

# Communicable Diseases Weekly Report

## Week 16, 18 to 24 April 2021

In summary, we report:

- [Gastroenteritis in institutions](#)
- [Novel coronavirus 2019 \(COVID-19\)](#)
- [Summary of notifiable conditions activity in NSW](#)

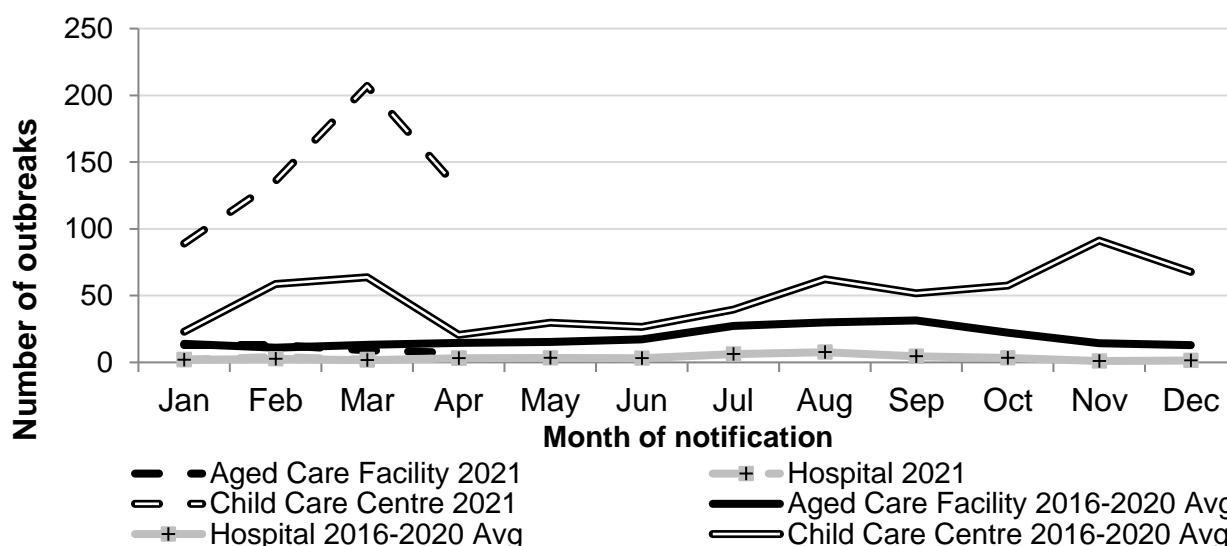
For further information see NSW Health [infectious diseases page](#). This includes links to other NSW Health [infectious disease surveillance reports](#) and a [diseases data page](#) for a range of notifiable infectious diseases.

### Gastroenteritis in institutions

There were 70 outbreaks of gastroenteritis in institutions notified during this reporting period, affecting at least 561 people. Of these, 67 outbreaks occurred in childcare centres. Of the remaining three outbreaks, two occurred in aged care facilities and one occurred in a hospital. A causative agent was identified for two outbreaks, both of which were caused by norovirus.

Gastroenteritis outbreaks in institutions decreased late last year following the closure of childcare centres over the Christmas break (Figure 1). However, gastroenteritis outbreaks have recently increased above the five-year mean, with 207 outbreaks in childcare centres notified during March and 210 outbreaks in April.

**Figure 1. Gastroenteritis outbreak in institution notifications by month and facility, NSW, 2016-2020**



Viral gastroenteritis is a common intestinal infection caused by several different viruses, usually resulting in vomiting and diarrhoea. Norovirus is the most frequent cause and is most common during the cooler months. Symptoms include nausea, vomiting, diarrhoea, fever, abdominal pain, headache, and muscle aches.

Viral gastroenteritis is highly infectious and is spread via contact with the vomit or faeces of an infected person. This can occur through close contact, contact with contaminated surfaces, or

consumption of food or drink prepared by an infectious person. Viruses are often transmitted on unwashed hands.

An increase in the number of gastroenteritis outbreaks sometimes occurs when new genotypes of norovirus or rotavirus emerge, against which the population has not developed immunity. 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, to assist in identification of the causative pathogen.

#### **Further information**

- [Norovirus](#) and [rotavirus](#) factsheets.
- [Controlling viral gastroenteritis outbreaks guidance](#).
- [NSW Health Gastro Pack](#): A resource for childcare centres managing gastroenteritis outbreaks.

### **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 18 to 24 April 2021, by date received\***

		Weekly		Year to date			Full Year	
		This week	Last week	2021	2020	2019	2020	2019
Enteric Diseases	Cryptosporidiosis	15	6	228	338	345	550	669
	Giardiasis	36	35	602	832	1451	1791	3271
	Rotavirus	7	4	82	300	214	463	1755
	STEC/VTEC	4	3	45	39	26	114	80
	Salmonellosis	58	68	1377	1536	1544	2888	3556
	Shigellosis	1	2	30	348	273	494	867
Respiratory Diseases	Influenza	2	1	20	7169	9806	7488	116442
	Legionellosis	3	4	74	49	64	168	153
	Tuberculosis	8	17	179	163	173	626	590
Sexually Transmissible Infections	Chlamydia	557	572	9486	9547	10188	27278	32496
	Gonorrhoea	224	194	3016	3465	3710	9905	11702
	LGV	1	3	14	32	18	44	69
Vaccine Preventable Diseases	Pertussis	3	0	18	1176	1987	1405	6386
	Pneumococcal Disease	6	10	112	123	121	360	691
Vector Borne Diseases	Barmah Forest	3	2	45	51	25	271	63
	Ross River	12	23	349	303	238	1986	593
Zoonotic Diseases	Leptospirosis	4	6	27	5	3	12	9
	Q fever	2	3	63	71	109	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.