

Communicable Diseases Weekly Report

Week 48, 22 November to 28 November 2020

In summary, we report:

- [Viral gastroenteritis](#) – highest recorded levels in childcare centres
- [Mosquito borne infections](#) – increase in cases in 2020
- [Novel coronavirus 2019 \(COVID-19\)](#)
- [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.

Viral gastroenteritis

There were 84 outbreaks of gastroenteritis in institutions notified during this reporting period, affecting at least 1,118 people. Four of the outbreaks occurred in aged care facilities and one occurred in a hospital. The remaining 79 outbreaks occurred in childcare centres, affecting at least 1,091 people. Three of these outbreaks have had norovirus detected, though this is likely to be the cause of the majority of the outbreaks.

Gastroenteritis outbreaks in childcare centres were well below the five-year average from April to September this year. Notifications began to rise over the five-year average in October, and this trend continued in November to reach the highest level ever recorded.

Viral gastroenteritis is a common intestinal infection caused by a number of different viruses, usually resulting in vomiting and diarrhoea. Norovirus infections are the most frequent cause and are usually more 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.

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.

Anyone with vomiting or diarrhoea should rest at home and not attend work, school or child-care or visit a residential care facility until vomiting and diarrhoea have stopped for 48 hours. During this time, they should not prepare food for others, or care for patients, children or the elderly.

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](#)

Mosquito borne infections

Mosquitoes can transmit a number of serious human diseases. In NSW mosquitoes can transmit arboviruses such as [Ross River virus](#) and [Barmah Forest virus](#), and very rarely the viruses which cause [Murray Valley Encephalitis](#) and [Kunjin virus disease](#). Notifications for Ross River virus (RRV) and Barmah Forest Virus (BFV) for the year to date have been much higher than previous years ([Table 1](#)). Recent infections have primarily occurred in the Mid North Coast NSW, Northern NSW, and Hunter New England regions. The infections followed a period of drought-breaking rain, which created good conditions for mosquitos to breed.

Some people who are infected with RRV or BFV do not develop symptoms, while others develop an illness characterised by fever, chills, headache and aches and pains in the muscles and joints. Patients often report that their 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.

Figure 1. Ross River virus notifications in NSW residents, by month of disease onset. January 2016 to November 2020.

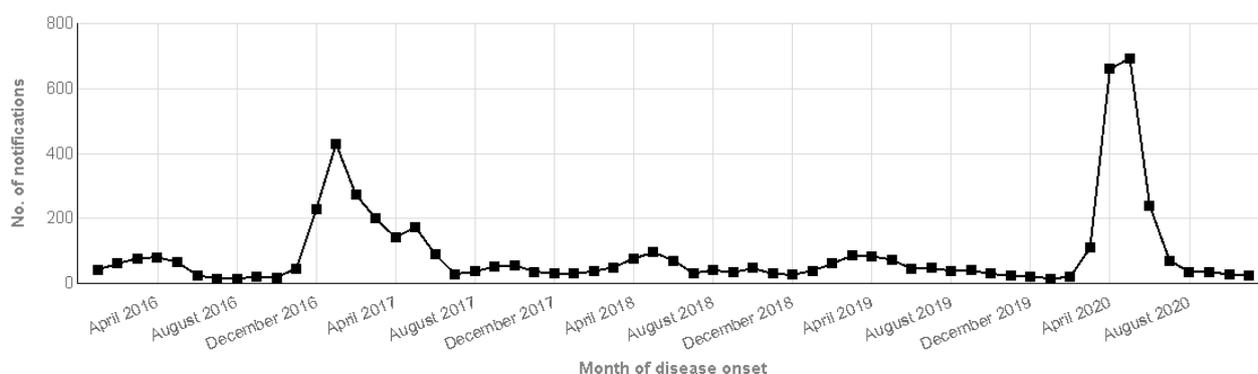
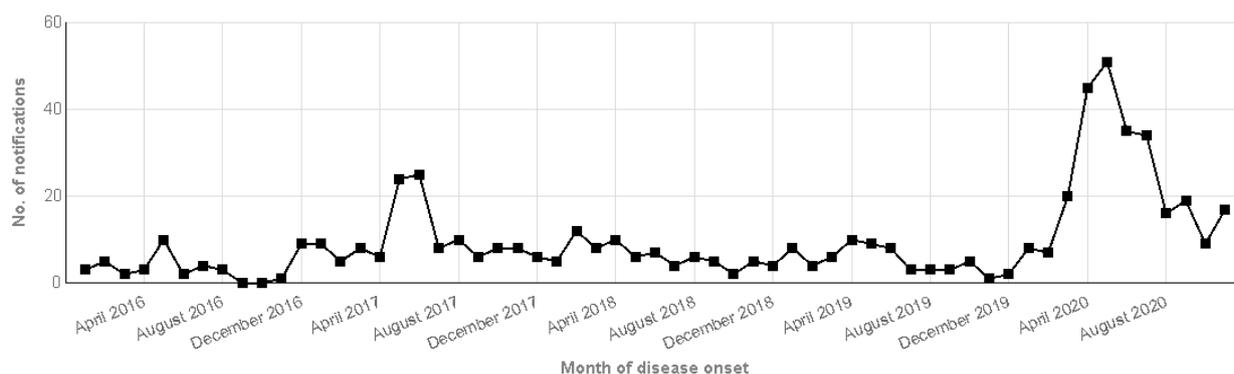


Figure 2. Barmah Forest virus notifications in NSW residents, by month of disease onset. January 2016 to November 2020.



There are no vaccines to protect against the arboviruses that cause human infections in NSW, and there is no specific treatment for RRV or BFV. The best way to avoid arbovirus infection is to avoid being bitten by mosquitoes and stop them breeding around your home.

In NSW, the mosquitoes that can transmit disease are usually most active at dawn and dusk and into the early evening. To avoid mosquito bites, try to avoid being outdoors during these times, or take preventive measures such as using appropriate mosquito repellent on any exposed skin and on clothing (check that it's OK to use the repellent on clothes). Tips for reducing the risk of mosquitoes breeding around your home include:

- cleaning up your backyard and removing all water-holding rubbish, including tyres and containers

- keeping your lawns mowed
- flushing and wiping out bird baths and water features once a week
- filling pot plant bases with sand to avoid standing water
- storing anything that can hold water undercover or in a dry place, and keeping bins covered
- flushing out the leaves of water-holding plants such as bromeliads once a week
- keeping drains and roof guttering clear to avoid standing water
- covering or securely screening the openings of septic tanks and rainwater tanks
- properly cleaning and chlorinating swimming pools - neglected pools can be a haven for mosquitoes.

Further information

- NSW Health [Mosquitoes are a health hazard](#) fact sheet for information on reducing risks associated with mosquitoes.
- For more tips on beating mosquito bites see Dr Cameron Webb’s article "[The best \(and worst\) ways to beat mosquito bites](#)" and [other articles on mozzies](#) in The Conversation.
- NSW Health [Fight the bite! campaign posters and media resources](#).
- NSW Health [notifications data](#) for Ross River virus and Barmah Forest virus.

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](#).

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 22 November to 28 November 2020, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Enteric Diseases	Cryptosporidiosis	13	14	512	586	668	669	708
	Giardiasis	40	23	1667	3070	2749	3271	2936
	Rotavirus	5	3	443	1438	755	1755	807
	STEC/VTEC	6	7	92	69	54	80	57
	Salmonellosis	37	33	2629	3292	3046	3556	3335
	Shigellosis	9	6	485	801	479	867	529
Respiratory Diseases	Influenza	10	15	7473	115345	16526	116446	17408
	Legionellosis	1	5	139	142	158	153	171
	Tuberculosis	16	15	547	552	472	591	508
Sexually Transmissible Infections	Chlamydia	539	506	25048	30053	29138	32442	31174
	Gonorrhoea	161	169	9186	10881	9907	11701	10600
	LGV	2	1	42	61	79	69	85
Vaccine Preventable Diseases	Meningococcal Disease	1	0	20	56	65	59	72
	Pertussis	2	5	1402	5904	5418	6386	6280
	Pneumococcal Disease (Invasive)	7	5	323	639	633	692	681
Vector Borne Diseases	Barmah Forest	6	3	266	60	70	62	74
	Ross River	12	6	1951	573	547	592	571
Zoonotic Diseases	Psittacosis	2	0	24	10	7	11	7
	Q fever	2	0	181	234	220	248	228

* 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.