

# Communicable Diseases Weekly Report

## Week 11, 12 March to 18 March 2023

In this report we provide information regarding World TB Day 2023, shigellosis, and a summary of notifiable conditions activity in NSW over the reporting period Week 11, 12 March to 18 March 2023.

For surveillance data on COVID-19 and influenza please see the latest [NSW Respiratory Surveillance Report](#).

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.

## World TB Day 2023

Friday 24 March 2023 marks World TB Day. World TB Day aims to raise public awareness about the devastating health, social and economic impacts of tuberculosis (TB), and to increase efforts to end TB, which remains a slowly progressing epidemic in much of the world. To view information on World TB Day 2023 campaigns, see [the World Health Organization](#) (WHO) and [Stop TB Partnership](#).

On this day in 1882, Dr Robert Koch discovered the bacteria that causes TB, which at the time was causing the deaths of one in seven people in Europe and the Americas. His discovery paved the way towards diagnosing and curing TB.

The global theme this year “Yes! We can end TB” aims to inspire hope and encourage high-level leadership, increased investments, faster uptake of new WHO recommendations, adoption of innovations, accelerated action, and multisectoral collaboration to combat the TB epidemic. The spotlight of World TB Day is on urging countries to ramp up progress in the lead-up to the 2023 United Nations high-level meeting on TB. WHO has also issued a call to action with partners urging Member States to accelerate the rollout of the new WHO-recommended shorter all-oral treatment regimens for drug-resistant TB. We must build on the amazing work done in 2022 by many TB high incidence countries to recover from the impact of COVID-19 pandemic while ensuring access to new diagnostics, new treatment regimens, digital technology and artificial intelligence for the TB response.

TB is a bacterial infection caused by *Mycobacterium tuberculosis* complex. 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 special antibiotics for at least six months.

Australia has one of the lowest TB infection rates in the world. In 2022, there were 529 cases of TB disease notified in NSW, a notification rate of 6.5 cases per 100,000 people. The highest population rates for TB are in the Western Sydney, Sydney, and South Eastern Sydney Local Health Districts. Over 90% of these cases are diagnosed in people who were born or had spent significant amounts of time in countries with a high prevalence of TB.

Multi-drug resistant TB (MDR-TB) strains are those that are resistant to two of the most effective first line TB drugs. MDR-TB presents a significant public health concern, and treatment courses have historically been long (18-24 months) and often cause significant side effects. However, recent WHO guidelines now include options for shortened regimens (6-9 months) for selected cases. There were nine cases of MDR-TB notified in NSW in 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.

Further information

- [NSW Health Tuberculosis epidemiology reports page](#)
- [NSW Health Tuberculosis notifications data](#)

## **Shigellosis**

A total of 20 notifications of shigellosis were received in this reporting week ([Table 1](#)). Four (20%) have been confirmed by culture, of which three were typed as *Shigella sonnei* and one as *Shigella flexneri*. The remaining 16 notifications were detected by polymerase chain reaction (PCR).

All four cases that were confirmed by culture were men who have sex with men (MSM) who most likely acquired the infection in the Sydney region. Multidrug resistant (MDR) *Shigella* strains in MSM are increasing in NSW, with many isolates resistant to cotrimoxazole, ampicillin/amoxicillin and azithromycin. However, most isolates remain susceptible to either ciprofloxacin or ceftriaxone.

Symptoms of shigellosis usually start one to three days after exposure and include diarrhoea (often containing mucous and/or blood), fever, nausea, vomiting and abdominal cramps. The illness usually resolves in five to seven days. Some people who are infected may not have any symptoms but may still pass the *Shigella* bacteria to others.

Shigellosis is easily transmitted from person to person by the faecal-oral route, as only a small number of organisms are needed to cause illness. Strict personal hygiene is necessary to prevent person to person spread, which occurs if hands are not washed properly or if a contaminated object or body part comes in contact with another person's mouth.

People with shigellosis can have the bacteria in their faeces and so remain infectious for weeks after their symptoms have resolved.

Certain types of sexual activity, such as anal sex, help spread shigellosis from person to person.

Shigellosis can be prevented by thorough hand washing after any possible exposures to human faecal material, including after toileting, changing nappies and sexual activity. People who have diarrhoea should not have sex where there is any contact with the anus for seven days until after their symptoms have resolved.

People with *Shigella* infection are usually prescribed antibiotics by their doctor to reduce the severity and length of illness. Antibiotics may also shorten the time for which the person is infectious to others. Since MDR *Shigella* strains are now increasingly common, antibiotic choice should be determined by testing results.

Globally, shigellosis is commonly acquired from eating food contaminated by poor hand hygiene or by flies that have been in contact with human waste. People travelling to countries where shigellosis is common should avoid uncooked foods, including fruit and vegetables unless washed and peeled by the person themselves, and drink only bottled, boiled or treated water.

**Further information**

- [Multi-drug resistant \*Shigella\* update for clinicians – March 2023](#)
- [NSW Health shigellosis factsheet](#) and [Shigellosis notifications 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 12 March - 18 March 2023, by date received\***

		Weekly		Year to date					Full Year			
		This week	Last week	2023	2022	2021	2020	2019	2022	2021	2020	2019
Enteric Diseases	Campylobacter	201	252	2858	2658	3106	2848	2741	12900	12790	10819	11930
	Cryptosporidiosis	10	13	148	84	194	272	257	463	444	548	669
	Giardiasis	65	58	529	272	460	708	1010	1389	1548	1953	3386
	Listeriosis	1	0	8	2	4	2	2	33	22	20	16
	Paratyphoid	2	0	15	2	0	12	21	12	1	17	39
	Rotavirus	61	41	803	86	61	282	158	1803	356	500	1777
	STEC/VTEC	2	5	40	26	31	32	23	144	126	115	79
	Salmonellosis	67	72	879	907	1073	1289	1124	2967	3100	2885	3552
	Shigellosis	20	19	219	54	20	310	197	460	60	494	867
Typhoid	3	4	29	9	0	26	28	47	2	37	64	
Other	Invasive Group A Streptococcus	9	13	144	0	-	-	-	144	-	-	-
Respiratory Diseases	Influenza	573	621	4478	150	14	6439	5987	116314	124	7481	116402
	Legionellosis	3	8	53	59	61	26	45	268	214	171	154
	Respiratory syncytial virus (RSV)	817	695	4246	1	-	-	-	5669	-	-	-
	Tuberculosis	10	6	127	78	117	105	116	529	559	625	589
Sexually Transmissible Infections	Chlamydia	697	594	6971	5051	6749	7302	7086	25854	25309	27229	32474
	Gonorrhoea	241	255	2694	1915	2064	2524	2508	10228	7626	9880	11686
	LGV	2	0	9	3	8	23	14	29	36	44	69
Vaccine Preventable Diseases	Meningococcal Disease	1	0	9	3	4	6	9	36	23	22	59
	Mumps	1	0	4	0	3	31	16	24	6	56	59
	Pertussis	2	0	21	8	6	929	1394	81	44	1400	6387
	Pneumococcal Disease (Invasive)	12	4	82	39	73	90	74	536	386	342	686
Vector Borne Diseases	Barmah Forest	1	3	36	21	34	26	13	89	111	271	63
	Dengue	5	8	64	5	1	57	102	164	4	76	456
	Malaria	2	0	31	4	2	11	15	42	8	25	73
	Ross River	6	12	127	354	260	49	144	725	660	1990	596
Zoonotic Diseases	Q fever	3	4	37	47	57	60	73	197	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.
- Surveillance data on COVID-19 can be found in the [NSW Respiratory Surveillance Report](#).
- 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.