



NORTHERN
TERRITORY
GOVERNMENT

Centre for Disease Control

NT HEALTH

Surveillance Update

Issued: November 2024

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Cryptosporidiosis cases increasing

- High numbers of cryptosporidiosis ('crypto') cases have been notified across Australia in 2024.
- Although the NT would expect around 100 cases by this time of year, there have been 54 cases of cryptosporidiosis recorded in the NT in 2024 to-date. However, numbers are now increasing with the recent hotter weather.
- Cryptosporidiosis is caused by the parasite *Cryptosporidium* and is spread when infected faeces contaminate food, water or objects and then are ingested by another person. In the NT, typically around half of cases are in children aged under 5 years.
- *Cryptosporidium* is also relatively resistant to chlorine disinfection and outbreaks associated with public swimming pools are common – many of the outbreaks interstate this year have been associated with public pools.
- The most common symptom is watery diarrhoea which often occurs with stomach cramps. The best strategy for preventing cryptosporidiosis is good hygiene. People should not attend childcare, school or work until at least 24 hours after symptoms have ceased. Additionally for cryptosporidiosis, patients should not swim, wade or paddle in public pools for at least **2 weeks** after diarrhoea has ceased.
- If you see 2 or more cases of diarrhoea in a group of people (e.g. in a childcare centre or aged care facility), you should notify your local NT Centre for Disease Control (CDC).
- For more information on cryptosporidiosis please go to [Healthdirect](#)

Pertussis cases continue

- 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.
- The NT has had **57** notifications of pertussis year-to-date, with 25 cases notified since the beginning of October, 4 of whom were infants less than 1 year old.

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- Most cases (63%) have been in children less than 18 years old – 15% of all cases have been aged less than 1 year old, an age group most at risk of severe disease.
- 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.
- 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](#)
- 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.
- Antibiotic prophylaxis is recommended for some people exposed to pertussis, including infants under 6 months of age, and for contacts who may transmit pertussis to infants under 6 months of age.
- Follow this link for more information: [Pertussis – GP factsheet](#), or contact your local CDC unit for assistance.

Summer season messaging

- As the wet season approaches for summer in the NT, there are some important diseases for practitioners to keep in mind.

Melioidosis

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

Mosquito-borne diseases

- Mosquito numbers increase following rain – there has been an increase in mosquitoes recently in the Top End. This presents a risk to Territorians for mosquito-borne diseases.
- Some mosquito-borne diseases can be acquired in the NT, and include Ross River virus, Barmah Forest virus, Murray Valley encephalitis, Japanese encephalitis, and Kunjin virus. Other diseases, such as dengue virus, Zika virus, chikungunya and malaria may be acquired outside of NT while travelling.
- With increased travel expected across the holiday period, it is important for clinicians to remember to always take a travel history, and remember to keep mosquito-borne diseases in mind for patients presenting with fever, rash, or muscle and joint pains.
- The best defence against mosquito-borne diseases is to prevent mosquito bites. For further information follow this link: [Protection against mosquitoes](#)

Food safety

- Preparing and storing food safely can be a challenge across the summer months.

- Food-borne illness can be caused by bacteria such as *Salmonella*, *Campylobacter*, and *E. coli* in foods which are not refrigerated properly and/or undercooked. It is important to always check the use-by dates on foods, ensure food is stored properly, and thoroughly wash (if eaten raw) or cook foods.
- See here for advice from the Food Safety Information Council on preventing food-borne illness during the holiday season: [Entertaining and Christmas - Food Safety](#)
- Most food-borne illnesses are self-limiting and most people recover, however some people may become significantly unwell. Public Health action may be required to prevent further cases, so if you see 2 or more cases of diarrhoea and/or vomiting in a group of people you should notify your local NT CDC unit. Testing of stool samples (where possible) is encouraged as it is helpful for investigating outbreaks and giving public health advice.
- To report concerns about food safety in a restaurant, takeaway, event, market, or other public source, contact Environmental Health on envirohealth@nt.gov.au

This update was prepared by Dr Hayley Dyke (Head of Surveillance and Response) 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](#)