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'.

Meningococcal disease

The number of notifications of meningococcal disease has increased again in this reporting period, as is expected at this time of the year (Figure 1). However, the number of notifications for this reporting period is lower than for the corresponding period in 1997, and the total number for the year (184) is 17% lower than for the same period in 1997 (222). This may reflect delays in reporting, a delay in the peak season of activity or a true decrease in the number of cases.

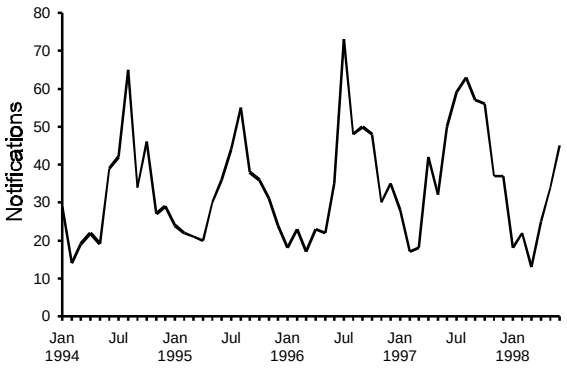
Legionellosis

There have been 25 reports of legionellosis in the current reporting period, compared with 8 reports for the corresponding period in 1997. Of these, 12 were *Legionella longbeachae* infections, 7 were *Legionella pneumophila* infections and in 6 the organism was unknown. Reports of *Legionella longbeachae* were received from New South Wales (2) , Queenslandl (3) and South Australia (7) . Reports of *Legionella pneumophila* were from New South Wales (2), Queensland (1), South Australia (1) and Victoria (3). The Victorian cases form part of the cluster reported on page 155 of this issue.

For the year to 21 July there have been 138 reports of legionellosis with an onset date during 1998. This is higher than reported for the corresponding periods in each year since 1992. The reported organism was *Legionella longbeachae* in 53, *Legionella pneumophila* in 55, 'other' in 1 and unknown in 29.

The geographic distribution of legionellosis was different for the two main organisms. The majority of reports of *Legionella longbeachae* were from South Australia (22) and Queensland (20) with smaller numbers from New South Wales (10) and Victoria (1). *Legionella pneumophila* was predominantly reported from Victoria (32) with smaller numbers from New South Wales (10), South Australia (7) and Queensland (6).

Figure 1. Notifications of meningococcal disease, 1994 to 1998, by month of onset



Males predominated for both organisms. The male:female ratio was 3.4:1 for *Legionella longbeachae* and 4:1 for *Legionella pneumophila*. The age range for *Legionella longbeachae* was 22 years to 85 years and 71% of males and 58% of females were aged 50 years or older. For *Legionella longbeachae*, the age range was 28 years to 76 years and 80% of cases for both males and females were aged 50 years or older.

Respiratory viruses

Reports of parainfluenza virus type 1 have declined in recent weeks after peaking in April (Figure 2). The number of laboratory reports of parainfluenza virus type 3 is low for the time of year. Respiratory syncytial virus reports continue to rise but also remain lower than average for the time of year (Figure 3).

(See also National Influenza Surveillance, page 167).

Vaccine Preventable Diseases

Notifications for vaccine preventable diseases continue to remain low. The epidemic of pertussis which has persisted for the past couple of years has waned further with the number of notifications having onset in June 1998 being the lowest for any month since June 1996. Figure 4 compares notifications in the current period with historical data.

Figure 2. Laboratory reports of parainfluenza viruses, 1996 to 1998, by type and month of specimen collection

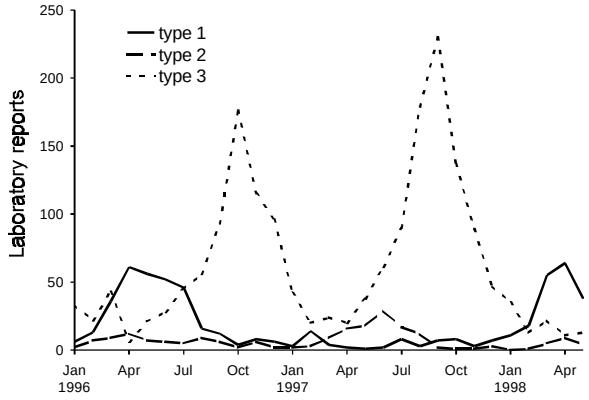
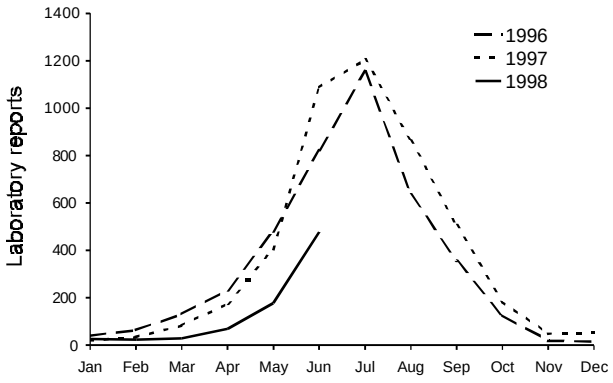


Figure 3. Laboratory reports of respiratory syncytial virus, 1996 to 1998, by month of specimen collection



Tables

There were 3,831 notifications to the National Notifiable Diseases Surveillance System (NNDSS) for this four week period, 24 June to 21 July 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 4).

There were 2,207 reports received by the *CDI* Virology and Serology Laboratory Reporting Scheme (LabVISE) this four week period, 18 June to 15 July (Tables 3 and 4).

The Australian Sentinel Practice Research Network (ASPREN) data for weeks 25 to 27 ending 12 July 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 24 June 1998 to 21 July 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	1	0	0	0	1	0	0	2	5	20	28
Measles	3	10	0	0	1	6	8	2	30	66	271	309
Mumps	0	2	0	3	0	0	0	1	6	17	90	116
Pertussis	0	58	8	72	39	4	59	12	252	519	4,084	4,067
Rubella[3]	5	2	0	20	0	3	6	6	42	72	412	783
Tetanus	0	0	0	0	0	0	0	0	0	0	4	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 the period 8 July to 21 July 1998, as three Public Health Units were unable to provide data.

Table 2. Notifications of diseases received by State and Territory health authorities in the period 24 June 1998 to 21 July 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	0	2	0	0	1	0	3	4	62	103
Barmah Forest virus infection	0	2	0	15	0	0	0	1	18	24	376	489
Brucellosis	0	0	0	3	0	0	1	0	4	1	23	17
Campylobacteriosis[4,6]	21	-	13	354	143	25	41	82	679	773	4,616	6,333
Chancroid	0	0	0	0	0	0	0	0	0	0	1	1
Chlamydial infection (NEC)[7]	13	NN	70	307	70	20	8	130	618	646	5,818	5,203
Cholera	0	0	0	0	0	0	0	0	0	1	3	2
Dengue	1	2	0	53	0	0	0	0	56	2	346	192
Donovanosis	0	NN	1	0	NN	0	0	0	1	1	21	17
Gonococcal infection[8]	1	40	96	103	15	2	38	52	347	353	2,970	2,588
Hepatitis A	2	47	1	116	9	3	7	15	200	187	1,801	1,953
Hepatitis B incident[4]	0	4	0	3	1	1	9	0	18	15	112	140
Hepatitis C incident[9]	1	0	0	-	0	0	-	-	1	8	65	45
Hepatitis C unspecified[4]	23	NN	19	207	NN	17	37	76	379	653	3,094	5,300
Hepatitis (NEC)	0	0	0	0	0	0	0	NN	0	0	4	13
Hydatid infection	0	0	0	1	0	0	3	0	4	5	22	24
Legionellosis	0	4	2	4	9	0	4	2	25	8	153	98
Leprosy	0	0	0	0	0	0	0	0	0	0	2	7
Leptospirosis	0	3	0	10	0	0	1	0	14	9	96	75
Listeriosis	0	1	0	0	0	0	2	0	3	3	34	48
Malaria	2	5	2	71	0	1	4	1	86	76	477	484
Meningococcal infection	1	16	0	12	3	1	1	5	39	57	184	222
Ornithosis	0	NN	0	0	0	0	0	0	0	1	20	35
Q Fever	0	8	0	21	3	0	1	2	35	51	301	348
Ross River virus infection	0	4	2	50	1	1	1	4	63	207	2,311	6,175
Salmonellosis (NEC)	6	28	26	363	41	8	30	25	527	293	4,886	4,518
Shigellosis[6]	0	-	9	8	5	0	5	3	30	41	373	502
Syphilis[10]	1	26	18	62	1	1	0	1	110	89	742	721
Tuberculosis	2	9	5	6	4	1	18	2	47	73	524	576
Typhoid[11]	0	0	0	1	0	0	0	1	2	2	48	49
Yersiniosis (NEC)[6]	0	-	0	5	0	0	1	0	6	11	151	159

1. For HIV and AIDS, see Tables 6 and 7.
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: 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.

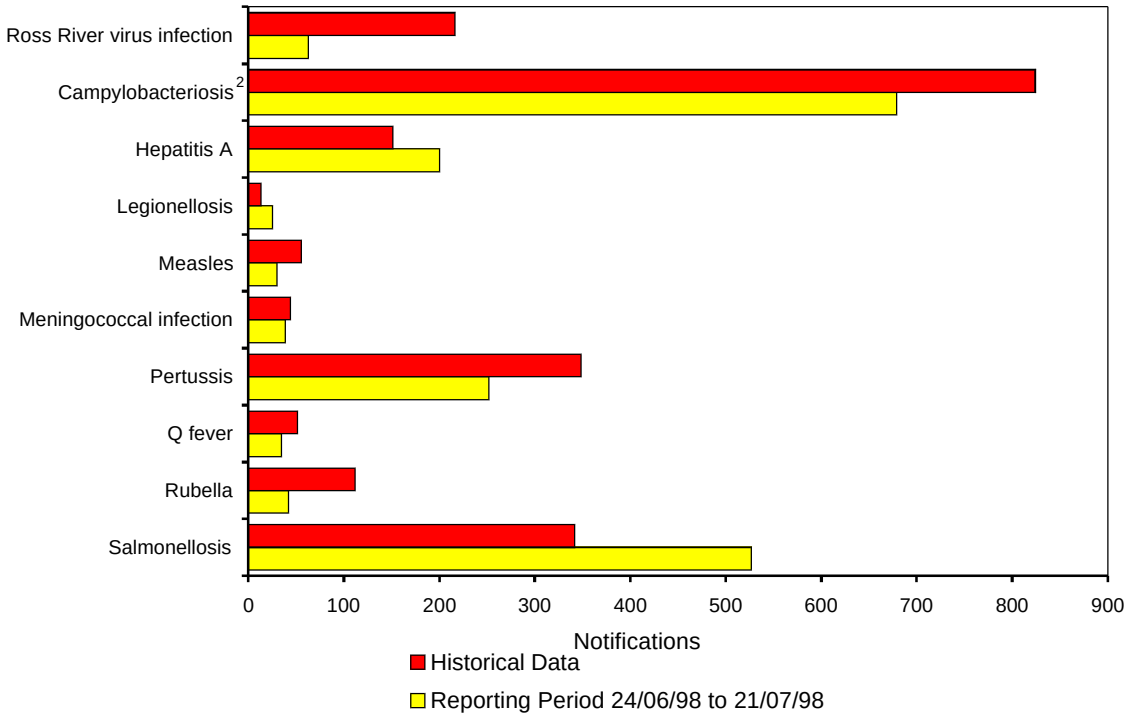
NN Not Notifiable.

NEC Not Elsewhere Classified

- Elsewhere Classified.

* Data from NSW are incomplete for the period 8 July to 21 July 1998, as three Public Health Units were unable to provide data.

Figure 4. 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 the period 8 July to 21 July 1998, as three Public Health Units were unable to provide data.

Table 3. Virology and serology laboratory reports by State or Territory[1] for the reporting period 18 June 1998 to 15 July 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		1		3	39
Mumps virus		1			1			3	5	22
Rubella virus		1							1	63
Hepatitis Viruses										
Hepatitis A virus		6			3		2	9	20	252
Arboviruses										
Ross River virus					3			5	8	529
Barmah Forest virus							1		1	22
Dengue not typed			2					1	3	23
Kunjin virus			1						1	5
Flavivirus (unspecified)							2		2	44
Adenoviruses										
Adenovirus type 1					1		1		2	15
Adenovirus type 2							4		4	15
Adenovirus type 3							1		1	21
Adenovirus type 7					1				1	14
Adenovirus type 11					1				1	1
Adenovirus not typed/pending	1	22	1	1	29		1	10	65	420

Table 3. Virology and serology laboratory reports by State or Territory[1] for the reporting period 18 June 1998 to 15 July 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		14			11		13	7	45	429
Varicella-zoster virus		13			15		29	24	81	715
Epstein-Barr virus		34		1	37		8	20	100	990
Other DNA Viruses										
Contagious pustular dermatitis (Orf virus)								1	1	7
Parvovirus			1		6		18	2	27	114
Picorna Virus Family										
Coxsackievirus A9							2		2	5
Coxsackievirus B2							1		1	3
Coxsackievirus B3							1		1	7
Coxsackievirus B5							1		1	2
Echovirus type 5							1		1	1
Poliovirus type 2 (uncharacterised)		2							2	4
Rhinovirus (all types)		27			4		2	22	55	273
Enterovirus not typed/pending		6	1			1	1	32	41	280
Ortho/paramyxoviruses										
Influenza A virus		178	1		246		44	98	567	1,075
Influenza A virus H3N2							2		2	2
Influenza B virus					19		1		20	109
Influenza virus - typing pending							1		1	1
Parainfluenza virus type 1		10			22		2	3	37	232
Parainfluenza virus type 2		1			1		1		3	26
Parainfluenza virus type 3		2			3			6	11	206
Respiratory syncytial virus		495			71	4	19	99	688	1,201
Other RNA Viruses										
HTLV-1								1	1	12
Rotavirus		29			22	11		50	112	344
Calici virus		1							1	1
Other										
Chlamydia trachomatis not typed		7	3		44	2		115	171	2,286
Chlamydia psittaci							6	3	9	32
Chlamydia species		3							3	35
Mycoplasma pneumoniae		17			18		27	3	65	789
Mycoplasma hominis		1							1	1
Coxiella burnetii (Q fever)		3			3		6	1	13	72
Rickettsia spp - other								2	2	8
Bordetella pertussis						1	9	13	23	710
TOTAL	1	875	10	2	562	19	208	530	2,207	11,464

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 18 June 1998 to 15 July 1998

State or Territory	Laboratory	Reports
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	247
	New Children's Hospital, Westmead	379
	Repatriation General Hospital, Concord	1
	South West Area Pathology Service, Liverpool	251
South Australia	Institute of Medical and Veterinary Science, Adelaide	562
Tasmania	Northern Tasmanian Pathology Service, Launceston	17
Victoria	Royal Children's Hospital, Melbourne	30
	Victorian Infectious Diseases Reference Laboratory, Fairfield	180
Western Australia	PathCentre Virology, Perth	498
	Princess Margaret Hospital, Perth	42
TOTAL		2,207

Table 5. Australian Sentinel Practice Research Network reports, weeks 25 to 27, 1998

Week number	25		26		27	
Week ending on	28 June 1998		5 July 1998		12 July 1998	
Doctors reporting	50		54		55	
Total encounters	6,934		7,137		7,155	
Condition	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters
Influenza	128	18.5	164	23.0	127	17.7
Rubella	1	0.1	0	0.0	0	0.0
Measles	1	0.1	0	0.0	0	0.0
Chickenpox	16	2.3	9	1.3	10	1.4
Pertussis	2	0.3	2	0.3	0	0.0
HIV testing (patient initiated)	10	1.4	13	1.8	8	1.1
HIV testing (doctor initiated)	6	0.9	1	0.1	8	1.1
Td (ADT) vaccine	23	3.3	27	3.8	31	4.3
Pertussis vaccination	19	2.7	44	6.2	41	5.7
Reaction to pertussis vaccine	0	0.0	2	0.3	1	0.1
Ross River virus infection	0	0.0	0	0.0	0	0.0
Gastroenteritis	74	10.7	70	9.8	65	9.1

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 ASPREN have peaked at 21.3 per 1,000 for the month of July (Figure 5). This figure is less than that reported for the same time last year, when the seasonal peak reached 50 per 1,000 consultations. The New South Wales and Victorian Sentinel Schemes have reported rates of 32.7 and 26.4 per 1,000 respectively for this reporting period. The Tropical Influenza Surveillance Programme has reported weekly consultation rates that have been consistently less than 10 per 1,000 for the year to date. This contrasts with 1997, when there was an early peak of 30 per 1,000 consultations in the month of March and a late winter peak that reached the same levels.

Laboratory Surveillance

There have been 1,073 laboratory reports of influenza for the year to date. Of these, 991 (92%) were influenza A and 82 (8 %) influenza B (Figure 6). The number of influenza A reports for this year is greater than those reported over the same period for all years dating back to 1993. This however contrasts with the sentinel general practitioner data schemes that are reporting rates of influenza-like

Figure 5. Sentinel general practitioner consultation rates, 1998, by week and scheme.

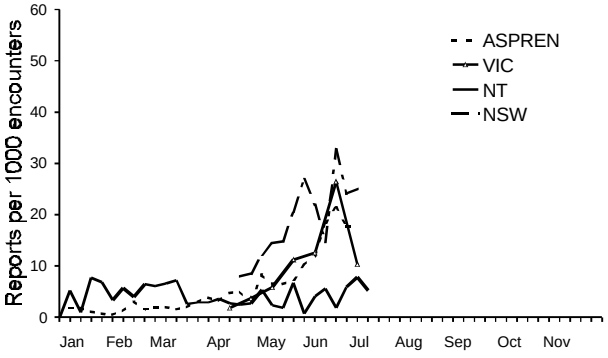


Figure 6. Influenza laboratory reports, 1998, by virus type and week of specimen collection

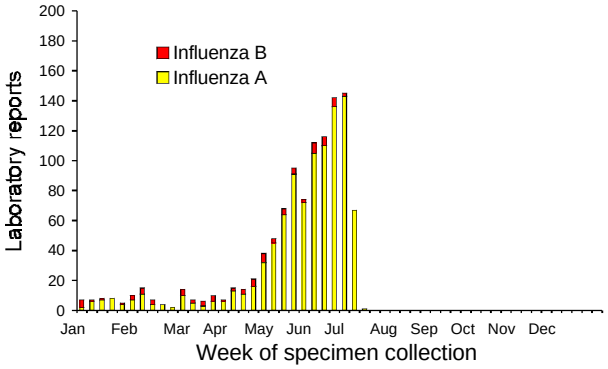


Figure 7. Influenza A and B laboratory reports, 1998, by age group

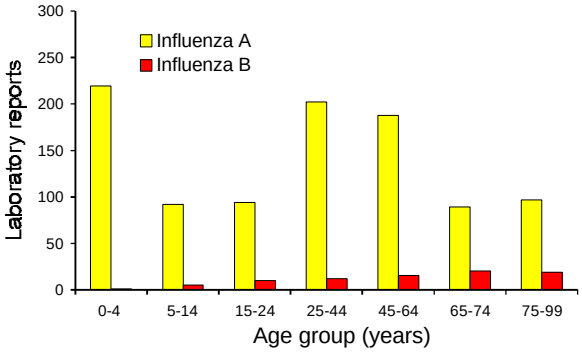
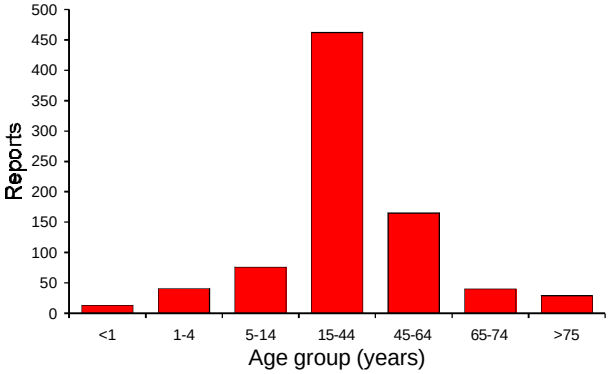


Figure 8. Reports of influenza-like illness, ASPREN Scheme, 1998, by age group



illness that are comparable to those of last year, and which for the most recent reporting period are lower than those reported for 1997. A total of 219 laboratory reports of influenza A were in children less than 4 years of age (Figure 7). Again this is in contrast to the data provided by the ASPREN scheme that reports the largest number of influenza-like illness in the 15 to 44 year old age group (Figure 8).

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. Absenteeism rates for the year have averaged 0.26% per week. Rates for this reporting period have peaked at 0.32% for the first week of July which is the highest reported for the year so far.

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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Sentinel chicken serology was carried out for 21 of the 28 flocks in Western Australia in June 1998. There were three seroconversions in the Fitzroy Crossing flock to Kunjin virus and six seroconversions in the Derby flocks. There was one seroconversion to Kunjin virus at Derby site 2 (town) and five seroconversions at Derby site 1 (located out of town), three to Kunjin virus and two to a flavivirus that does not appear to be MVE or Kunjin virus. This increase in Kunjin virus activity in the West Kimberley region is unusual at this time of year, particularly after a wet season with below average rainfall and low flavivirus activity.

Seven flocks of sentinel chickens from the Northern Territory were also tested in our laboratory in June 1998. There was one seroconversion to Kunjin virus in the Leanyer flock and one seroconversion to a flavivirus only in the Gove flock. The chicken from Tennant Creek that seroconverted in April 1998 was confirmed as a Kunjin seroconversion.

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.

Table 6. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 28 February 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	1	0	0	1	0	1	1	4	3	5	14
	Male	2	23	0	0	3	0	18	1	47	66	105	144
	Sex not reported	0	2	0	0	0	0	0	0	2	4	3	5
	Total[1]	2	226	0	0	4	0	19	2	53	73	113	163
AIDS diagnoses	Female	0	0	0	0	0	0	0	0	0	2	1	4
	Male	0	2	0	3	0	0	1	1	7	28	16	68
	Total[1]	0	2	0	3	0	0	1	1	7	30	17	72
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	2	0	4
	Male	0	1	0	1	0	0	0	0	2	25	8	53
	Total[1]	0	1	0	1	0	0	0	0	2	27	8	57

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

Table 7. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 28 February 1998, by sex and State or Territory

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female	20	539	7	120	52	4	192	83	1,017
	Male	180	10,229	93	1,772	622	75	3,700	841	17,514
	Sex not reported	0	260	0	0	0	0	28	1	289
	Total[1]	200	11,048	100	1,898	676	79	3,930	928	18,859
AIDS diagnoses	Female	7	157	0	44	19	2	62	23	314
	Male	80	4,332	30	756	318	41	1,517	337	7,411
	Total[1]	87	4,500	30	802	337	43	1,586	362	7,747
AIDS deaths	Female	2	112	0	28	14	2	43	15	216
	Male	52	3,035	23	525	215	27	1,198	241	5,316
	Total[1]	54	3,154	23	555	229	29	1,247	257	5,548

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

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 28 February 1998, as reported to 31 May 1998, are included in this issue of CDI (Tables 6 and 7).

The cumulative Australian totals for HIV diagnoses over recent months has not appeared to follow the expected trend due to changes in the reporting methods. The changes to the HIV reporting system are presented on page 161.

Childhood Immunisation Coverage

Table 8 provides the latest quarterly report on childhood immunisation coverage from the Australian Childhood Immunisation Register (ACIR).

The data show the percentage of children fully immunised at age 12 months for the cohort born between 1 October and 31 December 1996 according to the Australian Standard Vaccination Schedule.

A full description of the methodology used can be found in CDI 1998;22:3;36-37.

Table 8. Percentage of children immunised at 1 year of age, preliminary results by disease and State for the birth cohort 1 October 1996 to 31 December 1996; assessment date 31 December 1997.

	State or Territory								
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
Total number of children	1,086	22,119	837	11,598	4,650	1,652	15,991	6,200	64,133
Vaccine									
DTP (%)	85.8	78.4	67.0	84.3	80.5	82.9	83.1	76.7	80.7
OPV (%)	85.4	78.1	66.8	84.6	80.6	83.3	83.1	76.9	80.7
Hib (%)	82.4	77.9	70.8	85.1	80.6	82.9	82.9	76.9	80.7
Fully Immunised (%)	81.9	75.7	61.6	82.5	78.6	81.7	81.5	75.1	78.6
Change in fully immunised since last quarter (%)	+1.3	+1.0	+6.6	+3.1	-0.3	+2.5	+1.6	+4.6	+1.9

Acknowledgment: These figures were provided by the Health Insurance Commission (HIC), to specifications provided by the Commonwealth Department of Health and Family Services. For further information on these figures or data on the ACIR please contact the Immunisation Section of the HIC: Telephone (02) 6203 6185.