

Communicable Diseases Surveillance

Highlights

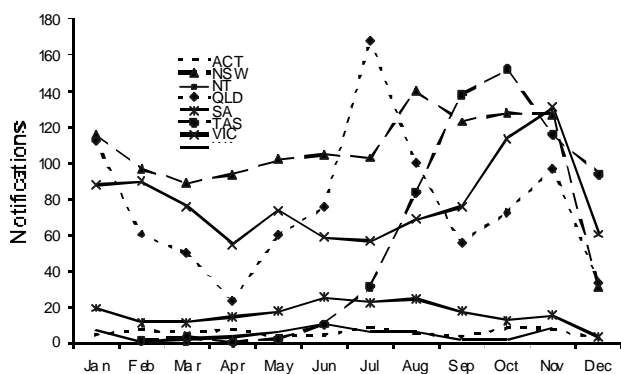
Communicable Diseases Surveillance consists of data from various sources. The National Notifiable Diseases Surveillance System (NNDSS) is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The *CDI* Virology and Serology Laboratory Reporting Scheme (LabVISE) is a 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

A total of 332 notifications was received in this reporting period for vaccine preventable diseases. This is lower than the previous reporting period (516) and similar to the same period in 1998 (327). The number of measles notifications continued to decrease in this period (5) compared with the previous two periods (12 and 18). There was also a decrease in the overall notifications of measles for 1999 (235) compared with 1998 (306). The number of rubella notifications also decreased in this reporting period (14) when compared with the previous period (22). There was an overall decrease in notifications of rubella for 1999 (379) compared with 1998 (772).

The number of pertussis notifications decreased over this period (304) compared with the previous periods (469 and 432). A decrease in the number of notified cases occurred in NSW (74), Vic (82), WA (1), SA (7) and Queensland (44). The number of notified cases remained fairly constant in Tasmania (90 to 87) (Figure 1). Most cases occurred in the 10-14 years age group and older with an apparent female predominance (Figure 2). Overall

Figure 1. Notifications of pertussis, 1999, by State or Territory and month of onset



the number of cases decreased in 1999 (4,403) compared with 1998 (6,432). Comparison of the monthly trend of pertussis notifications from 1991 to 1999 showed an increase from 1993 (Figure 3). Peak levels in 1999 were similar to 1998 and 1995 but lower than the peaks in the other years since 1993. The maximum peak in pertussis notifications was seen in late 1997/early 1998.

Figure 2. Notification rate of pertussis, 1999, by age group and sex

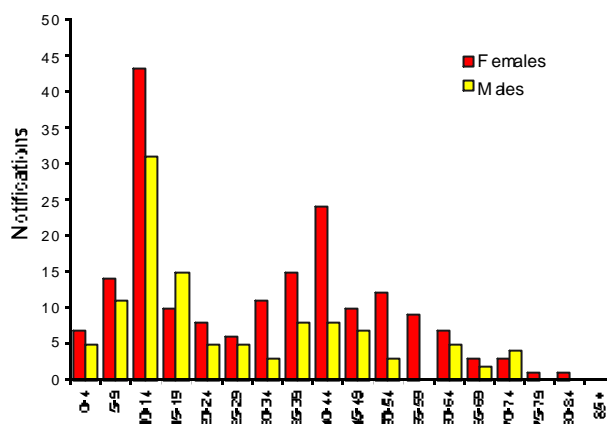
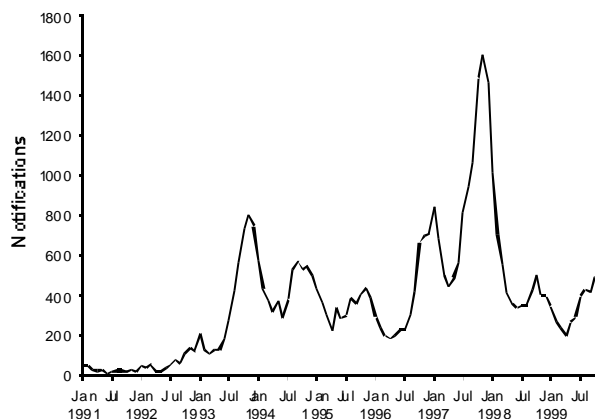


Figure 3. Notifications of pertussis, 1991-1999, by month of onset



Vectorborne diseases

There were 135 notifications of Ross River virus received this period, an increase from the previous reporting periods (91 and 72) but less than for the same period in 1998 (333). An increase in case notifications from NT (18) and WA (74) contributed to the increase in this period. Cases were a mix of males and females and across all age groups with a predominance in those aged 25 to 54 years

Figure 4. Notification rate of Ross River virus, 1999, by age group and sex

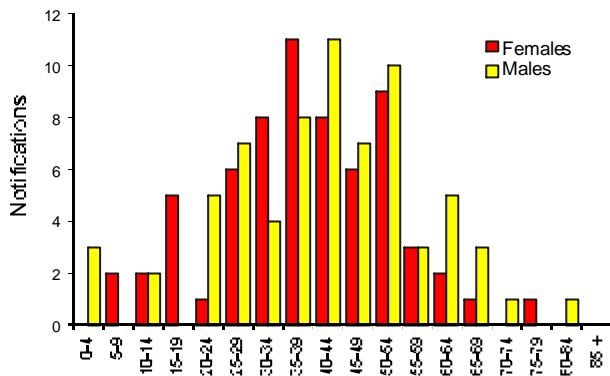


Figure 6. Notifications of Ross River virus, 1991-1999, by month of onset

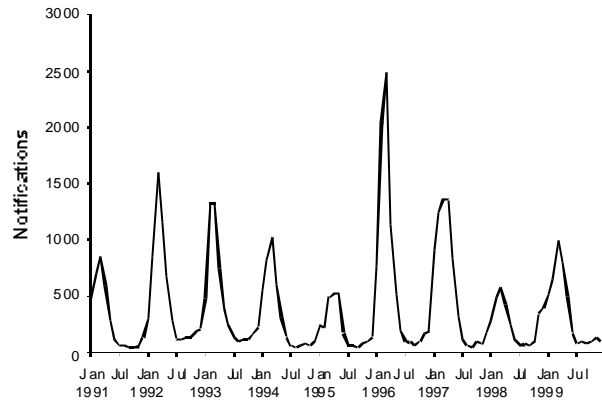
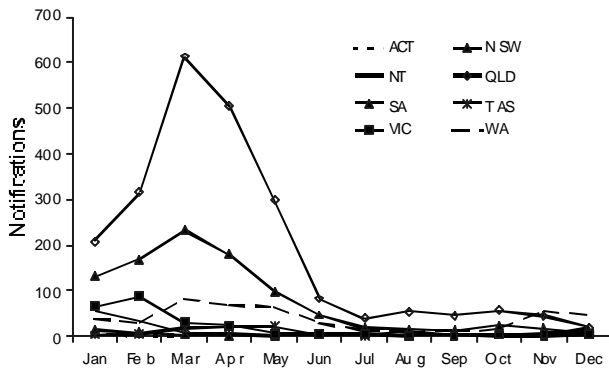


Figure 5. Notifications of Ross River virus, 1999, by State or Territory and month of onset



(Figure 4). In total 4,410 notifications were received for 1999; an increase compared with 1998 (3,094). The overall increase in 1999 was due to peaks in Qld, NSW and WA in the first half of 1999 (Figure 5). Comparison of the monthly trend of Ross River virus from 1991 to 1999 showed 1999 to have been a year of moderate activity (Figure 6).

A total of 9 dengue notifications were received in this reporting period, a slight increase from the previous reporting period (7) but less than for the same period last year (55). Overall the total number of notifications for 1999 (181) was less than for the previous year (557), which included an outbreak in the first half of 1998.

Gastrointestinal diseases

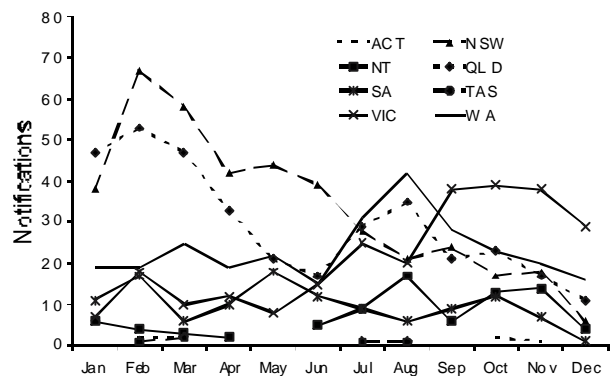
There continued to be increased numbers of notifications of hepatitis A during this period (75) with most cases being in Victoria (31 this period, 37 and 30 for the last two periods respectively) (Figure 7). The majority of these cases were in the 20-59 year age group with a male to female ratio of 1.7:1. The notifications were identified as

being primarily from injecting drug users, correctional facilities and in food handlers.

There were 3 cases of infections with Shiga-like toxin (verotoxin) producing *E. coli*(SLTEC/VEC) reported in this period; a decrease from the previous reporting period (11). All these cases were reported from SA. Overall notifications were higher in 1999 (37) compared with 1998 (11).

No cases of haemolytic uraemic syndrome (HUS) were reported in this period compared to three cases in the previous reporting period.

Figure 7. Notifications of hepatitis A, 1999, by State or Territory and month of onset



Other

The number of notifications of ornithosis were unchanged in this reporting period (8) compared with the last reporting period (8). Seven cases were from Victoria and one in WA.

There were no cases of botulism, plague, poliomyelitis, rabies or viral haemorrhagic fever reported in this reporting period, nor were there any in the preceding years for plague, poliomyelitis, rabies or viral haemorrhagic fever and only one case of botulism in 1998.

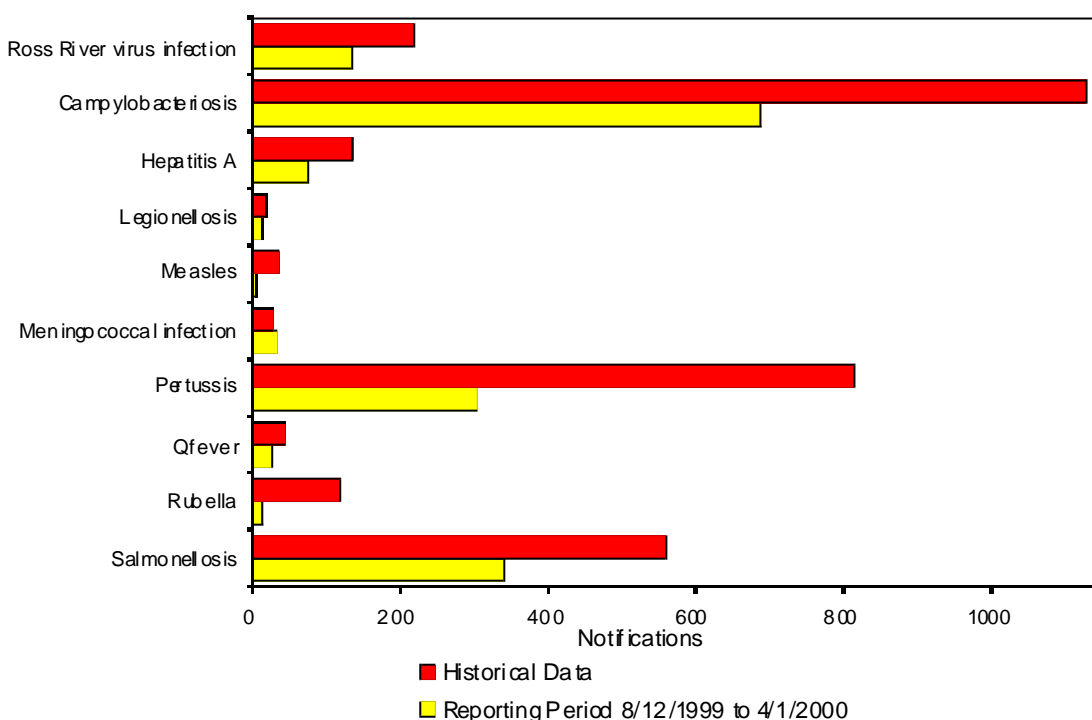
Tables

There were 3,874 notifications to the National Notifiable Diseases Surveillance System (NNDSS) in the four week period, 8 December 1999 to 4 January 2000 (Tables 1 and 2). The number of reports for selected diseases have been compared with historical data for corresponding periods in the previous three years (Figure 8).

There were 1,145 reports received by the *CDI/Virology and Serology Laboratory Reporting Scheme (LabVISE)* in the four week period, 2 to 29 December 1999 (Tables 3 and 4).

The Australian Sentinel Practice Research Network (ASPREN) data for weeks 49 to 51, ending 26 December 1999, are included in this issue of *CDI* (Table 5).

Figure 8. Selected National Notifiable Diseases Surveillance System reports, and historical data¹



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 8 December 1999 to 4 January 2000

Disease ¹	ACT	NSW	NT	Qld	SA	Tas	Vic	WA [*]	This period 1999	This period 1998	Full year ² 1999	Full year 1998
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
<i>H. influenzae</i> type b infection	0	0	0	1	0	0	0	0	1	0	40	35
Measles	0	0	0	0	1	0	3	1	5	9	235	306
Mumps	0	1	0	0	1	0	3	2	7	12	178	183
Pertussis	9	74	0	44	7	87	82	1	304	293	4,403	6,432
Rubella ³	2	0	1	5	0	0	6	0	14	23	379	772
Tetanus	0	1	0	0	0	0	0	0	1	0	3	7

1. No notification of poliomyelitis has been received since 1978.

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 for 2000 not available this period.

Table 2. Notifications of diseases received by State and Territory health authorities in the period 8 December 1999 to 4 January 2000

Disease ^{1,2,3}	ACT	NSW	NT	Qld	SA*	Tas	Vic	WA*	This period 1999	This period 1998	Full year 1999 ⁴	Full year 1998
Arbovirus infection (NEC)	0	0	0	0	0	0	0	0	0	15	71	81
Barmah Forest virus infection	0	5	0	17	0	0	2	6	30	33	629	558
Brucellosis	0	0	0	4	0	0	0	0	4	2	54	45
Campylobacteriosis ⁵	16	-	6	199	129	34	218	86	688	1,087	12,723	13,449
Chancroid	0	0	0	0	0	0	0	0	0	0	0	1
Chlamydial infection (NEC) ⁶	11	76	20	287	69	13	130	92	698	847	13,782	11,520
Cholera	0	1	0	0	0	0	0	0	1	0	4	4
Dengue	0	0	5	4	0	0	0	0	9	55	181	557
Donovanosis	0	0	0	0	NN	0	0	1	1	0	18	31
Gonococcal infection ⁷	1	24	23	86	15	3	29	56	237	408	5,542	5,428
Haemolytic uraemic syndrome	NN	0	0	0	0	0	NN	0	0	0	16	13
Hepatitis A	0	8	4	14	1	0	31	17	75	62	1,592	2,503
Hepatitis B incident	0	4	6	4	1	0	5	3	23	10	311	261
Hepatitis B unspecified ⁸	7	122	0	44	0	2	4	21	200	455	7,143	6,682
Hepatitis C incident	0	3	0	-	5	0	0	7	15	24	334	343
Hepatitis C unspecified ⁸	20	274	1	190	71	22	175	79	832	1,320	20,566	19,261
Hepatitis (NEC) ⁹	0	0	0	1	0	0	0	NN	1	2	23	19
Hydatid infection	0	NN	0	0	0	0	1	0	1	4	30	46
Legionellosis	0	1	0	0	6	0	2	5	14	19	250	271
Leprosy	0	0	0	0	0	0	0	1	1	1	6	3
Leptospirosis	0	4	0	2	0	0	4	0	10	17	334	197
Listeriosis	0	0	0	1	0	1	0	2	4	5	62	58
Malaria	4	3	1	13	5	0	9	2	37	42	711	705
Meningococcal infection	0	6	1	5	3	1	13	4	33	31	558	455
Ornithosis	0	NN	0	NN	0	0	7	1	8	7	86	56
Q Fever	0	7	0	15	2	0	1	1	26	31	514	571
Ross River virus infection	1	8	18	27	4	0	3	74	135	333	4,410	3,094
Salmonellosis (NEC)	6	59	9	121	30	15	80	20	340	441	7,186	7,700
Shigellosis ⁵	0	-	2	5	5	0	9	4	25	35	548	615
SLTEC, VTEC ¹⁰	NN	0	0	NN	3	0	NN	NN	3	2	37	11
Syphilis ¹¹	2	14	3	23	0	0	0	21	63	186	1,913	1,694
TTP ¹²	0	0	0	0	0	0	0	0	0	0	0	1
Tuberculosis	1	12	0	4	0	0	0	1	18	73	837	982
Typhoid ¹³	0	3	0	0	0	0	0	0	3	6	67	69
Yersiniosis (NEC) ⁵	0	-	0	3	3	0	0	1	7	12	148	207

1. Diseases preventable by routine childhood immunisation are presented in Table 1.

2. For HIV and AIDS, see Tables 6 and 7.

3. No notifications have been received during 1999 for the following rare diseases: lymphogranuloma venereum, plague, rabies, yellow fever, or other viral haemorrhagic fevers.

4. 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.

5. Not reported for NSW because it is only notifiable as 'foodborne disease' or 'gastroenteritis in an institution'.

6. WA: genital only.

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

8. Unspecified numbers should be interpreted with some caution as the magnitude may be a reflection of the numbers of testings being carried out.

9. Includes hepatitis D and E.

10. Infections with *Shiga*-like toxin (verotoxin) producing *E. Coli* (SLTEC/VTEC).

11. Includes congenital syphilis.

12. Thrombotic thrombocytopenic purpura.

13. NSW, Qld: includes paratyphoid.

NN Not Notifiable.

NEC Not Elsewhere Classified.

- Elsewhere Classified.

* Data for 2000 for South Australian STDs and Western Australia is not available for this period.

Table 3. Virology and serology laboratory reports by contributing laboratories for the reporting period 2 to 29 December 1999¹

State or Territory	Laboratory	This period 1999	Total this period 1999 ²
Australian Capital Territory	The Canberra Hospital	0	0
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	56	147
	New Children's Hospital, Westmead	20	30
	Repatriation General Hospital, Concord	0	0
	Royal Prince Alfred Hospital, Camperdown	7	35
	South West Area Pathology Service, Liverpool	0	0
Queensland	Queensland Medical Laboratory, West End	550	4,745
	Townsville General Hospital	11	13
South Australia	Institute of Medical and Veterinary Science, Adelaide	240	304
Tasmania	Northern Tasmanian Pathology Service, Launceston	0	0
	Royal Hobart Hospital, Hobart	0	0
Victoria	Monash Medical Centre, Melbourne	28	34
	Royal Children's Hospital, Melbourne	98	157
	Victorian Infectious Diseases Reference Laboratory, Fairfield	91	139
Western Australia	PathCentre Virology, Perth	0	0
	Princess Margaret Hospital, Perth	44	54
	Western Diagnostic Pathology	0	0
Total		1,145	5,658

1. The complete list of laboratories reporting for the 12 months, January to December 2000, will appear in every report from January 2000 regardless of whether reports were received in this reporting period. Reports are not always received from all laboratories.
2. Total reports include both reports for the current period and outstanding reports to date.

Table 4. Virology and serology laboratory reports by State or Territory¹ for the reporting period 2 to 29 December 1999, and total reports for the year²

	State or Territory ¹								This period 1999	This period 1998	Year to date 1999 ³	Year to date 1998
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA				
Measles, mumps, rubella												
Measles virus	0	0	0	0	0	0	1	0	1	3	178	3
Mumps virus	0	0	0	0	1	0	1	0	2	1	55	1
Rubella virus	0	1	0	1	0	0	0	0	2	3	139	3
Hepatitis viruses												
Hepatitis A virus	0	2	1	3	2	0	0	0	8	23	356	23
Hepatitis D virus	0	0	0	1	0	0	0	0	1		7	
Arboviruses												
Ross River virus	0	0	21	26	3	0	0	0	50	52	1,332	52
Barmah Forest virus	0	0	3	13	0	0	0	0	16	7	173	7
Flavivirus (unspecified)	0	0	1	3	0	0	0	0	4	1	25	1
Adenovirus not typed/pending	0	4	0	0	30	0	11	15	60	95	1,064	95
Herpes viruses												
Cytomegalovirus	0	7	0	11	26	1	22	1	68	76	1,148	76
Varicella-zoster virus	0	7	1	40	14	1	25	3	91	110	1,589	110
Epstein-Barr virus	0	5	0	93	36	0	8	0	142	161	2,199	161
Other DNA viruses												
Parvovirus	0	0	0	0	1	1	8	0	10	26	424	26
Picornavirus family												
Echovirus type 11	0	1	0	0	0	0	0	0	1	7	157	7
Poliovirus type 2 (uncharacterised)	0	1	1	0	0	0	0	0	2	6	14	6
Rhinovirus (all types)	0	11	0	1	6	0	2	0	20	37	454	37
Enterovirus type 71 (BCR)	0	0	0	0	0	0	4	0	4	2	15	2
Enterovirus not typed/pending	0	3	0	1	0	0	8	0	12	46	691	46

Table 3. Virology and serology laboratory reports by State or Territory¹ for the reporting period 2 to 29 December 1999, and total reports for the year,² (continued)

	State or Territory ¹								This period 1999	This period 1998	Year to date 1999 ³	Year to date 1998
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA				
Ortho/paramyxoviruses												
Influenza A virus	0	1	0	1	17	0	6	0	25	16	1,802	16
Influenza B virus	0	1	0	0	1	0	1	0	3	2	279	2
Parainfluenza virus type 1	0	0	0	0	1	0	2	0	3	3	41	3
Parainfluenza virus type 2	0	0	0	2	2	0	0	0	4	1	112	1
Parainfluenza virus type 3	0	4	0	2	5	0	6	5	22	108	759	108
Respiratory syncytial virus	0	5	0	5	5	0	15	7	37	55	3,012	55
Other RNA viruses												
HTLV-1	0	0	0	1	0	0	0	0	1		12	
Rotavirus	0	17	0	1	44	0	23	13	98	73	2,157	73
Norwalk agent	0	0	0	0	0	0	3	0	3	7	58	7
Other												
<i>Chlamydia trachomatis</i> not typed	0	26	17	105	40	0	7	2	197	136	3,178	136
<i>Chlamydia psittaci</i>	0	0	0	0	0	0	1	0	1	13	76	13
<i>Chlamydia</i> species	0	1	0	0	0	0	0	0	1	1	20	1
<i>Mycoplasma pneumoniae</i>	0	1	1	22	5	0	36	0	65	96	1,112	96
<i>Coxiella burnetii</i> (Q fever)	0	2	0	5	0	0	2	0	9	5	214	5
<i>Streptococcus</i> group A	0	1	9	28	0	0	0	0	38		353	
<i>Bordetella pertussis</i>	0	0	0	43	0	0	21	0	64	25	823	25
<i>Legionella longbeachae</i>	0	0	0	0	2	0	0	0	2	6	36	6
<i>Leptospira</i> species	0	0	0	1	0	0	0	0	1		52	
<i>Treponema pallidum</i>	0	0	53	24	0	0	0	0	77	1	750	1
Total	0	101	108	433	241	3	213	46	1,145	1,204	24,866	1,204

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

2. From January 2000 data presented are for reports with report dates in the current period. Previously reports included all data received in that period.

3. Totals comprise data from all laboratories. 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 5. Australian Sentinel Practice Research Network reports, weeks 49 to 51, 1999

Week number	49		50		51	
Week ending on	12 December 1999		19 December 1999		26 December 1999	
Doctors reporting	63		53		47	
Total encounters	7,197		6,428		5,106	
Condition	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters
Influenza	16	2.2	5	0.8	9	1.8
Rubella	2	0.3	0	0.0	0	0.0
Measles	0	0.0	1	0.2	1	0.2
Chickenpox	20	2.8	12	1.9	7	1.4
New diagnosis of asthma	11	1.5	2	0.3	1	0.2
Post operative wound sepsis	9	1.3	11	1.7	8	1.6
Gastroenteritis	77	10.7	56	8.7	62	12.1

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 2000;24:6.

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 2000;24:10.

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 1999. CDI reports the consultation rates for seven of these. For further information, including case definitions, see CDI 2000;24:7-8.

Additional Reports

Gonococcal surveillance

John Tapsall, The Prince of Wales Hospital, Randwick, NSW, 2031 for the Australian Gonococcal Surveillance Programme.

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 1999

The AGSP laboratories examined a total of 950 isolates in this quarter. About 40% of this total was from New South Wales, 23% from Victoria, 14% from Queensland, 10% from the Northern Territory, 9% from Western Australia and 3% from South Australia. Isolates from other centres were few in number.

Penicillins

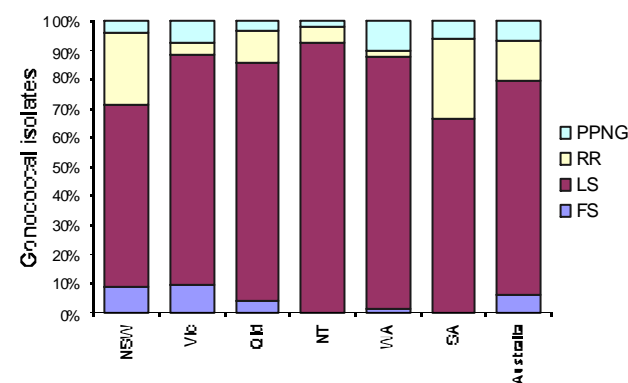
Figure 9 shows the proportions of gonococci fully sensitive (MIC \leq 0.03 mg/L), less sensitive (MIC 0.06 – 1 mg/L), relatively resistant (MIC \geq 1 mg/L) or else penicillinase producing (PPNG) aggregated for Australia and by State and Territory. A high proportion of PPNG and relatively resistant strains fail to respond to treatment with penicillins (penicillin, amoxycillin, ampicillin) and early generation cephalosporins.

About 20% of all isolates were penicillin resistant by one or more mechanisms. The penicillin-resistant isolates

comprised about one-third of all isolates in New South Wales and South Australia. Between 10 and 15% of gonococci in Queensland, Victoria and Western Australia were penicillin resistant. In the Northern Territory, 7% of isolates were penicillin resistant.

The number of PPNG isolated across Australia (65) increased in this quarter compared to the corresponding period in 1998 (39). Three-quarters of all PPNG were found in Sydney (32) and Victoria (17). Perth had the highest proportion of PPNG (10%). Acquisition data on PPNG were available in about 90% of cases in New South Wales and Victoria. For those cases in Sydney where this data was available, nearly 75% of PPNG were acquired locally and the remainder from overseas. These proportions were reversed in Melbourne with South East Asian countries being the main source of acquisition. In Perth most PPNG were also TRNG and Indonesia was a common source of acquisition.

Figure 9. Penicillin resistance of gonococcal isolates, 1 April – 30 June 1999, by region



FS Fully sensitive to penicillin, MIC \leq 0.03 mg/L
 LS Less sensitive to penicillin, MIC 0.06 – 0.5 mg/L
 RR Relatively resistant to penicillin, MIC \geq 1 mg/L
 PPNG Penicillinase producing *Neisseria gonorrhoeae*

Twice as many isolates were resistant to the penicillins by separate chromosomal mechanisms, maintaining a trend noted for some time.

Ceftriaxone and spectinomycin

All isolates in Australia were again susceptible to these injectable agents.

Quinolone antibiotics

The total number (195) and proportion (20%) of all isolates with altered susceptibility to the quinolone group (QRNG) were the highest seen thus far in quarterly AGSP surveys. The QRNG isolates were also concentrated in a few locations. Sixty-nine isolates (31%) were QRNG in Victoria and 105 (27%) in New South Wales and together these accounted for 90% of all QRNG. Fourteen of the New South Wales and 9 of the Victorian QRNG exhibited high level resistance (MIC ciprofloxacin \geq 1 mg/L) and MICs ranged up to 16mg/L. Most infections with this group of QRNG were acquired overseas. However the majority QRNG were in males, locally acquired and in the MIC range 0.06 – 0.5 mg/L. QRNG were also prominent in Brisbane where 12% of strains were of this type, again mainly in males and in the lower MIC range. Three QRNG were noted in Western Australia and two in South Australia.

In the corresponding period in 1998, the 30 QRNG represented about 3% of all isolates.

High level tetracycline resistance (TRNG)

The number (58) and proportion (6%) of TRNG detected was similar to those noted for the second quarter of 1998. Most (60%) of the TRNG were found in Sydney where they represented 9% of strains. The 11 TRNG in Perth accounted for 13% of gonococci examined there. Brisbane was the only other centre where TRNG were detected in this quarter.

Reference

1. Anonymous. Management of sexually transmitted diseases. World Health Organization 1997; Document WHO/GPA/TEM94.1 Rev.1 p 37.

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 2000;24:8-9.

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5. Department of Health and Community Services, Northern Territory

September/October 1999

Sentinel chicken serology was carried out for 18 of the 27 flocks in Western Australia in September and October 1999. There was one confirmed seroconversion to MVE virus in September from Paraburdoo in the Pilbara. In response to the unusually late activity of MVE virus in the north of Western Australia the Health Department of Western Australia issued a media warning in mid September to warn residents and visitors to the region of the on-going risk of disease. Additional health warnings were sent via the Regional Public Health Units to Aboriginal communities in the region.

Serum samples from six of the seven Northern Territory sentinel chicken flocks were tested in our laboratory in September and October 1999. There was one new, confirmed seroconversion to Kunjin virus at Howard Springs in September 1999.

Note: The tables accompanying this report in the last issue of *CDI* were incorrectly included. The full report has been reprinted in this issue.

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, and annually in HIV/AIDS and related diseases in Australia Annual Surveillance Report. The reports are 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; <http://www.med.unsw.edu.au/ncheccr>.

*HIV and AIDS diagnoses and deaths following AIDS reported for 1 to 31 August 1999, as reported to 30 November 1999, are included in this issue of *CDI* (Tables 6 and 7).*

Table 6. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 31 August 1999, by sex and State or Territory of diagnosis

		State or Territory								Totals for Australia			
										This period 1999	This period 1998	Year to date 1999	Year to date 1998
HIV diagnoses	Female	1	3	0	1	2	0	0	0	7	8	50	62
	Male	2	30	0	10	4	0	16	1	63	41	397	423
	Sex not reported	0	1	0	0	0	0	0	0	1	0	2	5
	Total ¹	3	34	0	11	6	0	16	1	71	49	449	490
AIDS diagnoses	Female	0	1	0	0	1	0	0	0	2	3	7	13
	Male	0	12	0	4	1	0	3	0	20	19	77	200
	Total ¹	0	13	0	4	2	0	3	0	22	22	84	213
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	1	2	6
	Male	0	4	0	0	0	0	0	0	4	11	55	94
	Total ¹	0	4	0	0	0	0	0	0	4	12	58	100

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 31 August 1999, by sex and State or Territory

		State or Territory								Australia
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	
HIV diagnoses	Female	25	594	9	142	60	6	210	111	1,157
	Male	191	10,691	107	1,934	664	79	3,842	892	18,400
	Sex not reported	0	259	0	0	0	0	24	0	283
	Total ¹	216	11,563	116	2,083	724	85	4,089	1,006	19,882
AIDS diagnoses	Female	8	175	0	47	24	3	67	26	350
	Male	86	4,568	35	802	343	44	1,599	344	7,821
	Total ¹	94	4,755	35	851	367	47	1,673	372	8,194
AIDS deaths	Female	3	114	0	30	15	2	47	16	227
	Male	65	3,147	24	557	228	28	1,251	245	5,545
	Total ¹	68	3,269	24	589	243	30	1,304	262	5,789

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