



COMMUNICABLE DISEASES INTELLIGENCE

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

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

AUSTRALIAN SALMONELLA REFERENCE LABORATORY REPORT, THIRD QUARTER 1991

(Excepts from the July, August and September 1991 monthly reports of the Australian Salmonella Reference Laboratory, Institute of Medical and Veterinary Science, Adelaide, South Australia; Senior Scientist Chris Murray, Scientist Dianne Davos)

A total of 2680 cultures were typed at the Australian Salmonella Reference Laboratory (ASRL) during the third quarter of 1991. Cultures were received from all States, the Northern Territory and the ACT, and also from Malaysia and Singapore (Table 1).

Serotypes of Interest

Salmonella Amsterdam

There was one isolate, from a female patient in Victoria in July. The last human isolate of this serotype had been in 1988, and there were 3 isolates from hommos in 1990.

Salmonella Badagry

This serotype was isolated for the first time recorded in Australia in August. It was isolated from a reptile in Western Australia.

Salmonella Bergedorf

There was one isolate, from a 5 year old girl in Queensland, in July. This serotype is rare in Australia. The only previous human isolates have been one in each of 1964, 1989 and 1990. There was one isolate from a goat in 1981.

Salmonella Bovismorbificans

There was a cluster of cases of *S. Bovismorbificans* phage type 13 in South Australia over a 2-week period, reported in September. Cases were widely spread throughout South Australia and no common source was found.

Salmonella Brunei

Two isolates from pepper were received from New South Wales in September. This serotype is rare in Australia; the most recent isolates were one from a human source and one from scallops in 1990.

Salmonella Gatuni

There was one isolate from a 7 year old boy in Queensland in July. This is another serotype which is rare in Australia. There have been occasional isolates since

1973, and the most recent isolate was from a human source in 1987.

Salmonella Idikan

There was one isolate from a female patient in the ACT in July. This rare isolate was previously reported from treated effluent in February 1991.

Salmonella Isangi

In July, there was one isolate from a 2 year old girl in Queensland, and one isolate from effluent in New South Wales. This serotype is also rare in Australia. Only two isolates were recorded in 1990 - one from human source and one from marine sewage outfall.

Salmonella London

There was one isolate from a 12 year old girl in New South Wales in July. This was the second isolate of this rare serotype in 1991.

Salmonella Matopeni

There was one isolate from an infant girl in Western Australia in July. This serotype is rare in Australia and a human isolate has only been recorded once previously by the ASRL, in 1985. The most recent isolates from other sources were 4 from imported cooked prawns in 1988 and one from clam meat in 1989.

Salmonella Mikawasima

There was one isolate from a 37 year old man in Queensland in August. The last isolate of this serotype was from a human source in 1988.

Salmonella Paratyphi A

There was one isolate in August, from blood culture of a 47 year old man in New South Wales. The organism was cultured from the gall bladder following cholecystectomy.

Salmonella Rottnest

There were two isolates of this rare serotype from waters in South Australia. Previous isolates have been from human sources in 1986 and 1987, and from reptiles in 1973, 1979 and 1989.

Table 1. Origin of Salmonella cultures typed during July, August and September 1991

	NSW	NT	Qld	SA	Tas	Vic	WA	ACT	Malaysia	Singapore	Total
July	373	34	269	139	26	79	31	4	8	0	963
August	305	47	270	80	8	7	60	6	0	0	783
September	278	26	429	73	4	38	43	9	0	34	934
Total	956	107	968	292	38	124	134	19	8	34	2680

Salmonella Typhi

In July, there were two isolates from a 20 year old man in Queensland, and two isolates from a patient in Victoria. In August, there were three isolates: one from faeces of a woman in New South Wales who was the contact of a typhoid case, one from the bile of a 64 year old male chronic carrier in New South Wales, and one from blood culture of a 46 year old New South Wales man with a history of overseas travel. In September, isolates were received from blood and faeces of a 30 year old man in the Northern Territory.

Salmonella Typhi (j:z66 phase)

In July there was one isolate, from a 55 year old man in Queensland. The patient had recently been in Papua New Guinea. In September there was one isolate, from blood culture of a 24 year old woman in New South Wales.

Salmonella Wangata

There was one isolate from a 39 year old man in New South Wales in August and one isolate from a 1 year old girl in New South Wales in September. This serotype is rare in Australia. Previous isolates have been two from humans in 1978, two from beach water in 1988 and one from human sources in each of 1988, 1989 and 1990.

Phage Typing of Salmonella Typhimurium, Salmonella Bovismorbificans, Salmonella Heidelberg and Salmonella Enteritidis

The results of phage typing of Salmonella Typhimurium, Salmonella Bovismorbificans, Salmonella Heidelberg and Salmonella Enteritidis for the third quarter of 1991 are presented in Tables 2-5.

Table 2. Phage typing results for Salmonella Typhimurium, by source, July to September 1991

Phage Type	Human Isolates	Other Isolates	Comments	Phage Type	Human Isolates	Other Isolates	Comments
1	3	3		102	0	1	
4	4	1	Non-human was bovine, NSW	104	0	1	From Singapore
5	3	0		108	7	2	
6	0	10	8 from chicken(s)	120	0	1	From Singapore
8	8	3	'Other' were from Singapore	126	5	7	
9	26	6	Includes 1 human blood (Qld), 8 NSW, 9 SA	135	19	31	23 associated with chicken(s); 9 human isolates from NSW, 5 each from Qld and SA
12a	10	2	5 human isolates from Qld, 4 from SA	141	1	4	Human isolate from overseas
13	0	1		145	9	22	12 associated with chicken(s); 7 with turkey(s)
22	3	0	Qld	154	1	0	
25	0	5		168a	0	1	
26	0	1		170	3	0	
29	3	11	7 associated with chicken(s)	176	0	1	
41	1	5	Human isolate was from an aorta	179	5	14	14 associated with chicken(s), NSW
43	0	1		197	0	2	
44	7	39	37 associated with chicken(s)	201	2	0	
64	1	1		201a	1	0	
90	1	0		RDNC	9	12	Human isolates all from Qld
101	18	4	12 human isolates from SA, 5 from NSW	Untypable	3	70	

Table 3. Phage typing results for Salmonella Bovismorbificans, by source, July to September 1991

Phage Type	Human Isolates	Other Isolates	Comments	Phage Type	Human Isolates	Other Isolates	Comments
2	5	2		20	1	0	
6	1	13	All the non-human isolates from NSW	21	11	11	All the human isolates from NSW; 8 non-human from sheep, Vic
7	1	2		22	0	11	9 human isolates from NSW (1 urine), 9 from WA, 1 from ACT pleural aspirate). 53 non-human isolates from sheep, Vic
10	0	15	All from sheep, Vic	23	23	77	
11	8	0	7 from NSW, including 1 blood	24	5	5	
12	0	1		27	3	1	
13	18	7	14 human isolates from SA, 3 from Vic	RDNC	3	0	
14	17	25	Human isolates - 9 from NSW, 7 from Vic, including 2 blood	Untypable	2	4	
16	0	1					
19	1	0					

Table 4. Phage typing results for Salmonella Heidelberg, by source, July to September 1991

Phage Type	Human Isolates	Other Isolates	Comments
1	38	20	Human isolates - Qld 19, Vic 18 (6 from blood). 14 from effluent, NSW
2	1	0	
3	1	0	
4	8	0	All Qld
7	1	0	From overseas
Untypable	2	2	

Table 5. Phage typing results for Salmonella Enteritidis, by source, July to September 1991

Phage Type	Human Isolates	Other Isolates	Comments
4	3	2	
9a	1	0	
14b	1	0	
26	9	0	All Qld
RDNC	1	0	

Shigella and Yersinia Isolates, 1990

Shigella and *Yersinia* isolates typed by the ASRL during 1990 are presented in Tables 6 and 7.

Salmonellosis Notifications in South Australia

There were 27 human cases of salmonellosis notified in South Australia in July (1.8 cases per 100,000 population), 35 cases in August (2.43 cases per 100,000) and 25 cases in September (1.74 cases per 100,000)(Figure).

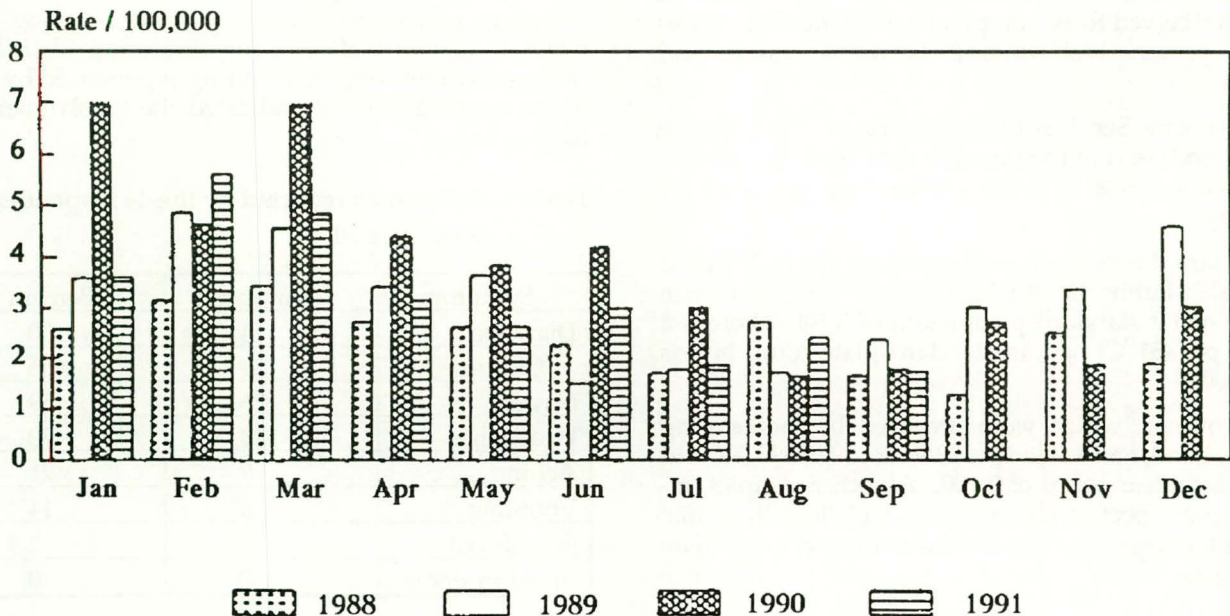
Table 6. *Shigella* human isolates, 1990

Species and type	Isolates	Comments
<i>boydii</i> 1	1	NT
<i>boydii</i> 2	1	overseas
<i>boydii</i> 3	1	overseas
<i>dysenteriae</i> 9	1	NT
<i>flexneri</i> type Y	2	NT (urine), SA
<i>flexneri</i> type 2a	56	22 NT (1 blood), 5 Qld, 18 SA
<i>flexneri</i> type 3a	1	Qld
<i>flexneri</i> type 4a	8	6 NT, 2 SA
<i>flexneri</i> type 4a (mannitol negative variant)	2	NT
<i>flexneri</i> type 6	12	NT 5, SA 5, Qld 1, Tas 1
<i>sonnei</i> biotype a	104	NT 62, SA 17, Qld 17, NSW 8
<i>sonnei</i> biotype d	1	SA
<i>sonnei</i> biotype f	3	SA
<i>sonnei</i> biotype g	12	SA 4, NT 1, NSW 1, Qld 2, overseas 4

Table 7. *Yersinia* isolates, by source, 1990

Species and type	Human isolates	Other Isolates	Comments
<i>enterocolitica</i> O N/T biotype N/T	1	0	Qld
<i>enterocolitica</i> O N/T biotype 1	1	3	Human isolate from SA; others were pasteurised cream and pate
<i>enterocolitica</i> O N/T biotype 3	2	0	SA
<i>enterocolitica</i> O1/2,3 biotype 1	0	1	
<i>enterocolitica</i> O3 biotype N/T	8	0	All SA
<i>enterocolitica</i> O3 biotype 3	6	1	SA 5, including 1 blood
<i>enterocolitica</i> O3 biotype 4	50	0	Qld 23, SA 26, NSW 1
<i>enterocolitica</i> O3 biotype 4a	1	0	SA
<i>enterocolitica</i> O3 biotype 5	0	1	

Figure. Salmonellosis notifications per 100,000 population in South Australia, 1988-1991, by month



FOOD POISONING AT A MELBOURNE CUP LUNCHEON

(Cleve Maher, District Environmental Health Officer, ACT Board of Health)

Approximately 85 people were reported to have suffered from food poisoning following a Melbourne Cup luncheon on the first Tuesday in November 1991.

Office staff in a Canberra suburb had arranged an outdoor luncheon and engaged a caterer to serve a meal from shortly after 12 noon.

An estimated 140-150 persons were served. The menu included a choice of any or all of:

- beef curry and rice
- spring rolls
- wontons
- a curry puff.

The beef curry and rice had been precooked separately in large pots the previous day, and then allowed to cool to room temperature.

The rice had been refrigerated, still in the large pots, but the boiler containing the beef curry would not fit in the refrigerator and was stood overnight in a sink with cold water around it.

At 9.30am the beef curry was reheated for about an hour in the large container and then transported to the luncheon venue in cardboard boxes.

The spring rolls, wontons and curry puffs were previously prepared and frozen, and then cooked at the function.

The catering staff ate some of the food prior to 12 noon and began serving the luncheon party at about 12 o'clock. None of the catering staff reported any illness.

Late morning on the following day the Public and Environmental Health Service of the ACT Board of Health received three complaints advising that a number of persons had suffered diarrhoea, cramps and nausea.

Officers of the Service called on the caterer. While none of the food used at the function remained, the officers obtained samples of some similar food prepared for that day.

These samples of food were tested by the ACT Board of Health Public Health Laboratory. One lot of rice (24°C) had a standard plate count of 8,100 whereas a hotter pot (51°C) had a standard plate count of less than 100.

The wontons, which were prepared by the catering staff by hand, had a standard plate count of 590,000 and a *Bacillus cereus* count of 2,100. All other samples, including the beef curry and rice, had 'less than 100' counts for *Staphylococcus*, *Bacillus cereus* and *Clostridium perfringens*.

At the time of the food sampling, an endeavour was made to distribute questionnaires to all those who had attended the luncheon, whether affected or not. A total of 120 forms were distributed, and it is understood that additional copies were photocopied. A total of 58 completed questionnaires were returned (response rate of about 45%). They were biased towards respondents who had been sick.

The questionnaires were processed on the Service's 'Epi Info' computer programme. Foods consumed, time of onset of attack, symptoms and other relevant information were analysed.

The 44 respondents who were ill had eaten beef curry/rice. There were 5 respondents who ate beef curry/rice and were not ill. Of those, 4 were served between 12 noon and 12.20pm, that is, straight after the catering staff (who did not become ill) had eaten. The fifth respondent had a very small amount at 1 pm.

The symptoms nominated by affected persons are detailed in Table 1.

The mean incubation period was 11.2 hours, and the median was 11 hours.

Although it was not possible to identify precisely the cause of the food poisoning, the information gathered in the food handling methods cast suspicion on the beef curry and rice, and the wontons showed some *B. cereus* contamination. It was hypothesised that the primary cause of the food poisoning was *Clostridium perfringens* with the possibility that *Bacillus cereus* contamination was also involved.

The hypothesis was based on the symptoms and other characteristics reported for *Bacillus cereus* and *Clostridium perfringens* food poisoning¹ (Table 2). The major symptom pattern (diarrhoea without vomiting at a mean of 11 hours after eating) indicated *Clostridium perfringens*, however, the vomiting experienced by 14% of the respondents also indicated the involvement of *Bacillus cereus*.

Table 1. Symptoms reported by the 44 respondents who were ill

Symptom	Number	Percent
Diarrhoea	44	100
Cramps	29	66
Nausea	26	59
Headaches	13	30
Aching	9	21
Vomiting	6	14
Sore throat	1	2.3
Blood in stools	0	0

Table 2. Characteristics of *Bacillus cereus* and *Clostridium perfringens* food poisoning

Characteristic	<i>Bacillus cereus</i> food poisoning	<i>Clostridium perfringens</i> food poisoning
Symptoms	Nausea and vomiting or colic and diarrhoea	Colic, diarrhoea, nausea common Vomiting, fever usually absent
Incubation period	1 to 6 hours for vomiting 6 to 24 hours for diarrhoea	Range from 6 to 24 hours, usually 10 to 12 hours
Problems	Food stored at ambient temperature after cooking. The organisms can survive boiling and multiply rapidly at room temperature.	Food contaminated by soil or faeces and then held at temperatures which permit multiplication of the organism. Almost all outbreaks have been associated with inadequately heated or reheated food, usually stews, meat pies and gravy made from beef, turkey or chicken.

Conclusion

The cause of the food poisoning outbreak was identified as a breakdown in hygiene, involving time/temperature storage of beef curry and/or rice. Major contributing factors were the lack of basic hygiene knowledge of the catering management and staff, and the use of large cooking containers, which cooled slowly and allowed the incubation of food poisoning microorganisms.

Intensive follow-up inspections and education of the catering management and staff have been undertaken

to try to redress the causative conditions of this food poisoning incident. Following a detailed inspection of the premises by the Environment Health Officers of the Public and Environmental Health Service, major structural improvements to the kitchen of the premises were to be undertaken in January 1992.

Reference

1. Benenson AS (Ed) *Control of Communicable Diseases in Man*, 15th Edition. American Public Health Association. Washington 1990.

AUSTRALIAN ENCEPHALITIS: SENTINEL CHICKEN SURVEILLANCE PROGRAMME

(J S Mackenzie¹, A K Broome¹, J Aldred², L Hueston³ and A L Cunningham³)

Australian encephalitis (AE) is a severe epidemic disease of northern and eastern Australian and Papua New Guinea. It is caused by Murray Valley encephalitis (MVE) virus, and occasionally by Kunjin virus, two mosquito-borne flaviviruses of the West Nile-Japanese encephalitis antigenic subgroup. The most recent major epidemic occurred in 1974 with 58 cases between January and May of that year in all mainland States, resulting in 13 fatalities. Since 1974 there have been 37 cases of AE: 24 in Western Australia, 7 in the Northern Territory, 5 in Queensland, and 1 in Victoria. Results of epidemiological and serological studies have indicated that MVE is endemic in the Kimberley region of Western Australia and possibly in other parts of Northern Australia, but there has been no evidence of MVE activity in New South Wales, Victoria or South Australia since 1974. Kunjin virus, however, appears to have

a different epidemiological pattern in that evidence of virus activity, including human infections, has been observed on a number of occasions in the Pilbara region of Western Australia and in eastern Australia over the past 15 years. Kunjin virus may also be associated more frequently with a polyarticular syndrome than with encephalitis. Two other closely related flaviviruses, Kokobera and Alfuy, have also been associated with a relatively mild polyarticular infection.

Since the 1974 epidemic, a number of sentinel chicken flocks have been established in south-east and north-west Australia to provide an early warning of increased flavivirus activity. This was undertaken initially through the National Disease Control Programme, but has been supported by individual State health departments since 1986. Each State has a contingency plan which will be triggered by one or more chickens in a flock seroconverting to MVE. Currently, 24 flocks are maintained in Western Australia (Figure 1), 6 in New South Wales (Figure 2) and 10 in Victoria (Figure 3). In Western Australia there are 12 birds in each flock and

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sera are collected fortnightly from November to June, and monthly at other times. In New South Wales and Victoria there are 15 and 20 birds in each flock respectively, and sera are collected weekly from November to March only, although the collection and testing of sera may be extended into April if there are indications of a high risk season.

A sentinel chicken programme had been established in South Australia but has been discontinued for 1991-92. Sentinel chicken flocks have not been employed for flavivirus surveillance in either the Northern Territory or Queensland. However, as a part of the Northern Australian Quarantine Strategy (NAQS), chicken flocks are maintained at various sites in the north of the Northern Territory and in Cape York, and it is hoped that sera from these flocks will be made available for

flavivirus surveillance. This will also allow a better understanding and definition of the areas of MVE endemicity. Collaboration with the NAQS programme is already well established in Western Australia.

Results from the sentinel chicken programmes in Western Australia, Victoria and New South Wales will be reported on a monthly basis in *CDI*. To early January, no seroconversions had been recorded in either Victoria or New South Wales, but 6 of 12 chickens at Kununurra in Western Australia seroconverted to MVE in the period between September and early January, prompting a Health Department warning of possible increased flavivirus activity in that part of the Kimberley.

Figure 1. Location of sentinel chicken monitoring sites in Western Australia, 1991-92

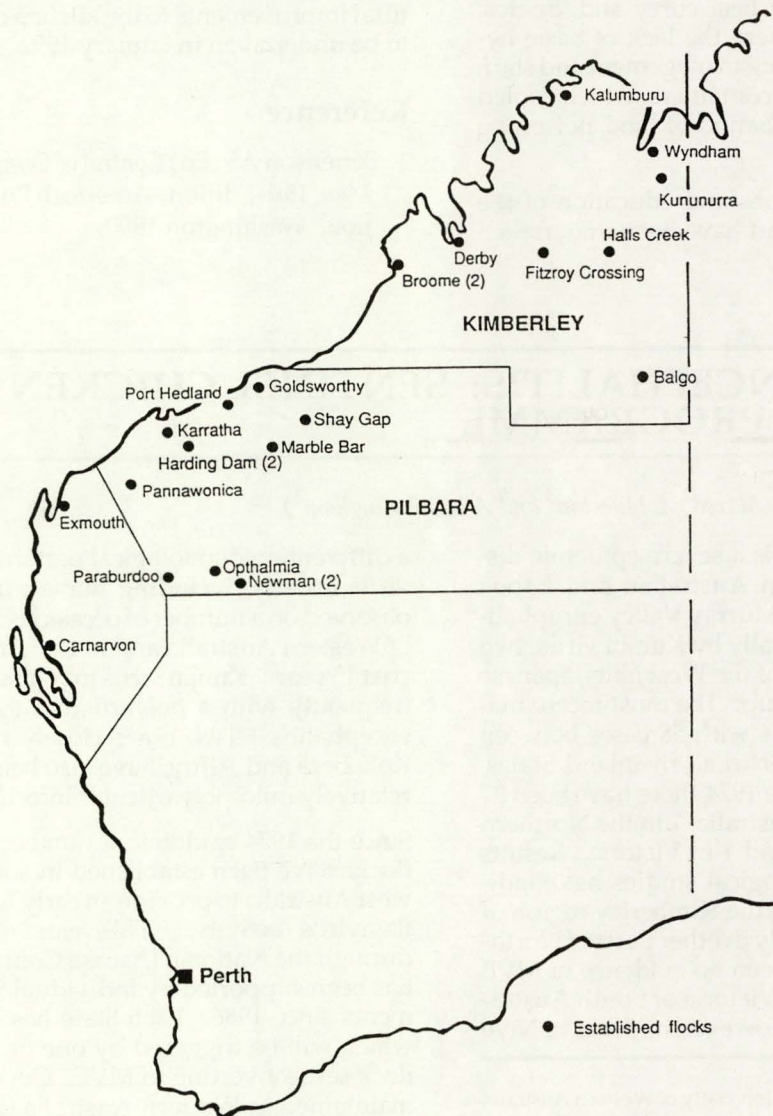


Figure 2. Location of sentinel chicken monitoring sites in Victoria, 1991-92

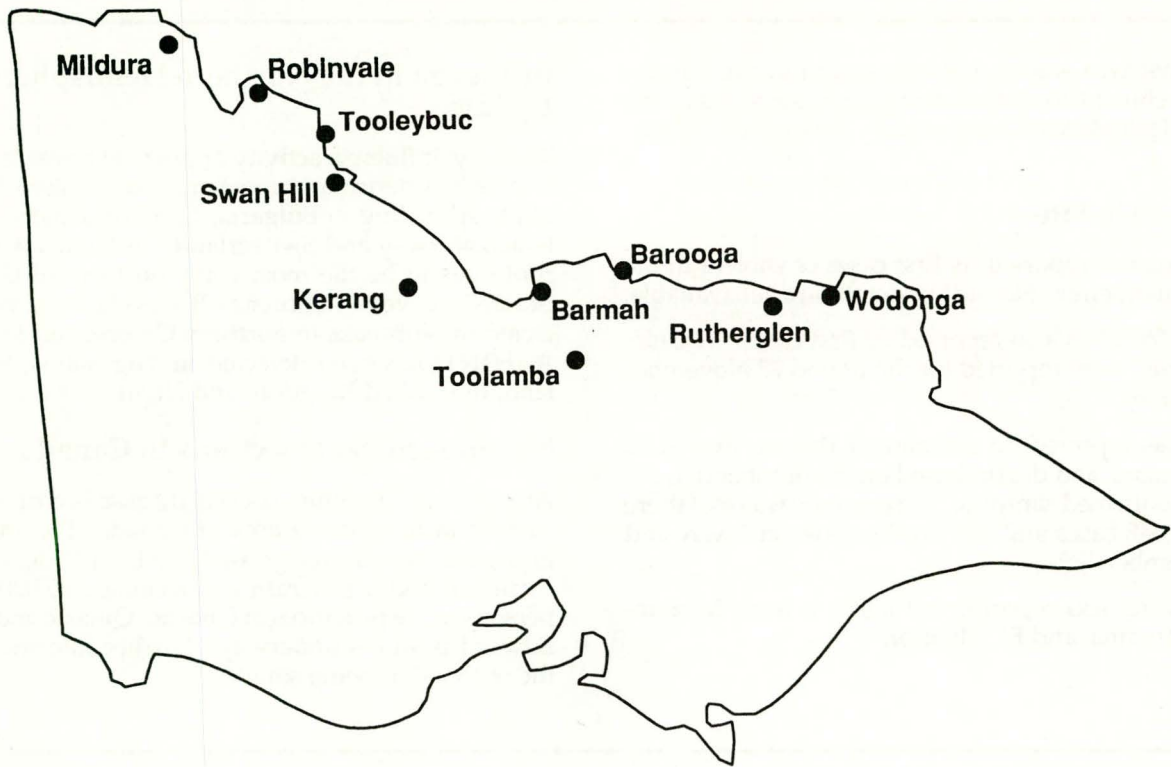
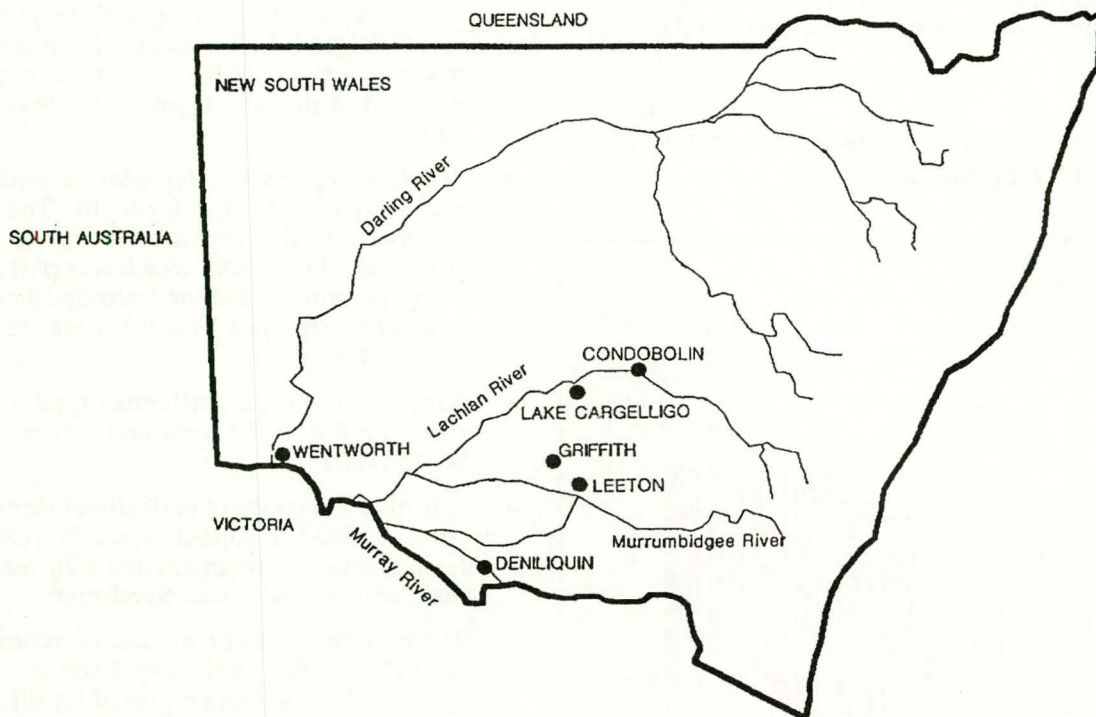


Figure 3. Location of sentinel chicken monitoring sites in New South Wales, 1991-92



OVERSEAS BRIEFS

In the last two weeks, the following information regarding cholera and influenza has been supplied by the World Health Organization and by the Institut Pasteur, Paris.

Cholera Update

Argentina has reported its first cases of cholera in the current pandemic. No further details are yet available.

South Africa has also reported its first cases: 12 cases (no deaths) were reported for the period 27 November to 9 January.

Nepal has reported an estimate of the number of its cholera cases, and deaths based on the number of laboratory-confirmed samples. The estimate was that there were 30,648 cases and 873 deaths between 1 May and 30 September 1991.

Cases were also reported for January from Mozambique, Panama, and El Salvador.

Influenza in the Northern Hemisphere Update

Recently, influenza activity appears to have decreased in North America and most areas of western Europe, but is spreading in Bulgaria, Czechoslovakia, Greece, Israel, Norway and Switzerland. Influenza A (H2N3) continues to be the most common form of the virus isolated, however, influenza B was the only virus detected in outbreaks in northern Greece, and influenza A (H1N1) has been detected in Yugoslavia, Switzerland, the United Kingdom and Japan.

Meningococcal Infections in Canada

An outbreak of meningococcal disease is currently occurring in the Ottawa area of Canada. The causative group is believed to be group C. At least 13 deaths have occurred, and a program to vaccinate 400,000 young persons in the provinces of Ontario, Quebec and Prince Edward Island is underway. Further information on the outbreak is being sought.

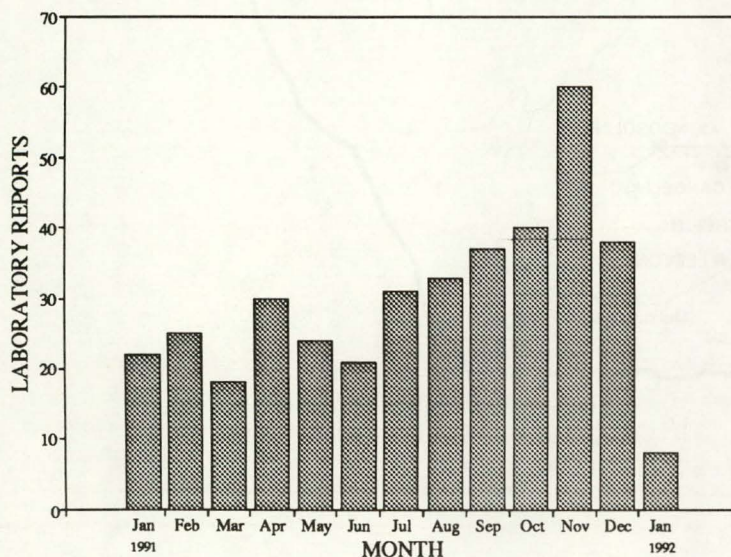
COMMUNICABLE DISEASES SURVEILLANCE

- Twenty-one reports of **Ross River virus** infection were received this fortnight. There were 4 from South Australia, 2 from Victoria (Dalkeith and High Wycombe), 2 from Rockhampton, one from Casuarina in the Northern Territory, and 12 from Western Australia (Busselton (4), Bayswater, Capel, Gelorup, Falcon, Greenbushes, Kalamunda,

Mandurah and Padbury). All the patients had onset of symptoms in December or January.

- **Dengue-1** was reported in one patient, a 44 year old male from Western Australia who had recently been on a South Pacific cruise. The patient is the one who was reported as having diphtheria in the last issue of *CDI* (16:37). The dengue diagnosis was made as a result of the viral screening that was part of the investigations made on this patient.
- Fourteen reports of *Mycoplasma pneumoniae* were received this fortnight. The peak in reports of this organism seems to have passed for this season, which was part of an inter-epidemic period for Australia; the peak which occurred last November was of only 60 reports (Figure 1).
- Nine reports of **parainfluenza type 3** were received: 8 from Victoria and 1 from New South Wales.
- A further 24 reports of **varicella-zoster virus** were received. Included was a 27 year old female who was pregnant and a 76 year old male with Ramsay Hunt Syndrome.
- There were 3 further reports of **echovirus type 17** infection, including 2 reports from Victoria, the first cases reported for this outbreak from outside New South Wales and the ACT. The Victorian patients were males

Figure 1. *Mycoplasma pneumoniae* reports, January 1991 to January 1992, by month



aged 12 years and 22 years; the New South Wales patient was a 6 day old male. Meningitis was the syndrome reported for all three patients.

- Two cases of **echovirus type 4** infection were also reported, the first since August 1990. One patient was a 2 month old male with meningitis and the other was a one year old female with respiratory symptoms and general malaise. Both were reported by Fairfield Hospital in Melbourne.
- There was also a report of meningitis caused by **echovirus type 15**, the first report of this virus since December 1990. The patient was a 3 month old female from Victoria. The virus was isolated from saliva, faeces and nasopharyngeal specimens.
- **Rubella** was reported in 7 patients. Included were a female aged 41 years and a female aged 14 years whose step-mother was pregnant.
- **Parvovirus** was reported in 11 patients. Aplastic anaemia was being investigated for one female patient. The syndromes reported for the other patients were rash, polyarthritis and fever.
- Three reports of **hepatitis D** were received. The patients were all males, aged 28, 35 and 50 years. Diagnosis was by detection of total anti-delta antibody.
- **Herpes virus** identifications this fortnight included an infant with CNS symptoms (virus identified in the CSF by PCR), a 3 year old female with encephalitis (type 1), a 38 year old pregnant female (type 2), and 4 isolates of type 1 in immunosuppressed patients (2 post-transplant and 2 HIV positive).
- There were 67 reports of **cytomegalovirus** infection. Encephalitis was the reported syndrome for a 5 month old male and a one year old patient (sex not reported). Congenital infection was reported in a 2 month old male and for a sample of products of conception, and further isolates were from urine samples of a 2 month old premature male and a

nine month old female. A pregnant female aged 22 was also diagnosed with this virus this fortnight.

- There were 2 reports of **toxoplasmosis**. The first was a serological detection in a 27 year old female with an anencephalic baby. The second was in a HIV positive 25 year old male. The parasite was isolated from a sample of his leukocytes.
- There were 5 reports of **Q fever** during this reporting period: 3 from New South Wales and 2 from South Australia. The patients from South Australia had not been vaccinated against the disease.

The Australian Sentinel Practice Research Network (1992)

The Australian Sentinel Practice Research Network (ASPREN) has expanded from 56 practices to 75 practices (Table 1, Figure 2) since it started collecting data in February 1991.

The ASPREN Management Committee met in November 1991 and selected the diseases to be monitored in 1992. It was decided to continue measuring the incidence of influenza, mumps, measles, rubella, pertussis, naevi and asthma. (The case definitions for these conditions appeared in *CDI* 15:107-109). Several new conditions were chosen, as listed below, with their surveillance case definitions.

Influenza immunisation

Prophylactic influenza immunisation.

Tetanus immunisation

Prophylactic immunisation with tetanus toxoid, triple antigen (diphtheria-tetanus-pertussis vaccine - DTP) or diphtheria-tetanus vaccine (CDT or ADT). Notify once only for each primary course or booster.

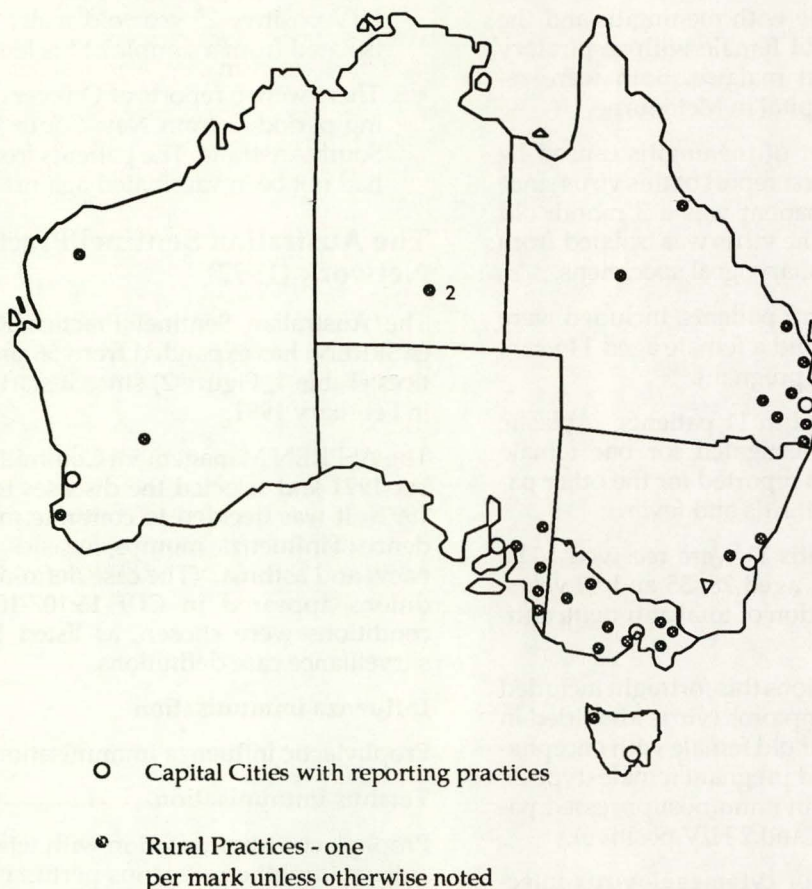
Genital herpes

Small genital vesicles with characteristic appearance which evolve into painful ulcers and scabs. Notify once for primary attack only.

Table 1. Geographical Locations of ASPREN recorders, February 1992

State or Territory	Number of Recorders in the Capital City	Number of Recorders in Rural Areas
New South Wales	10	2
Victoria	7	8
Queensland	9	9
South Australia	15	5
Western Australia	3	3
Tasmania	1	1
Northern Territory	0	2
Total	45	30

Figure 2. Australian Sentinel Practice Research Network 1992 - location of reporting practices



Solar keratosis

Characteristic keratotic skin lesion. Record for each consultation at which this condition is addressed.

Gastroenteritis

Intestinal disease - presumed or proven to be infective in origin.

These definitions (except that for gastroenteritis) are derived from the *International Classification of Health Problems in Primary Care* (third edition) prepared by the Classification Committee of the World Organization of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians, in collaboration with the World Health Organization.

The total number of conditions monitored by each recorder has been kept at 12. The major challenge of

Table 2. Australian Sentinel Practice Research Network, Weeks 1 to 3, 1992*

Condition	Week 1, to 5 January 1992		Week 2, to 12 January 1992		Week 3, to 19 January 1992	
	Reports	Rate per 1000 encounters	Reports	Rate per 1000 encounters	Reports	Rate per 1000 encounters
Influenza	6	1.38	12	1.91	8	1.46
Measles	3	0.69	0	0	0	0
Mumps	0	0	0	0	1	0.18
Rubella	2	0.46	3	0.48	1	0.18
Pertussis	0	0	1	0.16	1	0.18
Genital herpes	2	0.46	6	0.95	1	0.18
Gastroenteritis	0	0	0	0	0	0

the Network at present is to increase the number of participants, particularly in poorly represented areas such as Tasmania, Western Australia and the Northern Territory.

Starting with the 1992 data, selected weekly ASPREN data are presented in this section of *CDI* (Table 2), as the number of reports and the rate of reports per 1000 encounters. For the week ending 5 January, there were 4358 encounters, for the week ending 12 January, there were 6286 encounters, and for the week ending 19 January, there were 5494 encounters.

National Notifiable Diseases Reports

The publication of the National Notifiable Diseases Reports in *CDI* has been changed for the 1992 data. Notifications will now usually be published in each issue, and cover a 2-week reporting period, rather than a 4-week period.

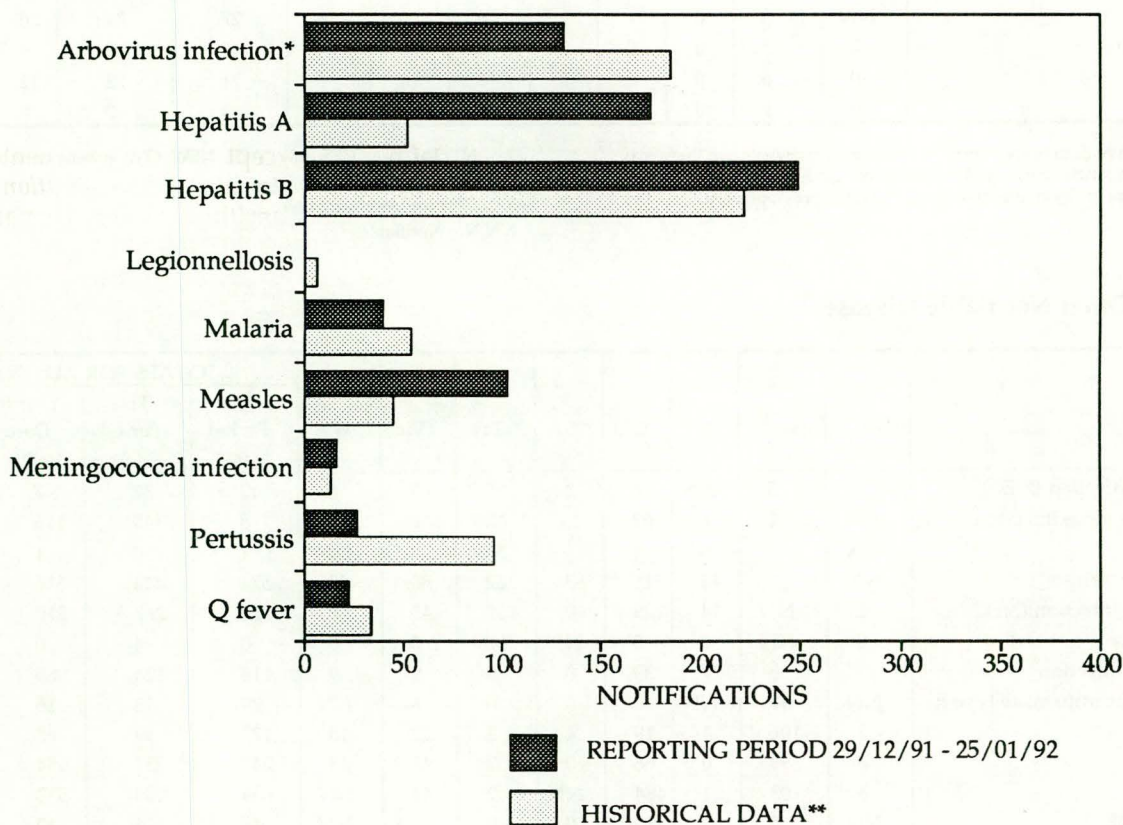
The presentation of the data has also been changed, with the division of the notifiable diseases into 3 groups. The first group is the 7 diseases preventable by vaccines recommended by the NHMRC for routine childhood immunisation (diphtheria, measles, mumps, pertussis, poliomyelitis, rubella and tetanus). The second is a group of 26 diseases which are not included in

the first group, and are not reported only rarely. The third group is 11 diseases which are not included in the first group, and which are rarely reported - botulism, brucellosis, chancroid, cholera, hydatid disease, leprosy, lymphogranuloma venereum, plague, rabies, yellow fever and the other viral haemorrhagic fevers. Fewer than 50 notifications of any of these diseases have been made in any year in the last 5 years.

Notifications of diseases in the first and second groups are presented as Tables 3 and 4 in this issue of *CDI*. These tables now include the notifications made in each of the States and Territories for the period, and Australian totals for the number of notifications made for the period and for the year to date (based on those notified in reporting periods ending in 1992). Also included are Australian totals for comparable data from the previous year (where available), for the corresponding reporting period and for the year to date.

Notifications of diseases in the third group will now only be tabulated by State and Territory annually. Each issue of *CDI* will, however, contain a table listing any notifications made during the reporting period, the States and Territories reporting the notifications, and the total notifications for the year to date for Australia (Table 5 in this issue of *CDI*).

Figure 3. National Notifiable Diseases Reports, 29 December 1991 to 25 January 1992 and historical data**



*Includes Ross River virus and Dengue

**The Historical data are the averages of the number of notifications in 6 previous 4-week reporting periods: the corresponding periods of the last 2 years and the periods immediately preceding and following those.

CDI Laboratory Reporting Schemes

Changes to the publication of data for the *CDI* Laboratory Reporting Schemes have also been made with this issue of *CDI*. The data were previously presented in four tables, listing organism identifications by State or Territory of reporting laboratory, by the individual reporting laboratories, and by two groups of clinical information categories.

These four tables have been reduced to two main tables (Tables 6 and 7 in this issue of *CDI*). The first lists the organisms identified by State or Territory of reporting laboratory, and will include totals for all laboratories for the year to date (based on date of report), and comparable historical data.

The second lists the organisms against a reduced number of clinical information categories to enable all the

clinical information to be included in the one table. Some of the previous syndrome categories of lesser clinical importance have been combined with the 'other/unknown' category.

The format of both these tables has been further changed by grouping the organisms into categories, based variously on epidemiological, clinical and taxonomic grounds, and by including them in the desktop publishing process.

A third table (Table 8) lists the total reports contributed by each reporting laboratory this fortnight.

Although they are not to be published from now on, the tables in the old format are still available. Please contact us at the address on the front page if you are interested in continuing to receive them.

National Notifiable Diseases Surveillance Reports 29 December 1991 to 25 January 1992

Table 3. Diseases preventable by vaccines recommended by the NHMRC for routine childhood immunisation

DISEASES	ACT	NSW ³	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA			
									This Period 1992	This Period 1991	Year to Date 1992 ¹	Year to Date 1991
Diphtheria	0	0	0	0	0	0	0	0	0	1	0	0
Measles	8	48	0	15	15	1	9	7	103	56	48	40
Mumps	NN	0	NN	NN	NN	NN	0	NN	0	NN	0	NN
Pertussis	NN	6	0	11	2	0	0	8	27	31	20	30
Poliomyelitis	0	0	0	0	0	0	0	0	0	0	0	0
Rubella ²	0	6	0	6	5	0	4	0	21	22	12	21
Tetanus	0	1	0	NN	0	0	0	0	1	0	0	0

1. 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

3. Data for December 1991.
NN Not Notifiable.

Table 4. Other Notifiable Diseases¹

DISEASES	ACT	NSW ¹⁰	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA			
									This Period 1992	This Period 1991	Year to Date 1992 ^{2,11}	Year to Date 1991
Arbovirus infection (NEC) ³	0	5	NN	4	1	0	2	0	12	32	7	27
Ross River virus infection	NN	1	6	62	-	NN	6	43	118	149	116	107
Dengue	NN	-	0	1	-	NN	0	NN	1	0	1	0
Campylobacteriosis ⁴	NN	-	13	311	63	62	80	45	574	443	516	386
Chlamydial infection (NEC) ⁵	2	NN	14	229	0	32	43	0	320	267	310	246
Donovanosis	0	NN	0	0	NN	NN	0	0	0	4	0	4
Gonococcal infection ⁶	1	33	27	39	0	0	9	9	118	124	85	99
Haemophilus influenzae type b ⁷	NN	13	NN	10	0	0	6	NN	29	18	16	16
Hepatitis A	2	106	1	19	4	3	22	18	175	59	65	58
Hepatitis B	0	93	0	68	0	2	43	43	249	237	154	200
Hepatitis C	5	103	1	484	NN	2	44	NN	639	180	533	146
Hepatitis (NEC)	NN	5	0	39	0	0	1	NN	45	4	40	5
HIV infection ⁸	6	0	0	0	0	0	0	0	6	1	6	1
Legionellosis	NN	1	0	0	0	0	0	0	1	5	0	2
Leptospirosis	0	2	0	1	0	0	5	0	8	3	6	2

Table 4. Other Notifiable Diseases¹, continued

DISEASES	ACT	NSW ¹⁰	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA			
									This Period 1992	This Period 1991	Year to Date 1992 ^{2,11}	Year to Date 1991
Legionellosis	NN	1	0	0	0	0	0	0	1	5	0	2
Leptospirosis	0	2	0	1	0	0	5	0	8	3	6	2
Listeriosis	NN	2	NN	0	NN	0	0	0	2	2	0	3
Malaria	6	10	0	17	2	0	2	3	40	48	29	39
Meningococcal infection	2	7	2	0	2	1	1	2	17	27	10	23
Ornithosis	0	NN	0	0	0	0	1	0	1	0	1	1
Q fever	0	11	0	12	0	0	0	0	23	19	12	19
Salmonellosis (NEC)	4	55	21	179	20	14	22	54	369	379	298	300
Shigellosis ⁴	0	-	0	8	9	0	3	16	42	48	41	43
Syphilis	2	41	35	50	0	0	1	6	135	151	94	128
Tuberculosis	0	30	0	11	2	0	0	2	45	23	15	24
Typhoid ⁹	0	4	0	1	0	0	0	0	5	5	1	3
Yersiniosis ⁴	NN	-	4	31	5	0	0	0	40	35	38	30

1. For rarely notified diseases, see Table 5.

2. Cumulative figures are subject to retrospective revision so there may be discrepancies between the number of notifications and the increment in the cumulative figure from the previous period.

3. NSW and SA: includes Ross River virus and dengue.

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

5. ACT: trachoma only.

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

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

8. More complete data on new diagnoses of HIV infections are presented in the monthly *Australian HIV Surveillance Report*. ACT: AIDS only.

9. NSW and Vic: includes paratyphoid.

10. Data for December 1991.

11. NSW data not included.

NN Not Notifiable.

NEC Not Elsewhere Classified.

- Elsewhere Classified.

Table 5. Rarely Notified Diseases¹

DISEASES	Total this period	Reporting States or Territories	Total for 1992 to Date
Botulism			0
Brucellosis			0
Chancroid			0
Cholera			0
Hydatid infection			0
Leprosy	2	WA	2
Lymphogranuloma venereum	1	Vic	1
Plague			0
Rabies			0
Yellow fever			0
Other viral haemorrhagic fevers			0

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

Table 6. Laboratory reports by State or Territory of reporting laboratory for the reporting period (15 January to 28 January 1992), historical data¹ and total reports for the year

	STATE OR TERRITORY OF REPORTING LABORATORY							Total This Period	Historical Data ¹	Total Reported This Year
	ACT	NSW	Qld	SA	Tas	Vic	WA			
MEASLES, MUMPS, RUBELLA										
Measles virus		1		6		5	2	14	13.0	38
Rubella virus			2	1		1	3	7	21.8	42
HEPATITIS VIRUSES										
Hepatitis A virus	1	1		1				3	15.2	46
Hepatitis B virus		19	32	6		9	9	75	117.0	293
Hepatitis C virus			4	45	4		31	84	4.2	231
Hepatitis D virus			3					3	.2	3
ARBOVIRUSES										
Ross River virus			2	4		2	13	21	16.5	41
Dengue type 1							1	1	.0	1
ADENOVIRUSES										
Adenovirus type 1		1						1	8.2	19
Adenovirus type 2		1						1	9.3	21
Adenovirus type 3						1		1	12.3	8
Adenovirus type 5						1		1	2.5	5
Adenovirus type 7						1		1	.5	3
Adenovirus type 9		1				2		3	.2	3
Adenovirus type 22						1		1	.2	1
Adenovirus type 28						1		1	.2	2
Adenovirus type 30						2		2	.5	3
Adenovirus type 40		1						1	.0	3
Adenovirus not typed/pending		6	6	5		4	2	23	35.3	130
HERPES VIRUSES										
Herpes simplex virus type 1		21	52	27	1	36	39	176	137.7	526
Herpes simplex virus type 2		35	27	26	2	32	74	196	184.7	643
Herpes simplex not typed/pending	2	22				2	2	28	76.0	108
Cytomegalovirus	1	16	13	4	1	28	4	67	60.7	286
Varicella-zoster virus	2	7	2	1		4	8	24	21.3	94
Epstein-Barr virus		15	13	21		2	4	55	45.5	214
Herpes virus group - not typed	1						3	4	11.0	15
OTHER DNA VIRUSES										
Papovavirus group		1						1	.3	6
Molluscum contagiosum			3					3	.0	4
Parvovirus						11		11	.0	22
PICORNA VIRUS FAMILY										
Coxsackievirus B2							1	1	2.8	1
Coxsackievirus B3							1	1	2.3	3
Coxsackievirus B4	1						1	2	4.7	4
Coxsackievirus B5						1	1	2	1.3	12
Echovirus type 4						2		2	.2	2
Echovirus type 9		2						2	.7	3
Echovirus type 15						1		1	.2	1
Echovirus type 16						1		1	.0	2
Echovirus type 17		1				2		3	.0	9
Enterovirus not typed/pending		2	13			1	15	31	27.3	131
Poliovirus type 1 (uncharacterised)				1				1	2.5	7
Poliovirus type 2 (uncharacterised)		2						2	2.0	11

Table 6. Laboratory reports by State or Territory of reporting laboratory for the reporting period (15 January to 28 January 1992), historical data¹ and total reports for the year, continued

	STATE OR TERRITORY OF REPORTING LABORATORY							Total This Period	Historical Data ¹	Total Reported This Year
	ACT	NSW	Qld	SA	Tas	Vic	WA			
Rhinovirus (all types)		2	5	2	1	24	1	35	24.0	114
ORTHO/PARAMYXOVIRUSES										
Influenza A virus		1		4			2	7	3.0	16
Influenza B virus				1			1	2	2.2	19
Parainfluenza virus type 1				1		1	2	4	3.0	14
Parainfluenza virus type 2				1				1	2.0	7
Parainfluenza virus type 3		1				8		9	25.7	76
Parainfluenza virus typing pending						4		4	1.0	11
Respiratory syncytial virus		1	3	2	11	1	3	21	8.2	84
OTHER RNA VIRUSES										
Rotavirus		5	18	11	2	2	8	46	28.3	220
Coronavirus		1						1	.2	7
Calici virus		2						2	1.2	5
Small virus (like) particle						1		1	1.8	5
OTHER										
<i>Chlamydia trachomatis</i> (unspecified)	4	20	2	10	3	1	53	93	138.2	376
<i>Chlamydia psittaci</i> (ornithosis)		1		2				3	2.2	17
<i>Mycoplasma pneumoniae</i>		4		5		2	3	14	22.2	80
<i>Coxiella burnetii</i> (Q fever)		3		2				5	6.7	23
TOTAL	12	197	200	189	25	197	287	1,106	1,107.8	4,072

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 two years and the periods immediately preceding and following those.

Table 7. Laboratory reports by clinical information for the reporting period (15 January to 28 January 1992)

	Encephalitis	Meningitis	Other CNS	Congenital	Respiratory	Gastrointestinal	Hepatic	Skin	Eye	Muscle/joint	Genital	Other/Unknown	Total
MEASLES, MUMPS, RUBELLA													
Measles virus								12				2	14
Rubella virus								3		2		2	7
HEPATITIS VIRUSES													
Hepatitis A virus							2					1	3
Hepatitis B virus							38					37	75
Hepatitis C virus							4					80	84
Hepatitis D virus							3						3
ARBOVIRUSES													
Ross River virus										15		6	21
Dengue type 1												1	1
ADENOVIRUSES													
Adenovirus type 1												1	1
Adenovirus type 2						1							1
Adenovirus type 3									1				1
Adenovirus type 5					1								1
Adenovirus type 7									1				1

Table 7. Laboratory reports by clinical information for the reporting period (15 January to 28 January 1992), continued

	Encephalitis	Meningitis	Other CNS	Congenital	Respiratory	Gastrointestinal	Hepatic	Skin	Eye	Muscle/joint	Genital	Other/Unknown	Total
Adenovirus type 9						2			1				3
Adenovirus type 22						1							1
Adenovirus type 28								1					1
Adenovirus type 30						2							2
Adenovirus type 40						1							1
Adenovirus not typed/pending					7	14			1			1	23
HERPES VIRUSES													
Herpes simplex virus type 1					5			112	10		39	10	176
Herpes simplex virus type 2					2			65		1	118	10	196
Herpes simplex not typed/pending	1		1					11	2		4	9	28
Cytomegalovirus	2			4	12				5		1	43	67
Varicella-zoster virus	1		1		2			18				2	24
Epstein-Barr virus					6		1	18				45	55
Herpes virus group - not typed								3				1	4
OTHER DNA VIRUSES													
Papovavirus group												1	1
Molluscum contagiosum								2				1	3
Parvovirus								6				5	11
PICORNA VIRUS FAMILY													
Coxsackievirus B2												1	1
Coxsackievirus B3												1	1
Coxsackievirus B4		1					1						2
Coxsackievirus B5		1										1	2
Echovirus type 4		1			1								2
Echovirus type 9						1		1					2
Echovirus type 15		1											1
Echovirus type 16												1	1
Echovirus type 17		3											3
Enterovirus not typed/pending		5	2		5	7	1	1	1			9	31
Poliovirus type 1 (uncharacterised)												1	1
Poliovirus type 2 (uncharacterised)						2							2
Rhinovirus (all types)					28	2						5	35
ORTHO/PARAMYXOVIRUSES													
Influenza A virus					6							1	7
Influenza B virus					2								2
Parainfluenza virus type 1					4								4
Parainfluenza virus type 2					1								1
Parainfluenza virus type 3					9								9
Parainfluenza virus typing pending					4								4
Respiratory syncytial virus					19							2	21
OTHER RNA VIRUSES													
Rotavirus					1	34						11	46
Coronavirus						1							1
Calici virus						2							2
Small virus (like) particle						1							1

Table 7. Laboratory reports by clinical information for the reporting period (15 January to 28 January 1992), continued

	Encephalitis	Meningitis	Other CNS	Congenital	Respiratory	Gastrointestinal	Hepatic	Skin	Eye	Muscle/joint	Genital	Other/Unknown	Total
OTHER													
<i>Chlamydia trachomatis</i> (unspecified)									3		71	19	93
<i>Chlamydia psittaci</i> (ornithosis)					2							1	3
<i>Mycoplasma pneumoniae</i>					9			1				4	14
<i>Coxiella burnetii</i> (Q fever)					1							4	5
TOTAL	4	12	4	4	127	71	50	236	25	21	233	320	1,106

Table 8. Laboratory reports by contributing laboratories - total reports received for the reporting period (15 January to 28 January 1992)

STATE	LABORATORY	REPORTS
Australian Capital Territory	Woden Valley Hospital, Garran	12
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	130
	Prince Henry/Prince of Wales Hospitals, Sydney	48
	Royal Alexandra Hospital for Children, Camperdown	18
Queensland	Dr TB Lynch, Pathologist, Rockhampton	50
	State Health Laboratory, Brisbane	150
South Australia	Institute of Medical & Veterinary Science, Adelaide	189
Tasmania	Royal Hobart Hospital	25
Victoria	Fairfield Hospital, Melbourne	153
	Royal Childrens Hospital, Melbourne	44
Western Australia	Princess Margaret Hospital, Perth	22
	State Health Laboratory Services, Perth	265
TOTAL		1106