

Communicable Diseases Weekly Report

Week 49, 29 November to 5 December 2020

In summary, we report:

- [Increase in respiratory illness among young children](#)
- [Novel coronavirus 2019 \(COVID-19\)](#)
- [Summary of notifiable conditions activity in NSW](#)

For further information see NSW Health’s [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.

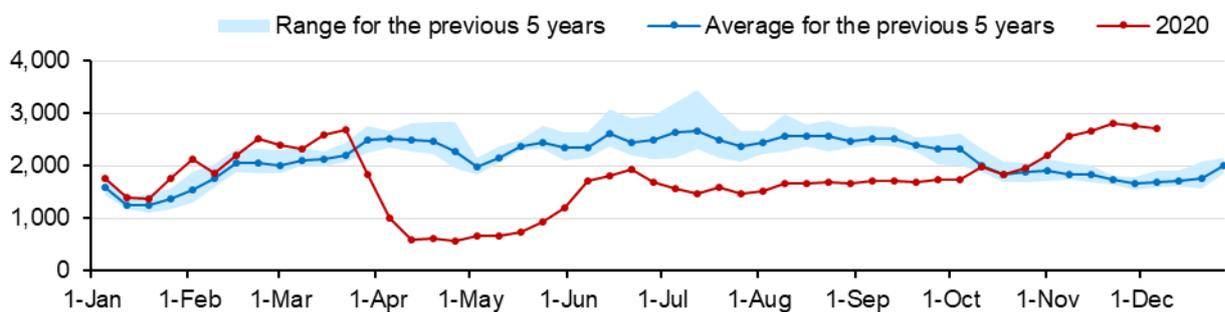
Increase in respiratory illness among young children

Respiratory syncytial virus (RSV) is a virus that causes respiratory infections, including bronchiolitis and pneumonia in children under 2 years of age. RSV is not a notifiable condition in NSW, but is monitored through Emergency Department presentations and testing data from sentinel laboratories in NSW.

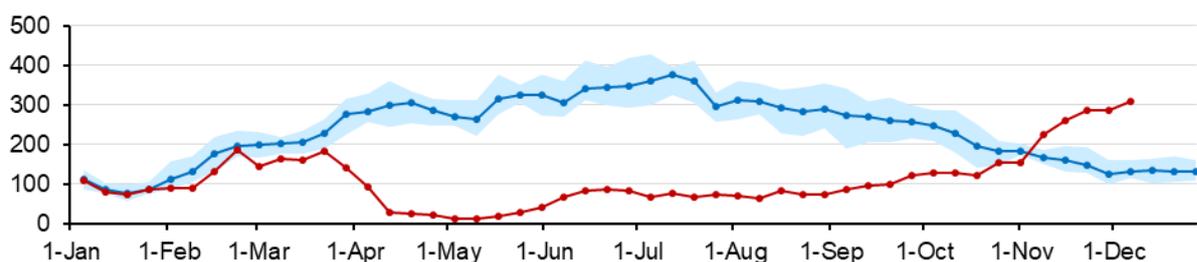
There has been an increase in Emergency Department presentations for bronchiolitis (inflammation of the small breathing tubes of the lung) and pneumonia (infection of the lung) in children aged 0-4 (Figure 1). The number of Emergency Department presentations in children aged 0-4 is well above the 5-year average for this time of year for most respiratory sub-syndromes, but particularly bronchiolitis and pneumonia.

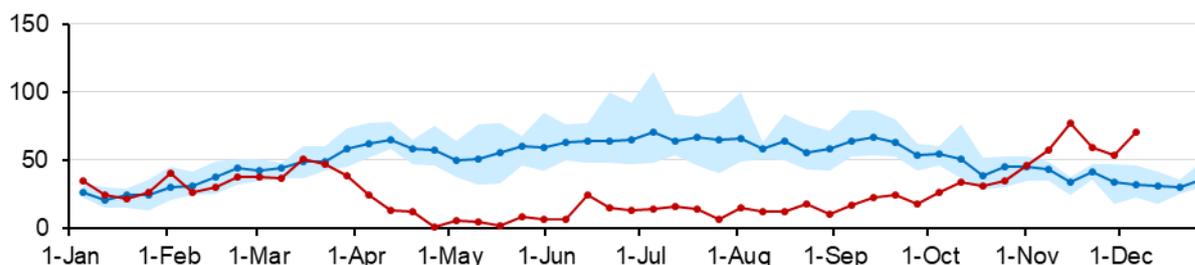
Figure 1. Emergency Department presentations in children 0-4 years, for a) all respiratory problems/fever and unspecified infection (total), b) bronchiolitis, and c) pneumonia, in NSW by week, to 6 December 2020

a) All respiratory problems/fever and unspecified infection (total)



b) Bronchiolitis

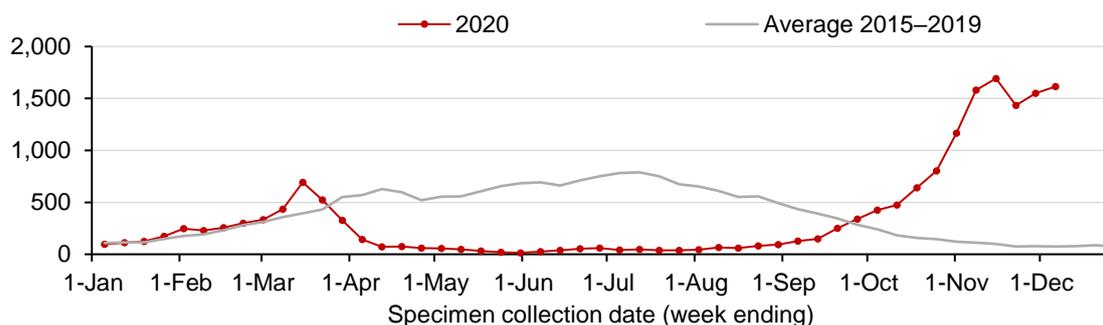


c) *Pneumonia*

Source: NSW Health Public Health Rapid, Emergency, Disease and Syndromic Surveillance (PHREDSS) system, Centre for Epidemiology and Evidence, NSW Ministry of Health.

The increase in Emergency Department presentations for respiratory illness in children aged 0-4 corresponds with an increase in the number of positive PCR test results for RSV (for all ages). The number of RSV PCR detections has been above the 5-year seasonal average since late September 2020. RSV is included on the COVID-19 respiratory panel, so additional testing is likely to have occurred since March 2020 and continued past the usual peak winter season for respiratory virus testing. Referring clinicians can request that respiratory viruses including RSV are also reported when a COVID-19 test is sent.

Figure 2. Number of positive PCR test results for all ages, for respiratory syncytial virus (RSV) at sentinel NSW laboratories, 1 January 2020 to 6 December 2020, compared with average 2015-2019



Source: Preliminary laboratory data provided by participating sentinel laboratories on a weekly basis to NSW Ministry of Health. Data are subject to change. Serological diagnoses are not included.

RSV infections usually peak in late autumn or winter in NSW, although measures to prevent COVID-19 transmission throughout the year may have had an impact on the transmission of other viruses like flu and RSV. In particular, the recent easing of restrictions and increasing social interactions may be contributing to the unseasonal increase in RSV.

RSV tends to cause more severe illness in young children, but older children and adults can also catch and pass on the virus. Symptoms begin between 3 and 10 days after infection. Most cases are mild, with symptoms of a runny nose, cough and fever. Sometimes an ear infection can follow. Symptoms can be more severe in babies under 6 months, with wheezing and shortness of breath, irritability and poor feeding. RSV can spread easily from person to person through droplets from a sneeze or cough, and outbreaks in facilities such as childcare centres and aged care facilities are common. People can also be infected by touching their nose or eyes after touching a person with RSV or contaminated surfaces or items. A person is usually infectious for up to 10 days after symptoms begin.

To limit the transmission of respiratory viruses, children with even mild respiratory symptoms should be kept home from school or childcare, and frequent handwashing and cough and sneeze etiquette should be encouraged. Anyone with respiratory symptoms should stay home while symptomatic and get tested for COVID-19.

Further information

- [Respiratory syncytial virus \(RSV\) factsheet](#)
- [Media alert – 10 December 2020](#)

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 29 November– 5 December 2020, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2020	2019	2018	2019	2018
Bloodborne	Hepatitis C - Newly Acquired	1	0	14	27	34	29	38
Enteric Diseases	Cryptosporidiosis	4	13	517	615	683	669	708
	Giardiasis	22	41	1689	3140	2799	3271	2936
	Listeriosis	1	0	17	16	18	16	19
	Rotavirus	2	5	445	1531	777	1755	807
	STEC/VTEC	4	6	96	73	55	80	57
	Salmonellosis	47	38	2677	3357	3114	3556	3334
	Shigellosis	1	9	486	821	493	867	529
	Typhoid	1	0	38	62	55	64	58
Respiratory Diseases	Legionellosis	2	2	139	146	162	153	171
	Tuberculosis	17	18	562	565	481	591	508
Sexually Transmissible Infections	Chlamydia	458	558	25511	30844	29664	32442	31174
	Gonorrhoea	169	173	9369	11114	10107	11701	10600
	LGV	1	2	43	61	81	69	85
Vaccine Preventable Diseases	Pertussis	2	2	1404	6028	5711	6386	6280
	Pneumococcal Disease (Invasive)	8	7	331	652	646	692	681
Vector Borne Diseases	Ross River	4	12	1957	579	558	592	571
Zoonotic Diseases	Psittacosis	1	2	25	10	7	11	7
	Q fever	4	3	189	238	224	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.