



NORTHERN  
TERRITORY  
GOVERNMENT

# Centre for Disease Control

NT HEALTH

## Surveillance Update

Issued: October 2024

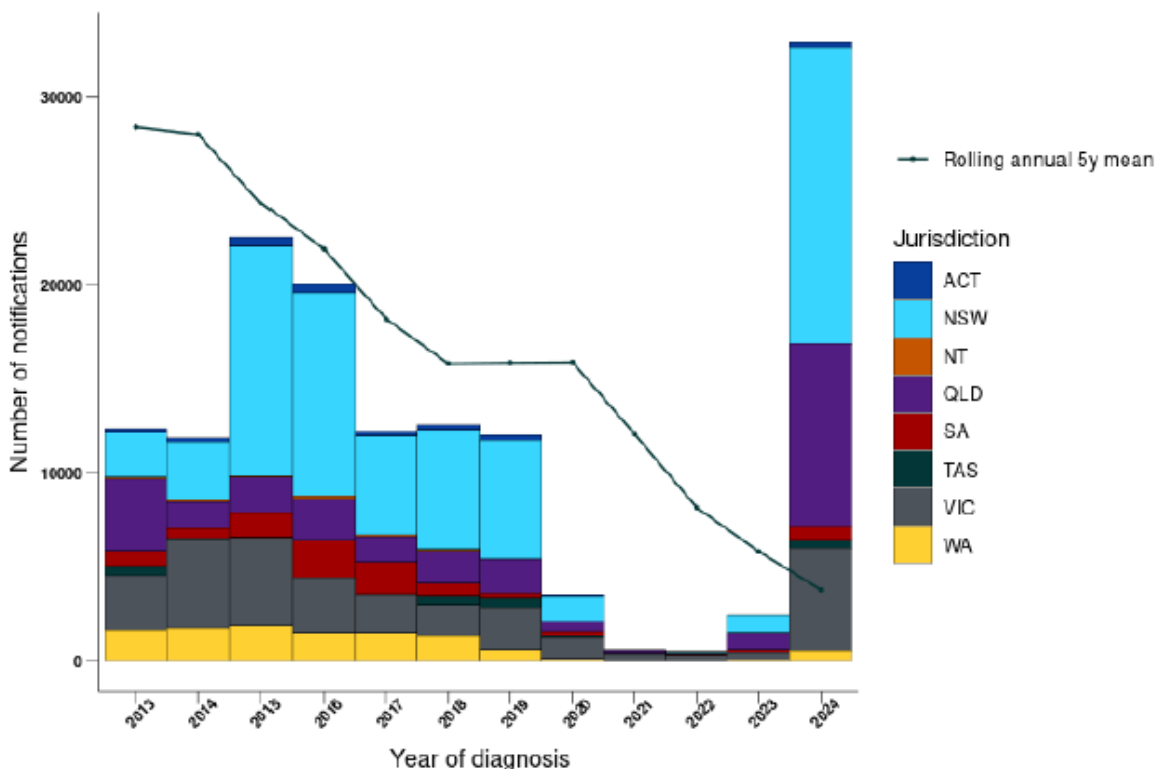
### In this issue:

- Pertussis
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### Pertussis

- There has been a huge surge in pertussis across Australia, with well over 30,000 notifications nationally this year to-date; mostly in NSW, Vic and Qld. Due to low pertussis notifications during the COVID-19 pandemic, decreased vaccination coverage and waning community immunity, the outbreak potential for pertussis is high.

**Figure 1: Pertussis notifications and rolling five-year mean by jurisdiction and year of diagnosis, Australia, 2013–2024**



- The NT has had 36 notifications of pertussis year-to-date, with 6 in the last fortnight. Cases are now occurring in infants and school aged children in the NT, with further cases expected in young children.
- Pertussis is a highly infectious respiratory disease, caused by the bacteria *Bordetella pertussis*. It causes severe bouts of coughing. Often the cough is characterised by a 'whooping' sound and can last for weeks, however adults are less likely to have this characteristic 'whoop'.
- Most hospitalisations and deaths from pertussis occur in babies and young children not old enough to have received all their scheduled vaccine doses. For adults it can cause significant ill health including debilitating persistent cough for up to 3 months and, profound sleep disturbance.
- Antibiotic prophylaxis is recommended for some people exposed to pertussis, including children under 6 months of age, and those who may transmit pertussis to children under 6 months of age.
- Testing for pertussis is recommended (PCR testing is preferred) 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 is to be up to date with vaccinations. Check your patients' vaccination status and update them per the recommended schedule, which **importantly includes antenatal vaccination from 20 weeks gestation for each and every pregnancy**: [Pertussis \(whooping cough\) | The Australian Immunisation Handbook \(health.gov.au\)](#)
- Follow this link for more information: [Pertussis – General Practitioner factsheet \(nt.gov.au\)](#)

## Mpox

- There have been 4 mpox cases notified in the NT in 2024, with 3 cases notified in the last fortnight; of these 3 cases, 2 acquired their infection interstate and one in Darwin. All were clade II. To-date, none have resulted in onward spread.
- There have been over 1,000 cases of mpox notified in Australia since the beginning of the global outbreak in 2022, and September 2024 saw a surge in cases with over 350 cases notified in that month alone. There have been multiple outbreaks in Vic, NSW and Qld with clusters linked to sex-on-premises venues and private parties. All cases in Australia to-date have been clade IIb mpox. Mpox virus is spread through close contact with sores, bodily fluids, and contaminated objects. This may occur during sexual activities, but can also occur through other types of physical contact and via e.g. contaminated linen.
- The World Health Organization (WHO) declared mpox a public health emergency of international concern (PHEIC) on [14 August 2024](#) in response to a surge in mpox clade 1 disease and a new variant clade 1b.
- Symptoms include a distinctive rash, lesions, ulcers, swollen lymph nodes, fever, headaches, muscle aches, and fatigue. Rashes and lesions often begin in the genito-anal areas, but may also involve the face, body, hands and feet, and inside the mouth. Some cases may also present with proctitis. Symptoms of mpox may closely resemble other diseases such as syphilis, herpes, chicken-pox, scabies, molluscum, or other skin infections. It is important to take a travel and sexual history from patients presenting with these symptoms.
- Call ahead to the laboratory to let them know if you are sending samples for mpox testing, and contact the NT CDC to alert them to suspected, probable and confirmed cases.
- Vaccines are available to protect against mpox and can be easily accessed from Clinic 34 sexual health clinics across the NT. For more information visit [Mpox \(monkeypox\) vaccines | Australian Government Department of Health and Aged Care](#)

- The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) have compiled information and resources for mpox, including education resources, webinars, clinical management tools and important links. Visit [Mpox \(monkeypox\) | ASHM Health](#)

## Melioidosis season starts

- There were 72 cases of melioidosis notified between October 2023 and September 2024 which is 36% higher than the previous 5 year wet-season mean.
- The wet season increases the risk of melioidosis, a disease caused by the bacterium *Burkholderia pseudomallei*. The bacteria lives in the soil and comes to the surface after heavy rain.
- The most common exposure is from contaminated soil or water entering cuts or scratches, however infection can follow exposure to contaminated aerosols or the outside air following heavy rain or during windy conditions.
- Be on the alert for melioidosis in patients who present with unexplained fever or community acquired pneumonia – particularly in those who may be immunocompromised by: diabetes, heavy alcohol consumption (including binge drinking), renal or lung disease, immunosuppressive therapy, or cancer. Melioidosis can also present as non-healing ulcers so ensure non-healing ulcers are swabbed and MCS requested.
- All patients with confirmed melioidosis, require hospital treatment and infectious diseases specialist consultation.

## Protect yourself from melioidosis

- Wear shoes during the wet season
- Wear gloves when working outside
- Wear a mask when using a high pressure hose
- Stay indoors during storms
- Take it easy with alcohol







For more information visit [health.nt.gov.au](http://health.nt.gov.au) or web search 'melioidosis fact sheet'

- Advise patients with risk factors to stay inside during windy, rainy conditions; to protect their skin from cuts and sores; and wear gloves and waterproof footwear while working in the garden or with soil. For further information follow the link: [Melioidosis](#)

This update was prepared by Anthony Draper (Senior Epidemiologist [OzFoodNet] Surveillance and Response Unit) 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](#)