



Centre for Disease Control

NT HEALTH

Surveillance Update

Issued: June 2024

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Pertussis is in the NT

- There have been 12 notifications of pertussis across late May and June in the NT. Of these, 4 cases were in high-school aged children boarding interstate, the remaining 8 cases were acquired in the NT. This brings the total notifications for pertussis to 16 this year to-date.
- The majority of cases (57%) have been in school-aged children between 10 and 17 years old. One case was an infant less than 1 year old. 2 cases (1 adult and 1 child) required hospitalisation.
- Almost all cases (94%) either had their last pertussis-containing vaccine more than 4 years prior, or had not had a vaccine.
- Pertussis has been increasing in 2024 throughout Australia, with over 12 000 notifications nationally this year to-date, mostly in NSW and Queensland. Due to low pertussis notifications during the COVID-19 pandemic, decreased vaccination coverage and waning community immunity, the outbreak potential for pertussis is high.
- 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 some people exposed to pertussis, including children under 6 months of age, and people who may transmit pertussis to children under 6 months of age.
- Testing for pertussis is recommended (PCR 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 in the community is to be up to date with vaccinations. Check your patient's vaccination status and update them per the recommended schedule, which also includes antenatal vaccination from 20 weeks gestation for each pregnancy: [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 update

- As at the end of June, notifications for **RSV** have been increasing (Figure 1). This month, about a quarter (27%) of notifications have been for children aged 1 year or less, and just under half (45%) have been for children aged 5 years or less. Hospitalisations have doubled in the last fortnight compared to the fortnight before – a third (35%) of hospitalisations this month have been for children aged 1 year or less.
- Influenza has remained at low levels across June (Figure 1).
- Notifications for COVID-19 increased across late May and peaked in early June (Figure 1). Notifications have gradually decreased over the last 2-3 weeks. Notifications have been reasonably spread across age groups, and most notifications came from the Darwin region.

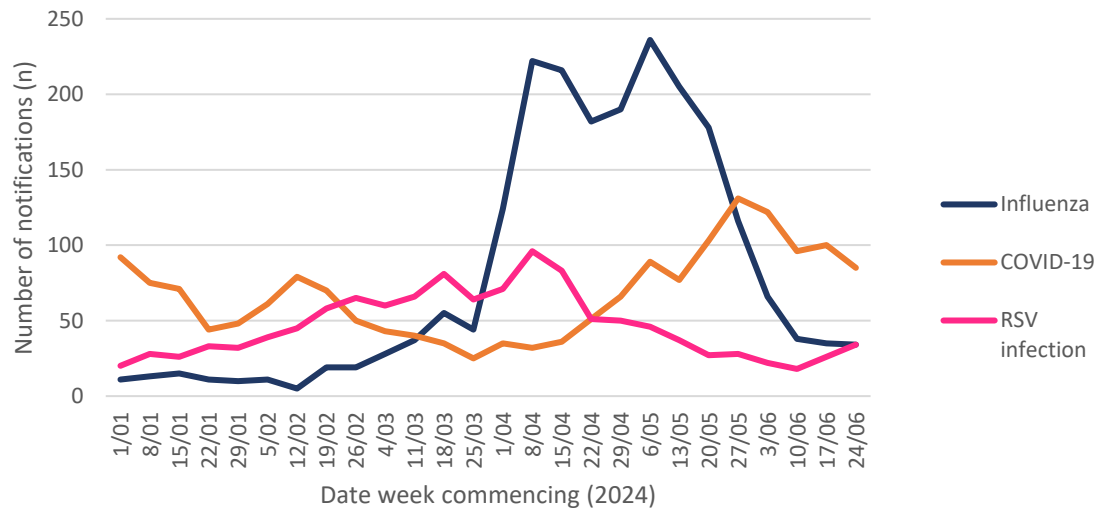


Figure 1: Total notifications of COVID-19, influenza, and RSV in the NT between 1 January and 30 June 2024

- Influenza and COVID-19 cases continue to increase in other states and territories in Australia – people travelling interstate need to remain vigilant in protecting themselves against respiratory viruses.
- 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 are still available. Adults are eligible for COVID-19 vaccines every 12 months, with older adults and people with immunocompromising conditions eligible every 6 months. Vaccines against RSV are currently available on the private market for eligible adults 60 years and over.
- More information on vaccination is available from:

[COVID-19 vaccine advice and recommendations for 2024 \(health.gov.au\)](https://www.health.gov.au)

[2024 National Immunisation Program influenza vaccination \(health.gov.au\)](https://www.health.gov.au)

[Vaccines, dosage and administration | Respiratory syncytial virus \(RSV\) | The Australian Immunisation Handbook \(health.gov.au\)](https://www.health.gov.au)

- To assist in national syndromic surveillance of respiratory viruses we encourage staff, clinicians and their patients to participate in FluTracking. 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

Mpox increasing interstate

- There have been 101 notified cases of mpox infection nationally this year to-date. There have been multiple outbreaks occurring since May, with NSW, Queensland, Victoria, South Australia, and ACT reporting increased cases.
- Clusters have been linked to sex on premises venues interstate, and private parties. Almost all recent cases have been male. There have been **no** related cases in the NT to-date.
- Mpox is a zoonotic disease caused by a virus in the same family as the variola virus which causes smallpox. Mpox is spread through close contact with sores, through bodily fluids, and contaminated objects. This may occur during sexual activities, but can also occur through other types of physical contact.
- Symptoms of mpox include a distinctive rash, lesions, or 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 notify.
- 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](#)

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

Contact: View all Clinic 34 and CDC units NT wide at the [NT Health website](#).