

Communicable Diseases Weekly Report

Epi-Week 22: 26 May 2014 – 01 June 2014

In summary, we report:

- [Gastroenteritis outbreaks in institutions](#) – Increase in child care centre outbreaks
- [Ross River virus](#) – seasonal increase in notifications
- [Summary of notifiable conditions activity in NSW](#)

For further information on infectious diseases and alerts see the [Infectious Diseases](#) webpage.

Follow the [A to Z of Infectious Diseases](#) link for more information on specific diseases.

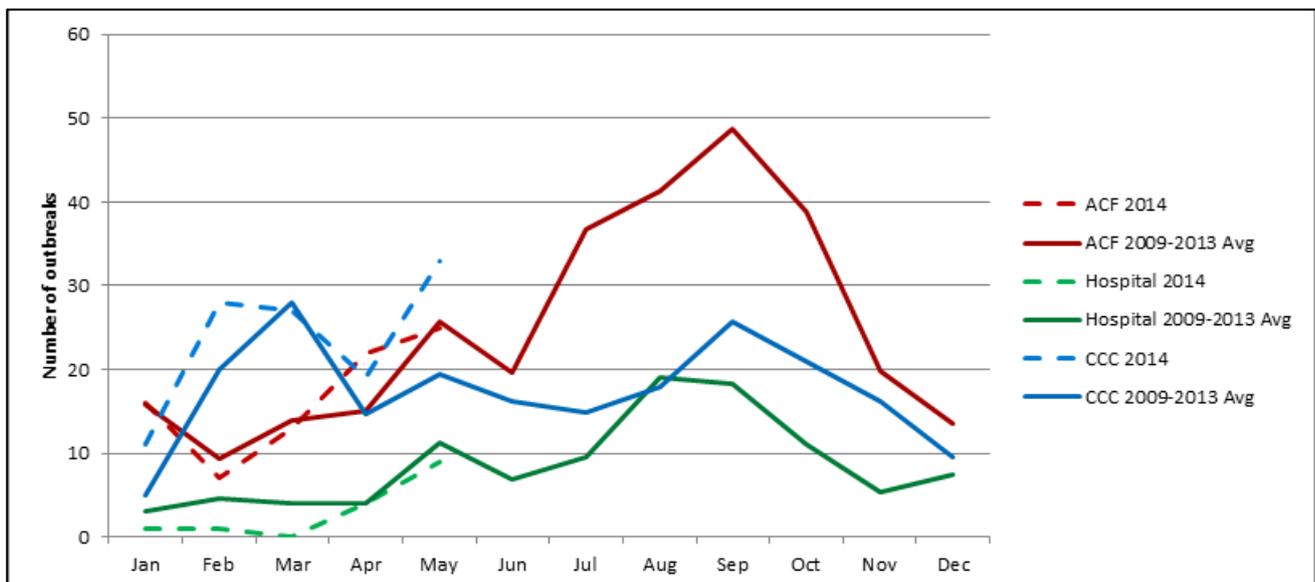
For links to other surveillance reports, including influenza reports, see the [NSW Health Infectious Diseases Reports](#) webpage.

Gastroenteritis outbreaks in institutions

There were sixteen outbreaks of gastroenteritis in an institution reported in this period affecting at least 93 people. Four outbreaks occurred in aged care facilities, two occurred in hospitals and ten occurred in child care centres. All outbreaks appeared to have been caused by a virus and spread from one person to another but no stool specimen results have been returned. The previous five year average for May was thirteen outbreaks per week.

During May there was a marked increase in the number of gastroenteritis outbreaks in child care centres, with 33 reported in May this year compared to an average of 19 outbreaks for the previous 5 years (Figure 1).

Figure 1. Gastroenteritis in institutions – monthly notifications in 2014 compared to the five-year average (2009-2013), by reporting source*.



*Note: ACF – aged care facility; CCC – child care centre.

In May 2014, approximately 40% of outbreaks where stool samples were collected had at least one case test positive for norovirus. The cause of other outbreaks is unconfirmed but most are suspected to also have been due to norovirus.

The majority of gastroenteritis outbreaks in institutions notified at the beginning of the year occur in child care centres associated with the large intake of new children into child care at this time. It is not immediately clear what has led to the unseasonal increase in child care centre outbreaks seen in May this year.

Public health units are working with child care centres to encourage the collection of stool specimens during outbreaks of gastroenteritis and to implement outbreak control measures.

Infections in small children often spread to their other contacts, some of whom are more susceptible to severe infections. It is important to keep small children with gastroenteritis at home, and to delay making visits to family members in aged care facilities or hospitals until children are completely well, to prevent introducing viral gastroenteritis to these vulnerable populations.

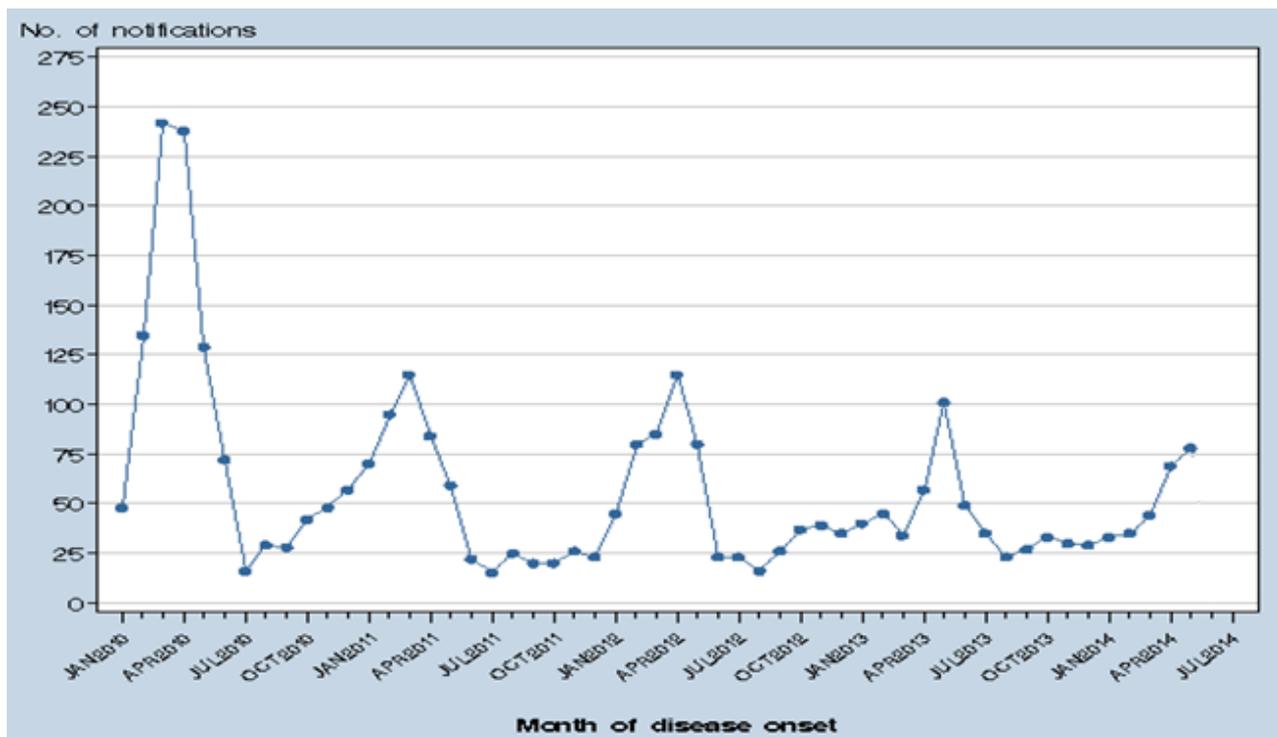
Follow the link for the [Gastroenteritis - controlling viral outbreaks](#) factsheet.

[Back to top](#)

Ross River virus (RRV)

There were nine notifications of Ross River virus (RRV) infection reported this week (Table 1), an increase over the six notifications in the previous week. Notifications rose in April and May consistent with previous years (Figure 2).

Figure 2. Ross River virus infection notifications in NSW residents, January 2010 to June 2014, by month of onset.



RRV notification rates have again been highest for residents of the coastal parts of the Hunter New England, Mid North Coast, and North Coast Local Health Districts (LHDs); areas which have usually had the highest rates of RRV infection in the state in past years. Sentinel mosquito monitoring between January and April 2014 detected RRV a total of 39 times at sites in these districts and other sites in Sydney and in the Murrumbidgee LHD (Figure 3).

Figure 3. Ross River virus isolates from NSW mosquito arbovirus surveillance sites, January to April 2014.

Sentinel site location	RRV isolates
BALLINA	1
BANKSTOWN	1
BLACKTOWN	3
COFFS HARBOUR	1
GEORGES RIVER	11
GRIFFITH	3
LEETON	3
PORT MACQUARIE	5
PORT STEPHENS	7
TWEED	4
Grand Total	39

Ross River virus is one of a group of viruses called arboviruses (or arthropod-borne viruses), which are spread by the bite of infected mosquitoes. Many people who are infected with the virus will never develop symptoms.

Some people will have flu-like symptoms that include fever, chills, headache and aches and pains in the muscles and joints. Some joints can become swollen, and joint stiffness may be particularly noticeable in the morning. A rash may also appear on the torso, arms or legs. The rash and other symptoms usually resolve after 7 to 10 days, although some people may experience symptoms such as joint pain and tiredness for many months.

There are no vaccines to protect against the arboviruses that cause human infections in NSW; therefore prevention relies on measures to avoid being bitten by mosquitoes and to reduce mosquito breeding near homes. Mosquitoes that carry these viruses are usually most active in the hours after sunset and again around dawn, but may bite throughout the day.

During summer and autumn months remember to cover up and take care to reduce your chances of picking up a serious mosquito-borne infection by following these simple precautions:

- Use an effective repellent on exposed skin areas. Re-apply repellent every few hours, according to the instructions, as protection wears off from perspiration, particularly on hot nights or during exercise.
- The best mosquito repellents contain Diethyl Toluamide (DEET) or Picaridin. Botanical based products (e.g. Eucalyptus, Citronella) provide only limited periods of protection.
- Topical repellents are not recommended for use on children below the age of 3 months.
- Note that prolonged or excessive use of repellents can be dangerous, particularly on babies and young children. Avoid putting repellent near eyes and mouth, spread sparingly over the skin, and rinse off once you are indoors.
- Provide mosquito netting, where necessary – both indoors and outdoors.

- Cover up as much as possible with loose fitting clothing and sensible footwear. Avoid tight clothes.
- Cover your clothes with repellent as mosquitoes can bite through material, but be careful as some repellents stain clothes.
- Use mosquito coils outdoors and plug-in devices with vaporising mats indoors.

Follow the link for the [Mosquitoes are a health hazard](#) factsheet.

Follow the link for results from the [NSW arbovirus surveillance and monitoring program](#).

[Back to top](#)

Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period (Table 1).

Table 1. NSW notifiable conditions from 26 May to 01 June 2014, by date received.*

		Weekly		Year to date			Full Year	
		This week	Last week	2014	2013	2012	2013	2012
Enteric Diseases	Cryptosporidiosis	8	8	232	887	410	1131	655
	Giardiasis	62	66	1398	1175	1107	2240	2012
	Rotavirus	6	9	152	186	296	508	1759
	STEC/VTEC	1	0	22	15	9	24	14
	Salmonellosis	91	86	2337	1948	1554	3485	2942
	Shigellosis	1	1	113	58	64	136	131
	Typhoid	1	2	23	38	27	58	43
Respiratory Diseases	Influenza	56	43	1194	765	717	8401	8037
Sexually Transmissible Infections	Chlamydia	399	459	9959	9637	9971	21081	21263
	Gonorrhoea	127	68	2069	1960	1784	4268	4115
Vaccine Preventable Diseases	Adverse Event Following Immunisation	5	4	138	356	159	509	269
	Pertussis	30	36	744	1114	3327	2378	5998
	Pneumococcal Disease (Invasive)	9	9	130	180	178	489	564
Vector Borne Diseases	Barmah Forest	3	0	102	251	179	440	352
	Dengue	7	7	199	117	154	300	287
	Flavivirus - other & unspecified	1	0	3	0	0	0	0
	Malaria	1	5	44	41	25	93	68
	Ross River	18	15	266	297	409	513	596
Zoonotic	Q fever	1	0	67	66	66	154	124

* Notes on Table 1: NSW Notifiable Conditions activity

- 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.
- Data cells in the 'Adverse Event Following Immunisation' category refer to suspected cases only. These reports are referred to the Therapeutic Goods Administration (TGA) for assessment. Data on adverse events following immunisation is available online from the TGA [Database of Adverse Event Notifications](#).
- Only conditions for which at least one case report was received appear in the table. HIV and other blood-borne virus case reports are not included here but are available from the Infectious Diseases Data webpage.

[Back to top](#)