

Communicable Diseases Weekly Report

Week 50, 11 December to 17 December 2022

In this report we provide information regarding Hepatitis A and a summary of notifiable conditions activity in NSW over the reporting period 50, 11 December to 17 December 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.

Hepatitis A

Two new case of hepatitis A infection was reported during this reporting week ([Table 1](#)). One was in an adult who acquired the infection in Lebanon. The other was an adult who acquired their infection in NSW through household contact with their sibling who had travelled to Lebanon, and was diagnosed with Hepatitis A three weeks prior.

Hepatitis A is a viral infection of the liver. Symptoms include feeling unwell, lack of appetite, aches and pains, fever, nausea, and abdominal discomfort, followed by dark urine, pale stools and jaundice (yellowing of the skin and eyes). The illness usually lasts from one to three weeks. People who experience these symptoms are advised to see their GP.

Infected people can transmit the virus to others from two weeks before the development of symptoms until one week after the appearance of jaundice. The virus is spread by the faecal-oral route, including through the consumption of contaminated food or water or by direct contact with an infected person. People diagnosed with hepatitis A should avoid preparing food or drink for other people, sharing utensils or towels, or having sex for at least one week after the onset of jaundice.

There is no specific treatment for hepatitis A and people sometimes require hospitalisation for supportive care. A safe and effective vaccine is available and people exposed to hepatitis A can be protected from developing the disease if they receive the vaccine or protective antibodies within two weeks of exposure.

Routine hepatitis A vaccination requires two doses spaced at least six months apart. This has been shown to provide high levels of protection against infection for many years. Hepatitis A vaccination is routinely recommended for people at higher risk of infection and those who are at increased risk of severe liver disease. These include travellers to countries where hepatitis A is common (most developing countries), some occupational groups, men who have sex with men, people with developmental disabilities and people with chronic liver disease.

Follow the links for NSW Health [hepatitis A notification data](#) and the NSW Health [hepatitis A fact sheet](#).

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 11 December – 17 December 2022, by date received*

		Weekly		Year to date				Full Year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	298	271	11894	11607	9527	11054	12014	10054	11482
	Cryptosporidiosis	5	6	456	432	529	642	444	548	669
	Giardiasis	22	26	1327	1476	1801	3253	1504	1872	3329
	Hepatitis A	2	2	33	8	19	59	8	19	61
	Rotavirus	150	158	1551	344	485	1651	356	500	1777
	STEC/VTEC	4	3	142	120	103	74	126	115	79
	Salmonellosis	71	80	2894	2956	2721	3427	3097	2882	3552
Shigellosis	12	9	444	58	486	838	60	494	867	
Other	Invasive Group A Streptococci	14	10	117	0	0	0	0	0	0
Respiratory Diseases	Influenza	398	312	115634	114	7475	115947	124	7481	116402
	Legionellosis	5	5	249	210	156	149	214	171	154
	Respiratory syncytial virus (RSV)	134	158	5375	0	0	0	0	0	0
	Tuberculosis	15	10	506	546	590	570	558	625	589
Sexually Transmissible Infections	Chlamydia	517	571	25045	24811	26129	31587	25302	27231	32473
	Gonorrhoea	185	195	9896	7446	9513	11348	7621	9881	11686
Vaccine Preventable Diseases	Meningococcal Disease	1	2	32	23	20	58	23	22	59
	Pertussis	2	1	79	43	1399	6204	43	1400	6386
	Pneumococcal Disease (Invasive)	12	9	529	377	321	664	386	343	690
Vector Borne Diseases	Barmah Forest	2	0	87	108	270	62	111	271	63
	Dengue	5	9	160	4	76	448	4	76	456
	Malaria	1	2	41	8	24	69	8	25	73
	Ross River	8	6	706	647	1971	586	659	1990	596
Zoonotic Diseases	Q fever	1	2	189	199	207	243	206	212	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.