

Communicable Diseases Weekly Report

Week 44, 25 October to 31 October 2020

In summary, we report:

- [Novel coronavirus 2019 \(COVID-19\)](#)
- [Viral gastroenteritis](#)
- [HIV – Quarter 2 2020 data report available](#)
- [Summary of notifiable conditions activity in NSW](#)

For further information see NSW Health [infectious diseases page](#). This includes links to other NSW Health [infectious disease surveillance reports](#) and a [diseases data page](#) for a range of notifiable infectious diseases.

Novel coronavirus 2019 (COVID-19)

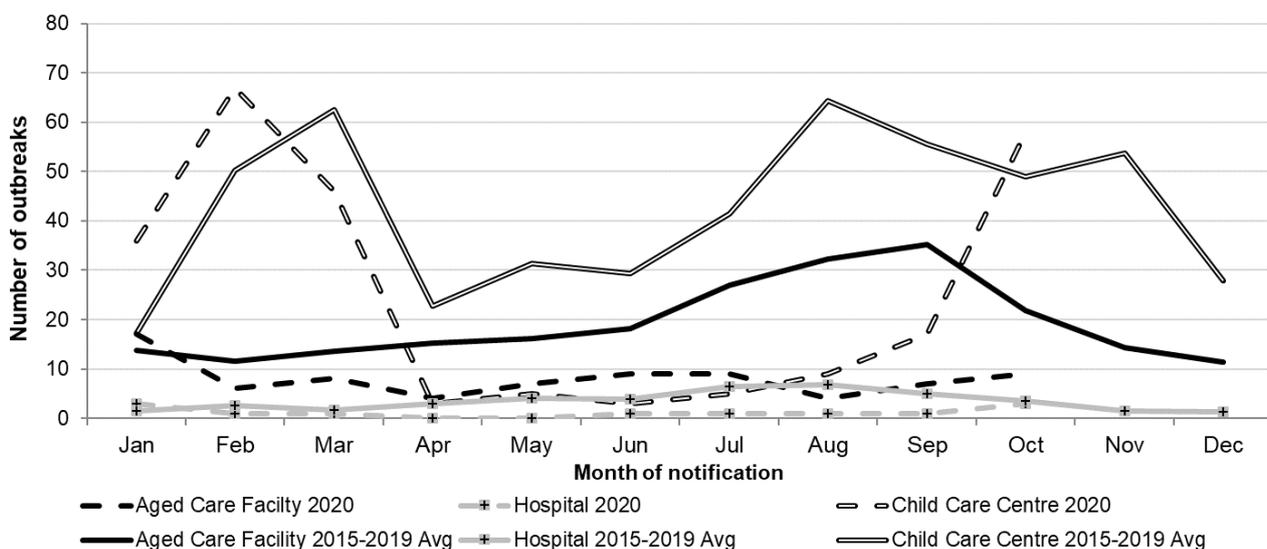
For up-to-date information regarding the COVID-19 outbreak and the NSW response, please visit the [NSW Health COVID-19 page](#).

Viral gastroenteritis

There were 23 outbreaks of gastroenteritis in institutions notified during this reporting period, affecting at least 216 people. A total of 21 of the outbreaks occurred in childcare centres affecting at least 197 people. Of the remaining outbreaks, one occurred in an aged care facility and one occurred in a hospital. Only one outbreak identified a causative agent which was norovirus.

Gastroenteritis outbreaks decreased this year following the introduction of physical distancing measures and the promotion of increased hand hygiene for the prevention of COVID-19 (Figure 1). However, gastroenteritis outbreaks have recently increased above the five-year mean, with 58 outbreaks in childcare centres notified in October.

Figure 1. Gastroenteritis outbreak in institution notifications by month and facility, NSW, 2015-2020



Viral gastroenteritis is a common intestinal infection caused by a number of different viruses. Norovirus infections are the most frequent cause and are most common during the cooler months. Symptoms may include nausea, vomiting, diarrhoea, fever, abdominal pain, headache and muscle aches.

Viral gastroenteritis is highly infectious and is spread by the vomit or faeces of an infected person through close contact with infected persons, contact with contaminated surfaces, or consumption of contaminated food or drink. Viruses are often transmitted from person to person on unwashed hands.

Outbreaks of viral gastroenteritis occur more frequently when genetic changes cause new virus strains (primarily of norovirus and rotavirus) to emerge and spread in the community. Molecular typing work is carried out each year to track these genetic changes.

The best way to prevent the spread of viral gastroenteritis is to wash hands thoroughly with soap and running water for at least 10 seconds, particularly after using the toilet, assisting someone with diarrhoea or vomiting, attending nappy changes, and before preparing and eating food.

Infants and children attending childcare or school, and people whose work involves handling food or looking after others (children, the elderly or patients), should stay home and not return to childcare or work until 48 hours after symptoms have stopped.

Other people with viral gastroenteritis should stay home from work or school until at least 24 hours after the last symptoms have stopped and should avoid visiting others in vulnerable settings such as hospitals or aged care facilities.

Clinicians are encouraged to notify outbreaks of gastroenteritis in institutional settings to the local public health unit and to test stool samples from patients who present as part of an outbreak for pathogens.

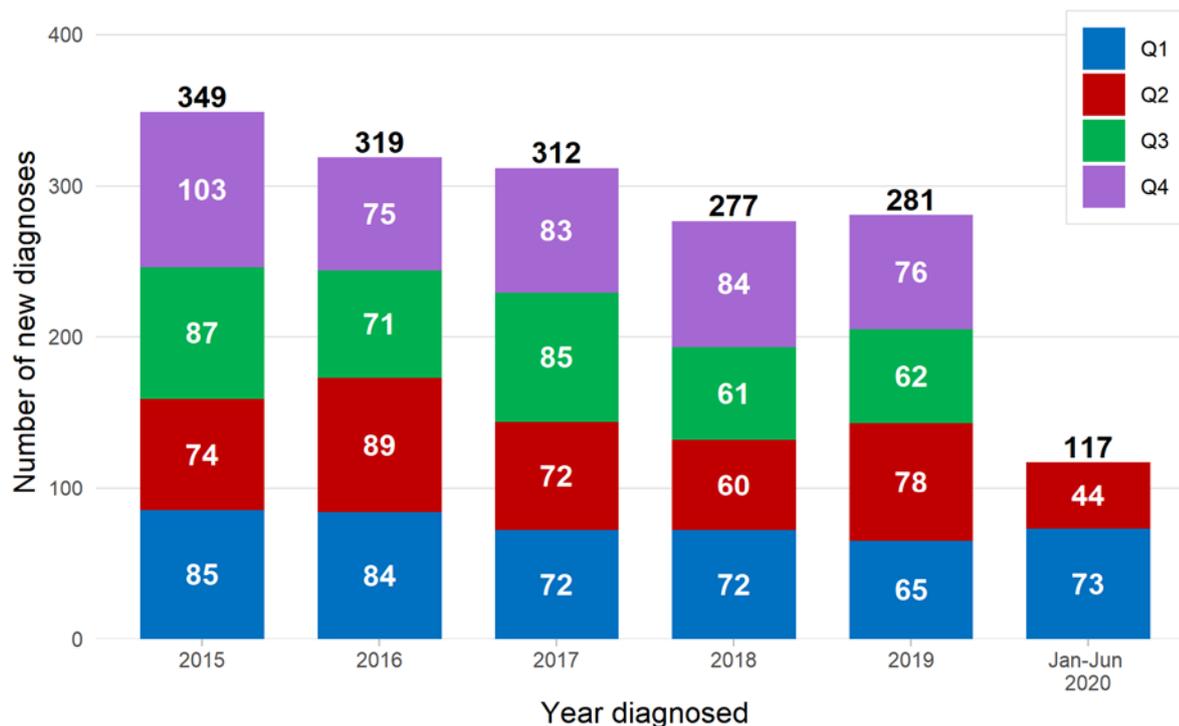
Further information

- [Norovirus](#) and [rotavirus](#) factsheets
- [Controlling viral gastroenteritis outbreaks guidance](#)

HIV

[Reports on progress](#) against the NSW *HIV Strategy 2016-2020* are published every three months, though due to COVID-19 no report was published for Q2 2020. The NSW HIV surveillance [Data report - Quarter 2 2020](#) is now available.

In January to June 2020, 117 NSW residents were notified to NSW Health with newly diagnosed HIV infection (Figure 1), 22% less than the January to June 2015-2019 average of 150.2.

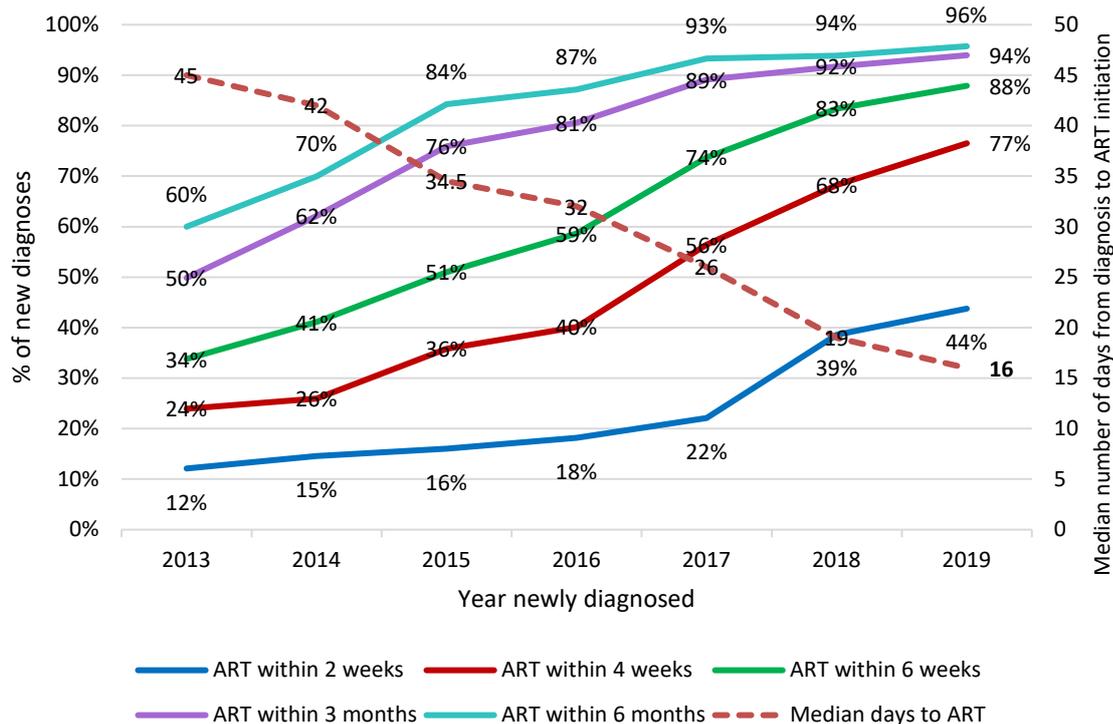
Figure 1: NSW residents with newly diagnosed HIV infection during Jan 2015-Jun 2020

Only 34% (n=40) of these new diagnoses had evidence that their infection occurred in the 12 months preceding diagnosis (early stage HIV infection), a reduction of 29% relative to the same period over the last five years.

Though this is a large decline in new diagnoses, restricted movement, altered health seeking behaviour and reallocation of clinic resources due to the COVID-19 pandemic response are likely responsible for the larger than expected decrease. During April and May in NSW when restrictions were most severe, overall testing declined significantly. Hence, the declines seen particularly in quarter 2 may be due to decreased testing or other impacts of COVID-19 and not necessarily reflect a decrease in incidence.

The time from HIV diagnosis to anti-retroviral treatment (ART) initiation continues to decline, with the median falling to 16 days. Of 281 people newly diagnosed in 2019 now followed up six months post diagnosis, 44% initiated ART within two weeks, 88% within 6 weeks and 96% within 6 months of diagnosis (Figure 2). Of those on ART by 6 months, 94% had an undetectable viral load. The risk of sexual HIV transmission from those with an undetectable viral load is effectively zero.

Figure 2: Time to ART for NSW residents newly diagnosed from Jan 2013-Dec 2019



The number of HIV tests was 24% less in April-June 2020 compared to the same period in 2019. This was likely due to reduced service capacity, restricted movement, reduced use of PrEP, and altered health seeking behaviour under COVID-19. As restrictions eased throughout late May and June, overall testing numbers began to increase and return to the five-year average.

Community based rapid HIV tests and HIV Dried Blood Spot (DBS) self-sampling tests also decreased during 2020 but remain well targeted to people who test infrequently or have never tested previously. NSW Health and our partners continue to re-orient services and programs to ensure ongoing availability of HIV prevention and testing, with a focus on innovative online services and telehealth.

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 25 October – 31 October 2020, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Enteric Diseases	Cryptosporidiosis	2	3	469	522	625	669	708
	Giardiasis	40	34	1533	2875	2511	3271	2936
	Rotavirus	2	4	427	1070	703	1755	807
	STEC/STEC	4	2	72	59	47	80	57
	Salmonellosis	35	30	2467	3057	2795	3557	3335
	Shigellosis	1	3	462	729	390	867	529
Respiratory Diseases	Influenza	2	1	7445	114155	15668	116449	17408
	Legionellosis	2	2	134	130	130	153	171
	Tuberculosis	14	8	495	506	427	591	508
Sexually Transmissible Infections	Chlamydia	551	579	22884	27373	26704	32443	31174
	Gonorrhoea	203	187	8508	10024	9139	11702	10600
	LGV	3	0	39	55	71	69	85
Vaccine Preventable Diseases	Pneumococcal Disease (Invasive)	5	5	296	584	580	692	681
Vector Borne Diseases	Ross River	5	5	1907	553	520	592	571
Zoonotic Diseases	Brucellosis	1	1	5	4	7	4	9
	Psittacosis	1	1	21	9	7	11	7
	Q fever	1	2	167	215	200	248	0

* Notes on Table 1: NSW Notifiable Conditions activity

- Only conditions which had one or more case reports received during the reporting week appear in the table.
- Due to the rapidly evolving nature of the situation, data on COVID-19 notifications can be found separately on the NSW Health [Latest Updates on COVID-19](#) page.
- 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 (i.e. by report date).
- Note that [notifiable disease data](#) available on the NSW Health website are reported by onset date so case totals are likely to vary from those shown here.
- Cases involving interstate residents are not included.
- The shigellosis case definition changed on 1 July 2018 to include probable cases (PCR positive only), hence case counts cannot be validly compared to previous years.
- 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](#).
- Chronic blood-borne virus conditions (such as HIV, hepatitis B and C) are not included here. Related data are available from the [Infectious Diseases Data](#), the [HIV Surveillance Data Reports](#) and the [Hepatitis B and C Strategies Data Reports](#) webpages.
- Notification is dependent on a diagnosis being made by a doctor, hospital or laboratory. Changes in awareness and testing patterns influence the proportion of patients with a particular infection that is diagnosed and notified over time, especially if the infection causes non-specific symptoms.