

COMMUNICABLE DISEASES SURVEILLANCE

National Notifiable Diseases Surveillance System

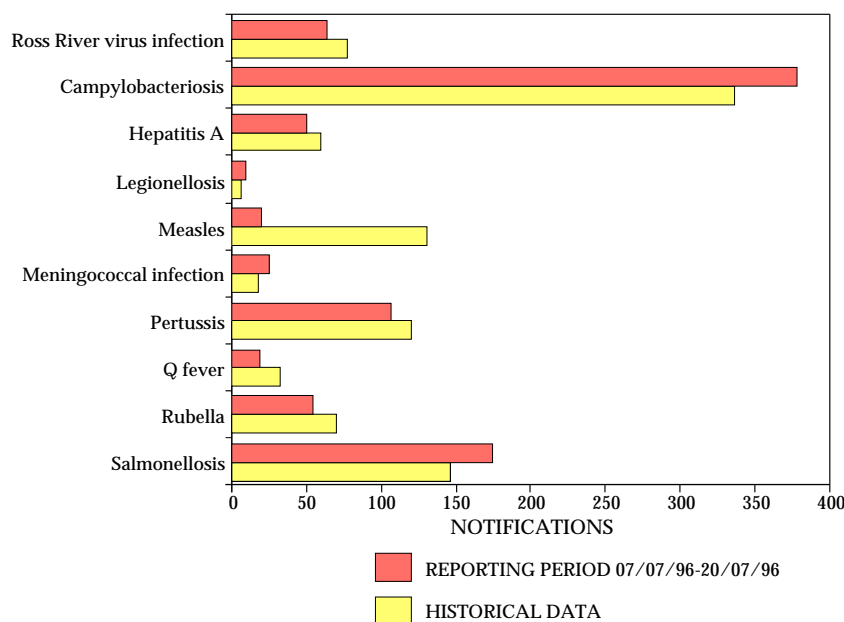
The NNDSS is conducted under the auspices of the Communicable Diseases Network Australia-New Zealand. The system coordinates the national surveillance of 41 communicable diseases or disease groups endorsed by the National Health and Medical Research Council (NHMRC). Notifications of these diseases are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

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

Reporting period 7 to 20 July 1996

There were 1,800 notifications received for this two-week period (Tables 1, 2 and 3). The numbers of reports for selected diseases have been compared with average data for this period in the previous three years (Figure 1).

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



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

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 7 to 20 July 1996

DISEASE ²	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA ¹			
									This period 1996	This period 1995	This period 1996	This period 1995
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> B infection	0	0	0	0	0	0	1	0	1	1	37	45
Measles	0	3	0	15	0	0	0	2	20	29	263	909
Mumps	1	1	0	NN	0	0	3	0	5	9	62	83
Pertussis	3	32	0	30	10	3	24	5	107	120	1689	2341
Rubella	1	1	0	26	7	0	18	1	54	65	1471	1300
Tetanus	0	0	0	0	0	0	0	0	0	0	1	3

1. 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.

2. No notifications of poliomyelitis have been reported since 1986.
NN Not Notifiable.

Table 2. Notifications of other diseases¹ received by State and Territory health authorities in the period 7 to 20 July 1996

DISEASE	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA ²			
									This period 1996	This period 1995	This period 1996	This period 1995
Arbovirus Infection (NEC) ^{3,4}	0	0	0	4	0	0	1	0	3	14	128	369
Barmah Forest virus infection	0	4	-	9	0	0	-	-	13	16	585	300
Ross River virus infection	0	10	2	45	0	-	0	7	64	43	7221	2164
Dengue	0	0	0	0	0	-	0	1	1	1	24	15
Campylobacteriosis ⁵	7	-	11	150	135	14	7	54	378	357	6271	5679
Chlamydial infection (NEC) ⁶	5	NN	24	136	0	13	58	45	281	154	4080	3501
Donovanosis	0	NN	3	0	NN	0	0	1	4	0	30	48
Gonococcal infection ⁷	0	13	20	26	0	0	16	33	108	75	2077	1699
Hepatitis A	1	27	2	14	1	0	3	2	50	43	1396	918
Hepatitis B incident	0	3	0	0	0	1	1	0	5	13	129	215
Hepatitis B unspecified	8	0	0	36	0	2	0	26	72	60	856	958
Hepatitis C incident	0	0	0	-	0	-	-	-	0	2	14	57
Hepatitis C unspecified	10	NN	6	190	NN	13	8	25	252	431	4625	5013
Hepatitis (NEC)	0	0	0	0	0	0	1	NN	1	1	12	17
Legionellosis	1	0	0	1	2	0	2	3	9	5	105	119
Leptospirosis	0	1	0	4	0	0	0	0	5	9	135	69
Listeriosis	0	0	0	0	0	0	0	0	0	2	31	40
Malaria	2	5	3	0	2	0	2	2	16	26	479	381
Meningococcal infection	1	10	0	3	4	4	2	1	25	14	175	190
Ornithosis	0	NN	0	0	0	0	0	0	0	6	55	78
Q fever	0	12	0	7	0	0	0	0	19	20	300	252
Salmonellosis (NEC)	3	17	15	59	15	2	43	20	174	166	3706	4030
Shigellosis ⁵	1	-	2	10	2	0	5	3	23	27	384	483
Syphilis	1	36	2	16	0	2	0	1	58	66	823	1116
Tuberculosis	1	11	2	1	3	1	9	1	29	49	626	631
Typhoid ⁸	0	2	0	0	1	0	1	1	5	1	51	39
Yersiniosis (NEC) ⁵	0	-	0	7	4	0	1	0	12	8	152	209

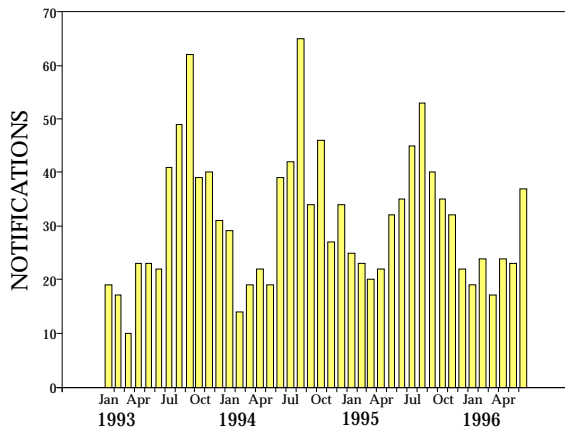
- For HIV and AIDS, see Tables 4 and 5. For rarely notified diseases, see Table 3.
- Totals comprise data from all States and Territories. Cumulative figures are subject to retrospective revision so there may be discrepancies between the number of new notifications and the increment in the cumulative figure from the previous period.
- Tas: includes Ross River virus and dengue.
- NT, Vic and WA: includes Barmah Forest virus.
- NSW: only as 'foodborne disease' or 'gastroenteritis in an institution'.
- WA: genital only.
- NT, Qld, SA and Vic: includes gonococcal neonatal ophthalmia.
- NSW, Vic: includes paratyphoid.
- NN Not Notifiable.
NEC Not Elsewhere Classified.
- Elsewhere Classified.

Table 3. Notifications of rare¹ diseases received by State and Territory health authorities in the period 7 to 20 July 1996

DISEASES ²	Total this period	Reporting States or Territories	Year to date 1996
Brucellosis	4	Qld 2, Vic 1, WA 1	23
Chancroid	0		1
Cholera	0		4
Hydatid infection	2	Qld 1, Vic 1	25
Leprosy	0		7

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

Figure 2. Meningococcal infection, notifications 1993 to 1996, by month of onset



There were 19 notifications of **meningococcal infection** received for the current fortnight. The recent increase in notifications (Figure 2) is in keeping with the seasonal distribution which has remained consistent over the last few years. The annual number of notifications has also remained stable at 380 to 400 reports.

In this period 174 notifications of **salmonellosis** were received. This year there were higher than usual numbers of notifications of cases with onset dates in March, April and May (Figure 3). The expected seasonal distribution has been accompanied over the last 4 years by an upward trend. The average annual notification rate since 1991 has been 30 per 100,000 population, but there are marked regional differences with the Northern Territory, Queensland and Western Australia having the highest rates. The distribution of cases by sex and age shows similar numbers of males and females in all age groups (Figure 4); 45% of reported cases are in children under 5 years.

Figure 3. Salmonellosis notifications 1993 to 1996, by month of onset

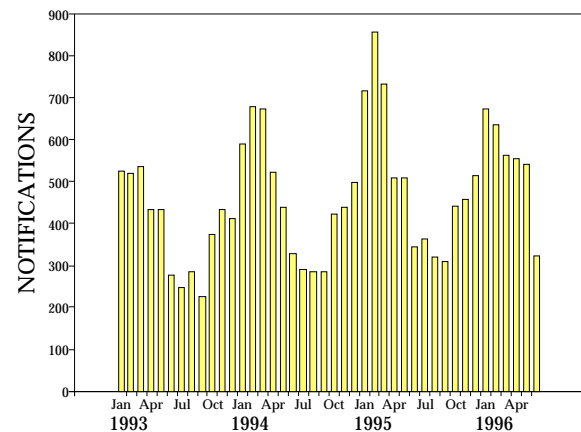
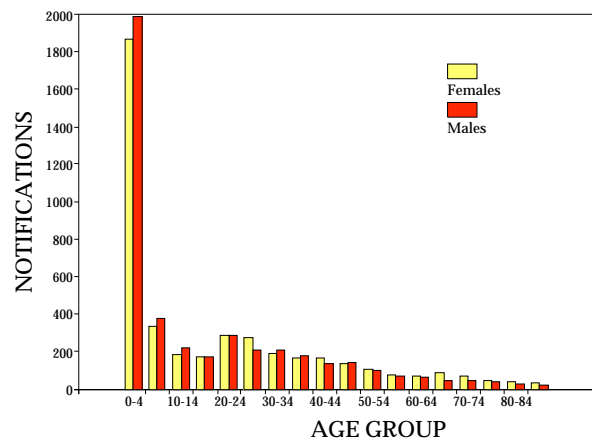


Figure 4. Salmonellosis notifications 1995 and 1996, by sex and age group



HIV and AIDS Surveillance

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

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

HIV and AIDS diagnoses and deaths following AIDS reported for January 1996, as reported to 30 April 1996, are included in this issue of *CDI* (Tables 4 and 5).

Table 4. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 31 January 1996, by sex and State or Territory of diagnosis

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA			
										This period 1996	This period 1995	Year to date 1996	Year to date 1995
HIV diagnoses	Female	0	3	0	0	0	0	1	1	5	11	5	11
	Male	0	29	0	10	5	0	16	2	62	66	62	66
	Sex not reported	0	2	0	0	0	0	0	0	2	3	2	3
	Total ¹	0	34	0	10	5	0	17	3	69	81	69	81
AIDS diagnoses	Female	0	0	0	0	0	0	0	0	0	3	0	3
	Male	0	20	0	5	0	0	5	0	30	59	30	59
	Total ¹	0	20	0	5	0	0	5	0	30	62	30	62
AIDS deaths	Female	0	0	0	0	0	0	1	1	2	2	2	2
	Male	0	9	0	7	1	0	5	2	24	55	24	55
	Total ¹	0	9	0	7	1	0	6	3	26	57	26	57

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

Table 5. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 31 January 1996, by sex and State or Territory

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	AUSTRALIA
HIV diagnoses	Female	15	550	4	94	44	4	158	70	939
	Male	167	9933	80	1563	562	70	3339	749	16463
	Sex not reported	0	2049	0	0	0	0	42	0	2091
	Total ¹	182	12539	84	1662	606	74	3548	821	19516
AIDS diagnoses	Female	5	130	0	28	18	2	47	18	248
	Male	71	3738	25	635	266	32	1314	272	6353
	Total ¹	76	3878	25	665	284	34	1368	292	6622
AIDS deaths	Female	2	99	0	21	13	2	33	11	181
	Male	50	2645	20	441	181	21	1029	201	4588
	Total ¹	52	2750	20	464	194	23	1068	213	4784

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

National Influenza Surveillance

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

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

The consultation rate for influenza-like illness recorded by ASPREN has continued to fluctuate this fortnight with revised data for New South Wales showing a similar pattern over corresponding weeks (Figure 5). The absenteeism rate for Australia Post has dropped.

Figure 5. Sentinel general practitioner influenza consultation rates per 1,000 encounters, 1996, by week

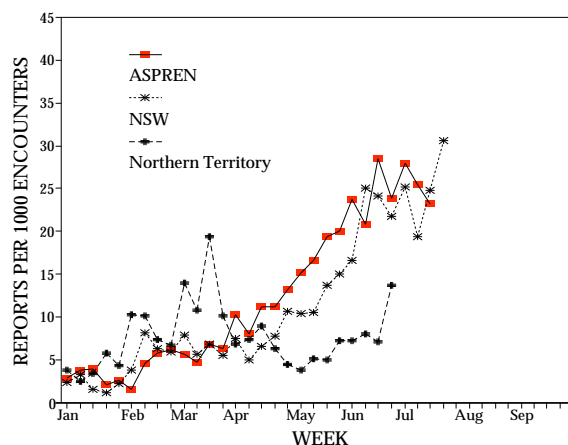
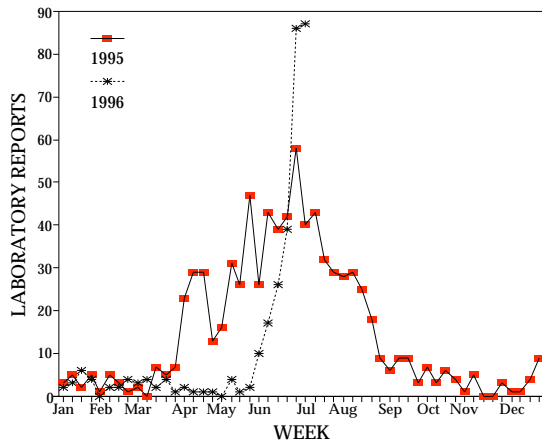


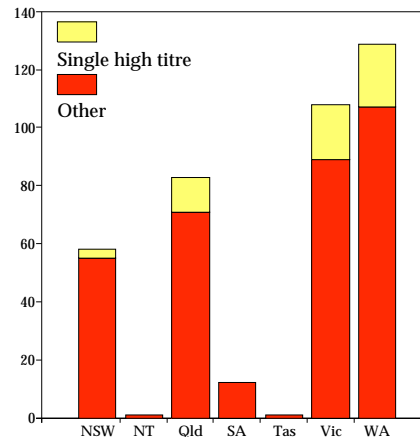
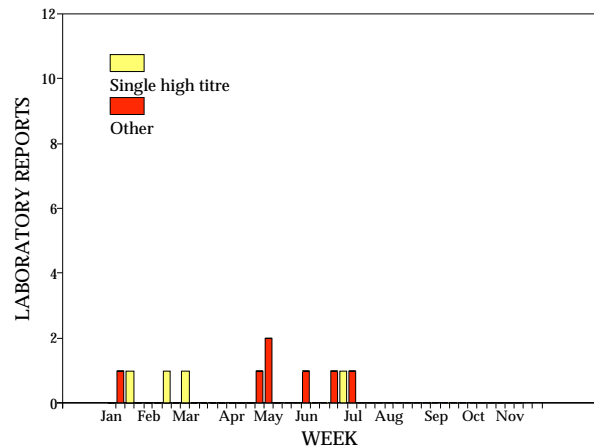
Figure 6. Influenza A laboratory reports, 1995 and 1996, by week of specimen collection

A total of 200 laboratory reports of influenza A were received this fortnight, more than had been previously received for the year to date. The number of laboratory reports per week is well above the corresponding number for the same period last year (Figure 6). Diagnosis for the reports received this period was by antigen detection (89), virus isolation (75), single high titre (18) and four-fold rise in titre (18). Fifty-nine per cent of all reports this year (230/389) have been for children under five years of age and 8% (32/389) were for adults over 65 years of age.

The majority of laboratory reports have been received from Western Australia, Victoria and Queensland (Figure 7).

Fourteen reports of influenza A (H3N2) were received this fortnight with diagnosis by virus isolation. Eleven reports were for children under five years of age.

Two reports of influenza B were received this fortnight, one was diagnosed by virus isolation the other by four-fold rise in titre (Figure 8).

Figure 7. Influenza A laboratory reports, 1996 by method of diagnosis and State or Territory**Figure 8. Influenza B laboratory reports, 1996, by method of diagnosis and week of specimen collection**

Australian Sentinel Practice Research Network

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

Data for weeks 28 and 29 ending 14 and 21 July respectively are included in this issue of CDI (Table 6). Consultation rates for chickenpox and gastroenteritis have also remained at similar levels to the previous few weeks. The rates of reporting of rubella, measles and pertussis continues to be at low levels.

Table 6. Australian Sentinel Practice Research Network reports, weeks 28 and 29, 1996

Condition	Week 28, to 14 July 1996		Week 29, to 21 July 1996	
	Reports	Rate per 1000 encounters	Reports	Rate per 1000 encounters
Influenza	221	25.5	193	23.2
Rubella	1	0.1	2	0.2
Measles	0	0	0	0
Chickenpox	8	0.9	17	2.0
Pertussis	0	0	3	0.4
Gastroenteritis	102	11.8	113	13.6

LabVISE

The Virology and Serology Reporting Scheme, 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 each fortnight. These data should be interpreted with caution as the number and type of reports received is subject to a number of biases. For further information, see CDI 1996;20:9-12.

There were 1,496 reports received in the CDIVirology and Serology Reporting Scheme this period (Tables 7 and 8).

Reports of **respiratory syncytial virus** have increased at a constant rate since April and are average for this time of

year (Figure 9). A total of 539 reports have been received in the last fortnight. Diagnosis was by antigen detection (300), virus isolation (238) and four-fold rise in titre (1). Ninety-eight per cent of reports (526/539) were for children under five years of age and of these 74% (390/526) were under one year of age.

Reports of **rhinovirus** remain above those reported at the same time last year but below those reported in 1994, which was a peak year (Figure 10). Forty reports were received this period, all were diagnosed by virus isolation.

Six reports of **parvovirus** were received this fortnight. All were from Victoria with diagnosis by IgM detection.

Figure 9. Respiratory syncytial virus laboratory reports, 1991 to 1995 average and 1996, by month of specimen collection

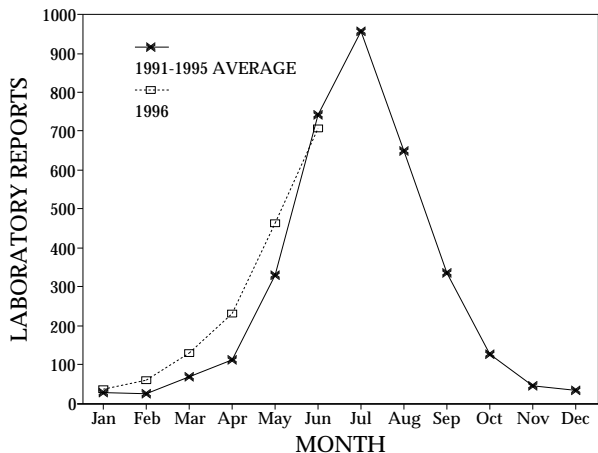


Figure 10. Rhinovirus laboratory reports, 1994, 1995 and 1996 by month of specimen collection

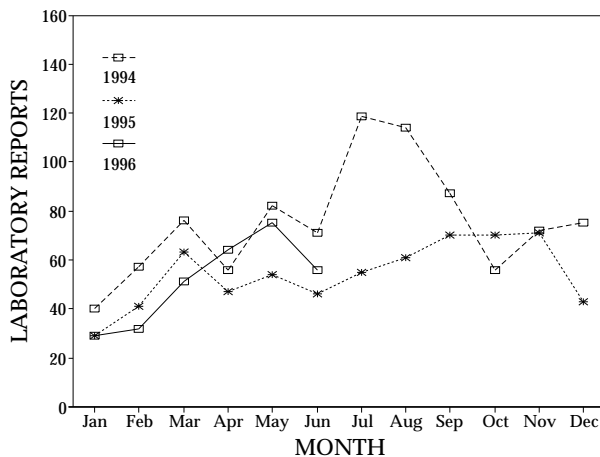


Table 7. Virology and serology laboratory reports by State or Territory¹ for the reporting period 11 to 24 July 1996, historical data², and total reports for the year

	State or Territory ¹								Total this fortnight	Historical data ²	Total reported this year
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA			
MEASLES, MUMPS, RUBELLA											
Measles virus					1		2	1	4	12.0	34
Rubella virus					1			1	2	7.3	321
HEPATITIS VIRUSES											
Hepatitis A virus		1	2		1			4	8	11.3	294
ARBOVIRUSES											
Ross River virus								4	4	12.2	2,998
Barmah Forest virus								2	2	4.7	154
Dengue not typed								2	2	.2	10
ADENOVIRUSES											
Adenovirus type 1					2				2	1.8	11
Adenovirus type 2							1		1	1.2	19
Adenovirus type 3					3				3	1.8	60
Adenovirus type 5					1				1	1.5	3
Adenovirus type 7					2				2	.3	20
Adenovirus type 19							2		2	.2	6
Adenovirus type 28							1		1	.0	1
Adenovirus type 40							1	2	3	.0	23
Adenovirus not typed/pending		13		7	10		7	16	53	39.8	834
HERPES VIRUSES											
Herpes simplex virus type 1							3	1	4	165.8	2,704
Herpes simplex virus type 2							3		3	175.7	2,675
Herpes simplex not typed/pending								2	2	19.7	287
Cytomegalovirus		13		14	6		8	9	50	64.5	1,016
Varicella-zoster virus		1		1	13		10	10	35	30.2	738
Epstein-Barr virus		11	1		17		3	18	50	53.8	1,234
OTHER DNA VIRUSES											
Parvovirus		1					5		6	2.5	94
PICORNA VIRUS FAMILY											
Echovirus type 7		1							1	.0	3
Echovirus type 9		2							2	.2	21
Echovirus type 11		1							1	.8	1
Echovirus type 14		1							1	.7	26
Poliovirus type 1 (uncharacterised)		1					1		2	.8	11
Poliovirus type 2 (uncharacterised)		2							2	1.2	11
Poliovirus type 3 (uncharacterised)		1							1	.5	4
Rhinovirus (all types)		12		14	9		5		40	29.3	430
Enterovirus not typed/pending		2		16			3	10	31	39.5	542

Table 7. Virology and serology laboratory reports by State or Territory¹ for the reporting period 11 to 24 July 1996, historical data², and total reports for the year, continued

	State or Territory ¹								Total this fortnight	Historical data ²	Total reported this year
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA			
ORTHO/PARAMYXOVIRUSES											
Influenza A virus		33		43	12	1	44	67	200	84.0	428
Influenza A virus H ₃ N ₂				14					14	4.8	22
Influenza B virus					1		1		2	12.3	31
Parainfluenza virus type 1		5		11	17		1	5	39	22.7	233
Parainfluenza virus type 2				1	2			1	4	7.5	50
Parainfluenza virus type 3		3		15	2		2	7	29	27.2	331
Parainfluenza virus type 4				1					1	.0	6
Respiratory syncytial virus	1	135	11	139	30	4	70	150	540	485.8	2,218
Paramyxovirus (unspecified)							1		1	.2	11
OTHER RNA VIRUSES											
HTLV-1								1	1	.2	4
Rotavirus		18	2		10		56	17	103	101.3	703
Small virus (like) particle							1		1	.7	11
OTHER											
<i>Chlamydia trachomatis</i> not typed		9	23		39	2		46	128	83.5	2,353
<i>Mycoplasma pneumoniae</i>		8			8		10	2	28	18.2	369
<i>Coxiella burnetii</i> (Q fever)		4					2		6	7.8	110
<i>Rickettsia tsutsugamushi</i>				1					1	.2	5
<i>Staphylococcus aureus</i>			7						7	.0	7
<i>Streptococcus pneumoniae</i>			3						3	.0	3
<i>Streptococcus</i> group A			1						1	8.8	203
<i>Streptococcus sanguis</i>			1						1	.0	1
<i>Escherichia coli</i>			1						1	.0	1
<i>Klebsiella oxytoca</i>			1						1	.0	1
<i>Proteus mirablis</i>			2						2	.0	2
<i>Enterobacter aerogenes</i>			1						1	.0	1
<i>Haemophilus influenzae</i>			2						2	.0	2
<i>Neisseria gonorrhoeae</i>			1					40	41	.0	56
<i>Bordetella pertussis</i>							6	2	8	8.7	291
<i>Legionella</i> species								1	1	.0	4
<i>Clostridium perfringens</i>			1						1	.0	1
<i>Cryptococcus</i> species								1	1	.5	5
<i>Schistosoma</i> species							6		6	1.2	190
TOTAL	1	278	60	277	187	7	255	422	1,496	1,555.0	22,238

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

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

Table 8. Virology and serology laboratory reports by contributing laboratories for the reporting period 11 to 24 July 1996

STATE OR TERRITORY	LABORATORY	REPORTS
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	63
	Royal Alexandra Hospital for Children, Camperdown	79
	Royal North Shore Hospital, St Leonards	12
	South West Area Pathology Service, Liverpool	125
Northern Territory	Alice Springs Hospital	32
Queensland	State Health Laboratory, Brisbane	276
	Brisbane Sexual Health Clinic	9
South Australia	Institute of Medical and Veterinary Science, Adelaide	188
Tasmania	Royal Hobart Hospital, Hobart	7
Victoria	Monash Medical Centre, Melbourne	58
	Royal Children's Hospital, Melbourne	127
	Victorian Infectious Diseases Reference Laboratory, Fairfield Hospital	71
Western Australia	PathCentre Virology, Perth	162
	Princess Margaret Hospital, Perth	219
	Royal Perth Hospital	6
	Western Diagnostic Pathology	62
TOTAL		1496