

Surveillance Update

Issued: March 2024

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Pertussis

- There have been 2 notifications of pertussis in school-aged children in Darwin in the last fortnight. They were not epidemiologically linked and had not recently travelled interstate. This is an indicator that pertussis may now be circulating in communities in the NT.
- Pertussis has been increasing in 2024 throughout Australia, particularly in Queensland and New South Wales. Pertussis epidemics generally occur every 3 to 4 years, however the number of pertussis notifications has remained relatively low in Australia since 2019.
- Pertussis is a highly infectious respiratory disease, caused by the bacteria *Bordetella pertussis*. It is characterised by a 'whooping' cough which can last for weeks, and it can cause severe illness in children under 12 months old.
- Most hospitalisations and deaths from pertussis occur in babies and young children who are not old enough to have received all their scheduled vaccine doses. Antibiotic prophylaxis is recommended for high-risk contacts of a case of pertussis, which includes children under 6 months of age, people who may transmit pertussis to children under 6 months of age including parents/caregivers, childcare staff, and healthcare staff working in maternity and neonatal units, and women in their final month of pregnancy.
- Testing for pertussis is recommended for patients presenting with cough prior to starting antibiotics. People with pertussis should stay home from school, childcare, or work until they have completed 5 days of appropriate antibiotics, or for 3 weeks from the onset date of coughing.
- The best protection against pertussis in the community is to be up to date with vaccinations. Check your patient's vaccination status, and update them per the recommended schedule: [Pertussis \(whooping cough\) | The Australian Immunisation Handbook \(health.gov.au\)](#)
- Follow this link for more information: [Pertussis – General Practitioner factsheet \(nt.gov.au\)](#)

Respiratory viruses increasing

- From December of 2023 until recently there has been a steady decrease in the number of COVID-19 and influenza notifications in the NT. Notifications for RSV, however, have continued to increase during 2024, and have reached a peak this month (see Figure).
- High levels of circulating RSV infections in the community are often a prelude to an increase in influenza infections and March has seen a rise in notifications of influenza, with a 53% increase in the last fortnight. Most of these notifications have been influenza A.

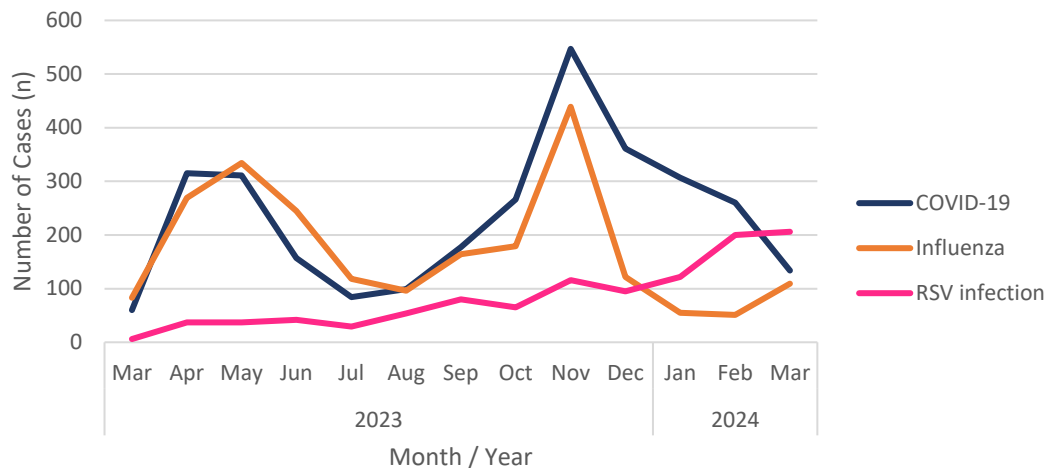


Figure: Total notifications of COVID-19, influenza, and RSV in the NT between 1 March 2023 and 26 March 2024

- With increasing respiratory diseases circulating in the community, it is important to remind patients of the following measures to protect themselves, their families, and their communities:
 - **Stay home** from childcare, school, or work until symptoms have resolved
 - **Do not visit** places where there may be vulnerable people while sick (e.g. nursing homes)
 - **Wash hands** frequently and immediately dispose of used tissues
 - **Get vaccinated** – 2024 influenza vaccinations will become available in early April, updated advice has been provided for COVID-19 boosters, and vaccines against RSV have been approved this year for people over the age of 60 years.
- More information on vaccination is available from:
 - [COVID-19 vaccine advice and recommendations for 2024 \(health.gov.au\)](https://www.health.gov.au/health-topics/immunisation/vaccines-and-vaccinations/covid-19)
 - [2024 National Immunisation Program influenza vaccination \(health.gov.au\)](https://www.health.gov.au/health-topics/immunisation/vaccines-and-vaccinations/influenza)
 - [Statement on the Clinical use of RSV vaccine in older adults in Australia \(health.gov.au\)](https://www.health.gov.au/health-topics/immunisation/vaccines-and-vaccinations/rsv)
- To assist in national syndromic surveillance of respiratory viruses we encourage staff, clinicians and their patients to participate in FluTracking, an initiative by researchers from Hunter New England Health and the University of Newcastle (funded by the Department of Health and Aged Care). The survey takes 20 seconds or less to complete each week, and helps monitor symptoms of respiratory diseases in Australia in real-time. Find out more and register at: www.flutracking.net

Mosquito-borne diseases

- Mosquito numbers are currently high and are likely to remain high through till May/June due to the recent rain and flooding. This presents a risk to Territorians for mosquito-borne diseases.
- There has also been an increasing number of mosquito-borne diseases in returned international travellers in the NT.
 - There have been 11 notifications of dengue fever in returned travellers from overseas in 2024 to-date. Of these 10 were acquired in Indonesia (9 in Bali, 1 in Java), and 1 was acquired in Timor-Leste. One case required hospitalisation.
 - People who have been diagnosed with dengue should not travel to Tennant Creek until their symptoms have resolved. *Aedes aegypti*, the mosquito that can carry dengue, has

been detected in Tennant Creek and the dengue mosquito elimination program is currently ongoing to eliminate this vector. Until *Aedes aegypti* is eliminated, there remains a risk of establishing the dengue virus in these mosquitoes if a person viraemic with dengue is bitten.

- With increased travel expected across the Easter holiday period, it is important for clinicians to remember to take a travel history for patients presenting with fever, rash, or muscle and joint pains.
- Many mosquito-borne diseases can cause these symptoms – some may be acquired in Australia, overseas, or both. They include dengue, Ross River virus, Barmah Forest virus, Murray Valley Encephalitis, Japanese Encephalitis, chikungunya, kunjin, and malaria. Please include mosquito-borne diseases in your differential diagnoses.
- More information on mosquito-borne diseases can be found here: [Public health and notifiable diseases | NT Health](#)

This update was prepared by Dr Hayley Dyke (Head of the Surveillance Unit), Dr Hayley Pearson (Senior Epidemiologist), and NT CDC staff. We encourage NT health staff to circulate this to their clinical colleagues.

Contact: View all CDC units NT wide at the [NT Health website](#).