

WHAT IS VIRAL GASTROENTERITIS?

Viral gastroenteritis is a common infection of the stomach and intestines that results in vomiting and diarrhoea. It can be caused by a number of different viruses, such as Rotavirus and Norovirus (previously known as Norwalk-like virus). There are many other causes of non-viral gastroenteritis including bacteria, toxins, parasites, and some non-infectious diseases.

WHAT ARE THE SYMPTOMS OF VIRAL GASTROENTERITIS?

The main symptoms of viral gastroenteritis are vomiting and watery diarrhoea. Other symptoms may include nausea, fever, abdominal pain, headache, and muscle aches. Dehydration can follow. Symptoms can take between one and three days to develop and usually last between one and two days, sometimes longer.

HOW IS VIRAL GASTROENTERITIS DIAGNOSED?

A diagnosis of viral gastroenteritis is based on the person's symptoms. Laboratory confirmation is rarely sought, except in outbreaks when testing of vomit or faeces is important.

WHO IS MOST AT RISK OF VIRAL GASTROENTERITIS?

Viral gastroenteritis can affect people of all ages.

HOW IS VIRAL GASTROENTERITIS SPREAD?

Viral gastroenteritis is highly infectious and is spread by the vomit or faeces of an infected person through:

- person-to-person contact, for example shaking hands with someone who has been sick and has the virus on their hands;
- contaminated surfaces;
- contaminated food or drink.

There may also be the possibility of infection being spread through aerosol particles when people vomit.

In most cases, spread occurs from a person who has symptoms. Some people can pass on the infection without symptoms, particularly in the first 48 hours after recovery.

HOW CAN VIRAL GASTROENTERITIS BE PREVENTED?

After using the toilet, changing nappies, and before eating or preparing food, wash your hands thoroughly with soap

and running water for at least 15 seconds and dry them with a clean towel.

WHAT SHOULD PEOPLE WITH VIRAL GASTROENTERITIS DO?

There is no specific treatment for viral gastroenteritis except rest and drinking plenty of fluids. Most people will recover without any complications. However, viral gastroenteritis can be serious for those who may have difficulty replacing fluids lost through vomiting and diarrhoea.

People with vomiting or diarrhoea should:

- rest at home; not attend work or school or child care;
- not prepare food for others; and not care for patients, children, or the elderly. These precautions should continue until 48 hours after recovery;
- wash hands thoroughly with soap and running water after using the toilet;
- drink plenty of clear fluids, for example juice or soft drink diluted 1 part to 4 parts water, to prevent dehydration. Avoid undiluted fruit juice and soft drinks as they may increase dehydration and diarrhoea. Rehydration drinks that replace fluids lost are available from chemists. Intravenous fluids may be needed in severe cases of dehydration.

Babies with symptoms of gastroenteritis, and other people who are unable to keep fluids down, or are dehydrated, have ongoing symptoms, or who are concerned, should see a doctor as soon as possible.

WHAT SHOULD CARERS DO?

People caring for those with gastroenteritis should wash hands thoroughly with soap and running water after any contact with the sick person. Cleaning soiled surfaces and clothing reduces further spread of the virus.

When cleaning up vomit or faeces:

- wear gloves; hands should be washed after gloves are removed and disposed;
- use disposable paper towels or rags to remove any solid material and seal them in a plastic bag before placing in the rubbish bin;
- clean any soiled object or surface with hot water and detergent and allow to dry thoroughly.
- some people also recommend wearing a mask.

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WHAT IF THERE IS AN OUTBREAK OF VIRAL GASTROENTERITIS?

Outbreaks of viral gastroenteritis increase in winter and are common within families and group settings including nursing homes, hospitals, childcare centres, and schools. Doctors and hospitals are required to notify their local public health unit whenever there are at least two cases of gastroenteritis that are linked.

Public health units are able to:

- advise on how to control the outbreak;
- investigate outbreaks to determine the source and mode of transmission;



- advise on the exclusion of people with viral gastroenteritis from work, school or other public gatherings.

For further information about how to look after children with gastroenteritis see the Gastroenteritis in Children fact sheet jointly developed by the Children's Hospital Westmead at www.chw.edu.au and the Sydney Children's Hospital at www.sch.edu.au.

For more information please contact your doctor, local public health unit, or community health centre.

September–October 2003 ☒

COMMUNICABLE DISEASES REPORT, NSW, FOR JULY 2003

TRENDS

Notifications of communicable diseases for July were consistent with notifications in previous winters with: increased reports of meningococcal disease and invasive pneumococcal disease, and decreased reports of arbovirus infections and salmonellosis (Figure 1 and Table 1).

MEASLES IN WENTWORTH

The Wentworth Public Health Unit reported a measles outbreak, with nine confirmed cases, beginning early June 2003. Eight cases have been linked through contact with the first case. No link has been established in the ninth case.

The outbreak started in June when a young adult (Case 1), who had recently returned from a holiday in Asia, presented to the Emergency Department of a Sydney hospital with a fever and rash. The patient presented again the next day and was admitted. Measles was confirmed five days later by serology (IgM+). The case had no history of immunisation for measles.

Two people who were in the Emergency Department at the same time as Case 1 later became ill with measles. One was a two-month old baby (Case 2) whose onset of rash was eight days after exposure to Case 1. While the

incubation period appears short, measles was confirmed from a nasopharyngeal swab. The other was the baby's father (Case 3) who developed symptoms 12 days after exposure. The mother of the baby was immune to measles, with serology showing her to be IgG positive. The father had not been immunised against measles. Subsequently, the baby's unimmunised sibling developed measles (Case 4), probably contracted from his father (Case 3). Onset of rash in Case 4 was 13 days after the start of the infectious period of Case 3.

While infectious, Case 3 presented to the Emergency Department at the hospital. Ten days later, two more people developed symptoms of measles. One was a staff member of the Emergency Department (Case 5); the other was a child (Case 6), who was present in the Emergency Department at the same time as Case 3. Case 6 was reported to have been immunised outside Australia. Measles was confirmed in Cases 5 and 6 by immunofluorescence from a throat swab.

Subsequently, another member of staff of the hospital also contracted measles (Case 7), over 35 years of age, which would be considered to be outside the risk age (based on likely natural immunity from exposure as a child). Exposure is likely to have been with Case 5, the staff member from the Emergency Department.

materials, and skills to ensure they have the capacity to carry out this role effectively.

Contact tracing was not associated with whether the case had symptoms, or whether the diagnosis was made as a result of screening, or who initiated screening. This would suggest that factors other than the reason why an individual has presented for a test determine whether contact tracing is performed.

CONCLUSION

The enhanced Chlamydia surveillance system described in this article can efficiently identify at-risk groups and monitor the extent of contact tracing that is occurring. There is limited evidence of screening among at-risk groups. Some form of contact tracing is occurring for the majority of diagnosed cases. These results could be used to provide a baseline for an evaluation of the Chlamydia education campaign in the Central Sydney Area Health Service.

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ERRATUM

VIRAL GASTROENTERITIS FACT SHEET

The September–October 2003 issue of the *NSW Public Health Bulletin* (Volume 14, Number 9–10) contained a fact sheet for Viral Gastroenteritis. At the end of the fact sheet, readers interested in further information on suitable fluids for children with gastroenteritis were referred to the ‘Gastroenteritis in Children’ fact sheet on the website of the Children’s Hospital at Westmead.

This fact sheet was jointly developed by the Children’s Hospital at Westmead and the Sydney Children’s Hospital at Randwick. The fact sheet is available from the websites of both hospitals at www.chw.edu.au and www.sch.edu.au.