

Communicable Diseases Weekly Report

Week 19, 7 to 13 May 2023

In this report we provide information regarding hepatitis A and a summary of notifiable conditions activity in NSW over the reporting period Week 19, 7 to 13 May 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.

Hepatitis A

Three new cases of hepatitis A infection were reported during this reporting week, with 33 cases reported year to date ([Table 1](#)). Most cases have acquired their infection while travelling overseas or from family members who have recently travelled overseas from countries including Pakistan, India, Lebanon, and Bangladesh.

What is hepatitis A?

- 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.

How can I protect myself or family from hepatitis A?

- 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.
- People travelling overseas should visit their GP or travel clinic at least four weeks before travel to confirm they are up to date with the vaccinations recommended for their destinations, and to allow time to be immunised against vaccinations they may be missing.
- International travellers should be alert to symptoms of serious infectious diseases such as hepatitis A both during and after their return from travel.

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 7 to 13 May 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	236	227	4848	4385	5219	4020	4456	13346	13015	11052	12071
	Cryptosporidiosis	11	14	232	170	246	363	363	463	444	548	669
	Giardiasis	59	48	945	492	797	1007	1624	1410	1585	1986	3420
	Hepatitis A	3	0	33	8	0	18	35	37	8	19	61
	Listeriosis	2	0	15	14	8	6	4	33	22	20	16
	Rotavirus	33	23	1114	143	120	324	251	1802	356	500	1777
	STEC/VTEC	4	4	75	50	50	41	28	144	126	115	79
	Salmonellosis	44	71	1395	1478	1513	1680	1774	2967	3100	2885	3552
Shigellosis	15	12	337	93	35	356	331	460	60	494	867	
Typhoid	1	2	42	13	0	32	33	47	2	37	64	
Other	Invasive Group A Streptococcus	12	12	234	0	-	-	-	142	-	-	-
	Monkeypox	1	1	2	0	-	-	-	56	-	-	-
Respiratory Diseases	Influenza	1265	951	12618	8869	26	7236	12302	116315	125	7481	116402
	Legionellosis	7	2	92	102	92	65	70	268	216	171	154
	Respiratory syncytial virus (RSV)	1339	1456	15732	1	-	-	-	5669	-	-	-
	Tuberculosis	5	14	209	164	222	200	201	526	558	625	589
Sexually Transmissible Infections	Chlamydia	583	662	11702	9079	11273	10724	11886	25857	25298	27214	32466
	Gonorrhoea	218	279	4542	3575	3526	3872	4373	10228	7625	9860	11671
	LGV	1	2	16	7	16	32	20	29	36	44	69
Vaccine Preventable Diseases	Haemophilus influenzae type b	1	0	1	0	4	1	2	2	9	6	11
	Meningococcal Disease	4	0	14	5	6	8	10	36	23	22	59
	Pertussis	5	6	47	13	20	1242	2307	81	44	1400	6387
	Pneumococcal Disease (Invasive)	13	7	155	96	138	129	145	533	386	342	686
	Rubella	1	0	1	1	0	0	9	1	1	1	9
Vector Borne Diseases	Barmah Forest	1	3	52	39	56	83	29	89	111	271	63
	Dengue	5	4	120	20	1	75	172	170	4	78	460
	Ross River	10	4	187	477	442	905	297	725	661	1990	596
Zoonotic Diseases	Q fever	2	2	54	81	88	85	120	197	209	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.