



Government of Western Australia  
WA Country Health Service

# Kimberley Rotavirus Outbreak

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13 November 2025

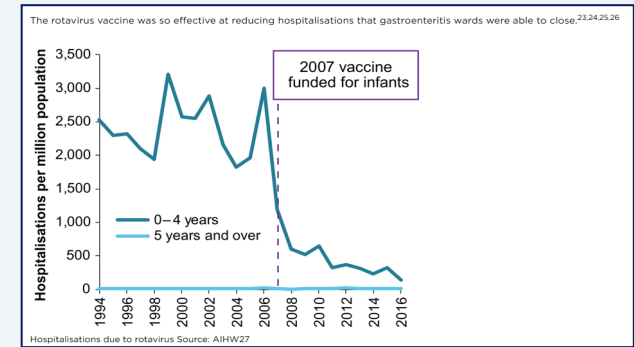
# Overview

- Rotavirus
- Immunisation
- Outbreak overview
- Public health actions
- Conclusion

- **Before vaccine:**
  - Leading cause of severe gastroenteritis in children <5 years.
  - Causes around 10,000 hospitalisations each year
- July 2007 – RotaTeq was added to the NIP 3-dose schedule
  - 2017 changed to Rotarix 2-dose schedule

- **After vaccine introduction:**
  - Hospitalisation reduced by 60-80% nationally

- **Overall impact:**
  - Reduction in the burden of disease, hospital and complications
  - Benefit -> infants and young children, and communities



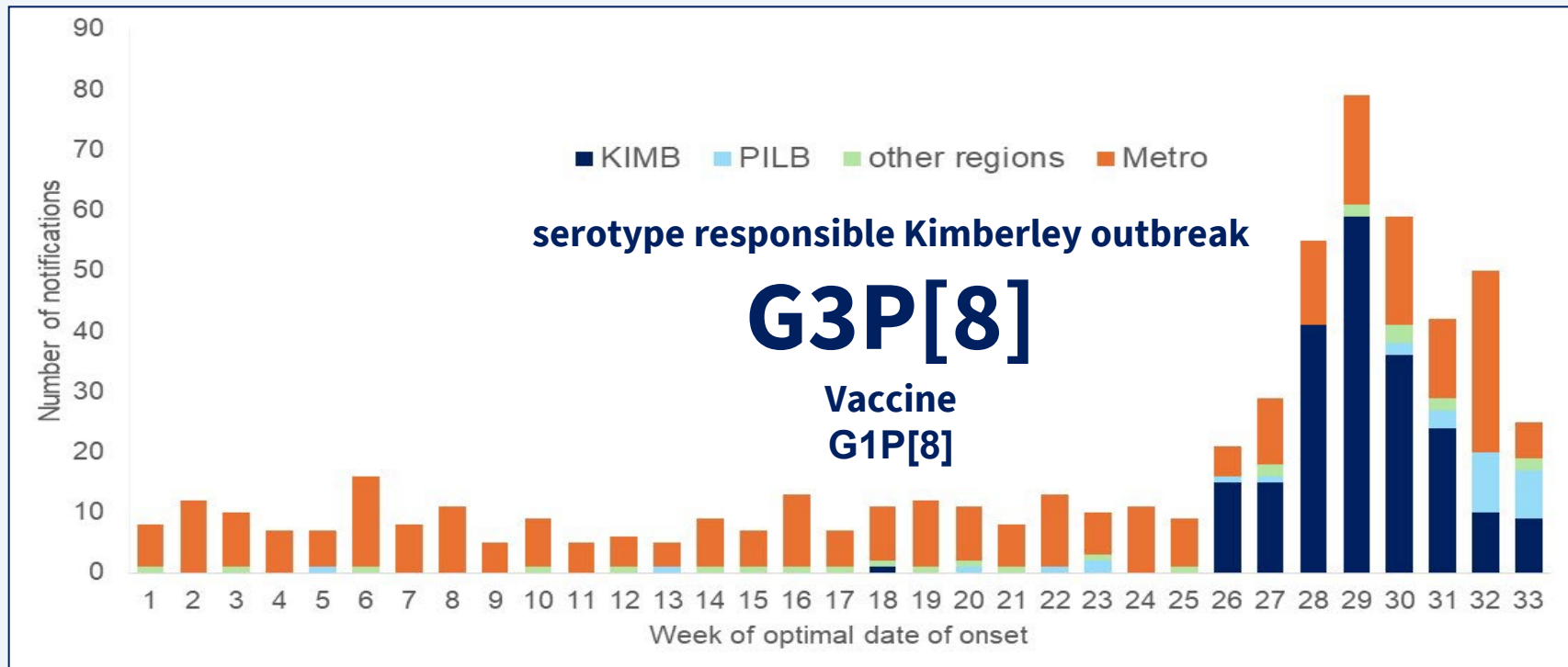
# Rotavirus vaccine Australia:

## Two vaccines available:

- RotaTeq: 3-dose schedule
  - 5 human-bovine reassortant rotavirus strains G1, G2, G3, G4 and P1A[8], protects against different serotypes is similar in both vaccines.
- Rotarix: 2-dose schedule
  - 1 strain attenuated human rotavirus **G1P[8]**, protects against non-G1 serotypes

# State-wide rotavirus notifications year to date

Figure 1. Rotavirus notifications by public health unit and week of optimal date of onset, WA, 01 January to 23 August 2025



# “Rotavirus Road Trip: Across the Kimberley and Beyond”





# Outbreak overview



Start date: 25.06.2025 End date: 21.08.2025	8 weeks
<b>Total number of cases</b>	<b>217</b>
<b>63% of cases</b>	<b>&lt;2 years of age</b>
24% of cases	2-5 years of age
<b>84% of cases</b>	<b>Aboriginal</b>
16% of cases	Non-Aboriginal
<b>72% of cases</b>	<b>Hospitalised, most (70%) of cases &lt;2 years old.</b>
7 children	RFDS to PCH
Multiple cases	Co-infection

Vaccination status of Kimberley children <5 years of age: confirmed rotavirus	
54% cases	Fully vaccinated
83% of cases	1 dose of vaccine recorded
4 cases	<6 weeks of age

*“Rotarix vaccine administration is age-restricted, with no catch-up, unlike other scheduled vaccines”*



# Public health management- Clinician Alert:

- Collect stool samples
- Exclude cases from work after symptoms resolve
- Exclude for 48 hours (HCW) or attend to severe illness
- Rapid deterioration
- Continue to vaccinate as immunity is achieved



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## Rotavirus Alert

Kimberley Population Health Unit  
25 June 2025

- An increase in gastroenteritis presentations has been reported this week with some cases.
- Several cases have stool samples positively detected.
- Some cases have attended childcare.
- Clinicians across the region should be aware and test where possible.
- Primary health care staff should be aware.
- Clinicians in the region should provide advice.

Rotavirus is a vaccine preventable disinfection may cause a moderate to severe fever and watery diarrhoea. Illness usually with recovery in 4-6 days, however in children, particularly those under 5 years, severe and rapid dehydration. Severe subclinical infection.

Rotavirus infections in temperate mid to late winter. Conversely, in tropical regions, they are unpredictable and widespread hospitalisation rates among Aboriginal childrenhood immunisation began, times the rate of non-Indigenous children.

### Actions

- **Test:** people presenting with gastroenteritis, MC&S.
- **Exclude:** cases from school/childcare, last symptoms.

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## Rotavirus Alert Update

Kimberley Population Health Unit (KPHU)  
16 July 2025

### Key points

- Presentations of rotavirus gastroenteritis continue across the region with 64 confirmed cases of rotavirus notified to the Department of Health in Kimberley residents since 25 June 2025.
- To date, rotavirus has been confirmed in Halls Creek, Kununurra, Kimberley and the Fitzroy Valley, and most recently in Derby and Broome.
- Clinicians should be prepared for further presentations of gastroenteritis among young children as rotavirus outbreaks may last for several weeks to months.
- Clinicians should test stool samples for **faeces virus PCR** to confirm when rotavirus has reached your community. Standard requests for gastroenteritis among young children and facilitate prompt rotavirus vaccination for those eligible.
- Check immunisation records opportunistically for all babies presenting to your health service who have not received their first rotavirus vaccine.

### Current situation

Rotavirus continues to spread across the Kimberley with 64 confirmed cases notified in Kimberley residents since 25 June 2025. Confirmed cases have now been detected in Halls Creek, Kununurra, Fitzroy Crossing, Derby, Broome and most remote communities in the East and West Kimberley. Rotavirus is expected to be detected in remaining communities in the Katjunga, Dampier Peninsula and Bidjandanga in the coming days. Although some notifications are occurring in adults, 55 (86%) confirmed cases are in children less than 5 years of age with 93% of these children requiring hospitalisation. Among the 56 cases less than 10 years of age with known vaccination status, 13% had not received any rotavirus vaccines.

### Vaccination information

The rotavirus vaccine used in Western Australia is Rotarix, given as a 2-dose course at 2 and 4 months of age. Dose 1 of Rotarix can be given from 10-14 weeks of age (before turning 15 weeks of age), and dose 2 given at least 4 weeks later from 16-24 weeks of age (before turning 25 weeks of age). Babies must start their course of Rotarix before turning 15 weeks of age. Infants and children 25 weeks of age should not receive rotavirus vaccines due to the theoretical increased risk of intussusception.

Rotavirus vaccination will not prevent all cases of rotavirus and even if a child is fully vaccinated they may still develop rotavirus, although the child will be less likely to require hospitalisation. Babies who develop disease should still continue with vaccination if eligible, as only partial immunity is achieved from disease. If the infant has had moderate to severe illness, vaccinated as soon as they are medically stable. Infants with mild gastroenteritis, including mild diarrhoea, can receive the vaccine.

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Technology form  
after

Health Worker  
in  
only partial



# Initial Response – Halls Creek

- Worked with Community Health Service (CHS) and Hospital teams
- Supported clinicians and followed up cases
- Investigated, tried to identify the source or connections
- Liaised with PathWest and managed pathology follow-up
- CHS partnered with Environmental Health (EH) to deliver hygiene education and provide soap
- Developed a rotavirus spreadsheet
- Engaged local childcare facilities and schools
- Sought more appropriate resources for our communities

# Public health actions continued

- Partnership – Community Health Services (CHS), Environmental Health (EH), Aboriginal Medical Services (AMS), communities & hospitals
- Daily attendance at health service huddles
- Testing, case & contact management advice to clinicians (letter)
- Collaborate with stakeholders on social media and media interviews
- Regional Clinician alerts
- Targeted Health Promotion (HP) – vaccine, hygiene education, provision of soap. EH referral with consent
- AIR overdue lists circulated to CHS, AMS & GP's
- Actively recall babies for vaccines
- Continue monitoring – Follow up results at new sites

# Acknowledgement: Aboriginal Health Council of WA (AHCWA)

- Rotavirus resources.

## Bad tummy bug going around called **rotavirus**

**Rotavirus spreads fast between people. Babies and young kids can get very sick with:**





- vomiting
- watery diarrhoea
- tummy pain
- fever
- sleepy or not much energy

**How to look after sick kids:**  
Make sure sick kids drink water, oral rehydration solutions (hydralyte) or breastmilk/formula.  
If they can't drink fluids or you're worried, take them to the clinic or hospital.

**Stop rotavirus by:**

- washing hands with soap and water —especially after changing a nappy, going to the toilet, and before cooking, eating, and drinking
- using disinfectants to clean up kitchens, bathrooms, toys, and other surfaces
- keeping sick kids away from Elders or people with health problems
- making sure kids get their vaccines at the right time —kids get rotavirus vaccine at two and four months old

**If you are worried about your kid call your local clinic.**



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www.ahcwa.org.au | AHCWA

## Bad tummy bug going around called **Rotavirus**

**What is rotavirus?**  
Rotavirus is a very contagious virus that causes gastro (vomiting and diarrhoea) in young kids.

**Babies and young kids can get very sick with:**

- vomiting
- watery diarrhoea
- tummy pain
- fever
- sleepy or not much energy

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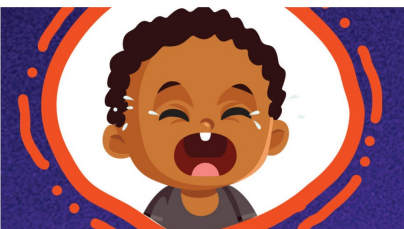
**If you are worried about your kid call your local clinic.**

**Keep your mob safe.**  
Talk to your clinic for more information.



**Aboriginal Health Council of Western Australia**  
8 Sep 2025

## Rotavirus



Rotavirus cases have been active in Western Australia. It is a highly contagious virus. AHCWA has developed a suite of resources to assist with preparing and responding to rotavirus in your ACHS.

Rotavirus – AHCWA

# Successes

- Early notification and action by Public Health Unit (PHU) Team
- Relationships with - PHS, AMS, EH and CDCD
- PHU led- Roles and responsibility
- Communications – within Health and non-health departments
- AHCWA – development of Rotavirus factsheet & poster





## Boiling every drop: families in the Kimberley still fighting for healthy homes



Natasha Clark • Updated November 6, 2025 • 6:14pm, first published November 5, 2025 at 5:00pm



For many participants, the work of keeping families healthy continues every day, one repaired pipe or shared washing load at a time.

"It's hard living out here," another said.

"The houses not built properly. But we just keep fixing what we can."



# Conclusion

- Strengthen vaccination:
  - **On-time vaccination**, robust recall systems, increase Rotarix coverage – 2,4-month-olds
- Embed hygiene education into everyday programs
- Improve Community Infrastructure
  - **Access to safe housing**, sanitation and clean water
  - **Functioning facilities** – toilets, taps, waste disposal
- Build Community trust & partnership
  - Ensures culturally safe communication and greater uptake of prevention measures
- Celebrate small wins and shared responsibility





Thank you  
Questions?