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'.

Vaccine Preventable Diseases

Notifications of Measles and Rubella continue to be low in both the NNDSS and LabVISE reporting scheme.

The number of pertussis notifications, when examined by date of onset, has fallen in each month from November 1997 to August 1998. A plateau appears to have been reached with the number of notifications having onset in September 1998 being 354 compared with 330 for August 1998. A small fall is seen again for October but this is probably because not all notifications for that month have yet been received by the NNDSS (figure 1). Historical data commonly shows a rise in notifications in the later months of the year.

Arboviruses

The number of notifications for dengue remains high with 35 more reports in this period (30 from Queensland). The total for 1998 to date is more than double that for the same period in 1997.

Respiratory viruses

Reports of Parainfluenza type 1 have declined in recent months after peaking in April. Epidemics of Parainfluenza virus type 1 occur in Australia in the autumn-winter months of alternate years. The number of reports received so far this year is similar to that for the same period in 1996 but lower than the last epidemic year of 1994 (Figure 2). In previous epidemic years reports have peaked in April and May.

Parainfluenza virus type 2 reports have declined over recent months. Reporting this year has been lower than that for previous years.

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

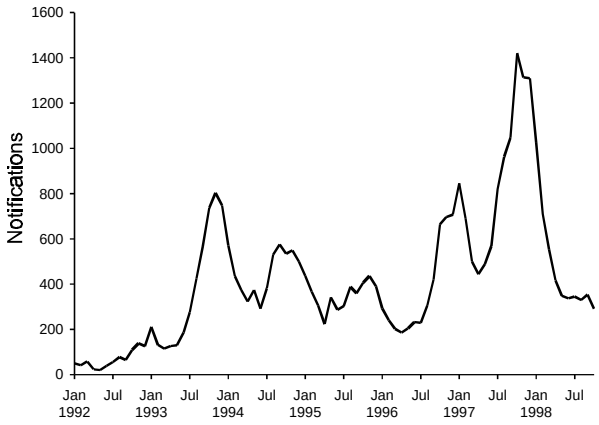
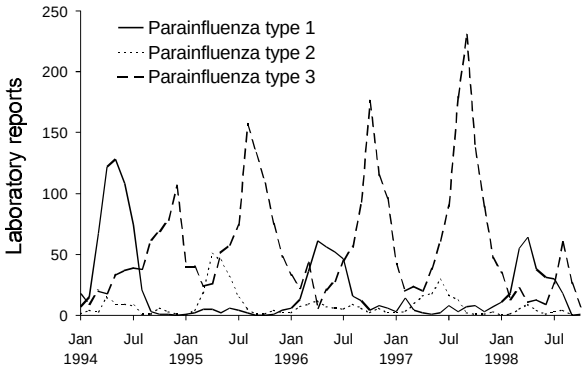


Figure 2. Laboratory reports of Parainfluenza virus type 1,2 and 3, 1994 to 1998, by month of specimen collection



Reports of Parainfluenza virus type 3 have declined over the past months after peaking in August this year. Parainfluenza Type 3 virus has maintained its seasonal pattern although the total number of reports this year has been lower than for previous years. Parainfluenza virus type 3 is most commonly reported in the first 12 months of life. Bronchiolitis and pneumonia are the most common clinical symptoms.

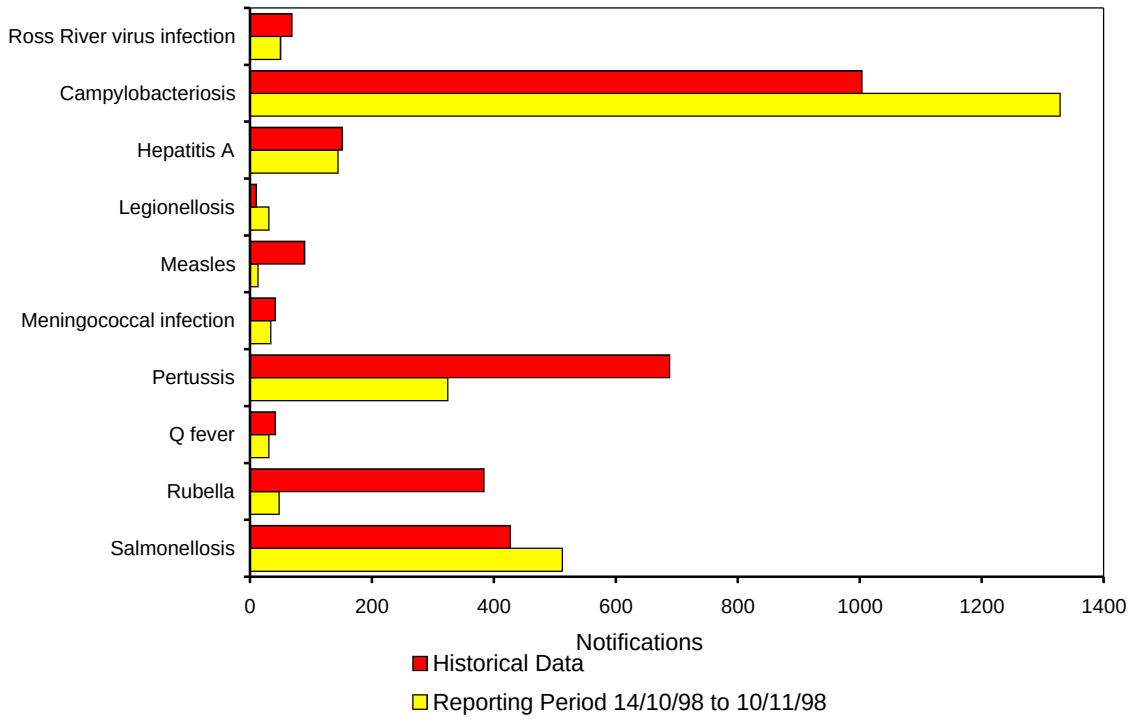
Tables

There were 4,658 notifications to the National Notifiable Diseases Surveillance System (NNDSS) in the four week period, 14 October to 10 November 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 3).

There were 2,536 reports received by the *CDI* Virology and Serology Laboratory Reporting Scheme (LabVISE) in the four week period, 8 October to 4 November 1998 (Tables 3 and 4).

The Australian Sentinel Practice Research Network (ASPREN) data for weeks 40 to 43, ending 1 November 1998, are included in this issue of *CDI* (Table 5).

Figure 3. 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.

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 14 October to 10 November 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	2	0	0	0	0	2	1	28	44
Measles[3]	3	6	0	0	1	1	2	0	13	143	298	662
Mumps	0	1	1	0	0	1	2	1	6	9	154	169
Pertussis	16	100	1	105	22	7	65	8	324	1,096	5,678	7,671
Rubella[4]	2	4	0	26	0	1	10	5	48	116	721	1,275

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. The total number of measles notifications for 1998 has been revised downwards because of a reclassification of 79 cases previously notified as measles by Victoria. These cases have been reclassified as not measles following results of serology.
4. Includes congenital rubella.

Table 2. Notifications of diseases received by State and Territory health authorities in the period 14 October to 10 November 1998.

Disease[1,2,3,4]	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1998	This period 1997	Year to date 1998[5]	Year to date 1997
Arbovirus infection (NEC)[6]	0	1	0	1	0	0	0	0	2	4	66	82
Barmah Forest virus infection	0	1	0	14	0	0	0	1	16	29	494	642
Brucellosis	0	0	0	4	0	0	1	0	5	1	41	31
Campylobacteriosis[7]	22	-	18	420	279	33	385	172	1,329	935	10,303	9,799
Chlamydial infection (NEC)[8]	10	NN	77	388	89	12	167	117	860	634	9,418	7,760
Cholera	0	0	0	0	0	0	0	0	0	1	4	3
Dengue	2	2	0	30	0	0	0	1	35	5	429	204
Donovanosis	0	NN	0	0	NN	0	0	0	0	0	30	28
Gonococcal infection[9]	3	56	137	112	23	1	53	63	448	227	4,680	3,992
Hepatitis A	1	18	3	96	10	0	7	9	144	221	2,375	2,737
Hepatitis B incident[5]	0	2	1	3	5	0	4	0	15	14	208	216
Hepatitis C incident[10]	2	8	0	-	3	2	-	-	23	2	282	60
Hepatitis C unspecified[5]	16	NN	26	218	NN	25	16	89	390	687	7,872	8,301
Hepatitis (NEC)	0	0	0	0	0	0	0	NN	0	0	4	5
Haemolytic uraemic syndrome[11]	NN	0	NN	0	1	0	NN	0	1	NA	11	NA
Hydatid infection	0	0	0	0	0	0	2	0	2	4	38	48
Legionellosis	0	1	0	4	4	0	19	3	31	11	215	125
Leprosy	0	0	0	0	0	0	0	0	0	0	2	10
Leptospirosis	0	0	0	10	0	0	4	0	14	10	148	106
Listeriosis	0	1	0	2	1	0	2	0	6	3	47	65
Malaria	1	5	0	9	2	0	5	5	27	15	622	691
Meningococcal infection	1	13	4	7	1	1	5	2	34	48	409	435
Ornithosis	0	NN	0	0	0	0	6	0	6	0	34	41
Q Fever	0	9	0	20	1	0	0	1	31	44	490	518
Ross River virus infection	2	8	1	27	4	0	2	6	50	58	2,535	6,455
Salmonellosis (NEC)	8	72	33	163	35	9	131	61	512	414	6,782	5,985
Shigellosis[7]	0	-	9	19	5	0	9	6	48	54	537	696
SLTEC, VTEC[12]	NN	0	NN	NN	0	0	NN	NN	1	NA	15	NA
Syphilis[13]	1	19	38	39	2	1	0	2	102	89	1,306	1,111
Tuberculosis	0	11	5	8	1	0	28	5	58	76	835	818
Typhoid[14]	0	2	0	0	2	0	0	0	4	8	66	67
Yersiniosis (NEC)[7]	0	-	0	6	4	0	0	0	10	13	187	212

1. Diseases preventable by routine childhood immunisation are presented in Table x.
2. For HIV and AIDS, see Tables 3 and 4.
3. 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.
4. 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. There have also been no cases of thromotic thrombocytopaenic purpura (TTP), which became nationally reportable in August 1998.
5. Data from Victoria for 1998 are incomplete.
6. NT: includes Barmah Forest virus.
7. Not reported for NSW because it is only notifiable as 'foodborne disease' or 'gastroenteritis in an institution'.
8. WA: genital only.
9. NT, Qld, SA and Vic: includes gonococcal neonatal ophthalmia.
10. Qld and Vic incident cases of Hepatitis C are not separately reported.
11. Nationally reportable from August 1998.
12. Infections with *Shiga*-like toxin (verotoxin) producing *E. Coli* (SLTEC/VTEC) became nationally reportable in August 1998.
13. Includes congenital syphilis.
14. NSW, Qld, Vic: includes paratyphoid.

NN Not Notifiable.

NEC Not Elsewhere Classified.

\- Elsewhere Classified.

NA Not applicable, as reporting for this condition did not commence until 1998.

Table 3. Virology and serology laboratory reports by State or Territory[1] for the reporting period 8 October to 4 November 1998, and total reports for the year.

	State or Territory[1]								Total this period	Total reported in *CDI* in 1998
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA		
Measles, mumps, rubella										
Measles virus					1		1		2	54
Mumps virus		2			1			3	6	43
Rubella virus				4	1		2		7	103
Hepatitis viruses										
Hepatitis A virus		1		4	4		1	6	16	343
Hepatitis D virus					1				1	6
Arboviruses										
Ross River virus				8	1		1	5	15	612
Barmah Forest virus				1				1	2	30
Dengue not typed			2					2	4	36
Flavivirus (unspecified)				1			3		4	64
Adenoviruses										
Adenovirus type 1					23		1		24	63
Adenovirus type 2					1		2		3	23
Adenovirus type 3					7		2		9	47
Adenovirus type 4							2		2	4
Adenovirus type 6					5				5	15
Adenovirus type 7					1				1	17
Adenovirus type 8							1		1	6
Adenovirus type 22							1		1	2
Adenovirus type 40							2		2	13
Adenovirus not typed/pending		25		3	49	1	15	12	105	752
Herpes viruses										
Cytomegalovirus		10		7	14	2	41	7	81	707
Varicella-zoster virus		5		13	16	1	64	21	120	1,118
Epstein-Barr virus		10	1	40	85		26	16	178	1,596
Other DNA viruses										
Papovavirus group							1		1	3
Parvovirus				3	4		19	6	32	220
Picorna virus family										
Coxsackievirus A9							1		1	6
Coxsackievirus B4					1		1		2	8
Coxsackievirus B5							1		1	4
Echovirus type 18					1				1	7
Poliovirus type 1 (uncharacterised)							1		1	7
Poliovirus type 3 (uncharacterised)							1		1	4
Rhinovirus (all types)		17					9	8	34	407
Enterovirus not typed/pending			3	4	1	1	3	19	31	428
Ortho/paramyxoviruses										
Influenza A virus		53	1	3	122	1	33	33	246	2,744
Influenza B virus					11		2		13	165
Parainfluenza virus type 1					5		1		6	276
Parainfluenza virus type 2					1				1	32
Parainfluenza virus type 3		4			16		6	14	40	320
Respiratory syncytial virus		116		6	278	80	312	46	838	4,688

Table 3. Virology and serology laboratory reports by State or Territory[1] for the reporting period 8 October to 4 November 1998, and total reports for the year (continued).

	State or Territory[1]									
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Total this period	Total reported in *CDI* in 1998
Other RNA viruses										
HTLV-1			1					1	2	18
Rotavirus		72	3		52	17	122	13	279	1,175
Norwalk agent							7		7	37
Other										
Chlamydia trachomatis not typed		19	8	28	58	11	20	55	199	3,082
Chlamydia psittaci							12	1	13	53
Mycoplasma pneumoniae		13		16	34		58	6	127	1,216
Coxiella burnetii (Q fever)		4		2	1		3	2	12	109
Bordetella pertussis				15			41	2	58	890
Legionella longbeachae					1				1	29
TOTAL		351	19	158	796	114	819	279	2,536	21,582

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 8 October to 4 November 1998.

State or Territory	Laboratory	Reports
New South Wales	New Children's Hospital, Westmead	178
	Royal Prince Alfred Hospital, Camperdown	53
	South West Area Pathology Service, Liverpool	113
Queensland	Queensland Medical Laboratory, West End	162
	Townsville General Hospital	8
South Australia	Institute of Medical and Veterinary Science, Adelaide	796
Tasmania	Northern Tasmanian Pathology Service, Launceston	28
	Royal Hobart Hospital, Hobart	84
Victoria	Monash Medical Centre, Melbourne	47
	Royal Children's Hospital, Melbourne	546
	Victorian Infectious Diseases Reference Laboratory, Fairfield	231
Western Australia	PathCentre Virology, Perth	250
	Princess Margaret Hospital, Perth	25
	Western Diagnostic Pathology	15
TOTAL		2,536

Table 5. Australian Sentinel Practice Research Network reports, weeks 40 to 43, 1998.

Week number	40		41		42		43	
Week ending on	11 October 1998		18 October 1998		25 October 1998		1 November 1998	
Doctors reporting	51		57		54		54	
Total encounters	6157		7663		6589		7037	
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	25	4.1	31	4.0	22	3.3	20	2.8
Rubella	5	0.8	3	0.4	0	0.0	1	0.1
Measles	0	0.0	0	0.0	0	0.0	0	0.0
Chickenpox	6	1.0	14	1.8	10	1.5	14	2.0
Pertussis	4	0.6	1	0.1	2	0.3	8	1.1
HIV testing (patient initiated)	11	1.8	4	0.5	14	2.1	11	1.6
HIV testing (doctor initiated)	4	0.6	10	1.3	7	1.1	3	0.4
Td (ADT) vaccine	41	6.7	46	6.0	37	5.6	49	7.0
Pertussis vaccination	37	6.0	49	6.4	40	6.1	43	6.1
Reaction to pertussis vaccine	2	0.3	4	0.5	0	0.0	1	0.1
Ross River virus infection	3	0.5	3	0.4	0	0.0	0	0.0
Gastroenteritis	94	15.3	79	10.3	62	9.4	63	9.0

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 in 1998. CDI reports the consultation rates for all of these. For further information, including case definitions, see CDI 1998;22:5-6.

Additional Reports

Gonococcal surveillance

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The Australian Gonococcal Surveillance Programme (AGSP) reference laboratories in the various States and Territories report data on sensitivity to an agreed 'core' group of antimicrobial agents on a quarterly basis. The antibiotics which are currently routinely surveyed are the penicillins, ceftriaxone, ciprofloxacin and spectinomycin, all of which are administered as single dose regimens. When in vitro resistance to a recommended agent is demonstrated in 5% or more of isolates, it is usual to reconsider the inclusion of that agent in current treatment schedules. Additional data are also provided on other antibiotics from time to time. At present all laboratories also test isolates for the presence of high level resistance to the tetracyclines. Tetracyclines are however not a recommended therapy for gonorrhoea. Comparability of data is achieved by means of a standardised system of testing and a programme-specific quality assurance process. Because of the substantial geographic differences in susceptibility patterns in Australia, regional as well as aggregated data are presented.

Reporting period 1 April to 30 June 1998

The AGSP laboratories examined 939 isolates of *Neisseria gonorrhoeae* for sensitivity to the penicillins, ceftriaxone, quinolones and spectinomycin and for high level resistance to the tetracyclines in the June quarter of 1998.

Penicillins

Resistance to this group of antibiotics (penicillin, ampicillin, amoxycillin) was present in a high proportion of isolates examined in Melbourne (36%) and Sydney (45%). In

Adelaide, Brisbane and Perth the proportion of penicillin-resistant strains was 12%, 11% and 6% respectively. A lower proportion of strains were resistant in the Northern Territory (2.3%). Figure 4 shows the proportion of isolates fully sensitive, less sensitive or relatively resistant to the penicillins by chromosomal mechanisms and the proportion of penicillinase-producing gonococci (PPNG) in different regions and as aggregated data for Australia. PPNG and relatively resistant isolates usually fail to respond to therapy with the penicillins. Those in the fully sensitive and less sensitive categories (minimal inhibitory concentration - MIC ≤0.5 mg/L) usually respond to a regimen of standard treatment with the above penicillins.

There were 39 PPNG identified in this reporting period (4.2% of all isolates). These were distributed widely with 7 PPNG reported from Melbourne, 16 from Sydney, 7 from Perth, 6 from Brisbane and 3 from the Northern Territory. Infections with PPNG were acquired locally but more frequently in South East Asian countries often visited by Australians. The Philippines, Thailand, Singapore, China, Korea, Indonesia, Vietnam, and India were among the counties where infections with PPNG were acquired.

Of relatively greater importance than PPNG were the 194 (21%) of all isolates resistant to the penicillins by separate chromosomal mechanisms. These so called CMRNG were most often seen in Sydney (131 strains, 40%), Melbourne (50 strains, 32%), Brisbane (8 strains, 6%) and Adelaide (4 strains, 12%). One relatively resistant isolate was seen in the Northern Territory.

Ceftriaxone and spectinomycin.

Although all isolates from all parts of Australia were sensitive to these injectable agents, a small number of isolates showed some decreased sensitivity to ceftriaxone.

Quinolone antibiotics (Ciprofloxacin, norfloxacin and enoxacin)

Thirty isolates (3.2%) throughout Australia had altered resistance to this group of antibiotics (QRNG) with 18 of these showing high level resistance. Eighteen QRNG (5%) were detected in Sydney, 8 (5%) in Melbourne and 4 (3%) in Brisbane. QRNG were not detected in other centres.

An increase in rates of isolation of QRNG was noted in AGSP reports in 1997. Additionally the appearance of QRNG in locally acquired infections especially in Sydney but also in Melbourne was specifically mentioned. Locally acquisition of high level resistance to quinolone antibiotics was seen again in Sydney in this quarter but was not confirmed in any other centre. Patients infected with QRNG overseas acquired the infections in Indonesia, China,Thailand, Vietnam and the Philippines.

In the corresponding period of 1997, 42 QRNG comprised 5.5% of all Australian isolates.

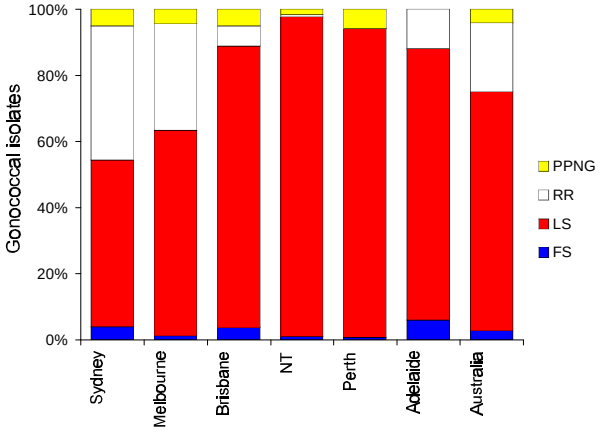
The quinolone agents are the oral agents most often used in centres where penicillins are ineffective. The appearance of quinolone resistance reduces options for succesful treatment of gonorhoea.

High level tetracycline resistance - "TRNG"

Forty TRNG were detected throughout Australia (4.3% of all strains) with isolates of this type again present in most centres. The highest number and proportion of TRNG was found in Sydney where the 21 TRNG represented 6.5% of all isolates. TRNG were also prominent in Perth (7 isolates, 5.6%) and Brisbane (7 isolates, 5.4%). Three TRNG were seen in the Northern Territory and two in Melbourne. TRNG were acquired in India, the Philippines, Vietnam and Papua New Guinea. Local acquisition was increasingly prominent in Sydney.

Sentinel Chicken Surveillance

Figure 4. Penicillin resistance of gonococcal isolates for Australia and by region, 1 April to 30 June 1997



FS	Fully sensitive to penicillin, MIC 0.06 - 0.5 mg/l
LS	Less sensitive to penicillin, MIC 0.06 - 0.5 mg/l
RR	Relatively resistant to penicillin, MIC ,= 1 mg/l
PPNG	Penicillinase producing *Neisseria gonorrhoeae*

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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6. PathCentre, Western Australia
7. Department of Health and Community Services, Northern Territory

Sentinel chicken serology was carried out for 14 of the 27 flocks in Western Australia in September 1998, 22 of the

27 flocks in October 1998. There were no seroconversions in any of the flocks during either month, which is what we would expect at this time of the year.

Sentinel chickens from the Northern Territory were also tested in our laboratory for 5 of the 7 flocks, in September 1998. There were no new seroconversins during this time.

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 30 June 1998, as reported to 30 September 1998, are included in this issue of CDI (Tables 6 and 7).

Childhood Immunisation Coverage

Table 8 and 9 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 April and 30 June 1997 and at age 24 months for the cohort born between 1 April and 30 June 1996 according to the Australian Standard Vaccination Schedule.

Table 6. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 30 June 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	2	0	0	1	4	4	37	37
	Male	0	24	2	7	2	0	9	3	47	51	334	371
	Sex not reported	0	0	0	0	0	0	0	0	0	0	8	10
	Total[1]	0	25	2	7	4	0	9	4	51	55	379	419
AIDS diagnoses	Female	0	0	0	0	1	0	0	0	1	1	6	16
	Male	0	8	0	0	2	0	3	0	13	24	95	165
	Total[1]	0	8	0	0	3	0	3	0	14	25	101	181
AIDS deaths	Female	0	0	0	0	1	0	1	0	2	1	4	8
	Male	0	4	0	4	1	0	1	0	10	19	46	126
	Total[1]	0	4	0	4	2	0	2	0	12	20	50	134

Table 7. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 30 June 1998, by sex and State or Territory.

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female	22	553	7	128	54	4	194	89	1,051
	Male	183	10,345	98	1,828	635	77	3,706	860	17,732
	Sex not reported	0	262	0	0	0	0	25	0	287
	Total[1]	205	11,179	105	1,962	689	81	3,938	952	19,111
AIDS diagnoses	Female	8	159	0	45	20	2	64	23	321
	Male	82	4,382	32	766	324	41	1,543	337	7,507
	Total[1]	90	4,552	32	813	344	43	1,614	362	7,850
AIDS deaths	Female	2	112	0	28	15	2	46	16	221
	Male	62	3,053	23	533	220	27	1,209	241	5,368
	Total[1]	64	3,172	23	563	235	29	1,261	258	5,605

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

Table 8. Percentage of children immunised at 1 year of age, preliminary results by disease and State for the birth cohort 1 April to 30 June 1997; assessment date 30 June 1998.

	State or Territory								
Vaccine	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
Total number of children	1,099	22,029	903	12,472	4,670	1,573	15,433	6,207	64,386
DTP (%)	88.0	84.9	81.2	87.9	88.0	87.9	87.9	84.8	86.5
OPV (%)	87.7	84.7	80.5	87.7	88.3	88.0	88.0	85.0	86.4
Hib (%)	86.2	83.9	81.9	88.5	86.6	87.4	87.4	84.6	86.0
Fully Immunised (%)	85.0	82.3	76.0	85.8	85.3	86.2	86.2	83.2	84.3
Change in fully immunised since last quarter (%)	+4.0	+3.8	+16.8	+2.6	+6.0	+3.9	+3.2	+6.2	+4.1

Table 9. Proportion of children immunised at 2 years of age, preliminary results by disease and State for the birth cohort 1 April to 30 June 1996; assessment date 30 June 1998.[1]

	State or Territory								
Vaccine	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
Total number of children	1,088	22,170	905	12,430	4,747	1,580	15,443	6,675	65,038
DTP (%)	78.6	77.1	61.7	81.9	79.6	77.8	77.8	75.4	78.0
OPV (%)	84.0	81.7	70.7	87.8	84.6	85.8	86.9	77.2	83.8
Hib (%)	77.4	77.2	65.0	81.9	80.2	78.3	78.6	75.8	78.4
MMR (%)	84.7	81.2	71.5	87.9	82.1	84.7	85.0	78.5	83.2
Fully Immunised (%)[1]	69.7	63.8	50.7	72.8	65.6	67.0	67.7	59.2	66.1
Change in fully immunised since last quarter (%)	+0.7	+1.5	+1.9	+4.5	+2.8	+3.6	+0.8	+4.4	+2.3

1. These data relating to 2 year old children should be considered as preliminary. The proportions shown as 'fully immunised' appear low compared with the proportions for individual vaccines. This is at least partly due to poor identification of children on immunisation encounter forms.

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