appropriate services to ensure everyone in NSW gets the TB care they need.

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 25 September - 1 October 2022, by date received*

		Weekly		Year to date				Full Year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	265	231	8778	8654	6825	8242	12014	10054	11482
	Cryptosporidiosis	6	4	341	354	455	485	444	549	669
	Giardiasis	29	26	997	1265	1441	2677	1504	1872	3329
	Hepatitis A	1	0	21	6	18	48	8	18	61
	Hepatitis E	1	0	8	1	14	19	1	14	24
	Rotavirus	57	61	633	269	430	850	356	500	1777
	STEC/VTEC	5	1	101	85	64	47	126	115	79
	Salmonellosis	50	27	2304	2291	2306	2745	3097	2883	3554
	Shigellosis	15	10	301	46	438	642	60	494	867
Other	Invasive Group A Streptococcus	2	5	21	0	0	0	0	0	0
Respiratory Diseases	Influenza	87	107	113451	72	7445	111059	124	7484	116429
	Legionellosis	3	3	180	143	118	117	213	170	153
	Respiratory syncytial virus (RSV)	408	605	3011	0	0	0	0	0	0
	Tuberculosis	16	4	371	442	443	432	558	625	589
Sexually Transmissible Infections	Chlamydia	522	497	18890	20238	20270	24152	25368	27239	32473
	Gonorrhoea	231	152	7808	6194	7501	8912	7621	9881	11686
Vaccine Preventable Diseases	Meningococcal Disease	1	1	22	17	16	48	23	22	59
	Pertussis	3	3	53	38	1386	4724	43	1400	6386
	Pneumococcal Disease (Invasive)	16	8	419	340	263	495	387	351	690
Vector Borne Diseases	Barmah Forest	3	2	60	89	230	53	111	271	63
	Dengue	13	8	74	2	76	342	4	76	456
	Ross River	2	2	596	609	1878	527	659	1990	595
Zoonotic Diseases	Brucellosis	1	0	5	3	3	3	4	4	4
	Q fever	4	1	140	146	165	194	205	209	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.