
COMMUNICABLE DISEASES SURVEILLANCE

National Notifiable Diseases Surveillance System

The NNDSS is conducted under the auspices of the Communicable Diseases Network Australia-New Zealand. The system coordinates the national surveillance of 41 communicable diseases or disease groups endorsed by the National Health and Medical Research Council (NHMRC). Notifications of these diseases are made to State and Territory health authorities under the provisions of their respective public health legislation. De-identified core unit data are

supplied fortnightly for collation, analysis and dissemination. For further information, see *CDI 1996;20:9-10*.

Reporting period 15 to 28 September 1996

There were 1,334 notifications received for this two-week period (Tables 1, 2 and 3). The numbers of reports for selected diseases have been compared with average data for this period in the previous three years (Figure 1).

Figure 2. *Haemophilus influenzae* type b infection notifications, 1991 to 1996, by month of onset

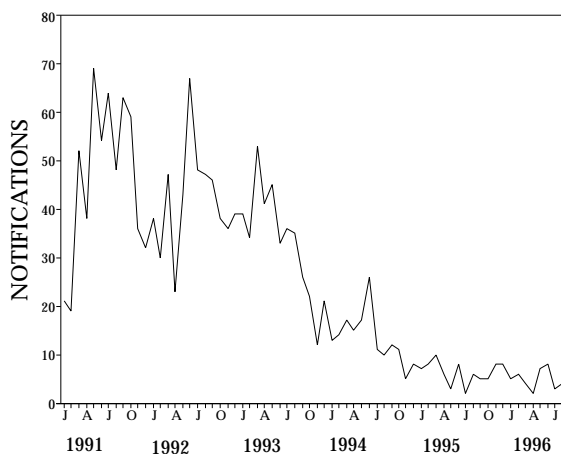


Figure 3. Ross River virus notifications, 1994 to 1996, by month of onset

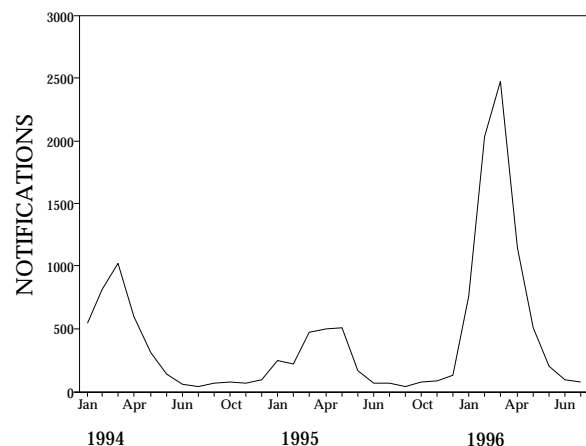
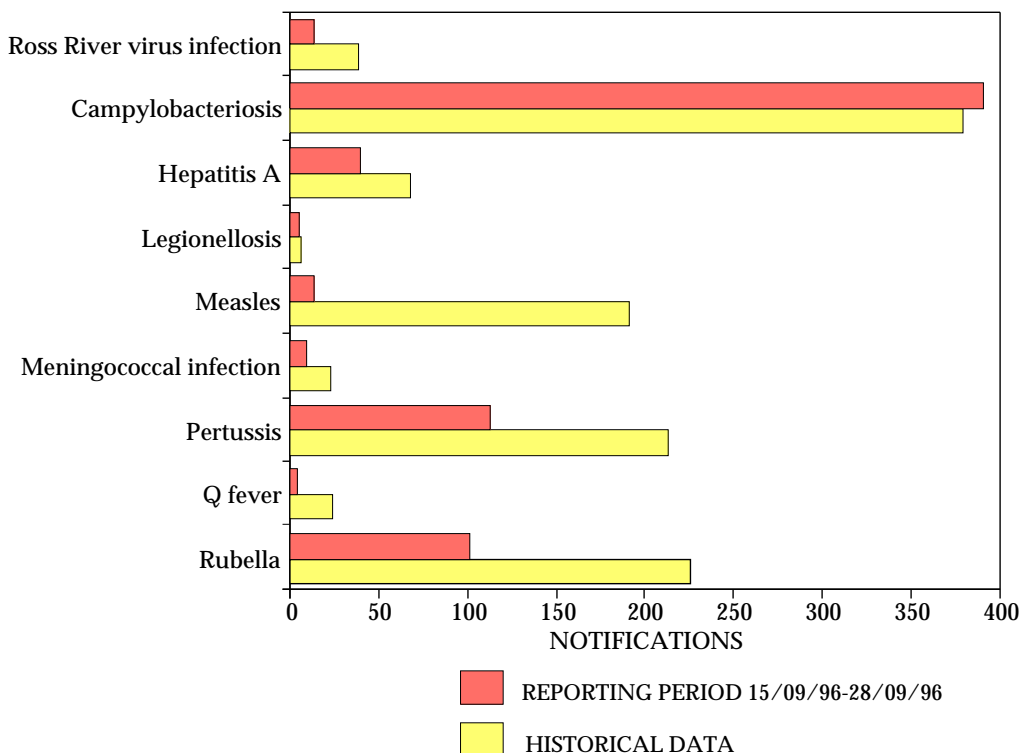


Figure 1. Selected National Notifiable Diseases Surveillance System reports, and historical data¹



1. The historical data are the averages of the number of notifications in 9 previous 2-week reporting periods: the corresponding periods of the last 3 years and the periods immediately preceding and following those.

A total of 45 notifications of *Haemophilus influenzae* type b with onset in 1996 has been received. Of these 23 (54%) were for children under the age of 5 years. The number of reports has remained low since 1995 (Figure 2).

Fourteen notifications of Ross River virus infection were received this period. This low number is usual for the time

of year. The peak number of reports received for the month of March is higher than for any year recorded (Figure 3).

The number of cases of meningococcal disease reported continues to decline after peaking in July (Figure 4). The male:female ratio was 1.3:1 and 109 cases (36%) were for the under 5 year age group (Figure 5).

Figure 4. Meningococcal disease notifications, 1993 to 1996, by month of onset

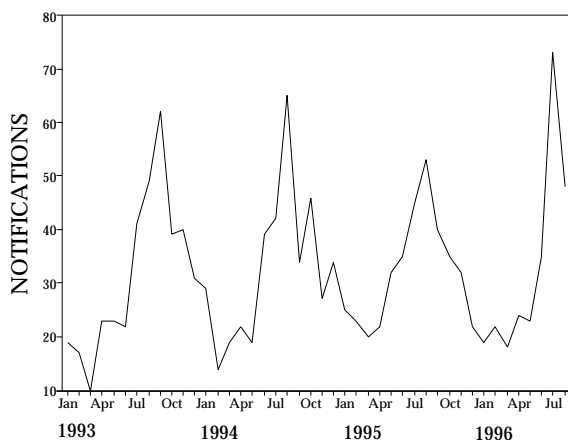


Figure 5. Meningococcal disease notifications, 1996, by age group and sex

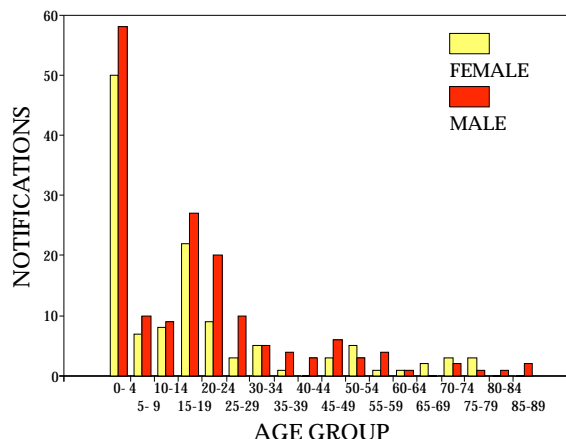


Table 1. Notifications of diseases preventable by vaccines recommended by the NHMRC for routine childhood immunisation, received by State and Territory health authorities in the period 15 to 28 September 1996

DISEASE ¹	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA ²			
									This period	This period	Year to date	Year to date
									1996	1995	1996	1995
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> B infection	0	0	0	1	0	1	0	0	2	2	45	53
Measles	0	3	0	4	1	2	1	2	13	40	346	1077
Mumps	0	2	1	NN	0	0	0	0	3	8	89	112
Pertussis	1	3	0	32	35	3	31	8	113	167	2300	3122
Rubella	0	0	0	56	18	0	19	8	101	333	1783	2216
Tetanus	0	0	0	0	0	0	0	0	0	0	1	3

NN Not Notifiable.

1. No notifications of poliomyelitis have been reported since 1986.

2. Totals comprise data from all States and Territories. Cumulative figures are subject to retrospective revision, so there may be discrepancies between the number of new notifications and the increment in the cumulative figure from the previous period.

Table 2. Notifications of other diseases received by State and Territory health authorities in the period 15 to 28 September 1996

DISEASE ¹	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA ²			
									This period	This period	Year to date	Year to date
									1996	1995	1996	1995
Arbovirus Infection (NEC) ^{3,4}	0	0	1	0	0	0	0	0	1	2	84	56
Barmah Forest virus infection	0	2	-	12	0	0	0	-	14	20	692	648
Ross River virus infection	0	0	1	10	0	0	0	3	14	29	7466	2391
Dengue	0	0	0	0	0	-	0	0	0	1	29	23
Campylobacteriosis ⁵	10	-	5	78	85	26	116	71	391	461	8672	7699
Chlamydial infection (NEC) ⁶	2	NN	14	109	0	10	63	41	239	242	5537	4583
Donovanosis	0	NN	0	0	NN	0	0	1	1	1	36	58
Gonococcal infection ⁷	2	0	17	46	0	0	13	24	102	97	2828	2328
Hepatitis A	1	3	3	25	2	0	4	2	40	54	1712	1134
Hepatitis B incident	0	0	0	0	0	0	3	0	3	13	153	251
Hepatitis C incident	0	0	0	-	0	-	-	-	0	1	22	62
Hepatitis C unspecified	10	NN	2	101	NN	23	118	20	274	429	6941	7117
Hepatitis (NEC)	0	0	0	0	0	0	1	NN	1	0	17	10
Legionellosis	0	0	2	0	1	0	1	1	5	4	135	133
Leptospirosis	0	0	0	1	0	0	0	0	1	1	170	91
Listeriosis	0	0	0	0	6	1	0	0	7	1	48	48
Malaria	2	1	0	4	0	0	1	1	9	15	647	502
Meningococcal infection	0	0	1	1	2	2	5	2	13	22	300	292
Ornithosis	0	NN	0	0	0	0	0	0	0	5	53	89
Q fever	0	1	0	3	0	0	0	0	4	17	387	347
Salmonellosis (NEC)	1	4	7	31	5	7	20	14	89	142	4307	4625
Shigellosis ⁵	0	-	5	6	3	0	3	1	18	22	500	597
Syphilis	0	2	2	5	0	1	1	1	12	64	1085	1421
Tuberculosis	0	2	1	6	9	1	11	3	33	34	770	754
Typhoid ⁸	0	0	0	0	0	0	1	0	1	1	67	57
Yersiniosis (NEC) ⁵	0	-	0	6	2	0	1	0	9	8	189	246

1. For HIV and AIDS, see Tables 4 and 5. For rarely notified diseases, see Table 3.

2. Totals comprise data from all States and Territories. Cumulative figures are subject to retrospective revision so there may be discrepancies between the number of new notifications and the increment in the cumulative figure from the previous period.

3. Tas: includes Ross River virus and dengue.

4. NT, Vic and WA: includes Barmah Forest virus.

5. NSW: only as 'foodborne disease' or 'gastroenteritis in an institution'.

6. WA: genital only.

7. NT, Qld, SA and Vic: includes gonococcal neonatal ophthalmia.

8. NSW, Vic: includes paratyphoid.

NN Not Notifiable.

NEC Not Elsewhere Classified.

- Elsewhere Classified.

Table 3. Notifications of rare¹ diseases received by State and Territory health authorities in the period 15 to 28 September 1996

DISEASES ²	Total this period	Reporting States or Territories	Year to date 1996
Brucellosis	1	Qld	25
Chancroid	0		1
Cholera	0		3
Hydatid infection	1	Tas	31
Leprosy	0		8

1. Fewer than 60 cases of each of these diseases were notified each year during the period 1988 to 1995.
2. No notifications have been received during 1996 for the following rare diseases: botulism; lymphogranuloma venereum; plague; rabies; yellow fever; or other viral haemorrhagic fevers.

Table 4. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 30 April 1996, by sex and State or Territory of diagnosis

										TOTALS FOR AUSTRALIA			
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1996	This period 1995	Year to date 1996	Year to date 1995
HIV diagnoses	Female	1	3	0	1	0	0	3	0	8	3	33	26
	Male	0	25	0	8	0	0	14	1	48	62	243	275
	Sex not reported	0	1	0	0	0	0	0	0	1	2	3	6
	Total ¹	1	29	0	9	0	0	17	1	57	67	279	309
AIDS diagnoses	Female	0	1	0	0	0	0	0	0	1	2	1	13
	Male	3	10	0	2	2	0	4	0	21	59	133	244
	Total ¹	3	11	0	2	2	0	4	0	22	61	134	258
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	4	6	15
	Male	0	10	0	5	1	0	6	1	23	44	127	221
	Total ¹	0	10	0	5	1	0	6	1	23	48	133	236

1. Persons whose sex was reported as transsexual are included in the totals.

Table 5. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 30 April 1996, by sex and State or Territory

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	AUSTRALIA
HIV diagnoses	Female	16	561	4	98	44	4	167	73	967
	Male	168	10026	82	1589	568	70	3382	760	16645
	Sex not reported	0	2049	0	0	0	0	42	0	2091
	Total ¹	184	12643	86	1692	612	74	3600	835	19726
AIDS diagnoses	Female	5	131	0	28	18	2	47	17	248
	Male	75	3804	26	649	274	32	1340	287	6487
	Total ¹	80	3945	26	679	292	34	1394	306	6756
AIDS deaths	Female	2	100	0	22	13	2	36	11	186
	Male	50	2693	20	454	189	21	1059	214	4700
	Total ¹	52	2799	20	478	202	23	1101	226	4901

1. Persons whose sex was reported as transsexual are included in the totals.

HIV and AIDS Surveillance

National surveillance for HIV disease is coordinated by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), in collaboration with State and Territory health authorities and the Commonwealth of Australia. Cases of HIV infection are notified to the National HIV Database on the first occasion of diagnosis in Australia, by either the diagnosing laboratory (ACT, New South Wales, Tasmania, Victoria) or by a combination of laboratory and doctor sources (Northern Territory, Queensland, South Australia, Western Australia). Cases of AIDS are notified through the State and Territory health authorities to the National AIDS Registry. Diagnoses of both HIV infection and AIDS are notified with the person's date of birth and name code, to minimise duplicate notifications while maintaining confidentiality.

Tabulations of diagnoses of HIV infection and AIDS are based on data available three months after the end of the reporting interval indicated, to allow for reporting delay and to incorporate newly available information. More detailed information on diagnoses of HIV infection and AIDS is published in the quarterly Australian HIV Surveillance Report, available from the National Centre in HIV Epidemiology and Clinical Research, 376 Victoria Street, Darlinghurst NSW 2010. Telephone: (02) 332 4648 Facsimile: (02) 332 1837.

HIV and AIDS diagnoses and deaths following AIDS reported for April 1996, as reported to 31 July 1996, are included in this issue of *CDI* (Tables 4 and 5).

National Influenza Surveillance

Australian Sentinel Practice Research Network; Communicable Diseases Intelligence Virology and Serology Reporting Scheme Contributing Laboratories, New South Wales Department of Health; Victorian Department of Health; World Health Organisation Collaborating Centre for Influenza Reference and Research.

National Influenza Surveillance is conducted from May to September each year. Data are combined from a number of sources to provide an indication of influenza activity. Included are sentinel general practitioner surveillance, absenteeism data from a national employer, and laboratory data from LabVISE and the World Health Organization Collaborating Centre for Influenza Reference and Research. For further information, see *CDI* 1996;20:9-12.

This is the final report of the National Influenza Surveillance for 1996.

The absenteeism rate recorded by Australia Post has dropped marginally (Figure 6). Australia Post reports for August and the first week of September have been excluded due to an error in the data. Consultation rates for influenza-like illness in Victoria, the Northern Territory and those recorded by ASPREN have all dropped markedly (Figure 7). No data were received this fortnight from New South Wales.

Laboratory reports of influenza A are now at low levels after peaking at the end of July (Figure 8). In the last fortnight, 39 laboratory reports of influenza A were received. Diagnosis was by virus isolation (21), antigen

detection (5), single high titre (11) and four-fold rise in titre (2). There were three reports of influenza A (H₃N₂). There have been 1,441 reports of influenza A for the year to date, 68 of which have been further identified as being of the H₃N₂ subtype. Of the total, 50% (716) were for patients under five years of age and 10% (147) were 65 years of age or older.

Figure 6. Australia Post absenteeism, 1996, by week

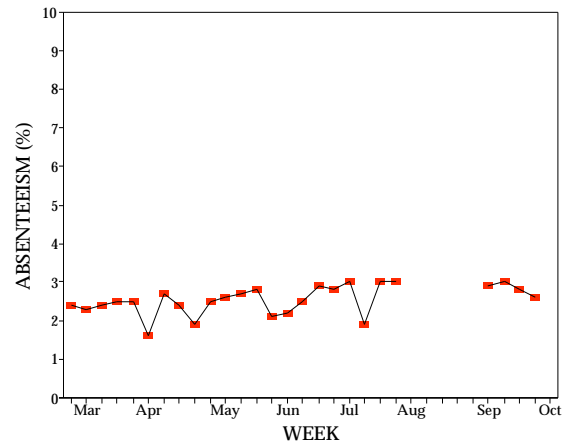


Figure 7. Sentinel general practitioner influenza-like illness consultation rates, 1996, by week

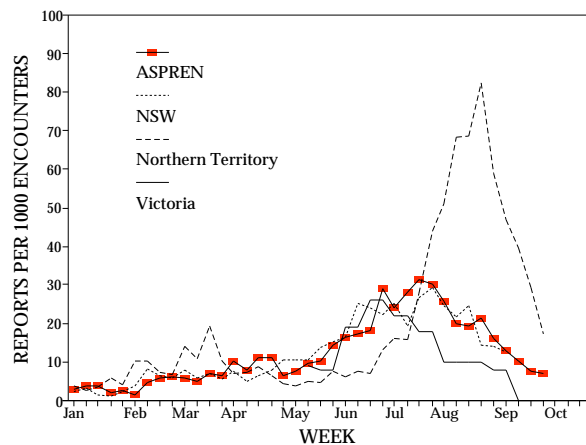


Figure 8. Influenza A laboratory reports, 1996, by method of diagnosis and week of specimen collection

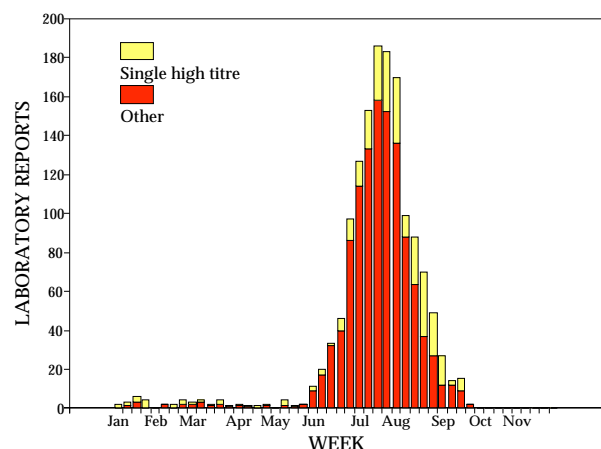
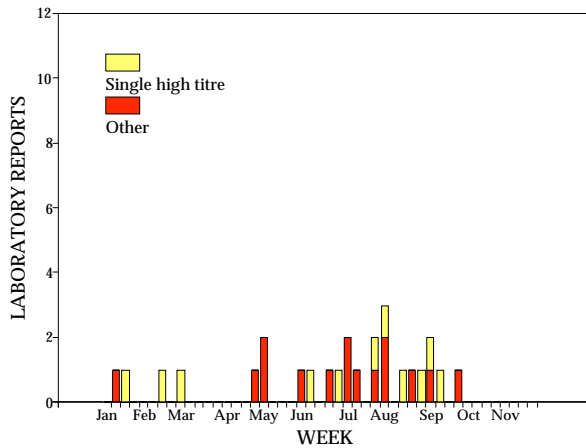


Figure 9. Influenza B laboratory reports, 1996, by method of diagnosis and week of specimen collection



Two reports of influenza B were received this fortnight. Activity has remained low this season (Figure 9). There have been only 26 reports of influenza B for the year to date.

Australian Sentinel Practice Research Network

The Australian Sentinel Practice Research Network (ASPREN) comprises 99 sentinel general practitioners from throughout the country. A total of approximately 9,000 consultations are recorded each week for 12 conditions. Of these, CDI reports the consultation rate for influenza, rubella, measles, chickenpox, pertussis and gastroenteritis. For further information including case definitions see CDI 1996;20:98-99.

Data for weeks 38 and 39 ending 22 and 29 September respectively are included in this issue of CDI (Table 6). The consultation rate for gastroenteritis has remained stable since mid-July. Consultation rates for chickenpox in recent weeks have been two to three times the rates recorded over the previous three months. Cases of rubella, measles and pertussis continue to be reported in low numbers.

Table 6. Australian Sentinel Practice Research Network reports, weeks 38 and 39, 1996

Condition	Week 38, to 22 September 1996		Week 39, to 29 September 1996	
	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters
Influenza	58	7.6	48	6.8
Rubella	2	0.3	1	0.1
Measles	0	0	1	0.1
Chickenpox	17	2.2	13	1.9
Pertussis	1	0.1	3	0.4
Gastroenteritis	114	14.8	117	16.7

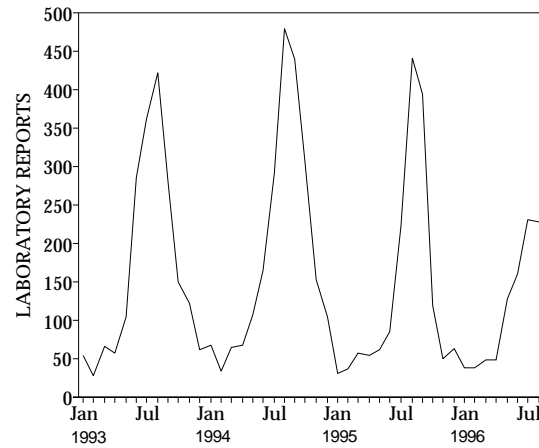
LabWISE

The Virology and Serology Reporting Scheme, LabWISE, is a sentinel reporting scheme. Twenty-one laboratories contribute data on the laboratory identification of viruses and other organisms. Data are collated and published in Communicable Diseases Intelligence each fortnight. These data should be interpreted with caution as the number and type of reports received is subject to a number of biases. For further information, see CDI 1996;20:9-12.

There were 854 reports received in the CDI Virology and Serology Reporting Scheme this period (Tables 7 and 8).

Rotavirus reports are well below the peak levels of previous years and appear to be declining (Figure 10). In the last fortnight, 126 reports were received. Most (120) were in patients under five years of age, 40 of these were under one year of age.

Figure 10. Rotavirus laboratory reports, 1993 to 1996, by month of specimen collection



Reports of *Mycoplasma pneumoniae* increased in July and August but remain moderate compared with peaks in 1992 and 1993 (Figure 11). In the last fortnight, 30 reports were received. Diagnosis was by IgM detection (19), single high titre (10) and four-fold rise in titre (1).

Figure 11. *Mycoplasma pneumoniae* laboratory reports, 1992 to 1996, by month of specimen collection

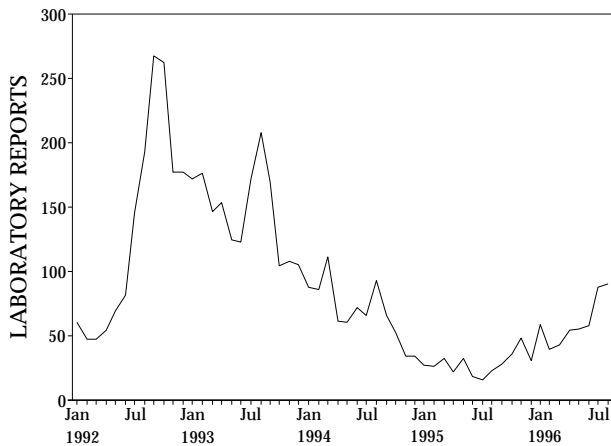


Table 7. Virology and serology laboratory reports by State or Territory¹ for the reporting period 19 September to 2 October 1996, historical data², and total reports for the year

	State or Territory ¹							Total this fortnight	Historical data ²	Total reported this year
	NSW	NT	Qld	SA	Tas	Vic	WA			
MEASLES, MUMPS, RUBELLA										
Measles virus			1					1	30.3	42
Rubella virus			38			1		39	56.8	467
HEPATITIS VIRUSES										
Hepatitis A virus	2	1	1	1				5	15.2	344
Hepatitis D virus			1	1				2	.8	13
ARBOVIRUSES										
Ross River virus		2	6					8	11.5	3,091
Barmah Forest virus			4					4	5.3	184
ADENOVIRUSES										
Adenovirus type 1				1				1	1.8	16
Adenovirus type 2						1		1	1.0	23
Adenovirus type 3						1		1	1.5	64
Adenovirus type 5						1		1	.5	5
Adenovirus type 7						1		1	.2	21
Adenovirus type 19						1		1	.0	7
Adenovirus not typed/pending	9		16	4		1	10	40	40.3	1,122
HERPES VIRUSES										
Cytomegalovirus	3		19	2	1	15	10	50	58.2	1,303
Varicella-zoster virus	2	1	11	6	1	10		31	34.3	972
Epstein-Barr virus	10		33			3		46	52.0	1,580
OTHER DNA VIRUSES										
Parvovirus			1			6		7	3.2	154

Table 7. Virology and serology laboratory reports by State or Territory¹ for the reporting period 19 September to 2 October 1996, historical data², and total reports for the year, continued

	State or Territory ¹							Total this fortnight	Historical data ²	Total reported this year
	NSW	NT	Qld	SA	Tas	Vic	WA			
PICORNA VIRUS FAMILY										
Coxsackievirus B2	1							1	.2	3
Coxsackievirus B4				1				1	.3	3
Coxsackievirus B5						2		2	.2	7
Echovirus type 6				1				1	1.0	2
Echovirus type 7	1							1	.0	12
Echovirus type 14						1		1	.3	27
Echovirus type 33						1		1	.0	2
Poliovirus type 2 (uncharacterised)					1			1	.7	15
Rhinovirus (all types)			14	18		1		33	33.2	591
Enterovirus not typed/pending			26			1		27	38.3	720
ORTHO/PARAMYXOVIRUSES										
Influenza A virus	7		11	13		6	2	39	40.2	1,412
Influenza A virus H3N2						3		3	.8	68
Influenza B virus	1						1	2	13.8	46
Parainfluenza virus type 1	1			1		1	2	5	1.3	297
Parainfluenza virus type 2				2				2	1.3	65
Parainfluenza virus type 3	6		9	2		7	8	32	42.8	474
Respiratory syncytial virus	39		12	54	21	15	19	160	161.7	3,858
OTHER RNA VIRUSES										
HIV-1			6		1			7	4.0	72
Rotavirus	82		1	12	12	3	16	126	146.0	1,283
Small virus (like) particle						1		1	2.7	13
OTHER										
<i>Chlamydia trachomatis</i> not typed	9	3	17	27	5	7		68	85.8	3,018
<i>Chlamydia psittaci</i>						4		4	2.0	77
<i>Chlamydia</i> species	2							2	1.2	68
<i>Mycoplasma pneumoniae</i>	9		6	1	2	12		30	20.3	587
<i>Coxiella burnetii</i> (Q fever)	5		3			2		10	5.5	151
<i>Rickettsia tsutsugamushi</i>						1		1	.0	11
<i>Streptococcus</i> group A			7			1		8	18.3	211
<i>Bordetella pertussis</i>						22		22	22.2	456
<i>Bordetella</i> species			7					7	10.3	235
<i>Leptospira</i> species			1					1	.3	53
<i>Treponema pallidum</i>	12	1	2					15	13.5	149
<i>Schistosoma</i> species						1		1	3.0	225
TOTAL	201	8	253	147	44	133	68	854	984.4	23619

1. State or Territory of postcode, if reported, otherwise State or Territory of reporting laboratory.

2. The historical data are the averages of the numbers of reports in 6 previous 2 week reporting periods: the corresponding periods of the last 2 years and the periods immediately preceding and following those.

Table 8. Virology and serology laboratory reports by contributing laboratories for the reporting period 19 September to 2 October 1996

STATE OR TERRITORY	LABORATORY	REPORTS
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	56
	Royal Alexandra Hospital for Children, Camperdown	46
	Royal Prince Alfred Hospital, Camperdown	22
	South West Area Pathology Service, Liverpool	105
Queensland	Queensland Medical Laboratory, West End	166
	State Health Laboratory, Brisbane	130
South Australia	Institute of Medical and Veterinary Science, Adelaide	104
Tasmania	Northern Tasmanian Pathology Service, Launceston	16
	Royal Hobart Hospital, Hobart	25
Victoria	Microbiological Diagnostic Unit, University of Melbourne	6
	Monash Medical Centre, Melbourne	23
	Royal Children's Hospital, Melbourne	23
	Victorian Infectious Diseases Reference Laboratory, Fairfield Hospital	60
Western Australia	Princess Margaret Hospital, Perth	72
TOTAL		854