

## Communicable Diseases Weekly Report

### Week 47, 21 November to 27 November 2021

In summary, we report:

- [Vibrio parahaemolyticus](#)
- [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.

### ***Vibrio parahaemolyticus***

There has recently been a national increase in people diagnosed with *Vibrio parahaemolyticus*, which has been linked to consumption of raw oysters originating from Coffin Bay, South Australia. In response, a multi-jurisdictional outbreak investigation (MJOI) was initiated by all Australian states and territories on 12 November 2021. As of 3 December 2021, there had been 28 *Vibrio parahaemolyticus* cases in NSW and 256 cases nationally under investigation. In NSW 26 of the 28 cases have so far been interviewed of whom 23 (88.5%) reported oyster consumption. Further laboratory typing is underway to identify relatedness between these infections.

*Vibrio parahaemolyticus* presents with watery diarrhoea, abdominal cramping, nausea, vomiting, fever, and headache. Symptoms are mostly mild to moderate but can be severe in immunocompromised people. It is usually acquired by eating raw or undercooked shellfish or drinking contaminated water. The typical incubation period for *V.parahaemolyticus* is approximately 24 hours, but can vary from four to 96 hours. Illness usually lasts for three days but can range from eight hours to 12 days. *V.parahaemolyticus* does not typically spread person-to-person, but may do so through poor personal hygiene.

Although *V.parahaemolyticus* infection is not currently a notifiable condition in NSW, an enhanced surveillance system was introduced during this outbreak to enable notification of positive *V.parahaemolyticus* results to public health authorities. The NSW Food Authority is working to trace back the origins of the oysters from any venues at which cases reported purchasing oysters.

Several outbreak control measures have been implemented since the outbreak was first identified. On 16 November 2021, the oyster production areas of Coffin Bay were closed. A NSW public health alert regarding *V. parahaemolyticus* and oyster consumption was issued on 19 November 2021, in addition to a recall of Coffin Bay raw pacific oysters that occurred on the same day. A clinician alert was circulated on 17 November 2021, recommending that patients presenting with gastrointestinal symptoms and a recent history of oyster consumption be tested for *V.parahaemolyticus*.

Antibiotic treatment is not usually needed for *V.parahaemolyticus* infection, but antibiotic therapy may be indicated in cases with prolonged diarrhoea. Treatment for patients presenting with gastrointestinal illness is mainly symptom management and supportive care. Any patient presenting with gastrointestinal illness should be advised to exclude themselves from work, school, or childcare and avoid preparing food or providing personal care for others for at least 48 hours after symptoms resolve.

Follow the links to read further information about the [national outbreak](#), the [NSW public health alert regarding Vibrio parahaemolyticus and oyster consumption](#), and the [recall of raw pacific oysters produced in Coffin Bay, South Australia](#).

## 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 21 November – 27 November 2021, by date received\***

		Weekly		Year to date			Full year	
		This week	Last week	2021	2020	2019	2020	2019
Enteric Diseases	Campylobacter	292	280	10034	8398	10120	9459	11183
	Cryptosporidiosis	5	6	397	509	570	550	669
	Giardiasis	10	22	1411	1734	3076	1869	3323
	Rotavirus	3	5	273	440	1357	464	1754
	Salmonellosis	80	59	2801	2608	3233	2886	3556
	STEC/VTEC	1	5	109	92	65	114	80
Respiratory Diseases	Influenza	1	4	91	7478	115083	7488	116437
	Legionellosis	5	3	178	142	140	170	153
	Tuberculosis	12	9	509	550	544	625	590
Sexually Transmissible Infections	Chlamydia	467	498	23542	24927	29628	27264	32485
	Gonorrhoea	160	147	7108	9147	10731	9901	11696
Vaccine Preventable Diseases	Meningococcal Disease	2	0	23	22	60	24	64
	Pneumococcal Disease (Invasive)	7	4	373	320	633	359	690
Vector Borne Diseases	Barmah Forest	2	2	101	264	60	271	63
	Dengue	0	1	4	76	427	76	457
	Ross River	3	0	627	1956	571	1991	593
Zoonotic Diseases	Leptospirosis	0	1	93	11	8	12	9
	Q fever	3	1	148	191	231	206	248

### \* 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.
- 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.