

# Communicable Diseases Weekly Report

## Week 6, 6 February to 12 February 2022

In summary, we report:

- [Gastroenteritis in institutions](#) – increase in childcare centre outbreaks
- [COVID-19 \(Coronavirus\)](#)
- [Summary of notifiable conditions activity in NSW](#)

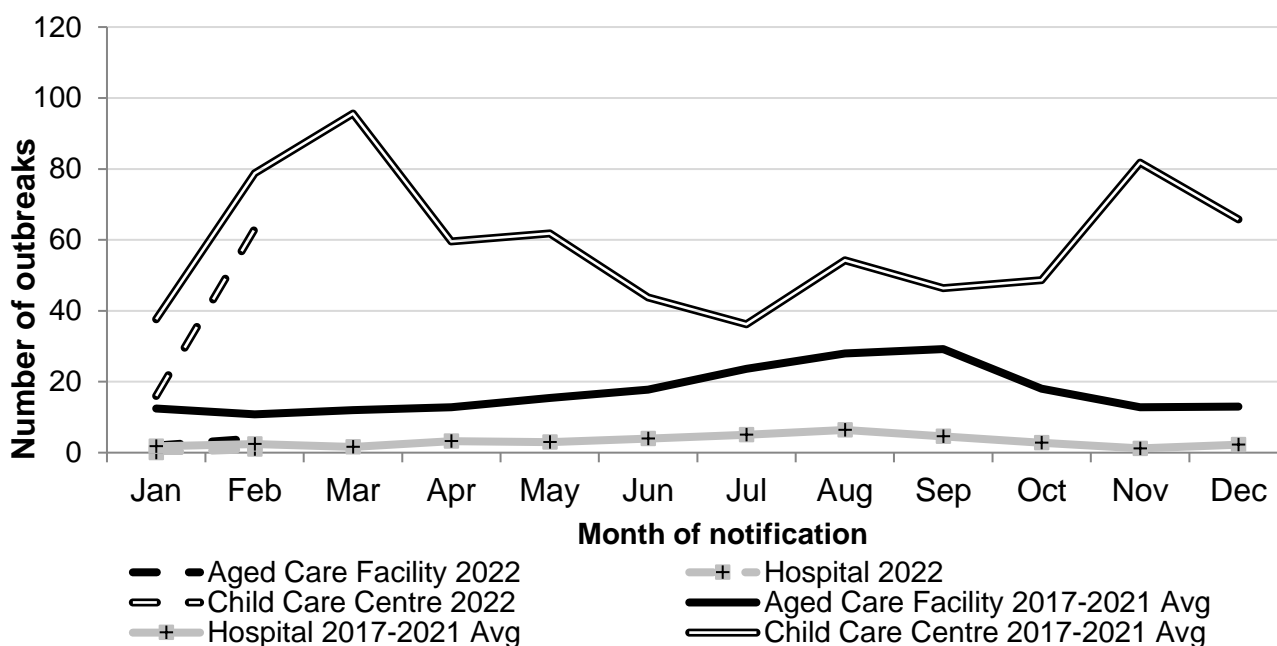
For further information see NSW Health [infectious diseases page](#). This includes links to other NSW Health [infectious disease surveillance reports](#) and a [diseases data page](#) for a range of notifiable infectious diseases.

### Gastroenteritis in institutions

There were 40 outbreaks of gastroenteritis in institutions notified during this reporting period, affecting at least 250 people. Of these, 36 (90%) outbreaks occurred in childcare centres. Of the remaining four outbreaks, two occurred in schools, and one each occurred in an aged care facility and a hospital. A causative agent was not identified for any outbreak.

Gastroenteritis outbreaks in institutions have recently been low as many childcare centres have been closed over the Christmas break (Figure 1). However, gastroenteritis outbreaks are now trending upwards towards the five-year average, with 16 outbreaks in childcare centres notified during January and 63 outbreaks in February (as at 15<sup>th</sup> February 2022).

**Figure 1. Gastroenteritis outbreak in institution notifications by month and facility, NSW, 2017-2022 Year to Date - as at 15 Feb 2022**



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.

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. Alcohol hand sanitiser is generally less effective than soap and water but can be used if these are not available.

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.

When looking after someone who is experiencing gastroenteritis, thorough cleaning of all contaminated surfaces using personal protection equipment is strongly recommended to prevent further transmission. Impervious gloves and a mask should be worn when cleaning up bodily fluids, including vomit. Contaminated surfaces should be immediately and thoroughly cleaned with hot, soapy water and then disinfect the area using a household disinfectant. Clothing or linen that may be contaminated with stool or vomit should be removed and washed immediately using hot water and detergent.

Clinicians are encouraged to notify outbreaks of gastroenteritis in institutional settings to the local public health unit, and to request stool (faeces) specimens 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.

## COVID-19 (Coronavirus)

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 6 February to 12 February 2022, by date received\***

		Weekly		Year to date				Full Year		
		This week	Last week	2022	2021	2020	2019	2021	2020	2019
Enteric Diseases	Campylobacter	249	257	1241	1467	1421	1607	11174	9457	11179
	Cryptosporidiosis	7	9	48	82	138	129	442	549	669
	Giardiasis	21	23	118	202	356	500	1499	1869	3323
	Rotavirus	5	11	30	39	228	91	355	500	1777
	Salmonellosis	89	98	477	663	626	650	3097	2884	3556
	Shigellosis	3	7	24	8	203	120	60	494	867
	STEC/VTEC	5	1	16	15	16	14	127	115	80
	Typhoid	1	0	2	0	15	13	2	37	64
Respiratory Diseases	Influenza	1	2	17	12	3696	2946	122	7487	116434
	Legionellosis	3	3	27	36	14	32	209	170	153
	Tuberculosis	7	6	36	70	53	55	561	624	589
Sexually Transmissible Infections	Chlamydia	459	505	2357	3658	4213	3819	25343	27251	32479
	Gonorrhoea	181	199	964	1147	1602	1366	7628	9890	11691
Vaccine Preventable Diseases	Meningococcal Disease	1	2	4	2	4	5	23	22	59
	Pneumococcal Disease (Invasive)	3	2	25	37	60	42	390	359	690
Vector Borne Diseases	Barmah Forest	1	2	6	19	10	10	110	271	63
	Ross River	39	27	165	130	21	61	653	1990	593

**\* 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.