Communicable Diseases Surveillance

Highlights

Communicable Diseases Surveillance consists of data from various sources. The National Notifiable Diseases Surveillance System (NNDSS) is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The CDI Virology and Serology Laboratory Reporting Scheme (LabVISE) is a sentinel surveillance scheme. The Australian Sentinel Practice Research Network (ASPREN) is a general practitioner-based sentinel surveillance scheme. In this report, data from the NNDSS are referred to as 'notifications' or 'cases', whereas those from ASPREN are referred to as 'consultations' or 'encounters' while data from the LabVISE scheme are referred to as 'laboratory reports'.

Reporting period 27 May to 23 June 1998

Vaccine preventable diseases

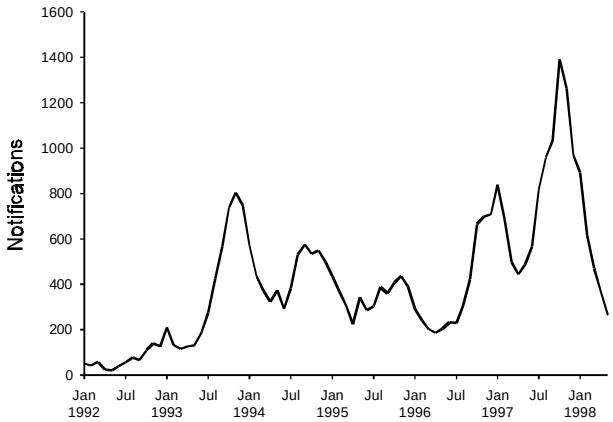
The number of notifications for *Haemophilus influenzae* type b, measles, mumps and rubella remains low in comparison with previous years.

Pertussis notifications for this reporting period and for the year to date are lower than for the comparable periods of 1997 (Figure 1). The number of notifications for pertussis with onset in May 1998 is lower than in previous months of this year. This contrasts with the situation in each of the of the previous five years where numbers have increased after April. Nearly half of all pertussis notifications with onset in 1998 were in the age groups 0 to 4 years (13%), 5 to 9 years (18%) and 10 to 14 years (16%). The male to female ratio was 1.13:1.

Arboviruses

A further 12 notifications of dengue have been recorded for the current reporting period, bringing the total reported in 1998 to 288. The outbreak in Far North Queensland appears to have subsided.

Figure 1. Notifications of pertussis, 1992 to 1998, by month of onset



The numbers of new notifications for Barmah Forest virus infection and Ross River virus infection have also continued to decline over the last two months as expected for the time of year.

Hepatitis A

The peak in activity recorded earlier in the year now seems to be over.

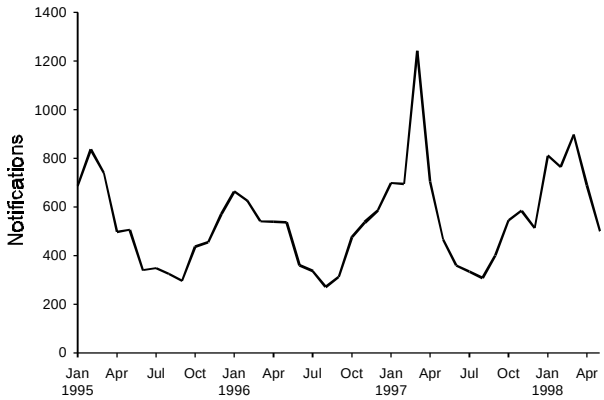
Meningococcal infection

A slight increase has been observed in notifications of meningococcal infection during the last two months. Increased numbers of cases are usually recorded in Australia during the months of Winter and Spring (see report on page 134).

Salmonella

The increase in the number of notifications recorded early in 1998 is similar to the seasonal pattern recorded in previous years (Figure 2). The number of cases has declined in recent months.

Figure 2. Notifications of salmonella, 1995 to 1998, by month of onset



Respiratory syncytial virus

The number of laboratory reports of respiratory syncytial virus rose slightly in May but remained low for the time of year (Figure 3). For the current reporting period 50% of reports were for infants under the age of 1 year and a total of 88% for the under 5 years age group.

Figure 3. Laboratory reports of respiratory syncytial virus, 1996 to 1998, by month of specimen collection

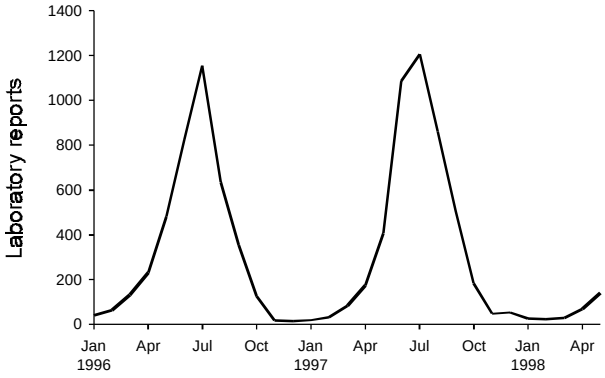
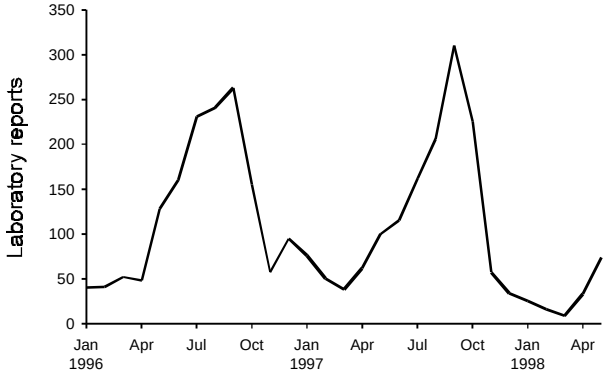


Figure 4. Laboratory reports of rotavirus, 1996 to 1998, by month of specimen collection



Rotavirus

The LabVISE scheme has recorded a recent rise in the number of reports of rotavirus in recent months (Figure 4). Numbers are average for the time of year. Most reports in this four week period (88%) were for children under the age of 5 years.

Tables

There were 5,736 notifications to the National Notifiable Diseases Surveillance System (NNDSS) for the four week period, 27 May to 23 June 1998 (Tables 1 and 2). The numbers of reports for selected diseases have been compared with historical data for corresponding periods in the previous three years (Figure 5).

There were 1,565 reports received by the *CDI* Virology and Serology Laboratory Reporting Scheme (LabVISE) the four week period, 21 May to 17 June 1998 (Tables 3 and 4).

The Australian Sentinel Practice Research Network (ASPREN) data for weeks 21 to 24 ending 21 June 1998 are included in this issue of *CDI* (Table 5).

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 27 May to 23 June 1998

Disease[1,2]	ACT	NSW*	NT	Qld	SA	Tas	Vic	WA	This period 1998	This period 1997	Year to date 1998*	Year to date 1997
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
H. influenzae type b infection	0	0	0	0	0	0	2	1	3	3	16	23
Measles	4	4	0	1	0	0	7	7	23	62	223	243
Mumps	0	1	1	1	0	0	2	2	7	15	80	99
Pertussis	3	66	1	72	14	5	41	12	214	490	3,158	3,548
Rubella[3]	4	2	1	32	0	0	12	5	56	86	359	711
Tetanus	0	1	0	0	0	0	1	0	2	2	2	6

NN. Not Notifiable

1. No notification of poliomyelitis has been received 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.
3. Includes congenital rubella.

* Data from NSW are incomplete for this reporting period, as one Public Health Unit was unable to provide data

Table 2. Notifications of diseases received by State and Territory health authorities in the period 27 May to 23 June 1998 (diseases preventable by routine childhood immunisation are presented in Table 1)

Disease[1,2,3]	ACT	NSW*	NT	Qld	SA	Tas	Vic	WA	This period 1998	This period 1997	Year to date 1998[4, *]	Year to date 1997
Arbovirus infection (NEC)[5]	0	0	1	4	0	0	2	0	7	12	65	99
Barmah Forest virus infection	0	2	0	22	0	0	0	1	25	49	336	465
Brucellosis	0	0	0	0	0	0	0	0	0	1	19	16
Campylobacteriosis[4,6]	18	-	15	300	62	16	20	99	530	920	3,817	5,560
Chancroid	0	0	0	0	0	0	0	0	0	0	1	1
Chlamydial infection (NEC)[7]	23	NN	40	307	42	16	104	175	707	756	5,077	4,557
Cholera	0	0	00	0	0	0	0	0	0	0	3	1
Dengue	0	3	0	9	0	0	0	0	12	2	288	190
Donovanosis	0	NN	3	1	NN	0	0	0	4	4	20	16
Gonococcal infection[8]	4	34	63	81	11	0	31	83	307	434	2,531	2,235
Hepatitis A	7	42	3	79	4	0	5	7	147	249	1,495	1,766
Hepatitis B incident[4]	0	0	0	3	0	0	7	0	10	16	87	125
Hepatitis C incident[9]	0	0	0	-	0	4	-	-	4	10	48	37
Hepatitis C unspecified[4]	24	NN	20	228	NN	26	8	97	403	787	2,684	4,647
Hepatitis (NEC)	0	0	0	0	0	0	0	NN	0	2	4	13
Hydatid infection	0	0	0	0	0	0	0	0	0	5	17	19
Legionellosis	0	3	0	2	0	1	1	4	11	19	121	90
Leprosy	0	0	0	0	0	0	0	0	0	0	2	7
Leptospirosis	0	0	0	6	0	0	0	1	7	17	81	66
Listeriosis	0	0	0	0	0	0	3	0	3	3	28	45
Malaria	2	3	5	130	1	0	1	1	143	59	365	408
Meningococcal infection	0	7	2	8	1	2	7	5	32	36	133	165
Ornithosis	0	NN	0	0	0	0	3	0	3	2	18	34
Q Fever	0	7	0	20	0	0	3	0	30	56	246	297
Ross River virus infection	1	10	6	124	0	0	0	2	143	569	2,203	5,968
Salmonellosis (NEC)	7	28	34	170	31	7	73	46	396	395	4,138	4,225
Shigellosis[6]	0	-	6	10	2	0	5	8	31	69	336	461
Syphilis[10]	2	22	16	19	0	1	0	3	63	106	587	632
Tuberculosis	2	11	2	13	0	1	8	1	38	78	391	503
Typhoid[11]	0	0	0	0	0	0	0	1	1	6	41	47
Yersiniosis (NEC)[6]	0	-	0	14	1	0	4	0	19	16	144	148

1. For HIV and AIDS, see Tables 7 and 8.
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. No notifications have been received during 1998 for the following rare diseases: botulism (foodborne), lymphogranuloma venereum, plague, rabies, yellow fever, or other viral haemorrhagic fevers.
4. Data from Victoria for 1998 are incomplete.
5. NT: includes Barmah Forest virus.
6. Not reported for NSW because it is only notifiable as 'foodborne disease' or 'gastroenteritis in an institution'.
7. WA: genital only
8. NT, Qld, SA and Vic: includes gonococcal neonatal ophthalmia.
9. Qld, Vic and WA incident cases of Hepatitis C are not separately reported.
10. Includes congenital syphilis
11. NSW, Qld, Vic: includes paratyphoid.

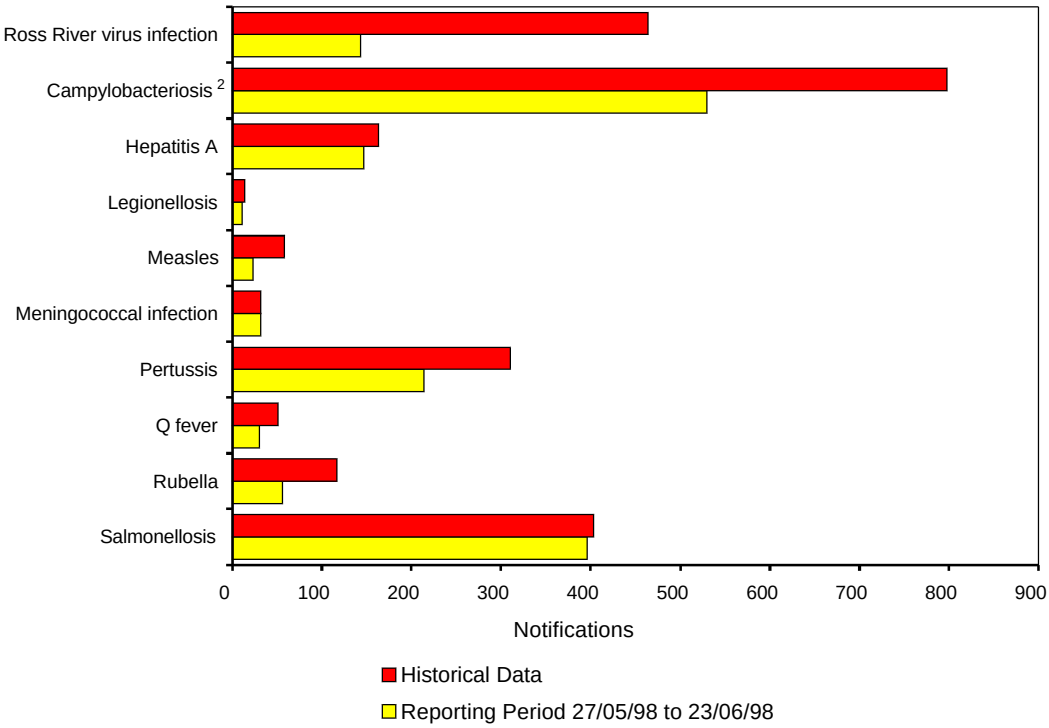
NN Not Notifiable.

NEC Not Elsewhere Classified

\- Elsewhere Classified.

* Data from NSW are incomplete for this reporting period, as one Public Health Unit was unable to provide data

Figure 5. Selected National Notifiable Diseases Surveillance System reports*, and historical data[1]



1. The historical data are the averages of the number of notifications in the corresponding 4 week periods of the last 3 years and the 2 week periods immediately preceding and following those.
2. Data from Victoria for 1998 are incomplete.

* Data from NSW are incomplete for this reporting period, as one Public Health Unit was unable to provide data.

Table 3. Virology and serology laboratory reports by State or Territory[1] for the reporting period 21 May to 17 June 1998, and total reports for the year

	State or Territory[1]									
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Total this period	Total reported in *CDI* in 1998
Measles, mumps, rubella										
Measles virus					1				1	36
Mumps virus		1						3	4	17
Rubella virus							1		1	62
Hepatitis viruses										
Hepatitis A virus		3	2		5		1	11	22	232
Arboviruses										
Ross River virus			1		2			10	13	521
Dengue not typed							1		1	20
Kunjin virus								1	1	4
Flavivirus (unspecified)							5		5	42
Adenoviruses										
Adenovirus type 1					4				4	13
Adenovirus type 3					3				3	20
Adenovirus type 6					4				4	5
Adenovirus type 7					2				2	13
Adenovirus type 40								1	1	4
Adenovirus not typed/pending		11			33			3	47	355

Table 3. Virology and serology laboratory reports by State or Territory[1] for the reporting period 21 May to 17 June 1998, and total reports for the year (continued)

	State or Territory[1]								Total this period	Total reported in *CDI* in 1998
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA		
Herpes viruses										
Cytomegalovirus		5			8	1	6	8	29	384
Varicella-zoster virus		11			16	1	9	24	61	634
Epstein-Barr virus	1	18	5		53		10	31	118	890
Other DNA viruses										
Parvovirus					8		10	2	20	87
Picorna virus family										
Echovirus type 4		1							1	2
Echovirus type 11		7							7	23
Echovirus type 17		1							1	1
Echovirus type 22		2					1		3	5
Poliovirus type 2 (uncharacterised)		1							1	2
Rhinovirus (all types)		13			1			14	30	218
Enterovirus not typed/pending		10				1		31	42	239
Ortho/paramyxoviruses										
Influenza A virus		96			105		2	75	278	508
Influenza B virus		2			12				14	89
Parainfluenza virus type 1		8			20			17	45	195
Parainfluenza virus type 2					1			2	3	23
Parainfluenza virus type 3								6	6	195
Parainfluenza virus typing pending						2			2	4
Respiratory syncytial virus		116			26			54	197	513
Other RNA viruses										
Rotavirus		6		2	9	5		60	82	232
Astrovirus							1		1	9
Norwalk agent							4		4	25
Other										
Chlamydia trachomatis not typed		18	125		50	6		160	359	2,115
Chlamydia psittaci							5		5	23
Chlamydia species		9							9	32
Mycoplasma pneumoniae		11	1		26		43	4	85	724
Coxiella burnetii (Q fever)					2		3	2	7	59
Bordetella pertussis							26	13	39	687
Legionella pneumophila					1				1	5
Legionella longbeachae					2			4	6	25
TOTAL	1	350	134	2	394	16	128	536	1,565	9,292

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

Table 4. Virology and serology laboratory reports by contributing laboratories for the reporting period 21 May to 17 June 1998

State or Territory	Laboratory	Reports
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	176
	New Children's Hosiptal, Westmead	43
	Royal Prince Alfred Hospital, Camperdown	41
	South West Area Pathology Service, Liverpool	97
South Australia	Institute of Medical and Veterinary Science, Adelaide	394
Tasmania	Northern Tasmanian Pathology Service, Launceston	2
	Royal Hobart Hospital, Hobart	13
Victoria	Royal Children's Hospital, Melbourne	71
	Victorian Infectious Diseases Reference Laboratory, Fairfield	56
Western Australia	PathCentre Virology, Perth	310
	Princess Margaret Hospital, Perth	132
	Western Diagnostic Pathology	230
TOTAL		1,565

Table 5. Australian Sentinel Practice Research Network reports, weeks 21 to 24, 1998

Week number	21		22		23		24	
Week ending on	31 May 1998		7 June 1998		14 June 1998		21 June 1998	
Doctors reporting	49		50		50		47	
Total encounters	6,852		6,865		6,085		6,140	
Condition	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters
Influenza	44	6.4	51	7.4	64	10.5	80	13.0
Rubella	3	0.4	0	0.0	1	0.2	0	0.0
Measles	1	0.1	1	0.1	0	0.0	0	0.0
Chickenpox	11	1.6	9	1.3	9	1.5	17	2.8
Pertussis	0	0.0	1	0.1	1	0.2	1	0.2
HIV testing (patient initiated)	14	2.0	9	1.3	17	2.8	14	2.3
HIV testing (doctor initiated)	5	0.7	2	0.3	6	1.0	7	1.1
Td (ADT) vaccine	33	4.8	43	6.3	27	4.4	30	4.9
Pertussis vaccination	43	6.3	36	5.2	35	5.8	27	4.4
Reaction to pertussis vaccine	2	0.3	1	0.1	0	0.0	1	0.2
Ross River virus infection	1	0.1	0	0.0	1	0.2	1	0.2
Gastroenteritis	71	10.4	76	11.1	72	11.8	51	8.3

The NNDSS is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The system coordinates the national surveillance of more than 40 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 legislations. De-identified core unit data are supplied fortnightly for collation, analysis and dissemination. For further information, see CDI 1998;22:4-5.

LabVISE 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 every four weeks. 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 1998;22:8.

ASPREN currently comprises about 100 general practitioners from throughout the country. Up to 9,000 consultations are reported each week, with special attention to 12 conditions chosen for sentinel surveillance. CDI reports the consultation rates for all of these. For further information, including case definitions, see CDI 1998;22:5-6.

Additional Reports

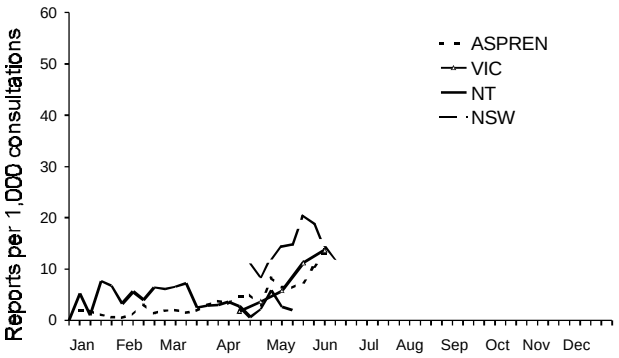
National Influenza Surveillance, 1998

Three types of data are included in National Influenza Surveillance, 1998. These are sentinel general practitioner surveillance conducted by the Australian Sentinel Practice Research Network, Department of Human Services (Victoria), Department of Health (New South Wales) and the Tropical Influenza Surveillance Scheme, Territory Health (Northern Territory); laboratory surveillance data from the Communicable Diseases Intelligence Virology and Serology Laboratory Reporting Scheme, LabVISE, and the World Health Organization Collaborating Centre for Influenza Reference and Research; and absenteeism surveillance conducted by Australia Post. For further information about these schemes, see CDI 1998; 22:83.

Sentinel General Practitioner Surveillance

Consultation rates for influenza-like illness recorded by the ASPREN and Victorian Schemes have been almost twice that of the previous reporting period. New South Wales has had the highest weekly consultation rates for the last month with 20.5 per 1,000 consultations reported for the first week of June (Figure 6). These rates are comparable to those observed for the same period in 1997.

Figure 6. Sentinel general practitioner influenza consultation rates, 1998, by scheme and week



Laboratory Surveillance

There has been a total of 499 laboratory reports of influenza for the year to date. Of these, 437 (87%) were influenza A and 62 (13%) influenza B (Figure 7). The cumulative number of influenza A laboratory reports for the year to date exceeds those for all years since 1993 for the same period. This may reflect an increase in laboratory testing rather than a real increase in the incidence of disease, as a similar rise in reports is not evident in the sentinel practice (ASPREN) data. Ninety-six reports (21%) were for children less than 4 years of age and all but one of these was for influenza A (Figure 8). In the ASPREN scheme children in the same age group accounted for only 5% of all influenza-like illness reports.

The reports of influenza B for the year to date have been approximately one quarter of those for the same period in 1997.

Figure 7. Laboratory reports of influenza, 1998, by type and week of specimen collection

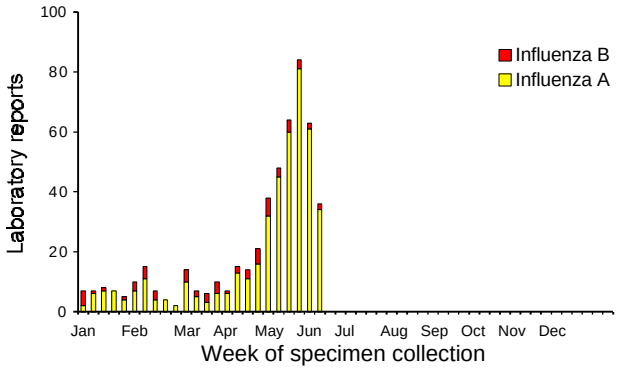
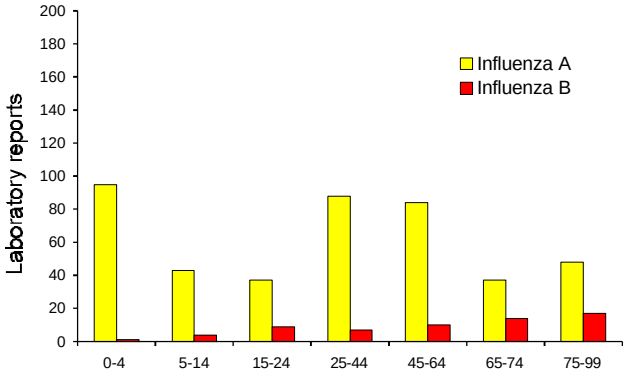


Figure 8. Laboratory reports of influenza, 1998, by type and age group



Absenteeism surveillance

Rates of absenteeism in Australia Post employees for three consecutive days of each week have been reported on a weekly basis since late April. No rise in weekly absenteeism rates have been reported for the year to date.

Sentinel Chicken Surveillance Programme

Sentinel chicken flocks are used to monitor flavivirus activity in Australia. The main viruses of concern are Murray Valley encephalitis (MVE) and Kunjin which cause the potentially fatal disease Australian encephalitis in humans. Currently 26 flocks are maintained in the north of Western Australia, seven in the Northern Territory, nine in

New South Wales and ten in Victoria. The flocks in Western Australia and the Northern Territory are tested year round but those in New South Wales and Victoria are tested only from November to March, during the main risk season.

Results are coordinated by the Arbovirus Laboratory in Perth and reported bimonthly. For more information see CDI 1998;22:7

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7. Department of Health and Community Services, Northern Territory

Sentinel chicken serology was carried out for 25 of the 28 flocks in Western Australia in April and May 1998. There were two seroconversions in the Wyndham flock in early April, one to MVE and one to Kunjin virus. There were four seroconversions to Kunjin virus in the Kununurra flock, two in April and two in May. One of the May seroconversions has not yet been confirmed. The young boy from a community near Wyndham who had encephalitis caused by MVE virus is still in hospital in Perth, and it now appears that he will be left with severe neurological complications.

Seven flocks of sentinel chickens from the Northern Territory were also tested in our laboratory in April and May 1998. There was one new seroconversion to Kunjin virus in the Katherine flock and one seroconversion to a flavivirus (probably not MVE or Kunjin virus) in the Tennant Creek flock in April. In addition, there were two seroconversions to Kunjin virus in the Gove chicken flock in May, but these have yet to be confirmed.

There were no seroconversions to flaviviruses in chickens tested from Victoria in April or May, and this programme has now finished for the season.

Serious Adverse Events Following Vaccination Surveillance Scheme

The Serious Adverse Events Following Vaccination Surveillance Scheme is a national surveillance scheme which monitors the serious adverse events that occur rarely following vaccination. More details of the scheme were published in CDI 1997:21;8.

Acceptance of a report does not imply a causal relationship between administration of the vaccine and the medical outcome, or that the report has been verified as to the accuracy of its contents.

It is estimated that 250,000 doses of vaccines are administered every month to Australian children under the age of six years.

Table 6. Adverse events following vaccination for the period 28 April to 1 July 1998

	Vaccines											
Event	DTP	DTP/Hib	DTP/OPV/Hib	DTP/OPV/Heb	DTP/OPV	DTP/OPV/Hib/ Heb	MMR	OPV/Hib/Other	Hep B	Other	Reporting States or Territories	Total reports for this period
Persistent screaming	28	2	40		2			1	2		ACT, NSW, NT, Qld, Vic,	75
Hypotonic/hyporesponsive episode	2	1	15	1							ACT, NSW ,SA	19
Temperature of 40.5°C or more	4	1	1								ACT, NSW	6
Convulsions	1	2	4		1	1					NSW	9
Anaphylaxis												
Shock												
Death			1								NSW	1
Other	3		6				1		1	1	ACT, NSW, NT, QLD, SA, Vic	12
TOTAL	38	6	67	1	3	1	1	1	3	1		122

Vaccines - Other includes: influenza, DTPa, CDT, OPV, pneumococcal, BCG, ADT and rabies immunoglobulin (HRIG)

Event - Other includes: lymphadenitis, local reactions, fever less than 40.5°, and non specific events such as vomiting

Results for the reporting period 28 April to 1 July 1998
There were 122 reports of serious adverse events following vaccination for this reporting period (Table 6). Onset dates were from 1995 to 1998, the majority (40%) being in 1998 and 39% in 1997. Reports were received from the Australian Capital Territory (10), New South Wales (59), the Northern Territory (3), Queensland (41), South Australia (5) and Victoria (4). No reports were received from Tasmania and Western Australia for this period. The majority of the reports received from New South Wales were from 1996 and 1997.

The most frequently reported events following vaccination were persistent screaming (75 cases, 61%) and hypotonic/hyporesponsive episodes (19 cases, 16%), followed by other events (12 cases, 10%). One death within 30 days of immunisation was reported from New South Wales. The baby was two months old, and the cause of death was determined to be Sudden Infant Death Syndrome (SIDS) by the coroner.

Nineteen of the 122 cases were hospitalised. There was incomplete information on follow-up of three cases while all of the other cases had recovered at the time of reporting. One hundred and sixteen adverse events (95%) were associated with Diptheria-Tetanus-Pertussis (DTP), vaccine either alone or in combination with other vaccines. Of these, 75 reports were associated with the first dose of DTP and 28 with the second dose.

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) 9332 4648 Facsimile: (02) 9332 1837.

HIV and AIDS diagnoses and deaths following AIDS reported for 1 to 31 January, as reported to 30 April 1998, are included in this issue of CDI (Tables 7 and 8).

Table 7. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 31 January 1998, by sex and State or Territory of diagnosis

										Totals for Australia			
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1998	This period 1997	Year to date 1998	Year to date 1997
HIV diagnoses	Female	0	0	0	1	0	0	0	0	1	11	1	11
	Male	0	36	0	10	1	0	8	2	57	77	57	77
	Sex not reported	0	1	0	0	0	0	0	0	1	1	1	1
	Total[1]	0	37	0	11	1	0	8	2	59	89	59	89
AIDS diagnoses	Female	0	0	0	1	0	0	0	0	1	2	1	2
	Male	0	5	0	2	0	0	0	2	9	40	9	40
	Total[1]	0	5	0	3	0	0	0	2	10	42	10	42
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	2	0	2
	Male	0	3	0	1	1	1	0	0	6	28	6	28
	Total[1]	0	3	0	1	1	1	0	0	6	30	6	30

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

Table 8. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 31 January 1998, by sex and State or Territory

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female	20	538	7	120	51	4	191	82	1,013
	Male	178	10,204	93	1,772	621	75	3,682	840	17,465
	Sex not reported	0	258	0	0	0	0	28	1	287
	Total[1]	198	11,020	100	1,898	672	79	3,911	926	18,804
AIDS diagnoses	Female	7	157	0	44	19	2	62	23	314
	Male	80	4,330	30	753	318	41	1,516	336	7,404
	Total[1]	87	4,498	30	799	337	43	1,585	361	7,740
AIDS deaths	Female	2	112	0	28	14	2	43	15	216
	Male	52	3,034	23	524	215	27	1,198	241	5,314
	Total[1]	54	3,153	23	554	229	29	1,247	257	5,546

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