

Communicable Diseases Weekly Report

Week 9, 26 February to 4 March 2023

In this report we provide information regarding travel health and a summary of notifiable conditions activity in NSW over the reporting period Week 9, 26 February to 4 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.

Travel health

Staying safe and healthy while travelling

Many people will be preparing to travel within Australia and overseas during the Easter holidays. In some parts of Australia, including NSW, and in many other countries, travellers have a higher risk of being exposed to diseases that are not common in the area they live and work.

The risk of communicable diseases can be reduced by being prepared and taking precautions when travelling.

Be prepared and have a plan

Individuals are advised to research their destination and any health risks before travelling. [Smartraveller.gov.au](#) and the [Australian Immunisation Handbook](#) are useful resources for information about travel related risks and vaccination recommendations. Smartraveller allows individuals to subscribe for country updates while abroad.

People intending to travel overseas should make an appointment to see their GP or travel doctor well before the departure date. This gives an opportunity to discuss general health and allows enough time to have vaccinations related to the trip, such as boosters for routine vaccinations and special vaccinations for specific destinations, and for malaria prophylaxis to be commenced if recommended.

Travel insurance should always be purchased.

Pack a travel health kit

Travellers should pack enough medication (in original packaging) for their trip in their carry-on and carry a doctor's note explaining what it is for. Sunscreen, insect repellent, alcohol-based hand sanitizer, first aid supplies, oral rehydration, and condoms are also essential items for a travel health kit.

Avoid food-borne and water-borne diseases

Common infections acquired by travellers include those that follow ingestion of contaminated food, water or other drinks. Travellers can reduce their risk by drinking boiled, bottled, or treated water, avoiding ice cubes, fresh salads and raw vegetables, eating food that is served hot, peeled or cooked, washing or sanitising hands often and avoiding contact with water or soil that may be contaminated with urine or stools. Travellers may need to avoid swimming or wading in any fresh water (lake, rivers, streams) in some places.

Prevent mosquito bites

Mosquito-borne infections, such as chikungunya, dengue, malaria and Zika virus are important causes of fever in Australian travellers returning from areas where these infections are prevalent. Tropical climates like Asia, Africa, Central America and the Pacific are higher risk.

Women who are pregnant or planning to become pregnant should speak to their doctor about the risk of Zika virus in the location they are planning to travel to, as this can be harmful to pregnant people.

Travellers who visit countries where yellow fever is present will need to have a valid yellow fever vaccination certificate to re-enter Australia. Airlines may also ask to see the certificate before boarding.

Mosquitoes are also prevalent in Australia and can cause mosquito-borne diseases such as Ross River Virus (RRV), Barmah Forrest Virus (BF) and more recently [Japanese encephalitis](#) (JE) and [Murray Valley encephalitis](#) (MVE).

The best protection from mosquito-borne disease is to avoid being bitten. Travellers should wear light, loose-fitting long-sleeved shirts and pants and covered footwear and socks at all times, and especially around dusk and dawn. An effective insect repellent containing Diethyl Toluamide (DEET) picaridin, or oil of lemon eucalyptus (OLE) (also known as Extract of Lemon Eucalyptus) should be regularly used and re-applied when in regions where these infections occur. [Other methods to avoid mosquitoes can be used](#). Travellers should talk to their GP about which vaccines and medicines are available against mosquito-borne illnesses.

Travel vaccinations

Individuals should speak with their doctor or pharmacist about their travel plans early so destination specific advice can be given. This is because vaccines take some time (usually 2-4 weeks, but up to 6-8 weeks for some vaccines) to provide protection. It is recommended travellers are up to date with vaccinations for COVID-19, measles, rubella, diphtheria, and pertussis. Other vaccinations may also be recommended before going overseas, such as for hepatitis A and typhoid fever.

Anyone born during or after 1966 who has never had measles infection should see their doctor to make sure that they have had two doses of measles vaccine at least four weeks apart. If documented evidence of measles immunity is unavailable it is safe to have the vaccine more than twice, so people who are unsure should get vaccinated.

If a child aged 6-18 months is going to areas at high risk for measles the measles vaccine schedule can be adjusted.

Be careful around animals

Animals carry many infections that can be passed to humans. Travellers should avoid handling any animals, including pets.

Rabies, for example, is transmitted by a bite or scratch from an infected animal. It is common in many parts of the world and can be carried by mammals, including dogs, monkeys, cats and bats. Travellers should be particularly aware of the risk of rabies exposure in many parts of the world, including popular tourist destinations in Indonesia (including Bali), in Malaysia (including Sarawak) and Thailand.

Travellers can get vaccinated against rabies before they go overseas to reduce their risk. Avoiding contact with sick animals, washing hands well after contact with animals and avoiding raw or undercooked meat or animal products is also recommended.

If a traveller is bitten, scratched, or licked on an open wound by an animal appropriate first aid should be used, including washing the wound well with soap and water for at least 10 minutes, using an antiseptic solution such as povidone-iodine (eg: Betadine®) to help prevent infection and seeking rapid medical advice regarding the prevention of rabies, tetanus, and bacterial infection.

Practise safe sex

Travellers should consider getting a comprehensive STI screen before they travel. STIs may be more common in some countries than in Australia and if individuals are sexually active while overseas a STI screen on return to Australia is recommended.

Using condoms to practise safer sex reduces the risk of getting STIs such as gonorrhoea, chlamydia, syphilis, and HIV.

Some people may benefit from HIV PrEP (pre-exposure prophylaxis). GP or [Sexual Health Clinic](#) can assess a travellers risk before departure.

Mpox (monkeypox) is still prevalent in some countries. A vaccine is available for people at higher risk of monkeypox. An [online booking system](#) is available.

For more information on a specific infection see the [NSW Health Infectious Diseases Fact Sheets](#) website.

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 26 February to 4 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	223	238	2414	2161	2561	2390	2271	12900	12790	10819	11930
	Cryptosporidiosis	10	12	125	67	176	227	213	463	444	548	669
	Giardiasis	58	49	398	211	346	579	813	1389	1548	1953	3386
	Hepatitis A	2	2	17	3	0	16	18	37	8	19	61
	Hepatitis E	1	0	3	0	0	5	2	7	1	14	24
	Listeriosis	1	0	7	2	2	2	2	33	22	20	16
	Paratyphoid	1	1	12	1	0	9	17	12	1	17	39
	Rotavirus	47	60	693	65	54	265	124	1811	356	500	1777
	Salmonellosis	65	80	736	719	897	1083	946	2967	3100	2885	3552
	Shigellosis	24	25	177	37	14	272	172	460	60	494	867
	STEC/VTEC	6	5	33	20	25	22	19	144	126	115	79
	Typhoid	5	4	22	6	0	24	26	47	2	37	64
Other Diseases	Invasive Group A Streptococcus	8	14	117	0	-	-	-	144	-	-	-
Respiratory Diseases	Influenza	463	370	3241	51	13	5477	4646	116315	124	7481	116402
	Legionellosis	2	5	39	49	50	22	40	268	214	171	154
	Respiratory syncytial virus (RSV)	640	467	2652	1	-	-	-	5669	-	-	-
	Tuberculosis	15	9	107	64	99	88	89	529	559	625	589
Sexually Transmissible Infections	Chlamydia	630	564	5614	3932	5383	6249	5785	25853	25310	27233	32474
	Gonorrhoea	257	254	2177	1511	1686	2213	2020	10227	7625	9880	11686
Vaccine Preventable Diseases	Pneumococcal Disease (Invasive)	5	9	67	31	57	77	59	544	386	342	686
Vector Borne Diseases	Barmah Forest	3	5	32	18	24	15	12	89	111	271	63
	Chikungunya	1	0	2	0	0	6	5	7	0	8	35
	Dengue	6	6	49	4	1	48	83	165	4	76	456
	Malaria	1	9	29	4	2	8	12	42	8	25	73
	Ross River	10	7	107	314	189	41	99	725	660	1990	596
Zoonotic Diseases	Leptospirosis	1	0	3	5	6	2	3	44	96	12	9
	Psittacosis	2	0	3	0	2	1	2	18	18	30	11

* 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.