



# COMMUNICABLE DISEASES INTELLIGENCE

ISSN 0725-3141 VOLUME 17 NUMBER 1 11 January 1993

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**Editor** : Robert Hall

**Editorial Staff** : Jenny Hargreaves, Leslee Roberts, Lenore Cupitt,  
Michelle Jozing and Barbara Jenkins

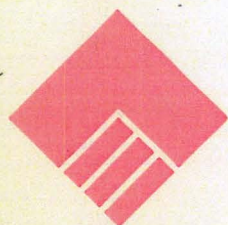
*CDI* is produced fortnightly by:  
Communicable Diseases Section  
Department of Health, Housing and Community Services  
GPO Box 9848 Canberra ACT 2601  
Fax: (06) 289 7802 Telephone: (06) 289 1555

Contributions covering any aspect of communicable diseases are invited. Publication does not preclude authors from arranging publication of their material elsewhere.

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**DEPARTMENT OF  
HEALTH, HOUSING AND  
COMMUNITY SERVICES**

**COMMUNICABLE DISEASES NETWORK-AUSTRALIA**  
**A National Network for Communicable Diseases Surveillance**

## AUSTRALIAN HIV SURVEILLANCE REPORT, VOLUME 8 NUMBERS 10, 11 AND 12

The Australian HIV Surveillance Report is compiled by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), from data supplied to the National AIDS Registry and to the National HIV Database, which are maintained by the NCHECR on behalf of the National HIV Surveillance Committee.

This report is compiled from the Australian HIV Surveillance Report, Volume 8, Numbers 10, 11 and 12, and includes new diagnoses of AIDS, deaths from AIDS and new diagnoses of HIV infection occurring and reported in September, October and November 1992.

As of 30 November 1992, 16,667 cases of HIV infection and 2,415 cases of AIDS had been reported in Australia. In September, there were three new diagnoses of AIDS and 63 new diagnoses of HIV infection reported (Tables 1 and 2); in October, there were eight new diagnoses of AIDS and 81 of HIV infection reported (Tables 3 and 4) and in November, there were 70 reports of new diagnoses of HIV infection (Tables 5 and 6).

The cumulative figures are subject to retrospective revision, so there may be discrepancies between the numbers of new cases reported and the increments in the cumulative figures from the previous month.

**Table 1. New diagnoses of AIDS and deaths from AIDS occurring and reported in the period 1 to 30 September 1992 and cumulative to 30 September 1992, by sex and State/Territory in which diagnosis was made**

State/ Territory	September 1992		Cumulative to 30 September 1992					
	Total Cases <sup>1</sup>	Total Deaths <sup>1</sup>	Cases			Deaths		
			Male	Female	Total <sup>2</sup>	Male	Female	Total <sup>2</sup>
ACT	0	1	41	2	43	33	1	34
NSW	1	10	2002	63	2067	1318	40	1359
NT	0	0	12	0	12	6	0	6
Qld	1	2	301	9	311	189	7	197
SA	1	1	140	7	147	80	2	82
Tas	0	0	19	1	20	13	1	14
Vic	0	3	738	14	754	513	9	523
WA	0	3	161	8	169	104	3	107
<b>Total</b>	<b>3</b>	<b>20</b>	<b>3414</b>	<b>104</b>	<b>3523</b>	<b>2256</b>	<b>63</b>	<b>2322</b>

1. All males.

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

**Table 2. New diagnoses of HIV infection occurring and reported in the period 1 to 30 September 1992 and cumulative diagnoses since the introduction of HIV antibody testing to 30 September 1992 by sex and State/Territory**

State/ Territory	September 1992	Cumulative to 30 September 1992			
	Total <sup>1</sup>	Male	Female	Sex not reported	Total <sup>6</sup>
ACT	0	132	7	0	139
NSW <sup>2</sup>	23	8589	443	2042	11079
NT	0	62	6	0	68
Qld	8	1096	58	2	1159
SA <sup>3</sup>	3	471	34	0	505
Tas	2	64	3	0	67
Vic <sup>4</sup>	22	2698	111	65	2881
WA <sup>5</sup>	5	578	35	0	614
<b>Total<sup>6</sup></b>	<b>63</b>	<b>13690</b>	<b>697</b>	<b>2109</b>	<b>16512</b>

1. All males unless otherwise specified.

2. Counts to 23 September 1992 for Prince of Wales Hospital, and to 30 September 1992 for St Vincent's Hospital, Westmead Hospital and Royal Prince Alfred Hospital. One new diagnoses in New South Wales in September was a female.

3. One new diagnosis in South Australia in September was a female.

4. One new diagnosis in Victoria in September was a female.

5. Two new diagnoses in Western Australia in September were females.

6. Five new diagnoses in September were females. Sixteen persons (5 New South Wales, 3 Queensland, 7 Victoria and 1 Western Australia) whose sex was reported as transsexual are included in the cumulative totals.

**Table 3. New diagnoses of AIDS and deaths from AIDS occurring and reported in the period 1 to 31 October 1992 and cumulative to 31 October 1992, by sex and State/Territory in which diagnosis was made**

State/ Territory	October 1992		Cumulative to 31 October 1992					
	Total Cases <sup>1</sup>	Total Deaths <sup>1</sup>	Cases			Deaths		
			Male	Female	Total <sup>3</sup>	Male	Female	Total <sup>3</sup>
ACT	0	0	41	2	43	33	1	34
NSW	6	6	2047	66	2116	1334	42	1377
NT	0	0	13	0	13	6	0	6
Qld	2	1	320	12	333	201	8	210
SA	0	1	142	8	150	83	2	85
Tas	0	0	21	2	23	13	1	14
Vic	0	1	751	14	767	521	9	531
WA	0	0	171	8	179	107	3	110
<b>Total</b>	<b>8</b>	<b>9</b>	<b>3506</b>	<b>112</b>	<b>3624</b>	<b>2298</b>	<b>66</b>	<b>2367</b>

1. All males.

2. One death in New South Wales in October was a female.

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

**Table 4. New diagnoses of HIV infection occurring and reported in the period 1 to 31 October 1992 and cumulative diagnoses since the introduction of HIV antibody testing to 31 October 1992 by sex and State/Territory**

State/ Territory	October 1992	Cumulative to 31 October 1992			
	Total <sup>1</sup>	Male	Female	Sex not reported	Total <sup>6</sup>
ACT	0	132	7	0	139
NSW <sup>2</sup>	42	8627	445	2026	11103
NT	0	62	6	0	68
Qld <sup>3</sup>	6	1102	59	2	1166
SA <sup>4</sup>	6	476	35	0	511
Tas	0	64	3	0	67
Vic <sup>5</sup>	23	2723	115	65	2910
WA <sup>6</sup>	4	585	36	0	622
<b>Total<sup>7</sup></b>	<b>81</b>	<b>13771</b>	<b>706</b>	<b>2093</b>	<b>16586</b>

1. All males unless otherwise specified.

2. Total for New South Wales for October includes 1 person whose sex was not reported, and 1 female.

3. One new diagnosis in Queensland in October was a female.

4. One new diagnosis in South Australia in October was a female.

5. Three new diagnoses in Victoria in October were females.

6. Seven new diagnoses in October were females and 1 was a person whose sex was not reported. Sixteen persons (5 New South Wales, 3 Queensland, 7 Victoria and 1 Western Australia) whose sex was reported as transsexual are included in the cumulative totals.

**Table 5. New diagnoses of AIDS and deaths from AIDS occurring and reported in the period 1 to 30 November 1992 and cumulative to 30 November 1992, by sex and State/Territory in which diagnosis was made**

State/ Territory	November 1992		Cumulative to 30 November 1992					
	Total Cases <sup>1</sup>	Total Deaths <sup>1</sup>	Cases			Deaths		
			Male	Female	Total <sup>2</sup>	Male	Female	Total <sup>2</sup>
ACT	0	1	41	2	43	34	1	35
NSW	0	8	2077	69	2149	1372	43	1416
NT	0	0	14	0	14	6	0	6
Qld	0	2	329	12	342	205	8	214
SA	0	4	143	8	151	87	2	89
Tas	0	0	21	2	23	13	1	14
Vic	0	0	755	14	771	521	9	531
WA	0	0	172	8	180	107	3	110
<b>Total</b>	<b>0</b>	<b>15</b>	<b>3552</b>	<b>115</b>	<b>3673</b>	<b>2345</b>	<b>67</b>	<b>2415</b>

1. All males.

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

**Table 6. New diagnoses of HIV infection occurring and reported in the period 1 to 30 November 1992 and cumulative diagnoses since the introduction of HIV antibody testing to 30 November 1992 by sex and State/Territory**

State/ Territory	November 1992	Cumulative to 30 November 1992			
	Total <sup>1</sup>	Male	Female	Sex not reported	Total <sup>6</sup>
ACT <sup>2</sup>	1	132	8	0	140
NSW <sup>3</sup>	31	8657	448	2028	11138
NT	0	62	6	0	68
Qld <sup>4</sup>	11	1114	60	5	1182
SA	2	478	35	0	513
Tas	0	64	3	0	67
Vic <sup>5</sup>	23	2743	119	64	2933
WA	2	589	36	0	626
<b>Total<sup>6</sup></b>	<b>70</b>	<b>13839</b>	<b>715</b>	<b>2097</b>	<b>16667</b>

1. All males unless otherwise specified.

2. One diagnoses in the ACT in November was a female.

3. Data cumulative to 23 November 1992. Total for NSW for November includes 1 person whose sex was not reported and 1 female.

4. One new diagnosis in Queensland in November was a female.

5. Four new diagnoses in Victoria in November were females.

6. Total for November includes 1 person whose sex was not reported and 7 females. Sixteen persons (5 New South Wales, 3 Queensland, 7 Victoria and 1 Western Australia) whose sex was reported as transsexual are included in the cumulative totals.

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## SURVEILLANCE DATA IN CDI

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(Robert Hall and Jenny Hargreaves, Communicable Diseases Section, Department of Health, Housing and Community Services)

CDI publishes reports from several communicable diseases surveillance schemes on a regular basis. These, and other communicable diseases surveillance schemes, are conducted in order to detect trends in disease occurrence, and are used to highlight needs for further investigation or for the implementation or modification of control measures.

All such surveillance schemes encompass only a sample of all cases of the conditions under surveillance, and these samples are subject to systematic and other biases. Results generated from surveillance schemes must therefore be interpreted with caution, particularly when comparing results between schemes, between different geographical areas or jurisdictions and over time.

Surveillance has been defined by the World Health Organization as the 'continuing scrutiny of all aspects of the occurrence and spread of disease that are pertinent to control'; it is characterised by 'methods distinguished by their practicability, uniformity, and frequently by their rapidity, rather than complete accuracy'<sup>1</sup>. Surveillance data may therefore differ from data on communicable diseases which may be gathered in other settings.

The major features of the surveillance schemes for which CDI publishes regular reports are described below. Surveillance schemes which are not covered but for which CDI also publishes or reproduces reports include the National Tuberculosis Reporting Scheme, the Australian Malaria Register (both conducted under the auspices of the Communicable Diseases Network Australia New Zealand), the Australian Gonococcal Surveillance Programme, the Victorian Influenza Surveillance Scheme and the National Salmonella Surveillance Scheme.

Operators of other communicable disease surveillance schemes and/or registers who would like to contribute their data to be published in CDI are welcome to contact the Editor at the address on the front page.

### National Notifiable Diseases Surveillance System

This scheme is the continuation of reports of notifiable diseases which have been published since 1917. Under this scheme, modified anonymous line listings of each case of a total of 44 notifiable communicable diseases are supplied to CDI each fortnight by all States and Territories. Data collected comprise: a unique identification number, State or Territory, disease, date of onset, date of notification to the relevant health authority, sex, age, postcode of residence, whether confirmed (as defined by each State or Territory) and period of transmission to CDI. Date of onset, sex, age, postcode of residence and confirmation are nonmandatory data items and are supplied only if known.

The notifiable diseases data are presented each fortnight in three tables in the *Communicable Diseases Surveillance* section of CDI. In each, cases reported for the current period are listed by State or Territory, and totals for Australia are presented for the current period, the equivalent period of the preceding year, the current year to date and equivalent year to date total for the preceding year. The first table contains diseases preventable by vaccines recommended by the NHMRC for routine childhood immunisation. The third table includes diseases that are only rarely notified (fewer than 50 cases notified each year in the previous five years). The second table includes the remaining 26 diseases.

A commentary on the results accompanies the tables in each issue, and appears as the last text item in the

*Communicable Diseases Surveillance* section. Geographical analysis is included, based on postcode of residence, for most purposes recoded to Statistical Division as defined by the Australian Bureau of Statistics. Also included each issue is a graph of notifications of 11 selected diseases for the current fortnight and the comparative historical data (averages of the number of notifications in 6 previous 2-week reporting periods: the corresponding periods of the last two years and the periods immediately preceding and following those). The delay between the end of the reporting period to the date of publication in *CDI* is 16 days.

An annual report is compiled for each year's notifications, usually several months into the following year, to allow for late reports to be received.

The number of notifications made in this Scheme is influenced by various factors, so the data must be interpreted with caution. First, the proportion of cases notified is not known with certainty for any disease, and may vary among diseases; serious, rare diseases are more likely to be notified than common diseases without serious clinical features. Second, the surveillance case definitions vary among the States and Territories, and each health authority determines which notifications are accepted, using their own criteria. Third, the sources of the notifications differ among the States and Territories; notifications may be required from treating clinicians, diagnostic laboratories and/or hospitals, and in some cases, different diseases are notifiable from different sources. Comparisons made between States and Territories and with data from previous years must therefore be made with caution.

### CDI Laboratory Reporting Schemes

There are currently two CDI Laboratory Reporting Schemes: Laboratory Database of Virology and Serology (LabVISE) and Laboratory Database of Organisms from Sterile Sites (LabDOSS).

#### LabVISE

The Virology and Serology Scheme has been operating since 1977, and covers viruses, chlamydias, coxiellas, rickettsias, mycoplasmas and other organisms diagnosed in virology and serology laboratories.

About 20 sentinel laboratories from around Australia contribute reports to this scheme each fortnight. Each report is a anonymous modified line listing including the laboratory identification, the data of specimen collection, the organism identification, and data on the source specimen and methods of isolation, direct identification and serology, as appropriate. The reports usually contain the postcode of the patient, data on the patient's age and sex, and information on the clinical diagnosis and risk factors, and can also contain additional relevant information as comments. Partial or coded patient identification is also included to enable further follow-up with laboratories, as required, and duplicate reports to be deleted or amalgamated.

Three summary tables are produced and published in each issue of *CDI* from these data, and appear as the

last three tables in the *Communicable Diseases Surveillance* section of *CDI*. The first two list the organism identifications by organism group (measles-mumps-rubella, hepatitis viruses, arboviruses, and so on). The first table presents the data by State and Territory. Also included are the national totals for the reporting fortnight, an historical national average of the reports in 6 previous 2-week reporting periods (the corresponding periods of the last two years and the periods immediately preceding and following those), and the total reports published in *CDI* in the current year. The second table lists the organisms grouped by clinical information as supplied in the laboratory reports, and the total for the reporting fortnight. The third table shows total reports for the fortnight by contributing laboratory. The delay between the date of specimen collection and the date of publication can range from about two weeks, depending on the diagnostic technique and the reporting delay.

A commentary on the laboratory virology and serology reports is produced each issue, and appears first in the *Communicable Diseases Surveillance* section. An annual report is compiled for each year, based on the date of specimen collection. It is usually published several months into the following year, to allow for late reports to be received.

The number of reports of disease agents made in the virology and serology scheme is influenced by various factors, including the number, type and location of participating laboratories, and current diagnostic techniques and habits, as well as the actual occurrence of infections. These factors must always be taken into account and the data interpreted with appropriate caution.

#### LabDOSS

The Laboratory Database of Organisms from Sterile Sites (LabDOSS) was established in 1992 to monitor significant isolates from normally sterile sites. It will be used on a national basis to compile more detailed information than is available to the National Notifiable Diseases Surveillance System on infections such as those caused by *Haemophilus influenzae* type b. It also collects information on diseases which are not notifiable, such as meningitis caused by *Streptococcus pneumoniae* and by *Cryptococcus neoformans*.

Ten to fifteen laboratories from around Australia contribute reports to this scheme on a monthly basis. As for LabVISE, each report is a anonymous modified line listing including the laboratory identification, the data of specimen collection, the organism identification, and data on the source specimen and any identification methods used supplementary to the isolation. The reports usually contain the postcode of the patient, data on the patient's age and sex, and information on the clinical diagnosis and risk factors, and can also contain additional relevant information as comments. Partial or coded patient identification is also included to enable further follow-up with laboratories, as required, and duplicate reports to be deleted or amalgamated.

The LabDOSS data are published monthly as *Sterile Sites Surveillance* in the *Communicable Diseases Surveillance* section of *CDI*. Organisms (or genus groups) reported five or more times from blood are presented in a table which details the total number of reports for the month, and selected information on the reported clinical information and risk factors. Other organisms reported fewer than five times from blood are listed in the text. Listings and some further information of isolates from CSF (and meningitis reports) and other sites, such as peritoneal dialysate and joint fluid, are also presented as text.

It is proposed that annual reports for LabDOSS will be published each year, and, as more laboratories begin to contribute, the commentary on the reports received will be expanded.

As for LabVISE, the number of reports of isolates made to LabDOSS is influenced by various factors, including the number, type and location of participating laboratories, and current diagnostic techniques and habits, as well as the actual occurrence of infections. These factors must always be taken into account and the data interpreted with appropriate caution. The delay between the date of specimen collection and the date of publication ranges from two weeks to a few months.

The *CDI* Laboratory Reporting Schemes rely on the voluntary participation of laboratories and we wish to acknowledge our gratitude to them for their contributions. The participation of additional laboratories in both the public and private sectors in these schemes is welcomed (see *CDI* Notice to Readers in this issue).

### Australian Sentinel Practice Research Network

The Research and Health Promotion Unit of the Royal Australian College of General Practitioners operates a national network of sentinel general practices which report a number of conditions each week. Each fortnight, the communicable diseases under surveillance in this scheme are reported in the *Communicable Diseases Surveillance* section of *CDI*. A table is produced showing the number of reports of communicable diseases for the previous two reporting weeks, and the rate of reporting per 1000 consultations in the sentinel practices. Brief comments on the reports accompany the table.

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## OVERSEAS BRIEFS

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In the last two weeks, the following information has been supplied by the World Health Organization, the Institut Pasteur, Paris, and the Public Health Laboratory Service, London.

### Cholera Update

An outbreak of cholera has been reported from Zimbabwe. A total of 780 cases and 25 deaths were reported up to 13 December 1991. Areas infected are

Currently there are about 70 practices in the Network. Their locations were most recently detailed in *CDI* 16:60, along with details of the conditions monitored. Delay between the last reporting day and the day of publication for this scheme is eight days.

### Sentinel Chicken Surveillance Programme

The Sentinel Chicken Surveillance Programme is coordinated by John Mackenzie and Annette Broome of the Department of Microbiology at the University of Western Australia, and is used to provide an early warning of increased flavivirus activity. Data on flavivirus seroconversions in sentinel chicken flocks in Western Australia, the Northern Territory, Victoria and New South Wales from this scheme are published monthly over the summer/wet season period of the year in the *Communicable Diseases Surveillance* section of *CDI*. Details of the locations of the chicken flocks and other information on scheme were published in *CDI* 16:55 and *CDI* 16:169.

### Australian HIV Surveillance Report

The Australian HIV Surveillance Report is compiled by the National Centre in HIV Epidemiology and Clinical Research (NCHECR) from data contributed to the National AIDS Registry and the National HIV Database. It comprises tables of new diagnoses of HIV infection and AIDS and deaths from AIDS which occur and are reported each month, and cumulative data on HIV and AIDS diagnoses and AIDS deaths.

Until the end of 1992, the Australian HIV Surveillance Report was published on a monthly basis by the National Centre in HIV Epidemiology and Clinical Research, and reproduced as articles within *CDI*. Starting with the next issue of *CDI*, the monthly updates will not be published by the NCHECR, but will instead be included in the *Communicable Diseases Surveillance* section of *CDI*. More details of this change will accompany the data published in the next issue of *CDI*.

### Reference

1. Last JM. *A dictionary of epidemiology*. New York: Oxford University Press, 1988.

districts within Manicaland Province, Mashonaland Central and Masvingo Province.

Other newly infected areas are Isfahan Province and Sistan and Baluchestan Province in Iran, and further districts within Inhambane Province, Manica Province and Maputo Province in Mozambique.

Cases have been reported for November and December from Bolivia, Brazil, El Salvador, Guyana, Honduras, Iraq, Mozambique, Nicaragua, Zambia and Zimbabwe.

## Influenza in the Northern Hemisphere

So far, there have been only sporadic cases or foci of influenza-like illness in Europe. Influenza B has been detected in Czechoslovakia, France, Netherlands, Portugal, and Sweden. Influenza A has only been rarely detected, in Czechoslovakia, France, Netherlands and Sweden. In the USA, there has been sporadic activity in 20 States. By 21 December, there had been 19 isolations of influenza B and 12 of influenza A.

## Poliomyelitis in the Netherlands

A total of 52 cases of poliomyelitis have been reported in the Netherlands from 17 September until 4 December 1992<sup>1</sup>. Forty-two have been paralytic and ten have been non-paralytic. Six of the patients required artificial ventilation and one (a four week old infant) died. Fifty of the cases have been laboratory confirmed either by virus isolation or by detection of IgM. The causative wild type 3 poliovirus has been isolated from sewage samples taken from several sites in the Netherlands, indicating a widespread distribution of the virus. All cases have been unvaccinated members of a community who decline vaccination on religious grounds. Oral polio vaccine is being used to control the epidemic.

### Reference

Poliomyelitis update. *Communicable Diseases Report Weekly* 1992;2:223.

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## CDI NOTICES TO READERS

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### Contributions

CDI publishes reports on communicable diseases which have a public health relevance, for example, timely accounts of communicable diseases events which can be used to inform and assist those with responsibility for disease control. Authors are therefore invited to submit contributions which deal with any relevant aspect of the surveillance and control of communicable diseases in Australia. Contributions can be in the form of short or longer articles, short reports of emergent surveillance results (around a paragraph in length) for inclusion in *Communicable Diseases Surveillance*, or case reports, if they illustrate a point of public health importance.

Text is acceptable as hard copy or on floppy disk in any of the common word processing formats. When data are presented in graphs, it is preferred that the relevant details are also included in tabular form to allow production of graphs in house style.

Opinions expressed in *CDI* are those of the authors and not necessarily those of the Department of Health, Housing and Community Services or of the Communicable Diseases Network Australia New Zealand. Publication in *CDI* does not preclude authors from arranging publication of their material elsewhere.

### Participation in *CDI* Laboratory Reporting Schemes

We invite laboratories in the public and private sector undertaking identifications of viruses or of organisms from normally sterile sites to participate in the *CDI* Laboratory Reporting Schemes. Expansion of the Schemes would enable them to reflect better the current epidemiology of communicable diseases in Australia, and participation of private sector laboratories would be particularly welcome.

Software for reporting can be supplied free of charge, or reports can be contributed on paper forms. The computerised reporting systems have been written in EpiInfo, a public domain program which combines word processing, database management, statistical analysis and graphics into a package which can be used on any IBM compatible computer, and by those with minimal computer experience. Limited customisation and support is available, so that the systems can be modified to meet the individual needs of laboratories, whilst retaining the capability to generate reports to contribute to *CDI*. Laboratories can therefore use the programs to store and analyse both the data that are sent to *CDI* and any supplementary data which are collected.

Further details on LabDOSS (Laboratory Database of Organisms from Sterile Sites) were published in *CDI* 16:80 and on LabVISE (Laboratory Database of Virology and Serology) in *CDI* 16:279.

For more information please contact

Jenny Hargreaves (LabVISE) (06) 289 7808  
Leslee Roberts (LabDOSS) (06) 289 7217  
David Evans (Systems) (06) 289 7155.

### CDI Bulletin Board System (CDI-BBS)

Parts of *Communicable Diseases Intelligence* and other regularly updated information on communicable diseases are now available through the *Communicable Diseases Intelligence* Bulletin Board System. This computer based system has been set up to make the *Communicable Diseases Intelligence's* data more freely and quickly available to those who require timely updates on communicable disease activity in Australia and around the world.

The phone number for the system is (06) 281 6695, or from outside Australia, the appropriate international access code, followed by 61 6 281 6695. To access the system, a computer, a modem and communications software (for example NetComm, Telix or Procomm) are required. The recommended configuration is service type BBSANSI, speed 1200, 2400 or 9600 BAUD, data size - 8, parity - none, stopbits - 1. It will also support 'error correction'.

Follow these steps to gain access to the system:

1. Set up a dial-up service in your own communications software.
2. Dial the CDI-BBS, and note the ring and connection sounds.
3. Answer the 'Logon' questions as either a new or existing user. Most users will select 'G' for graphics screen when asked which screen configuration is required.
4. At the BBS Menu, select 'B' for Bulletins.
5. Select the required option from the Bulletin Menu, for example '1' for the 'Latest CDI'.
6. To print the bulletin, before selecting the bulletin, select 'Print Capture' from your own software. (Remember to disable the 'Print Capture' option afterwards.)
7. To download a bulletin to a file, before selecting the bulletin, select 'File Text' from your own software. (Remember to disable the 'File Text' option afterwards.)
8. For Help, select '?' in any section.
9. To 'Logoff', select 'G' for 'Goodbye'. Answer 'Y' to disconnect, and 'N' to 'Leave Message' questions, or 'Y' if you want to leave a message.

Bulletins currently available on the system include the text for the Overseas Briefs, CDI Notices to Readers and Communicable Diseases Surveillance from the latest *Communicable Diseases Intelligence*, and the latest tables of Laboratory Reports and Notifiable Diseases.

Future contents will include other recent data on communicable diseases in Australia, and information on travel health, including recommendations for malaria chemoprophylaxis.

Further information about the system can be obtained from David Evans, Systems Manager, on 06 289 7705.

### 3rd National Immunisation Conference

The Public Health Association of Australia is convening the third National Immunisation Conference from 21 to 23 April 1993. The aim of the conference is to explore strategies to improve immunisation programs in Australia; the questions to be asked are:

Why do we need to do it better?

Where should we go from here?

How can we remove barriers and 'reach out'?

What is our plan?

How can we measure what we are doing?

What's new?

The conference format will be plenary sessions with both international and national speakers, as well as a series of small working groups for case study presentations. Recommendations will be developed for the Australian situation.

All interested individuals and organisations are welcome to attend this conference. Registration forms will be sent out this month to those who would like to receive them. If you would like a registration form, please contact:

Conference Secretariat  
Public Health Association  
GPO Box 2204  
Canberra ACT 2601

Phone (06) 285 2373

Fax (06) 282 5438.

## COMMUNICABLE DISEASES SURVEILLANCE

### Laboratory Reporting Schemes

There were 1,926 reports received in the CDI Virology and Serology Reporting Scheme this fortnight (Tables 6,7 and 8), and 231 reports of isolates from normally sterile sites (LabDOSS, Table 2). Since CDI was not published on 28 December, this issue includes more reports than usual; data for some laboratories contributing to the Virology and Serology Reporting Scheme is for a four week period rather than the usual fortnight.

There were 19 reports of measles, bringing the total for 1992 so far to 172 (Figure 1). Ten reports were from South Australia.

There were 142 rubella reports, bringing the total for 1992 so far to 653 (Figure 2), the highest number ever reported in a year in this scheme (although laboratories new to the scheme in 1992 would have affected this). This four week period there were 26 females of reproductive age (15 to 44 years), including two women who were pregnant (one 16 weeks, one not stated), and a 9 year old male whose mother was pregnant. Encephalitis was the reported symptom for a 34 year old male and seizures were reported for a 7 year old male, both diagnosed by demonstration of IgM.

Ross River virus infection was reported for 38 patients (all IgM). Two were from Western Australia, 7 from South Australia, 5 from the Northern Territory (Darwin) and 24 were from Queensland. Specimen collection dates were in November for 28 and in December for 11 patients.

There were 6 reports of Barmah Forest virus infection. Five were from Queensland and one was from the Northern Territory (Darwin).

Adenovirus reports continue at a higher rate than usual. Included this period were 10 adenovirus type

4, including 7 from South Australia. Untyped adenovirus was isolated from a CSF sample for a one year old female patient. A stiff neck and high fever were the reported symptoms. Adenovirus type 47 was reported for a 38 year old male. This was only the fourth report of this virus ever made to the scheme.

Hepatitis B was reported for 102 patients. One was reported as the source of a needlestick injury, and one had a history of injecting drug use.

There were 163 reports of hepatitis C. A history of injecting drug use was reported for 2 patients and one patient had a history of blood transfusion. Two patients were pregnant and one was the husband of a hepatitis C positive female.

Cytomegalovirus infection was reported for 88 patients. Included were 5 HIV positive patients, 8 patients with a history of transplant (one who had received a kidney from a cytomegalovirus positive donor), a 26 year old female who had suffered a miscarriage, and one patient was asplenic and pregnant. The virus was also isolated from breast milk of a 32 year old female from whom the virus had also been isolated when she was 28 weeks pregnant. Meningitis was the reported symptom for a 22 year old female.

There were 51 reports of varicella-zoster virus, bringing the total for the year to 611. Encephalitis was the reported symptom for a 23 year old female, and a 27 year old female was diagnosed at 7 weeks pregnant.

Parvovirus infection was reported for 11 patients. Included were 2 pregnant females. One had had a previous fetal death *in utero* and was now hydramniotic.

There were 3 reports of echovirus type 7 infection. This virus is usually rare in Australia, but there have been

Figure 1. Measles laboratory reports, 1992, by month of specimen collection

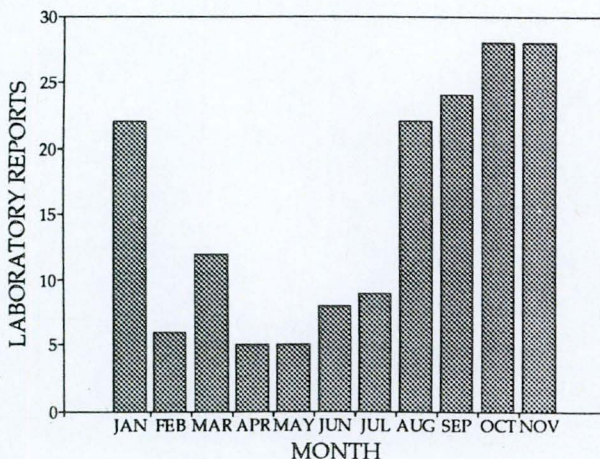
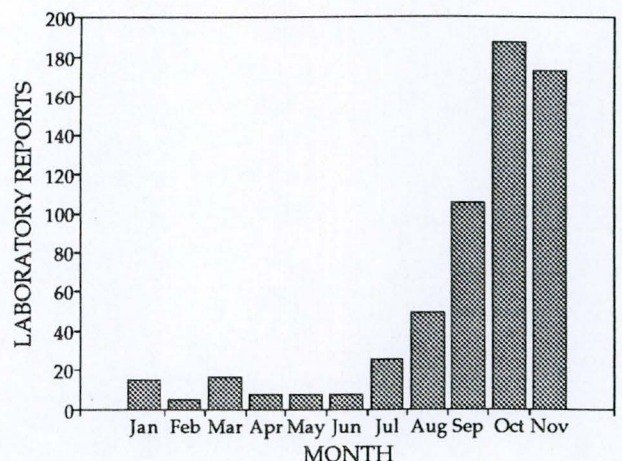
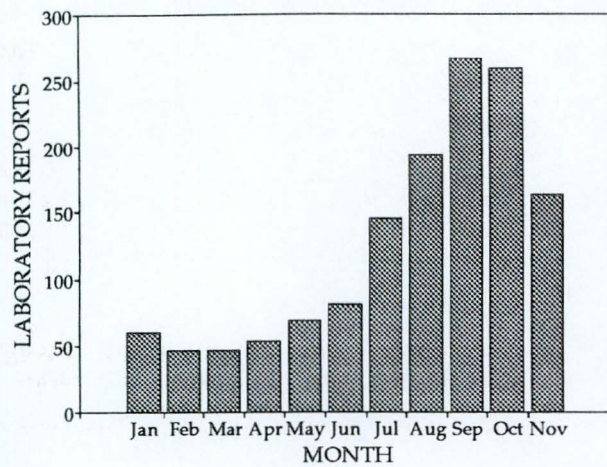


Figure 2. Rubella laboratory reports, 1992, by month of specimen collection



**Figure 3. *Mycoplasma pneumoniae* laboratory reports 1992, by month of specimen collection**



15 reports of it so far for 1992. Meningitis was the reported symptom for 2 of this period's patients.

Seven reports of echovirus type 9 were received, bringing the total for the year to 191, more than ever previously recorded in this scheme. Three reports were from South Australia, the first for that State this year.

There were 15 reports of influenza. Ten were untyped influenza A (2 isolations and 8 single high titres), there was one influenza A H<sub>1</sub>N<sub>1</sub> (isolation from a specimen collected in August) and 4 influenza B (single high titres). Six of the untyped influenza A were in patients over the age of 65 years. One untyped influenza A isolate was from a 3 month old female whose mother was also in hospital with pneumonia.

*Mycoplasma pneumoniae* infection was reported for 110 patients, bringing the total for the year to 1,420. Included was a 16 year old male renal transplant patient whose sister was also infected. Reports of *Mycoplasma pneumoniae* infection have been increasing

throughout 1992 (Figure 3), especially in New South Wales, Queensland, South Australia and Victoria.

A fatal case of *Legionella pneumophila* serogroup 1 was reported. The patient was a 77 year old female. The organism was isolated from a bronchial specimen.

There were 10 laboratory reports of Q fever this fortnight. All were males in the age range 19 to 56 years. Hepatitis was the reported symptom for a 49 year old patient, and one patient was described as a farmer.

**Cholera Case in Western Australia**

A case of cholera was recently imported into Western Australia. The patient was an elderly retired man who had travelled to Bali. He had only eaten cooked food and drunk boiled water supplied by the hotel in which he was staying, although he did use unboiled water when brushing his teeth. He developed profuse diarrhoea and abdominal pain on arrival back in Australia, and *Vibrio cholerae* O1, *Campylobacter coli* and *Aeromonas sobria* were all isolated from his stool. He responded well to ciprofloxacin and was discharged from hospital after 9 days.

(Peggy Ashwell, Health Department of Western Australia)

**Australian Sentinel Practice Research Network**

The Australian Sentinel Practice Research Network collected data from 5,811 patient encounters in Week 50, 5,664 patient encounters in Week 51, 4,436 patient encounters in Week 52 and 2,400 patient encounters in Week 1 for 1993 (Table 1). Gastroenteritis was the most commonly reported condition in each of these weeks. Rubella reports continue at a higher rate than usual, in parallel with recent notifications and laboratory reports of this disease.

**Table 1. Australian Sentinel Practice Research Network, Weeks 50 to 52, 1992 and Week 1, 1993**

Condition	Week 50, to 13 December 1992		Week 51, to 20 December 1992		Week 52, to 27 December 1992		Week 1, to 3 January 1993	
	Reports	Rate per 1000 encounters	Reports	Rate per 1000 encounters	Reports	Rate per 1000 encounters	Reports	Rate per 1000 encounters
Influenza	14	2.4	8	1.4	4	0.9	8	3.3
Measles	2	0.3	0	0	0	0	0	0
Mumps	0	0	1	0.2	0	0	0	0
Rubella	3	0.5	4	0.7	5	1.1	0	0
Pertussis	0	0	0	0	1	0.2	0	0
Genital herpes	3	0.5	2	0.4	0	0	2	0.8
Gastroenteritis	38	6.5	58	10.2	71	16.0	31	12.9

## Sterile Sites Surveillance (LabDOSS)

Data received in the December to January period have been provided by nine laboratories, to make a total of 231 reports (Liverpool Hospital 37, Concord Hospital 37, Royal North Shore Hospital 46, Nambour Hospital 7, Central Queensland Pathology Service 5, Toowoomba General Hospital 26, T.B. Lynch Pathologists - Rockhampton 4, Gosford Central Coast Hospital Services 25, and Mackay Base Hospital who provided 44 reports from April 1992).

Organisms reported 5 or more times from blood are detailed in Table 2. Other blood isolates not included in Table 2 were:

**Gram positive:** 1 *Streptococcus* Group A, 2 *Streptococcus* Group B, 3 *Streptococcus* Group G, 1 *Streptococcus milleri*, 2 *Streptococcus sanguis*, 2 *Streptococcus 'viridans'*, 1 *Streptococcus* sp, 2 *Corynebacterium* species.

**Gram negative:** 3 *Acinetobacter* sp, 2 *Aeromonas* sp, 4 *Enterobacter* sp (1 *E. aerogenes*, 1 *E. cloacae*), 4 *Haemophilus influenzae* (3 type b, two cases of epiglottitis), 1 *Haemophilus parainfluenzae*, 1 *Proteus mirabilis*, 3 *Serratia* sp (2 *S. marcescens*, 1 *S. liquefaciens*), 1 *Citrobacter* sp, 1 *Pseudomonas* sp, 1 *Neisseria meningitidis* (no serogroup

provided), 1 *Morganella morganii*, 1 *Flavobacterium* sp.

**Anaerobes:** 1 *Actinomyces odontolyticus*, 3 *Clostridium* sp (1 *C. perfringens*), 1 *Ureaplasma urealyticum*.

**Fungi:** 4 *Candida* sp (3 *C. albicans*, 1 *C. krusei*), 1 *Torulopsis glabrata*.

### CSF Isolates and Meningitis Reports

There were 2 *Haemophilus influenzae* (1 type b, both isolates from children aged 2 years), 1 *Neisseria meningitidis* (no group provided), 1 *Streptococcus pneumoniae* and 2 *Cryptococcus neoformans*.

### Isolates from Sites other than Blood or CSF

**Peritoneal dialysate:** 1 *Staphylococcus aureus*, 2 coagulase negative staphylococci, 1 *Chaetomium globosum*.

**Joint fluid:** 1 *Corynebacterium* species, 8 *Staphylococcus aureus*, 1 *Pseudomonas paucimobilis*.

**Pleural fluid:** 1 *Enterococcus faecalis*, 1 *Pseudomonas aeruginosa*.

**Other:** 1 *Acremonium* sp, 1 *Corynebacterium* species D2, 1 *Pseudomonas aeruginosa*, 2 *Staphylococcus aureus*, 1 *Staphylococcus epidermidis*.

Table 2. LabDOSS reports of blood isolates for December 1992

Organism	Total <sup>1</sup>	Clinical Information						Risk Factors					
		Lower respiratory	Endocarditis	Gastrointestinal	Urinary Tract	Bone/Joint	Skin	Surgery	Immunosuppressed	IV line	Perinatal	Neonatal	Nosocomial
<i>Bacteroides</i> sp	7 <sup>2</sup>			1			1	4					
<i>Escherichia coli</i>	49			7	15		1	1	11			2	
<i>Pseudomonas aeruginosa</i>	9			1	1			1	3				1
<i>Klebsiella</i> sp	6 <sup>3</sup>												
<i>Salmonella</i> sp	5 <sup>4</sup>			3									
<i>Staphylococcus aureus</i>	42 <sup>5</sup>	2	2	1	1	4	14	3	13	3		1	
<i>Staphylococcus</i> coagulase negative	13 <sup>6</sup>		3				1						
<i>Streptococcus pneumoniae</i>	15	7		1									
<i>Enterococcus faecalis</i>	6				1	1	1	2	1	1			

1. Only organisms with 5 or more reports are included in this table.

2. 2 *Bacteroides fragilis*, 2 *B. thetaiotomicron*.

3. 4 *Klebsiella pneumoniae*.

4. 2 *Salmonella* Virchow.

5. 9 MRSA.

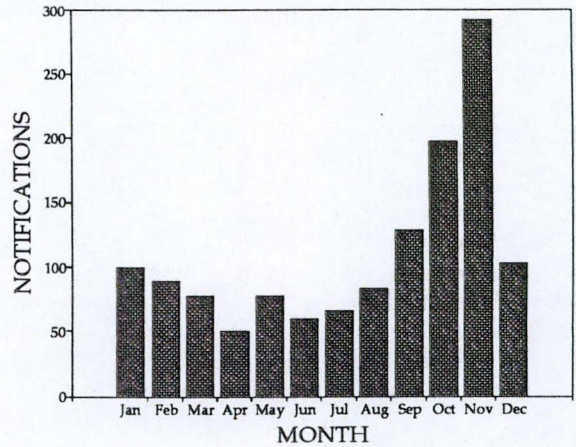
6. 9 *Staphylococcus epidermidis*, 1 *S. scheiferi*.

**National Notifiable Diseases Surveillance System, 29 November to 26 December 1992**

As CDI was not published on 28 December 1992 this period covers 4 weeks instead of the usual fortnight reporting period. A total of 4,705 reports of notifiable diseases were received.

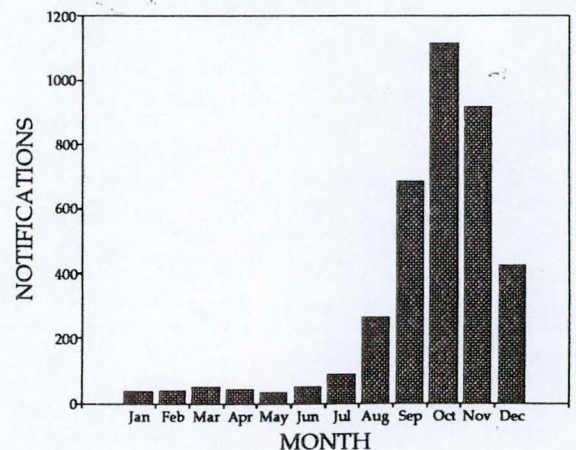
- There were 158 reports received of **Ross River virus infection**, 75 males and 83 females. Ages varied from the 0-4 to the 80-84 years age groups. Of the reports received the onset dates were recorded as December in 75, November in 67, October in 7 and earlier in the year in the balance. Notifications were received for cases in statistical divisions on the Queensland coast, in southern Western Australia, rural and metropolitan Victoria, along the Murray Valley in South Australia and rural New South Wales.
- Nine notifications of **dengue** were reported. Dates of onset for these reports were November (5), October (2), September (1) and June (1). The reports were for 4 males and 5 females between the 15-19 and 65-69 years age groups inclusive. Four cases were reported from the Northern Territory, 4 from Queensland (postcodes of residence were recorded as Brisbane, Townsville and surrounds and unknown) and 1 from New South Wales (postcode of residence was recorded as in Sydney).
- Three cases of **brucellosis** were notified. All were from rural Queensland and were in males in the 15-19 (2 cases) and 55-59 years age groups.
- There were 165 notifications of **gonococcal infection**; 121 were for males, 42 for females and sex was not recorded for 2. Age was not recorded in 1 report, there were 4 cases in the 10-14 years age group and 3 cases were aged less than 1 year.
- **Haemophilus influenzae type b infection** was notified for 41 cases this period, 25 males and 16 females. Thirty-eight cases were aged less than 10 years, 37 were aged less than 5 years, and 16 were aged less than 1 year. There were 2 apparent clusters of 2 and 3 cases each in 2 postcode areas. Cases in these apparent clusters were on subsequent days or over a period of 16 days.
- There were 176 notifications of **hepatitis A** received. Sex was recorded as male for 101 cases, female for 73 and was not recorded for 2. Ages ranged from the 0-4 to the 85-89 years age groups, the modal age being the 5-9 years group (27 cases). There were 23 reports for the 20-24 and 26 reports for the 25-29 years age groups. Fifty-two cases altogether were reported from the metropolitan areas of Melbourne, Brisbane, Adelaide and Sydney, the remainder being predominantly from more remote parts of Queensland, Western Australia, Victoria and Tasmania.
- A single report of a notification of **hydatid infection** was received, for a male in the 65-69 years age group from Melbourne.

**Figure 4. Measles notifications, 1992, by month**



- Measles was notified for 133 cases, 66 males and 67 females. For 2 reports age was not recorded and for 28 the age was recorded as less than 1 year. For sexes combined the mean age was 8.2 years. There were 19 apparent clusters in separate postcode areas with 2 to 9 cases each. The intervals between onset dates for these apparent clusters ranged from 2 to 20 days. A total of 1,325 cases of measles have been notified to date in 1992 and the incidence of reported cases continues to rise (Figure 4).
- Reports of **rubella** were received for 761 notifications, bringing the year to date total for 1992 to 3,749. Sex was recorded as male for 504 notifications, female for 242 and sex was not recorded for 15. Age was not recorded for 15 reports and in 4 was recorded as less than 1 year. The mean age of cases notified was 17.9 years. There were 74 reports for females in the 15-44 years age group. The rubella epidemic appears to have reached a plateau (Figure 5). With immunisation of all children with measles-mumps-rubella vaccine, a large rubella epidemic should not recur.
- Nineteen cases of **meningococcal infection** were notified this period. Ten were males and 9 were

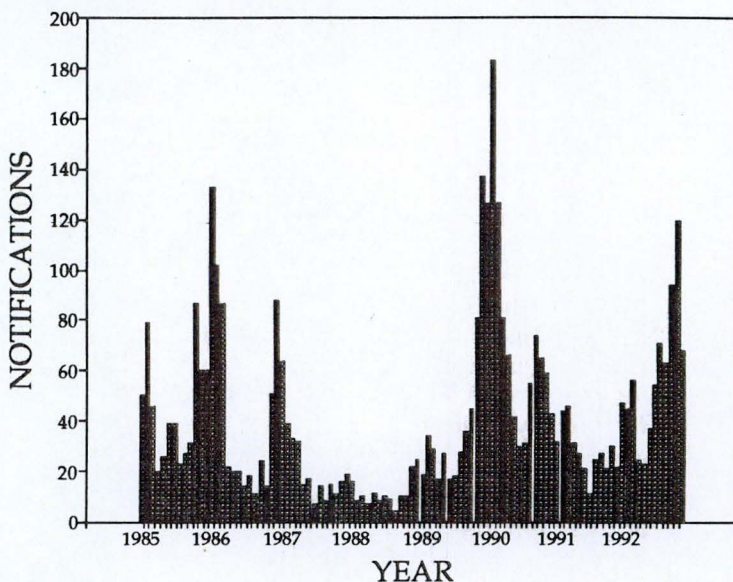
**Figure 5. Rubella notifications, to date 1992, by month of onset**



females; ages ranged from the 0-4 years (9 cases) to the 45-49 years age groups. There was no apparent clustering of cases.

- There were 127 reports of pertussis notifications received. Fifty-eight were for males and 69 for females; age was not recorded for 6 cases, 4 were aged less than 1 year and 20 were less than 5 years. There were 19 apparent clusters of 2 to 6 cases each in the same or adjacent postcode areas. Intervals between onset dates in these apparent clusters varied from the same day to 18 days. The incidence of notified pertussis has continued to rise since October with a total of 702 cases being reported to date for 1992 (Figure 6).
- Forty-seven notifications of Q fever were reported this period. Of these, 40 were for males and 7 for females ages ranged between the 15-19 years and the 60-64 years age groups. Fifteen cases were from the Darling Downs statistical division in Queensland.
- There were 161 notifications of syphilis received. Eighty-seven were for males and 74 for females.
- Four reports of typhoid were received. Two were from the Brisbane statistical division. Three were males and 1 female, ages ranged from the 5-9 to the 45-49 years age groups.
- There were 14 reports of notifications of legionellosis, 12 males and 2 females. One case was in the 35-39 years age group, 1 in the 40-44 years age

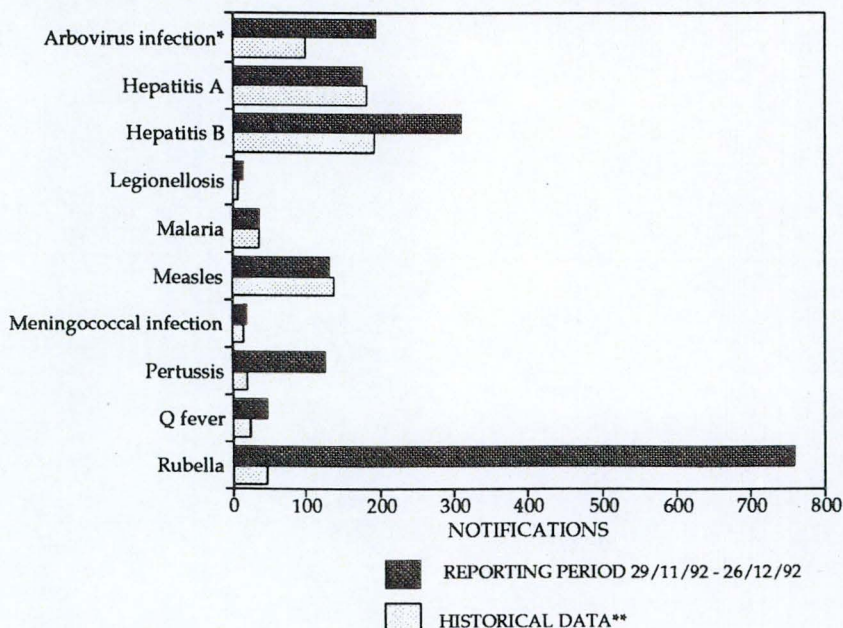
Figure 6. Pertussis notifications, 1985 to 1992, by month



group and the remainder were 60 and older. Four cases were from the same postcode area with onset dates over a period of 31 days.

- Two cases of leprosy were notified, 1 from the Australian Capital Territory and 1 from Victoria. Both were for males, one in the 35-39 years age group and the other in the 40-44 years age group.
- There were 21 notifications of leptospirosis reported. Nineteen were for males and 2 for females. Ages ranged from the 20-24 to the 75-79 years age groups. Cases were reported predominantly from rural Victoria and Queensland.

Figure 7. Selected National Notifiable Diseases Reports, and historical data \*\*



\* Includes Ross River virus and Dengue

\*\* This reporting period covers 4 weeks and is an amalgamation of 2 fortnight reporting periods. The historical data are the averages of the number of notifications in 3 previous 2-week reporting periods: the corresponding period of last year and the periods immediately preceding and following it.

**Table 3. Diseases preventable by vaccines recommended by the NHMRC for routine childhood immunisation for the reporting period 29 November to 26 December 1992**

DISEASES	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA <sup>1</sup>			
									This Period 1992	This Period 1991	Year to Date 1992	Year to Date 1991
Diphtheria	0	0	0	0	0	0	0	0	0	0	14	8
Measles	5	67	11	7	27	1	15	0	133	151	1325	1357
Mumps	0	1	NN	NN	NN	NN	0	NN	1	NN	22	NN
Pertussis	0	34	1	42	13	2	28	7	127	25	702	336
Poliomyelitis	0	0	0	0	0	0	0	0	0	0	0	0
Rubella <sup>2</sup>	100	64	0	162	17	0	418	0	761	62	3749	615
Tetanus	0	0	0	NN	0	0	0	0	0	1	14	7

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. NT, Tas, WA: CRS only; ACT, NSW, Qld: rubella only; SA, Vic: rubella and CRS.  
NN Not Notifiable.

**Table 4. Other Notifiable Diseases<sup>1</sup>, for the reporting period 29 November to 26 December to 1992**

DISEASES	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA <sup>2</sup>			
									This Period 1992	This Period 1991	Year to Date 1992	Year to Date 1991
Arbovirus infection (NEC) <sup>3</sup>	0	2	11	15	0	1	4	0	33	8	332	199
Ross River virus infection	0	3	39	84	11	NN	5	16	158	66	5587	3529
Dengue	0	1	4	4	-	NN	0	NN	9	1	360	46
Campylobacteriosis <sup>4</sup>	9	-	34	311	257	32	204	88	935	791	9022	8625
Chlamydial infection (NEC)	3	NN	64	213	1	37	75	0	393	352	6178	4029
Donovanosis	0	NN	7	1	NN	NN	0	0	8	3	79	72
Gonococcal infection <sup>5</sup>	2	23	29	51	0	0	16	44	165	200	2826	2511
Haemophilus influenzae type b <sup>6</sup>	2	18	1	10	2	2	6	NN	41	36	500	548
Hepatitis A	0	30	46	57	11	1	27	4	176	216	2066	2181
Hepatitis B	17	171	3	96	1	5	1	16	310	250	5126	3641
Hepatitis C	13	268	14	229	NN	12	102	NN	638	544	8747	4096
Hepatitis (NEC)	0	3	0	6	0	0	2	NN	11	52	69	338
HIV infection <sup>7</sup>	1	32	0	0	0	1	0	0	34	3	269	53
Legionellosis	0	3	0	5	4	0	1	1	14	10	177	109
Leptospirosis	0	1	0	4	0	1	15	0	21	17	154	169
Listeriosis	0	1	NN	0	NN	0	0	0	1	3	37	44
Malaria	3	3	1	17	4	1	5	3	37	48	695	787
Meningococcal infection	0	9	1	3	0	0	4	2	19	17	289	283
Ornithosis	0	NN	0	0	1	0	5	0	6	12	93	135
Q fever	0	12	0	33	1	0	1	0	47	37	524	595
Salmonellosis (NEC)	0	47	29	103	22	8	28	29	266	370	4582	5417
Shigellosis <sup>4</sup>	0	-	17	22	9	0	11	17	76	42	687	899
Syphilis	0	43	59	41	0	0	2	16	161	165	2612	2033
Tuberculosis	1	39	0	7	3	2	19	3	74	58	959	586
Typhoid <sup>8</sup>	0	0	0	3	1	0	0	0	4	11	44	88
Yersiniosis (NEC) <sup>4</sup>	0	-	0	28	9	0	3	0	40	31	563	513

1. For rarely notified diseases, see Table 5.

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. NSW, SA, Tas: includes Ross River virus and dengue. WA: includes dengue.

4. NSW: only as 'foodborne disease' or 'gastroenteritis in an institution'.

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

6. SA: only as 'bacterial meningitis'; meningococcal infection is separately notified; Tas: only as 'non-meningococcal meningitis'; Vic: epiglottitis and meningitis only.

7. More complete data on new diagnoses of HIV infections are presented in the monthly *Australian HIV Surveillance Report*.

8. NSW and Vic: includes paratyphoid.

NN Not Notifiable.

NEC Not Elsewhere Classified.

- Elsewhere Classified.

Table 5. Rarely Notified Diseases<sup>1</sup> for the reporting period 29 November to 26 December 1992

DISEASES	Total this period	Reporting States or Territories	Year to date 1992
Botulism			
Brucellosis	3	Qld	28
Cholera			3
Chancroid			5
Hydatid infection	1	Vic	38
Leprosy	2	ACT, Vic	17
Lymphogranuloma venereum			3
Plague			
Rabies			
Yellow fever			
Other viral haemorrhagic fevers			

1. Fewer than 50 cases of each of these diseases were notified each year during the period 1986 to 1991.

Table 6. Laboratory reports by State or Territory of reporting laboratory for the reporting period 2 December to 29 December 1992, historical data<sup>1</sup>, and total reported in CDI, 1993

	STATE OR TERRITORY OF REPORTING LABORATORY						Total this fortnight	Historical data <sup>1</sup>	Total reported this year
	NSW	Qld	SA	Tas	Vic	WA			
<b>MEASLES, MUMPS, RUBELLA</b>									
Measles virus	4	5	10				19	15.0	19
Rubella virus	4	109	2		25	2	142	13.3	142
<b>HEPATITIS VIRUSES</b>									
Hepatitis A virus		12	7		1	3	23	17.5	23
Hepatitis B virus	27	24	27		13	11	102	108.5	102
Hepatitis C virus	1	61	59			42	163	42.2	163
Hepatitis D virus		3					3	.0	3
<b>ARBOVIRUSES</b>									
Ross River virus		24	7			7	38	7.5	38
Barmah Forest virus		5				1	6	.3	6
Dengue not typed						4	4	.3	4
Flavivirus (unspecified)					1		1	.2	1
<b>ADENOVIRUSES</b>									
Adenovirus type 1	2		2		2		6	5.8	6
Adenovirus type 2	3		1		2		6	7.5	6
Adenovirus type 3	5				1		6	5.0	6
Adenovirus type 4	2		7		1		10	1.3	10
Adenovirus type 5	2		1				3	1.0	3
Adenovirus type 8					1		1	4.0	1
Adenovirus type 47					1		1	.0	1
Adenovirus not typed/pending	8	20	19		11	4	62	45.7	62
<b>HERPES VIRUSES</b>									
Herpes simplex virus type 1	6	65	22		27	33	153	180.2	153
Herpes simplex virus type 2	14	122	19		39	64	258	208.7	258
Herpes simplex not typed/pending	14	2			4	3	23	36.3	23
Cytomegalovirus	13	43	2		26	4	88	91.5	88
Varicella-zoster virus	11	29	1		3	7	51	27.2	51
Epstein-Barr virus	16	82	37		5	12	152	71.2	152
Herpes virus group - not typed					1	1	2	10.8	2

Table 6. Laboratory reports by State or Territory of reporting laboratory for the reporting period 2 December to 29 December 1992, historical data<sup>1</sup>, and total reported in CDI, 1993, continued

	STATE OR TERRITORY OF REPORTING LABORATORY						Total this fortnight	Historical data <sup>1</sup>	Total reported this year
	NSW	Qld	SA	Tas	Vic	WA			
<b>OTHER DNA VIRUSES</b>									
Papovavirus group					1		1	1.0	1
Molluscum contagiosum						1	1	.2	1
Parvovirus					11		11	2.7	11
<b>PICORNA VIRUS FAMILY</b>									
Coxsackievirus A9	3						3	1.3	3
Coxsackievirus A16					2		2	1.3	2
Coxsackievirus B1	2				3		5	.2	5
Coxsackievirus B2	1						1	2.5	1
Coxsackievirus B5	1					2	3	2.0	3
Coxsackievirus B untyped/pending					1		1	.0	1
Echovirus type 4					1		1	.0	1
Echovirus type 7			1		2		3	.0	3
Echovirus type 9	3		3		1		7	.3	7
Echovirus type 14	1						1	.3	1
Echovirus type 17			1		1		2	1.0	2
Echovirus type 22					1		1	.5	1
Echovirus type 25	1				1		2	.2	2
Poliovirus type 1 (uncharacterised)	2						2	1.3	2
Poliovirus type 2 (uncharacterised)	2					1	3	3.3	3
Poliovirus type 3 (uncharacterised)	1						1	1.7	1
Rhinovirus (all types)	4	13			15	15	47	32.8	47
Enterovirus not typed/pending		12			9	7	28	34.0	28
<b>ORTHO/PARAMYXOVIRUSES</b>									
Influenza A virus	1	1	4			4	10	5.5	10
Influenza A virus H <sub>1</sub> N <sub>1</sub>		1					1	.3	1
Influenza B virus			1			3	4	6.2	4
Parainfluenza virus type 1			1				1	2.5	1
Parainfluenza virus type 3	3	13	3		12	1	32	29.3	32
Respiratory syncytial virus	4	2	3		1	2	12	20.5	12
<b>OTHER RNA VIRUSES</b>									
HIV-1		3					3	2.0	3
Rotavirus	14	65	13		6	12	110	80.2	110
Reovirus (unspecified)					1		1	1.8	1
Norwalk agent	1						1	.7	1
Coronavirus	3						3	1.7	3
Small virus (like) particle	3				1	1	5	2.8	5
<b>OTHER</b>									
<i>Chlamydia trachomatis</i> not typed	4	61	12	6		24	107	113.3	107
<i>Chlamydia psittaci</i>					2		2	7.3	2
<i>Mycoplasma pneumoniae</i>	14	52	7		30	7	110	26.0	110
<i>Coxiella burnetti</i> (Q fever)	6	3			1		10	10.2	10
<i>Streptococcus</i> group A		13					13	.0	13
<i>Brucella</i> species		2					2	.0	2
<i>Bordetella pertussis</i>		1			1		2	.0	2
<i>Bordetella</i> species		21					21	.0	21
<i>Legionella pneumophila</i>		1					1	.0	1

**Table 6. Laboratory reports by State or Territory of reporting laboratory for the reporting period 2 December to 29 December 1992, historical data<sup>1</sup>, and total reported in CDI, 1993, continued**

	STATE OR TERRITORY OF REPORTING LABORATORY						Total this fortnight	Historical data <sup>1</sup>	Total reported this year
	NSW	Qld	SA	Tas	Vic	WA			
<i>Cryptococcus</i> species		1					1	.0	1
<i>Treponema pallidum</i>	11	10					21	.0	21
<i>Toxoplasma gondii</i>		4					4	.0	4
<b>TOTAL</b>	217	885	272	6	268	278	1,926	1,298.0	1,926

1. 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 7. Laboratory reports by clinical information for the reporting period 2 December to 29 December 1992**

	Encephalitis	Meningitis	Other CNS	Congenital	Respiratory	Gastrointestinal	Hepatic	Skin	Eye	Muscle/joint	Genital	Other/unknown	Total
<b>MEASLES, MUMPS, RUBELLA</b>													
Measles virus					1			15				3	19
Rubella virus	1				1			59				81	142
<b>HEPATITIS VIRUSES</b>													
Hepatitis A virus							9			1		13	23
Hepatitis B virus							17					85	102
Hepatitis C virus						1	36	1		1		124	163
Hepatitis D virus							3						3
<b>ARBOVIRUSES</b>													
Ross River virus								3		7		28	38
Barmah Forest virus										3		3	6
Dengue not typed										1		3	4
Flavivirus (unspecified)								1					1
<b>ADENOVIRUSES</b>													
Adenovirus type 1					4							2	6
Adenovirus type 2					2	1			1			2	6
Adenovirus type 3								1	2			3	6
Adenovirus type 4					3				7				10
Adenovirus type 5					1	1						1	3
Adenovirus type 8									1				1
Adenovirus type 47								1					1
Adenovirus not typed/pending					21	20			3		1	17	62
<b>HERPES VIRUSES</b>													
Herpes simplex virus type 1					5			94	6		27	21	153
Herpes simplex virus type 2					1			126			111	20	258
Herpes simplex not typed/pending	1	1			1			11			1	8	23
Cytomegalovirus	1	1		4	19		2	3	1	1		56	88
Varicella-zoster virus	1		1		2			33	2			12	51
Epstein-Barr virus					6		3	4		2		137	152
Herpes virus group - not typed								2					2



Table 7. Laboratory reports by clinical information for the reporting period 2 December to 29 December 1992, continued

	Encephalitis	Meningitis	Other CNS	Congenital	Respiratory	Gastrointestinal	Hepatic	Skin	Eye	Muscle/joint	Genital	Other/unknown	Total
<i>Bordetella pertussis</i>					2								2
<i>Bordetella</i> species					8							13	21
<i>Legionella pneumophila</i>					1								1
<i>Cryptococcus</i> species												1	1
<i>Treponema pallidum</i>											1	20	21
<i>Toxoplasma gondii</i>												4	4
TOTAL	7	14	1	4	270	132	71	373	25	18	216	795	1926

Table 8. Laboratory reports by contributing laboratories for the reporting period 2 December to 29 December 1992

STATE	LABORATORY	REPORTS
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	175
	Royal Alexandra Hospital for Children, Camperdown	17
	South West Area Pathology Service, Liverpool	25
Queensland	Dr TB Lynch, Pathologist, Rockhampton	178
	Queensland Medical Laboratory, West End	604
	State Health Laboratory, Brisbane	103
South Australia	Institute of Medical & Veterinary Science, Adelaide	272
Tasmania	Northern Tasmanian Pathology Service, Launceston General Hospital	6
Victoria	Fairfield Hospital, Melbourne	203
	Royal Children's Hospital, Melbourne	65
Western Australia	Princess Margaret Hospital, Perth	18
	State Health Laboratory Services, Perth	260
TOTAL		1926