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## NOTICES TO READERS

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### **Development of a National Communicable Diseases Surveillance Strategy**

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#### **An invitation to make submissions**

A National Communicable Diseases Surveillance Strategy (NCDSS) is being developed to enhance Australia's capacity to manage communicable diseases. The NCDSS aims to provide a comprehensive annual picture of the burden of communicable diseases that will improve national capacity to prioritise communicable disease threats and to develop control strategies. Issues being considered in the development of the Strategy include current surveillance arrangements and national co-ordination of surveillance activities. Laboratory issues are being considered in a related review. The Strategy is being developed on behalf of the Chief Health Officers of Australia. The process has been endorsed by the Australian Health Ministers' Advisory Council.

Submissions are invited on the development of a NCDSS. Further information, including terms of reference can be obtained by calling (06) 289 8351 or by faxing a request to (06) 289 7791. Please include your name, address and telephone number.

#### **How to make your submission**

Please make your submission in writing, word processing documentation diskette, or on audio tape, and include your name, address and phone number. Submissions should be sent to:

Dr Graeme Oliver, Secretary  
 NCDSS Committee  
 AIDS/Communicable Diseases Branch  
 MDP 15  
 Department of Human Services and Health  
 GPO Box 9848  
 Canberra ACT 2601

The closing date for receipt of submissions is **4 April 1996**.

All submissions will be held in a register of submissions which can be accessed by the public. If you would like your submission to be treated as confidential, please indicate this clearly. Submissions may however be subject to release under the Freedom of Information Act 1992.

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### **Reporting of acute flaccid paralysis cases and isolates of poliovirus**

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Australia is in the process of collecting data which will allow this country to be certified polio free<sup>1</sup>. This is part of the World Health Organization (WHO) initiative to eradicate poliomyelitis by the year 2000.

Two important factors which will help Australia meet the WHO criteria for a polio free country are surveillance of acute flaccid paralysis and testing of poliovirus isolates to detect wild poliovirus.

**Clinicians and laboratory staff are requested to actively participate in these schemes in order to allow Australia to be certified polio free as soon as possible.**

#### **Reporting of cases of acute flaccid paralysis**

Surveillance of acute flaccid paralysis (AFP) in children has been conducted through the Australian Paediatric Surveillance Unit since March 1995. The investigators in this study are Dr Ana Herceg (Commonwealth Department of Human Services and Health), Mrs Margery Kennett (National Polio Reference Laboratory), Dr Jayne Antony (New Children's Hospital) and Dr Helen Longbottom (Commonwealth Department of Human Services and Health).

The study of acute flaccid paralysis aims to meet the WHO criteria of adequate surveillance for possible cases of polio. The study also aims to estimate the annual incidence of AFP, document the causes of AFP and

describe the clinical picture of AFP cases, including outcomes. Possible causes of AFP include Guillain Barre syndrome, transverse myelitis, demyelination and viral infection.

**To definitely exclude polio the WHO requires 2 stool specimens to be taken and tested for poliovirus, preferably 24 hours apart, within the first two weeks after onset of paralysis for every case of AFP.**

Unfortunately this has been done for very few of the cases of AFP reported so far, and as a result a number of the cases must be classed as "polio compatible" under the WHO AFP classification criteria.

**Failure to adequately investigate cases of AFP according to the WHO criteria may compromise Australia's efforts to be certified polio free.**

To assist this study and the effort to certify Australia polio free, paediatricians are asked to ensure adequate stool specimens to meet the WHO criteria are taken for poliovirus testing from all cases of AFP, whether poliovirus infection is suspected or not. If adequate stool specimens have not been taken, another possible (but far less preferable as it does not directly fulfil the WHO criteria) option is to have paired sera tested for a rise in poliovirus antibodies.

All clinicians and laboratories are asked to keep in mind the need to test cases of acute flaccid paralysis for poliovirus infection.

Please report cases by phone to Dr Ana Herceg on (06) 289 8638.

### **Testing of poliovirus isolates**

Laboratories may receive specimens from cases where the diagnosis is acute flaccid paralysis (e.g. limb weakness, paralysis). If stool specimens have not been received laboratories are urged to contact the clinician to suggest these specimens are taken.

**Two stool specimens from a case of acute flaccid paralysis should always be tested for poliovirus.**

Regional laboratories should forward specimens to their State or Territory virology laboratory for enterovirus isolation. If poliovirus is isolated the isolates and original faecal samples should be forwarded to the National Polio Reference Laboratory at Fairfield Hospital in Melbourne for intratypic differentiation.

In addition, **any poliovirus isolates obtained from other sources should be sent to the national polio reference laboratory for intratypic differentiation.** Other sources could include children with other illness, environmental samples or stool surveys. This testing will identify whether wild poliovirus is still circulating in the Australian community.

**Specimens can be transported to the national polio reference laboratory at no cost to the originating laboratory.** These can be shipped through Qantas Australian Air Express/Marair. Please contact Ms Mary Engert, Marair, Melbourne Airport by phone on (03) 9335 2699, by fax on (03) 9330 4315 or toll-free on 1800 677 221 for transport details.

For further details on laboratory testing please contact Mrs Margery Kennett or Mrs Kerri Anne Brussen at the National Polio Reference Laboratory, Victorian Infectious Diseases Reference Laboratory, Fairfield Hospital, Fairfield, Vic 3078; phone (03) 9280 2397; fax (03) 9481 3816.

### **Reference**

1. *CDI* notice to readers. Progress towards polio eradication in Australia. *Comm Dis Intell* 1995;19:43.

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## **International Travel and Health**

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### **WHO Vaccination Requirements and Health Advice, 1996 Edition**

The 1996 edition of the World Health Organization publication *International Travel and Health* is now available in English and French. This booklet is designed for health authorities, physicians, tourist agencies and other bodies who give health advice to travellers.

The booklet contains information on vaccination requirements of individual countries, areas where malaria transmission occurs, areas where *Plasmodium falciparum* is resistant to drugs, other potential health hazards and recommended travel precautions.

The booklet is available from WHO Distribution and Sales, 1211 Geneva 27, Switzerland; ISBN 92 4 158021 6; Sw.fr 15.00/US \$13.50; order number 1189600.

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### **Correction: Epidemiology of malaria in Australia 1991 - 1995**

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In *CDI* volume 20 issue number 4 of 19 February, on page 86 there was an error in the numbers of malaria reports for Tasmania. There were 54 cases of malaria reported for Tasmania between 1990 and 1994. Of these, the correct breakdown of species was 35 reports of *Plasmodium vivax*, 7 of *Plasmodium falciparum*, one of mixed *P. vivax* and *P. falciparum* and 11 unknown.